PROGRAM REVIEW
2002-2003

STUDENT HEALTH EDUCATION

DIVISION OF UNIVERSITY LIFE

Melissa Kenzig, MSPH/CHES
Coordinator

March 2003

STUDENT HEALTH EDUCATION

PROGRAM REVIEW
March 2003

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Executive Summary

Division: University Life

Department: Student Health Education Program

Director: Melissa Kenzig

Components or aspects of USF's vision/mission the unit is focusing on:

1. Knowledge and skills to succeed as persons and professionals
2. Values and sensitivity to be men and women for others
3. Urban advantage
4. Resources and facilities to support outstanding educational programs

Specific goals of the unit:

1. Disseminate information and provide health-related programming on five priority health areas to students and the USF community that (a) is grounded and informed by health behavior theory and Jesuit Catholic tradition, (b) clearly underscores the importance of cross-cultural and multicultural implications and, (c) utilizes a wide range of mediums to disseminate information and programs.
2. Identify, recruit, and train peer educators to conduct educational programming and activities around campus.
3. Provide health information and referrals that connect students to on- and off-campus services.
4. Develop, administer, and publish assessment and evaluation efforts of student health behaviors.

What evidence will indicate that these goals have been attained?

1. Conduct evaluations of health programs and activities.
2. Pre- and post-test training evaluations of peer educator knowledge and end of year evaluations of the peer education program.
3. Administer CORE and NCHA surveys and conduct the Biennial Review of the Drug-Free Policy, as required by federal guidelines.

Date by which the unit will report on its progress: at the end of each academic year

Date: February 6, 2003

University of San Francisco
Student Health Education Program
Vision, Mission, Goals, Priority Areas, & Values

Vision

The Student Health Education Program envisions a campus with students, faculty and staff working collaboratively to enhance the health of the community by practicing personal health-enhancing behaviors, supporting the health of other individuals within the community, and pursuing initiatives that enhance the well-being of the environment within which we live, learn, and work.

Mission

The mission of the Student Health Education Program is to provide USF students with the knowledge and skills necessary to make healthy decisions regarding five priority health areas and to develop and sustain a campus culture where health-enhancing behaviors are the norm. By working collaboratively with other USF departments, SHEP focuses on helping students understand the relationship between life decisions, state of health, and the wellness of the community of which they are a part. To effectively fulfill its mission, the Student Health Education Program provides *Peer Education Programming, Health Education Activities/Events/Programs,* and serves as a *Resource for Health Information.*

Goals

- To disseminate information and provide health-related programming on the five priority health areas to USF students and the USF community at large that:
  - -is grounded and informed by health behavior theory and Catholic, Jesuit traditions.
  - -clearly underscores the importance of cross-cultural and multicultural implications involved in the five priority health areas.
  - -and, utilizes a wide range of mediums to disseminate information and programs.
- To identify, recruit, and train peer educators, who will disseminate the information learned through the peer educator training via educational programming and activities.
- To provide referrals that connect students to on-campus and off-campus services.
- To work cooperatively and collaboratively with various offices, departments, and student organizations to reach larger and more diverse groups of students with health-related programming.
- To develop, administer, and publish assessment and evaluation efforts of student health behaviors.

Five Priority Health Behaviors

- *Interpersonal Relationships*: healthy relationship education, violence prevention, sexual assault education and prevention, cult awareness
- *Nutrition and Physical Activity*: healthy nutrition education and promotion, eating disorders education and prevention, physical fitness education and promotion
- *Sexual Health*: pregnancy education, sexually transmitted infection education and prevention, HIV/AIDS education and prevention, disease prevention and education (BSE, TSE, Pap smears)
- *Stress and Mental Health*: stress reduction education, self esteem (body image) education, suicide prevention
- *Substance Abuse*: tobacco use prevention and intervention, alcohol abuse education and prevention, illicit drug use education and prevention, driving under the influence prevention

Values

- Whole person wellness
- Integrity
- Diversity
- Social responsibility
- Learning as a process
- Prevention orientation
- Truth

review

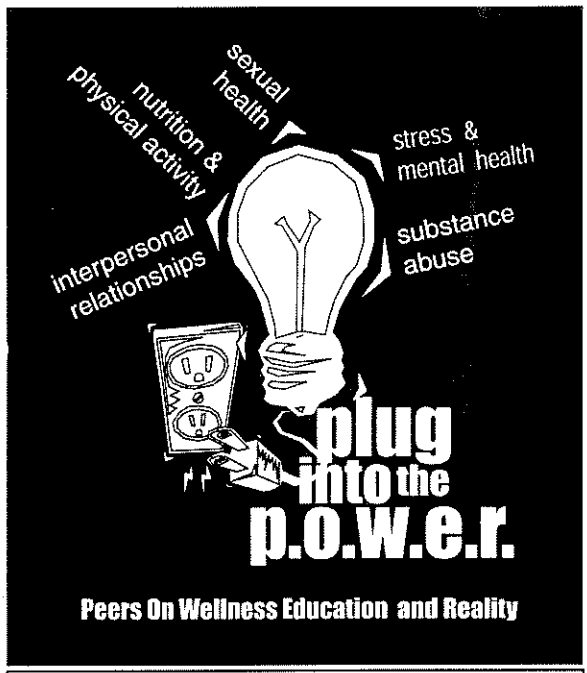
Student Health Education Program

University Center Room 201
www.usfca.edu/shep
Main Number: 422-6702 Student Assistants: 422-5797

Peer Education Program ~ Health Referrals ~ Health Awareness Events

The mission of the Student Health Education Program (SHEP) is to provide USF students with the knowledge and skills necessary to make healthy decisions regarding five priority health areas, and to develop and sustain a campus culture where health-enhancing behaviors are the norm. By working collaboratively with other USF departments, SHEP focuses on helping students understand the relationship between life decisions, state of health, and the wellness of the community of which they are a part.

Interpersonal Relationships ~ Nutrition and Physical Activity ~ Sexual Health ~ Stress and Mental Health ~ Substance Abuse



Who is POWER?

POWER is a team of responsible student leaders who provide health-related programming and serve the community as health education resources in order to enhance the well-being of their peers. POWER is part of the Student Health Education Program.

What does POWER do?

Members of POWER present workshops for residence halls, classes, and student groups. Working with SHEP, POWER coordinates large health-awareness activities and events on campus. POWER members also act as resources for students who have health questions.

Can I join POWER?

Sure! Stop by UC 201 or visit www.usfca.edu/shep to find out more about the program.

WHAT DOES SHEP DO?

Workshops

SHEP presents workshops for students and campus groups on a variety of topics. To schedule a workshop, stop by the SHEP office in UC 201 and fill out a workshop request form. Some of the workshops we present are:

- Alcohol and Other Drugs 101
- Sexual Health 101
- Preventing Sexual Assault
- Sexually Transmitted Infections 101
- Issues in Men's Health
- Issues in Women's Health
- Nutrition 101
- Stress Reduction
- Smoking Cessation
- Body Image/Eating Disorders
- Violence Prevention

Policy Procedure

SHEP Events

Every year, SHEP hosts various health-related events, like World AIDS Day, Great American Smokeout, and Stress-Free Day. We would love to have you and your input as a part of these events and are eager to hear your ideas for new programs.

General Health Information

Whether you need it for yourself, a friend, a club member or any other reason, SHEP provides a wealth of information about health questions. We also provide referrals for Bay Area resources if you need more services or information than we have. Just stop by UC 201.

ANNUAL REPORT
Student Health Education Program
2001-2002

I. OVERVIEW OF MAJOR ACCOMPLISHMENTS FOR 2001-2002

The mission of the Student Health Education Program (SHEP) is to provide USF students with the knowledge and skills necessary to make healthy decisions regarding five priority health areas (interpersonal relationships, nutrition and physical activity, sexual health, stress and mental health, and substance use and abuse), and to develop and sustain a campus culture where health-enhancing behaviors are the norm. By working collaboratively with other USF departments, SHEP focuses on helping students understand the relationship between life choices and state of personal health and the health of the community of which they are a part. To effectively fulfill its mission, the Student Health Education Program provides *Peer Education Programming, Health Education Activities/Events/Programs,* and serves as a *Resource for Health Information.*

The Student Health Education Program and Peers On Wellness Education & Reality were involved in the following major activities this year:

- hosted eight major events during the academic year, including National Collegiate Alcohol Awareness Week, World AIDS Day, Sexual Responsibility Week, Women's History Month, the Great American Smokeout, and Stress-Free Days
- sponsored or co-sponsored over 30 programs on a variety of topics
- coordinating the Health Education Advisory Committee
- coordinating three social marketing campaigns
- coordinating the USF Clinic surveys
- coordinating the 21st birthday card program

II. VISION, MISSION AND VALUES

A. Jesuit Catholic Tradition

GOAL: Ensure that provided services and programs are grounded and informed by the Catholic and Jesuit traditions.

SHEP has worked to integrate Catholic, Jesuit traditions into all of the programs and services offered by the office. Specifically, SHEP has emphasized holistic wellness in its programs by focusing on the way health issues impact the entire life of students – intellectual, spiritual, moral, social, psychological, and physical. SHEP worked with University Ministry and Residence Life to provide a comprehensive sexual health training to RAs at the beginning of the year. University Ministry is an integral part of the Health Education Advisory Committee and has advised SHEP on effective ways of highlighting the spiritual aspects of the health programs offered. SHEP has referred students as necessary to University Ministry for issues concerning spirituality and health.

B. Knowledge and Skills to Succeed as Persons and Professionals

GOAL: The coordinator of SHEP will identify, recruit, and train peer educators, who will disseminate the information learned through the peer educator training via educational programming and activities.

The Peer Educators (POWER – Peers On Wellness Education & Reality) began the year with a retreat to refocus the group and establish a mission and vision. The group coordinated and implemented most of the activities held during Alcohol Awareness Week, World AIDS Day, the Great American Smokeout, Sexual Responsibility Week, and Stress-Free Afternoons. Peers have staffed informational tables, participated in activities such as the World AIDS Day quilt display and Memorial Service, and coordinated stations at the Stress-Free Fairs. A training for new Peer Educators was held at the beginning of Spring Semester. Overall participation in POWER has been decreasing, so the coordinator and student leaders restructured the group for the 2002-2003 academic year

GOAL: Peer educators and SHEP staff will provide training seminars and workshops on the five priority health areas to athletic teams, student groups, paraprofessional staff, organizations, targeted classes, and others within the USF community.

During the 2001-2002 academic year, the coordinator and Peer Educators delivered over 30 workshops and seminars to various campus organizations, departments, and classes. Recipients of these workshops included: resident halls, student organizations, classrooms, and athletic teams. Printed materials were distributed to people who attended the workshops. Workshops were evaluated using a half-page evaluation and results indicate that they have been well received. Seven pamphlet racks (one in the laundry room of each residence hall and two in the University Center) were consistently filled with informational brochures for students to take as needed. Over 13,000 brochures were distributed this year.

GOAL: Peer educators and the coordinator will provide referrals that connect students to on-campus and off-campus services.

The Coordinator of SHEP has provided many referrals to USF faculty, staff, and students regarding individual health issues. Peer Educators have been trained in the proper method for referring individuals. A comprehensive binder of on and off campus referrals is maintained in the office. The binder allows SHEP staff to quickly identify requested health services related to the five priority health areas for students. A comprehensive brochure that lists all of the on-campus health services related to the five priority health areas is available in all pamphlet racks. The content of this brochure was also added to the SHEP website, which was redesigned this year. The brochure was updated, and will be distributed in the fall to all faculty and staff.

C. Diversity

GOAL: Create programs and design services that clearly underscore the importance of cross-cultural and multi-cultural implications involved in the five priority health areas.

All programs and services provided by SHEP are designed to be culturally inclusive. Cultural factors influencing specific health issues are addressed often, particularly during presentations to groups. When available, printed materials are offered in various languages. To help promote the university's diversity initiatives, the office has worked to recruit an ethnically diverse group of Peer Educators. Approximately half of the peer group are students of color. We are currently attempting to increase gender diversity in the group, which has been predominantly female. As part of training, Peer Educators have a section of cultural competency training to ensure that the programs they create are culturally competent. Many of the programs offered through SHEP are culturally focused, and have been developed specifically for the culturally based student groups on campus. SHEP has worked closely with other offices on campus to co-host programs like Black History Month and Women's History Month. The Health Education Advisory Committee is also forging a new program the Allies program, which will focus on providing support to lesbian, gay, bisexual, trans, and questioning members of the USF community.

D. Values and Sensitivity to be Men and Women for Others

GOAL: Work cooperatively and collaboratively with various offices, departments and student organizations to reach larger and more diverse groups of students.

SHEP staff (coordinator, Graduate Intern, Peer Educators) have delivered workshops for student groups on a wide variety of topics geared specifically for their group. These groups became aware of the programs offered by SHEP through various means, including e-mail, direct phone calls to group leader, and referral by others.

Throughout the year, over 3000 students attended formal workshops, activities and large events offered by SHEP. Resident Advisors were provided training on various health issues. Many of the athletic teams have received education on substance abuse, nutrition and stress. All of the large awareness events, including World AIDS Day, and Women's History Month were co-sponsored with other university departments. The Health Education Advisory Committee is comprised of faculty, staff and students, and looks at health education at an "environmental" level to see how best to provide health education for the diverse USF student community.

E. Urban Advantage

GOAL: Facilitate personal growth in students that will contribute to their development as productive members of our society who will promote a positive image of the university.

Students who participated in the Peer Education Program have been able to develop themselves personally and have worked throughout the year to enhance the world around them. They have participated in various philanthropic activities both within and outside of the university, including October Outreach, April Action and volunteering at local AIDS service organization.

One of the main activities of the Peer Educators is to serve as a resource to their peers, which enhances their personal growth and that of the other individual. Peer Educators have also begun to serve as workshop presenters to both on and off campus groups. Presenting workshops allows the Peer Educators to gain skills they will find useful in their future careers and lives. Further, recipients of these workshops are able to gain useful knowledge and skills to use in their own lives.

F. Resources and Facilities to Support Outstanding Educational Programs

GOAL: Develop, administer, and publish assessment and evaluation efforts.

Results of the National College Health Assessment, which was conducted in Spring 2001, were received. The Health Education Advisory Committee has been reviewing the results to identify specific initiatives that are needed. Initial results of the data were presented to the President's Leadership Team for discussion. The Team has requested that a full report be developed, including recommendations for action. The report will be completed during Fall 2002.

III. SERVICE

SHEP staff have participated in several service activities including volunteering at Project Open Hand and participating in October Outreach and April Action. The SHEP coordinator attended the Division of Student Affairs community service event at Glide Memorial Church, and is involved with the Back On Track Tutoring and Mentoring Program with which she tutors two hours per week.

IV. PERSONAL AND PROFESSIONAL DEVELOPMENT

The SHEP coordinator is active in the American College Health Association. She was recently elected as Member-at-Large for the Health Education Section. She was also invited to participate in the "Health Education Hot Topics" session of the annual meeting, and will also serve as a session Presider. She also serves as a member of the grants committee and the diversity committee of PCCHA, was appointed to the position of Member-at-Large for PCCHA, and is a grant reviewer for NCAA Choices. The coordinator was invited to LMU to present on the topic of sexuality education at a Catholic University, and has been invited back again for next year. She also completed the Public Health Education Leadership Institute, a leadership development course that ran throughout the year, and presented her final paper "Peer Education through the Lens of Systems Thinking".

V. MAJOR ISSUES FOR 2002-2003

- reorganizing the Peer Education program so as to make the program as useful to the campus as possible
- creating new social marketing campaigns that are grounded in theory and are relevant to the USF population
- creating new materials on specific topics and for particular populations that are available in print form and on the web
- complete the Biennial Review of the USF Drug-Free Policy
- develop a strategic plan for addressing student health issues based on the results of the National College Health Assessment
- readminister the National College Health Assessment
- coordinate the USF Allies Program

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Student Affairs Division
Assessment Inventory 2001-2002

Department: Student Health Education Program

Contact person for assessment: Melissa Kenzig

Name of the program being assessed?
Are You Living the High Life...? Social Marketing Campaign

Purpose of assessment activities: To identify the effects of this campaign.

Description of assessment strategies: One month after campaign was conducted, three student employees randomly selected students to survey. Survey questions were conducted verbally, and were open-ended to allow students a chance to give their opinions. Responses were noted and tallied.

Target respondent group: All students

When were the assessment activities conducted? October 2001

How were they administered or carried out? Face-to-face interviews.

We have been conducting this assessment activity since: 2001 **(year)**

Summary of most recent results: See attached

Operational changes planned or made due to results: Similar campaign will be conducted next year, with changes in focus (how to know if you are addicted).

Comments:
Campaign was well-received by students.

Completed by: *Melissa Kenzig* ***Date:*** *May 16, 2002*
Copy of instrument attached: ☒

Marijuana Prevention Campaign
Evaluation Questions

1. (Show the person the marijuana door hanger.) Does this look familiar to you?

Yes	No
29	21

2. Where did you see it?

Poster in Residence Hall	Door Hanger in Residence Hall
8	11
Table Tent in Eatery	**Other (list)**
7	*Counseling center: 3

3. What do you think about the concept for this campaign in general? (Probe, ask why.)

Like
*Logo/Design: 19
*Slogan: 8

Dislike

*Lettering (too small or too much): 12
*Color (not enough): 7

3. What do you think the point of this campaign is?

*Education: 36
*Prevention: 12
*Promotion of marijuana: 1
*Unsure/can't tell: 1

4. What, if anything, did you learn from this campaign?

Nothing
15

"There just facts" / "I know it works for me" / "I don't believe the research on marijuana"

Something
*Harmful effects: (addiction, etc.): 27
*Positive effects: 4
*USF Core results: 4

5. Did you talk about this campaign with anyone?

Yes	No
*Friends: 23 *Family: 3 *Faculty/Staff: 4	16

6. (If "Yes" to question 6.) What was the nature of that conversation?

*Logo/Slogan: 12
*Statistics:4
*Friends who smoke: 7
*(+) experiences with pot: 4
*(-) experiences with pot: 7

7. The "official" goal of this campaign was to decrease marijuana abuse among USF students. Do you think this campaign achieved its goal?

Yes	No
17	33

8. Why or why not?

Why
*Education (think twice, remember stats): 11
*Positive campaign (any info is beneficial): 6
Why Not
*Difficult goal: 17
*Difficult population: 16

8. Do you recommend that the people who ran this campaign do it again?

Yes	No
29	21

9. Why or why not?

Why

*Education/Prevention (need to learn negatives):15
*Negative Peer Pressure (to try it): 4
*Correct the Misconceptions (that pot is only good for you): 5

Why Not

*Students (+) opinions on pot are too strong: 13
*Students don't listen to statistics: 3
*Need to "experiment" in college: 5
*Marijuana is not (-): 4
*Focus efforts on other issues: 1

10. The people who conducted this campaign have noticed that all of the materials have disappeared. What are your ideas on what happened to all of the posters and table tents?

*Logo cut out (on dorm wall, backpack): 17
*Thrown away: 24
*Shared with others: 2
*Unsure/don't know: 6
*"People smoked it:" 1

11. If you were the one designing this campaign, what would you have done differently?

*Education in different formats (talks, open mic, etc): 23
*Poster design (less stats, larger writing, different logo): 23
*Unsure/don't know: 5

Total Sample Size: 150

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Student Affairs Division
Assessment Inventory 2001-2002

Department: Student Health Education Program

Contact person for assessment: Melissa Kenzig

Name of the program being assessed?
National College Health Assessment

Purpose of assessment activities: To identify student health issues.

Description of assessment strategies: A random sample was generated by the Registrar's office and anonymous surveys were sent out to 1000 undergraduate students in Spring 2001. Student organizations were asked to have their members complete the survey at meetings. Results were tallied by the CORE Institute and were received this fall. Survey asked students about their personal health behaviors in a number of areas.

Target respondent group: Undergraduate students

When were the assessment activities conducted? Spring 2001

How were they administered or carried out? Random mail and at student org meetings.

We have been conducting this assessment activity since: 2001 **(year)**

Summary of most recent results: See attached

Operational changes planned or made due to results: to be determined

Comments:

Completed by: *Melissa Kenzig* ***Date:*** *May 16, 2002*

Copy of instrument attached: ☒

National College Health Assessment

University of San Francisco

Conducted Spring 2001

Survey Basics

- Survey created in 1998 by the American College Health Association.
- USF completed data collection in Spring 2001, stratified random sample and targeted group participation.
- 443 surveys collected at USF, undergrad population only
- Reference group=16813 students from schools across the country

Demographics

	National	Sample	USF
Age In years	18-20: 51.4% 21-24: 31.6% 25+: 17.1%	18-20: 63.8% 21-24: 25.1% 25+: 10%	18-20: 53% 21-24: 36.4% 25+: 10.6%
Sex	Female: 62.6% Male: 37.4%	Female: 78% Male: 22%	Female: 64% Male: 36%
Ethnicity	White: 70.8% Black: 9.8% Hispanic: 6.2% Asian/PI: 9.1% Native Am: 0.9% Other: 3.4%	White: 46.9% Black: 3.9% Hispanic: 15.5% Asian/PI: 31.9% Native Am: 1% Other: 6.3%	White: 39% Black: 4.4% Hispanic: 11.5% Asian/PI: 26.9% Native Am: 0.5% Other: 17.7%
Student Status	1st: 28.6% 2nd: 21.9% 3rd: 19.2% 4th+: 20.4% Grad/other: 9.8%	1st: 25.3% 2nd: 32.6% 3rd: 17.9% 4th+: 23.1% Grad/other: 1.1%	1st: 28.3% 2nd: 22.3% 3rd: 22.1% 4th+: 27.3% Grad/other: 43.7%

Overall Health

- Most students at USF are generally in good to excellent to health.
- Most commonly reported health problems of USF students: back pain (55.5%), allergy problems (44.8%), depression (33%), sinus infections (27.6%), strep throat (16.2%), anxiety disorder (15.7%)
- Health problems that USF students experience at rates nearly double (or more) than the national rates:
- Depression (33% USF vs. 17.7% national)
- Anxiety disorder (15.7% USF vs. 8.2% national)
- Repetitive stress injury (9.6% USF vs. 5.5% national)
- Seasonal affective disorder (8.6% USF vs. 4.4% national)
- Chronic fatigue syndrome (7.6% USF vs. 3.2% national)
- High blood pressure (7.1% USF vs. 4% national)
- Anorexia (4.6% USF vs. 1.5% national)
- Bulimia (4% USF vs. 1.9% national)
- Tuberculosis (2% USF vs. .4% national)

- HIV infection (1.5% vs. .2% national)
- Pelvic inflammatory disease (1.5% USF vs. .5% national)
- Health issues that affect students' academic performance at rates nearly double (or more) than the national rates:
  - Stress (46.2% USF vs. 29% national)
  - Concern for troubled friend or family member (34.5% USF vs. 15.8% national)
  - Sleep difficulties (30.8% USF vs. 21.3 % national)
  - Relationship difficulty (29.1% USF vs. 14.4% national)
  - Death of friend or family member (16.4% USF vs. 8.1% national)
  - Drug use (6.1% USF vs. 2.9% national)
  - Injury (7.1% USF vs. 3.6% national)
  - Learning disability (5.1 % USF vs. 2.9% national)
  - Chronic pain (5.1% USF vs. 2.4% national)
  - Eating disorder/problem (3.6% USF vs. 1.3% national)
  - Physical assault (3.6% USF vs. .8% national)
- Sexual assault (1.5 % USF vs. .7% national)

Protective Behaviors

- Students report participating in some protective health behaviors at rates higher than the national average (vaccinations, men performing TSE, using sunscreen, wearing a helmet when riding a bike or skating).

Violence

- Rates at which USF students experience violence are significantly higher than the national sample, with USF having approximately double the rates of students experiencing physical assault, verbal threats for sex, sexual touching against their will, attempted sexual penetration against their will, and emotionally and physically abusive relationships.

Alcohol and Other Drugs

- Alcohol use by students is generally at or below the national usage rates.
- USF males are more than twice as likely than the national average to use cigarettes every day.
- USF students use of marijuana is approximately 10% higher than the national average.
- When male USF students "party", they get less drunk than their national counterparts. USF females are getting more drunk than their national counterparts when "partying", and getting more drunk than USF males. Nationally, women get as drunk or less drunk than men.
- Although USF's overall binge drinking rate is lower than the national average, USF men who have binged six or more times in the last two weeks is nearly double the national rate.
- Male USF students are more likely than their national counterparts to report negative consequences as a result of their own drinking.

Sexual Behavior

- Male USF students report having 3, 4 or more sexual partners at rates double the national average.
- USF students are slightly more likely than their national counterpart to have used a condom the last time they were sexually active.
- USF males report using most types of birth control at rates half of that of the national sample the last time they had intercourse. USF students were twice as likely to have used emergency contraception in the last year compared to the national sample, and USF males were over twice as likely to report having gotten someone pregnant in the last year.

Nutrition and Exercise

- USF males are more likely than their national counterparts to either not exercise regularly or exercise on a daily basis.
- The body weights (based on height) of USF students are equal to or slightly lower than the national sample.

Depression

- Rates at which USF students report feeling overwhelmed, feeling exhausted, feeling very sad, feeling things are hopeless, feeling so depressed it was difficult to function, considering attempting suicide, and attempting suicide are double (or more) than the national rates.

UNIVERSITY of SAN FRANCISCO

Student Affairs Division
Assessment Inventory
2001-2002

Department: Student Health Education Program

Contact person for assessment: Melissa Kenzig

Name of the program being assessed?
World AIDS Day

Purpose of assessment activities: To identify the effect of World AIDS Day programming.

Description of assessment strategies: Number tallies, written evaluations, observation.

Target respondent group: World AIDS Day program participants

When were the assessment activities conducted? November 27-December 1

How were they administered or carried out? Paper-pencil surveys, observation

We have been conducting this assessment activity since: 2001 **(year)**

Summary of most recent results: See attached

Operational changes planned or made due to results: The format for programming may be changed to allow more people to view the quilt and to get more people to attend the activities/workshops.

Comments:

Completed by: *Melissa Kenzig* ***Date:*** *May 16, 2002*
Copy of instrument attached: ☒

World AIDS Day 2001
Student Coordinator: Elizabeth Dawn Jacobs
Advisor: Melissa Kenzig

The World AIDS Day events for this year were a success! Beginning on Tuesday, November 27th to Saturday, December 1st our organization received a ton of support from offices, student organizations, and the community at large. The following is a review of the events sponsored by our organization.

Monday, November 26, 2001:
The quilt was picked up from Castro's Names Project location and delivered to the USF campus by Melissa Kenzig. Curtis Speck hung the quilt and decorated the rooms (McLaren 250-251).

Tuesday, November 27, 2001:
The Names Quilt Display opened at 8am and closed at 6pm. Fifteen volunteers from organization such as: the Black Student Union, Counseling Center, Office of Residence Life, P.O.W.E.R., and Tri-Beta supervised the quilt display. Volunteers from the previous organizations gave there precious time to help out everyday to supervise the quilt. The Names organization requires the individuals who borrow the quilt to have supervision at all times, in order to prevent the spilling of liquids, food, and / gum on the quilts. There was not an evening program, and a total of seventy-six individuals came to observe the quilt.

Wednesday, November 28, 2001:
*The quilt was on display from 9am until 5pm. There was an evening program entitled, "An Artistic Reflection." This program began at 5:30pm and had forty-eight attendees. The total number observers for the quilt display were eighty-nine.**

Thursday, November 29, 2001:
The quilt was on display from 9am until 6pm. A total of one hundred and thirty one people observed the quilt. There was an evening program at 6:30pm entitled, "Living with HIV." There were sixty-four attendees for this program. The attendees completed an evaluation at the end of the program. See the attachment for the results from the evaluation.*

Friday, November 30, 2001:
The quilt was on display from 9am until 12 noon. A total of ten individuals observed the quilt. The quilt was then taken down and packaged, so that it could be returned to the Names Project. Holly returned the quilt. There was not an evening program.

Saturday, December 1, 2001:
Amber W., Courtney, Elizabeth, Jessica, Kelly, Melissa, and Natalie volunteered with Pets Are a Wonderful Support (PAWS) for their annual fundraiser (pictures with Santa). There was not an evening program.

This concludes all of the events for World AIDS Day 2001. The USF campus truly participated in our events this year! Here's to a job well done!

** The total number of attendees for the quilt display on the 28th and 29th include attendees for both observing the quilt and the evening programs.*

Results from the "Living with HIV" Program Evaluation

Question #1

Overall, the program was…

Outstanding	*45*
Above average	*12*
Average	*1*
Below Average	*0*
Poor	*0*

Question #2

Overall, the presenters were…

Outstanding	*45*
Above Average	*12*
Average	*2*
Below Average	*0*
Poor	*0*

Question #3

I have more knowledge about HIV/ AIDS as a result of attending this workshop.

Strongly Agree	*20*
Agree	*22*
Neutral	*15*
Disagree	*0*
Strongly Disagree	*0*

Question #4

This program affected my attitudes about HIV/ AIDS and people living with the disease.

Strongly Agree	*28*
Agree	*20*
Neutral	*8*
Disagree	*0*
Strongly Disagree	*0*

Question #5

I will use the information discussed in this workshop in my life to minimize my risk for contracting HIV.

Strongly Agree	*30*
Agree	*20*
Neutral	*5*
Disagree	*1*
Strongly Disagree	*0*

Question #6

The best part of the program was: *the strong voices, the honesty, the presenters, and hearing the experiences.*

Question #7

The part of the program I would change is: *nothing, more time, the seating, explain the quilts, spread the word more, and explain what AIDS is.*

Question #8

Other comments: *thanks you, great job, very moving, and special thanks to the presenters.*

USF
UNIVERSITY of SAN FRANCISCO

Student Affairs Division
Assessment Inventory 2001-2002

Department: Student Health Education Program

Contact person for assessment: Melissa Kenzig

Name of the program being assessed?
Residence Hall/Classroom Workshops

Purpose of assessment activities: To identify participants' knowledge, attitude, and behavior change as a result of the workshop.

Description of assessment strategies: At the end of each workshop conducted, all participants were asked to complete the survey.

Target respondent group: Workshop participants

When were the assessment activities conducted? Throughout the year

How were they administered or carried out? Paper-pencil surveys

We have been conducting this assessment activity since: 1998 **(year)**

Summary of most recent results: See attached

Operational changes planned or made due to results: none

Comments:
All workshops were well-received by students. If lasting behavior change was encouraged as a result of the workshop is unknown.

Completed by: *Melissa Kenzig* ***Date:*** *May 16, 2002*
Copy of instrument attached: ☒

Evaluation Summary
"Don't Cancel Class"-*Body Image*
Spring 2002

Class level:

Freshman:	1
Sophomore:	3
Junior:	8
Senior:	3

1. The workshop was informative:

Strongly Agree	2
Agree	10
Neutral	3
Disagree	1
Strongly Disagree	0

2. The workshop was useful:

Strongly Agree	0
Agree	10
Neutral	7
Disagree	1
Strongly Disagree	0

3. The presenter/s were knowledgeable:

Strongly Agree	10
Agree	10
Neutral	2
Disagree	0
Strongly Disagree	0

4. The presenter/s gave clear explanations:

Strongly Agree	8
Agree	10
Neutral	1
Disagree	0
Strongly Disagree	0

5. Overall the workshop was good:

Strongly Agree	4
Agree	15
Neutral	3
Disagree	0
Strongly Disagree	0

6. The most helpful part was:

- The speakers attitude
- The discussion
- The handouts
- The body image chart
- Visuals
- The entire presentation

7. The least helpful was:

- Some people did not participate

Evaluation Summary
"Don't Cancel Class"-*Stress*
Spring 2002

Class level:

Freshman:	14
Sophomore:	2
Junior:	1
Senior:	3

8. The workshop was informative:

Strongly Agree	8
Agree	11
Neutral	0
Disagree	1
Strongly Disagree	0

9. The workshop was useful:

Strongly Agree	8
Agree	9
Neutral	3
Disagree	0
Strongly Disagree	0

10. The presenter/s were knowledgeable:

Strongly Agree	8
Agree	1
Neutral	1
Disagree	0
Strongly Disagree	0

11. The presenter/s gave clear explanations:

Strongly Agree	10
Agree	9
Neutral	1
Disagree	0
Strongly Disagree	0

12. Overall the workshop was good:

Strongly Agree	10
Agree	9
Neutral	0
Disagree	1
Strongly Disagree	0

13. The most helpful part was:

- The stress activity
- Meditation
- Facts

14. The least helpful was:

- The definition of stress

Evaluation Summary
Communication Workshop
March 19, 2002

1. Overall, the workshop was

Outstanding	3
Above Average	15
Average	12
Below Average	1
Poor	1

2. Overall, the presenter was

Outstanding	7
Above Average	18
Average	6
Below Average	0
Poor	1

3. I have more knowledge about this topic as a result of attending this workshop.

Strongly Agree	5
Agree	17
Neutral	9
Disagree	1
Strongly Disagree	1

4. The behaviors discussed in the workshop would be beneficial to me if I incorporated them into my life.

Strongly Agree	5
Agree	19
Neutral	8
Disagree	0
Strongly Disagree	0

5. I will incorporate the behaviors discussed in this workshop into my life.

Strongly Agree	2
Agree	16
Neutral	12
Disagree	0
Strongly Disagree	0

6. **Participants' favorite part of this workshop was:** eye contact, the telephone game, peer interaction, review of skills, good examples, the presenters energy.

7. Participants' least favorite part of this workshop was: sitting & listening, going over the handout, writing comments on the board, handouts were to long for the presentation, and participation in the presentation.

Evaluation Summary
Alcohol Workshop
Fall 2001

Age:	# of Participants in Age category:
17	10
18	55
19	16
20	4
21	1
22	4
23	1

Ethnicity:

African American	15	Native American	2
Asian/ Pacific Islander	26	Middle Eastern	1
White/ Caucasian	23	Hispanic/ Latino (a)	15

Average GPA of Attendees: 3.40

Year in School:

Freshman	67	Junior	1
Sophomore	4	Senior	1

Average number of drinks consumed by the attendees per week: 2

Average number of drinks the attendees felt the average USF student consumed per week: 3

Average rate of overall satisfaction with this workshop: 8.04/10

Average rate of overall satisfaction with the presenter: 8.89/10

Average rate of overall knowledge of alcohol use and abuse: 8.15/10

The average student's comfort level with calculating their BAC and knowing what effects alcohol will have on him/her at different BAC levels: 7.41/10

Averages students attitude toward alcohol abuse: 4.63/10

Average student's likelihood of consistently using alcohol responsibly (includes non-use) in the future: 7.94/10

Average student's comfort level of preventing alcohol abuse from happening to themselves or their friends: 7.57/10

Standards of Practice for Health Promotion in Higher Education

In Spring 2000, the ACHA Board of Directors approved the *Standards of Practice for Health Promotion in Higher Education*. This program self-assessment, derived from those Standards, is designed to help higher education professionals evaluate and improve their programs of health promotion. To use this self-assessment, place a check in the box which indicates how closely your college health promotion and education program reflects this standard.

The abbreviations are: **SR** = Strongly Reflects, **R** = Reflects, **PR** = Partially Reflects, **DR** = Doesn't Reflect, **N/A** = Not Applicable

STANDARD 1 EFFECTIVE PRACTICE OF HEALTH PROMOTION IN HIGHER EDUCATION IS STAFFED BY PRACTITIONERS WHO **DEMONSTRATE COMPETENCY IN COMMUNITY-BASED HEALTH PROMOTION.**

Health promotion practitioners:

	SR	R	PR	DR	N/A
1. Select, interpret and apply health promotion and education philosophies, theories, and ethical guidelines.	✓				
2. Use appropriate methodologies and technologies to assess, plan, implement, and evaluate health promotion and education interventions.	✓				
3. Assess individual and campus community needs for health promotion and education by obtaining and analyzing health-related information that describes the social and cultural environments, developmental factors, needs, and concerns of the target population.	✓				
4. Disseminate health promotion and education information regarding needs, concerns, and resources to members of the target population, key stakeholders, and decision makers.		✓			
5. Identify, mentor, and build capacities in others who assess, plan, implement, and evaluate health promotion and education interventions.	✓				
6. Identify measurable outcomes and operational objectives relevant to health promotion and education interventions.	✓				
7. Implement plans to evaluate the effectiveness of health and education interventions.	✓				

The Student Health Education Program (SHEP) and its staff are well-skilled and highly competent in community-based health promotion. It should be noted, however, that because SHEP employs only one FTE health educator, the results of the assessment more closely identify the skills and abilities of the Coordinator of SHEP, and not necessarily the nature of the program overall. Results of the self-assessment could vary greatly based on the number and type of people that SHEP employs. The SHEP Coordinator has extensive training and education on health promotion theories, methodologies, needs assessment, dissemination strategies, implementation, and evaluation. The Coordinator regularly provides mentoring and training to the student staff that work in the SHEP office on how to build competence in community-based health promotion. SHEP could improve in this area by developing a more formal communication strategy for disseminating information to key stakeholders and decision-makers at the University. To assist in conveying health promotion information to the target population (ie. students), the University could investigate ways to improve communication with students in general (this would be useful across the board for all departments on campus).

STANDARD 2 EFFECTIVE PRACTICE OF HEALTH PROMOTION IN HIGHER EDUCATION
DEMONSTRATES INTEGRATION WITH AND COMMITMENT TO THE MISSION OF THE INSTITUTION.

Health promotion practitioners:

	SR	R	PR	DR	N/A
1. Create mission statements, policies, and practices that support learning outcomes and the institution's mission.					
a. Describe the institution's mission and institutional priorities.	✓				
b. Monitor the profile of incoming students and the implications for educational practices.	✓				
c. Prioritize programs and services that promote student learning and contribute to the mission of the institution.	✓				
d. Document how health promotion initiatives help fulfill the mission of the institution.		✓			
2. Provide administrators, faculty, staff, and students with data that demonstrate the link between student health and learning outcomes.					
a. Help administrators, faculty, staff, and students understand how health/lifestyle issues, such as stress and the use of alcohol, affect student learning and academic life.	✓				
b. Act as visible, credible resources on health-related issues.	✓				
3. Integrate health promotion teaching, research, and service with all activities of the institution.					
a. Contribute to student learning through mentoring relationships and by teaching, research, and service activities.		✓			
b. Establish relationships with academic departments through teaching, research, and service by involvement in collaborative projects.		✓			
4. Advocate for policies and practices that recognize the interdependent concepts of health, community, and academics.					
a. Consult with administrators, faculty, and staff about their role in creating a healthy learning environment.		✓			
b. Participate in the institution's efforts to improve student retention and identify the factors that contribute to student success.			✓		
c. Influence how educational practices are designed and delivered across the entire matriculation process, including participating in the design of orientation and first semester programs for undergraduate and graduate students.			✓		
5. Seek institutional commitment to health promotion as supported by resources and visibility.					
a. Involve the institution's leadership in promoting health and learning.			✓		
b. Mobilize existing resources and seek additional resources to support academic integration activities.		✓			

c. Advocate for the use of incentives for faculty, staff, and students to address health issues in the working, living, and academic environments on campus.			✓		
d. Institutionalize educational practices and policies that promote health and learning.			✓		

Overall, SHEP is well-aligned with University mission statement and is committed to furthering the mission of the institution. However, due to limited staff and time constraints, SHEP is unable to continuously advocate for health to be incorporated into the mission of the institution and the formal academic life of students. Although SHEP has made many strong and beneficial ties with faculty and academic departments, knowledge of and participation in SHEP programs by faculty is still low. If time allowed, SHEP staff have the skills and desire to be more fully involved in the teaching, mentoring, research, and service learning activities on campus. SHEP has had difficulty collaborating with academic departments and helping to influence educational practices across the matriculation process, and therefore has had little opportunity to affect the institutionalization of educational practices and policies that promote health. To address this, SHEP would need to employ additional staff who could focus on integrating health promotion activities into the academic curriculum of the University.

STANDARD 3 EFFECTIVE PRACTICE OF HEALTH PROMOTION IN HIGHER EDUCATION **DEMONSTRATES A COLLABORATIVE PROCESS TO ENSURE APPROPRIATE CAMPUS AND COMMUNITY PARTICIPATION IN PLANNING, IMPLEMENTING, AND EVALUATING HEALTH-RELATED INITIATIVES**

Health promotion practitioners:

	SR	R	PR	DR	N/A
1. Engage stakeholders in addressing campus-wide health issues by advocating for partnerships, including meetings, consultations, referral and feedback processes, community planning networks, advisory committees, task forces, and coalitions.		✓			
2. Participate in campuswide or institutional, interdepartmental, and interdisciplinary partnerships that promote health and learning.		✓			
3. Involve students, staff, faculty, administrators, and community in planning and decision-making processes to improve health promotion and prevention services. Individuals and units participating in the collaborative process may include students, colleagues, and other groups, such as:					
a. Students who are directly allied with the college health program, as well as general student body members;		✓			
b. Counseling services, graduate life, residential life, student activities, women's and men's centers, international offices, disability services, judicial affairs, religious groups and ministries, greek life, and service learning centers;	✓				
c. Campus recreation, intramural, and intercollegiate athletics;		✓			

d.	Academic support services (i.e., advising centers, faculty, multicultural services, and disability services,) and academic departments (i.e., administrators, faculty, and graduate students); and		✓			
e.	Community agencies.			✓		

Collaboration is key to how SHEP operates, and as such, the program involves various departments around campus in activities. SHEP is particularly well-connected to other departments within University Life. However, because of a physical disconnect from other offices and because of a lack of formal networks to support connection and collaboration with departments on campus, SHEP often finds itself working inside of a "bubble." An increase in staff would allow SHEP to create more formal and informal ties with departments. Although SHEP has created a comprehensive listing of off-campus health resources for students to locate services, SHEP has only been able to make limited connections with agencies on any formal basis. Collaboration with outside agencies could be improved by using these agencies to offer the programming that SHEP staff traditionally offers. However, this could result in increased costs for SHEP.

STANDARD 4 EFFECTIVE PRACTICE OF HEALTH PROMOTION IN HIGHER EDUCATION **DEMONSTRATES CULTURAL COMPETENCE AND INCLUSIVENESS IN WORKING WITH POPULATIONS OF DIVERSE CULTURES AND IDENTITIES IN ADDRESSING ISSUES OF DIVERSITY AND HEALTH.**

Health promotion practitioners:

		SR	R	PR	DR	N/A
1.	Demonstrate knowledge of the relevance of cultural issues and backgrounds of students when developing, implementing, and evaluating programs and policies:					
a.	Describe how class, ethnicity, social status, race, gender, sexual orientation, and physical ability influence behavior, attitudes, values, belief systems, and health status.	✓				
b.	Assess the social, political, and economic conditions of the students' home communities.		✓			
c.	Design health promotion interventions that are culturally relevant, including educational materials, recruitment, and publicity.	✓				
d.	Ensure that services meet the needs of diverse students through program planning, implementation, and evaluation.	✓				
e.	Address the role of the campus culture and environment in supporting or not supporting individuals diverse cultures and identities.	✓				
2.	Support the development, implementation, and evaluation of programs that address the importance of cultural issues in a health context.					
a.	Implement health promotion interventions that address the connection between diversity and health.	✓				
b.	Engage students, staff, faculty, and administrators in the dialogue of how health is affected by the societal context in which we live.		✓			

c. Engage students, staff, faculty, and administrators in the dialogue of how health is viewed from a social justice perspective.	✓				
3. Ensure that departmental systems reflect cultural diversity in a competent and inclusive way.					
a. Formulate a mission statement that is inclusive of populations of diverse cultures and identities.	✓				
b. Provide policies and guidelines that respect the values of populations of diverse cultures and identities, and support all students' and staff's ability to participate in health promotion interventions.	✓				
c. Design health promotion interventions with goals and objectives that clearly articulate expectations related to diverse cultures and identities.		✓			
d. Apply exemplary practices, research, and knowledge in addressing health issues that affect people of diverse cultures and identities.		✓			
e. Establish a plan for recruitment, retention, and development of culturally competent staff.		✓			

SHEP staff are well-trained in the area of cultural competence. The office is a strong supporter of culturally-based programming and services on campus. The SHEP Coordinator is a co-coordinator of the USF Allies Program (lesbian, gay, bisexual, and trans on-campus support network), and all student employees of SHEP are either Allies Program trainers or have been through an Allies training. SHEP staff actively participate in building their own cultural competence through attending trainings hosted on and off campus. Programming hosted by SHEP strives to include a diversity of perspectives and honor the lived experiences of people from various cultures. When hiring, SHEP works to maintain cultural diversity. Cultural competence of SHEP staff could by increased through participation in professional development opportunities that assist the staff in planning programs that specifically address the needs of various cultural groups.

STANDARD 5 EFFECTIVE PRACTICE OF HEALTH PROMOTION IN HIGHER EDUCATION IS STAFFED BY PRACTITIONERS WHO **DEMONSTRATE COMPETENCY IN USING APPROPRIATE RESOURCES AND QUANTITATIVE AND QUALITATIVE RESEARCH.**

Health promotion practitioners:

	SR	R	PR	DR	N/A
1. Consult information sources in health promotion and education, higher education, medicine, mental health, public health, and related fields.					
a. Read professional journals and newsletters.	✓				
b. Access Internet sites sponsored by professionally recognized agencies.	✓				
c. Attend local, state, regional, and national professional conferences and workshops.	✓				
d. Enroll in credit and non-credit courses.	✓				
e. Consult with colleagues within and beyond the local institution.	✓				

f. Maintain membership and participation in professional associations.	✓				
2. Implement health promotion interventions based on individual, interpersonal, or community-based health behavior change theories and planning models.	✓				
3. Synthesize data from national, state, local, and institutional sources to develop objectives for health promotion initiatives.					
a. Identify multiple data sources (e.g., health indicators, health care utilization, student retention, behavioral, epidemiological, demographic, and environmental data).	✓				
b. Base objectives on needs identified through data analysis.	✓				
4. Collect quantitative and qualitative data which delineate prevalence of health behaviors, attitudes, perceptions, and knowledge.		✓			
5. Disseminate data which delineate prevalence of health behaviors, attitudes, perceptions, and knowledge.	✓				
6. Establish benchmarks for the institution's health promotion and prevention services. Parameters may include mission, vision, personnel, budget, intervention and evaluation strategies, and goals and objectives.	✓				

The SHEP Coordinator is highly skilled and deeply committed to conducting research that identifies the health needs of USF students. SHEP regularly collects quantitative data on topics ranging from personal health behaviors, to health beliefs, to utilization of services. The SHEP Coordinator maintains membership in local, state, and national professional associations, and is well-connected to a network of college health professionals across the country. SHEP student employees are encouraged to become involved in national student health organizations and one student yearly is chosen to attend the American College Health Association Annual Meeting with the SHEP Coordinator. The Health Education Advisory Committee, which is chaired by the SHEP Coordinator, is currently in the process of using national and USF student data to develop priorities for addressing health issues at USF. SHEP could improve in this area by conducting more qualitative data collection on student health behaviors.

Standards of Practice for Health Promotion in Higher Education

STANDARD 1

EFFECTIVE PRACTICE OF HEALTH PROMOTION IN HIGHER EDUCATION IS STAFFED BY PRACTITIONERS WHO **DEMONSTRATE COMPETENCY IN COMMUNITY-BASED HEALTH PROMOTION.**

Health promotion practitioners:

1. Select, interpret and apply health promotion and education philosophies, theories, and ethical guidelines.
2. Use appropriate methodologies and technologies to assess, plan, implement, and evaluate health promotion and education interventions.
3. Assess individual and campus community needs for health promotion and education by obtaining and analyzing health-related information that describes the social and cultural environments, developmental factors, needs, and concerns of the target population.
4. Disseminate health promotion and education information regarding needs, concerns, and resources to members of the target population, key stakeholders, and decision makers.
5. Identify, mentor, and build capacities in others who assess, plan, implement, and evaluate health promotion and education interventions.
6. Identify measurable outcomes and operational objectives relevant to health promotion and education interventions.
7. Implement plans to evaluate the effectiveness of health promotion and education interventions.

Standards of Practice for Health Promotion in Higher Education

STANDARD 2

EFFECTIVE PRACTICE OF HEALTH PROMOTION IN HIGHER EDUCATION **DEMONSTRATES INTEGRATION WITH AND COMMITMENT TO THE MISSION OF THE INSTITUTION.**

Health promotion practitioners:

1. Create mission statements, policies, and practices that support learning outcomes and the institution's mission.
   a. Describe the institution's mission and institutional priorities.
   b. Monitor the profile of incoming students and the implications for educational practices and policies.
   c. Prioritize programs and services that promote student learning and contribute to the mission of the institution.
   d. Document how health promotion initiatives help fulfill the mission of the institution.
2. Provide administrators, faculty, staff, and students with data that demonstrate the link between student health and learning outcomes.
   a. Help administrators, faculty, staff, and students understand how health/lifestyle issues, such as stress and the use of alcohol, affect student learning and academic life.
   b. Act as visible, credible resources on health-related issues.
3. Integrate health promotion teaching, research, and service with all activities of the institution.
   a. Contribute to student learning through mentoring relationships and by teaching, research, and service activities.
   b. Establish relationships with academic departments through teaching, research, and service by involvement in collaborative projects.
4. Advocate for policies and practices that recognize the interdependent concepts of health, community, and academics.
   a. Consult with administrators, faculty, and staff about their role in creating a healthy learning environment.
   b. Participate in the institution's efforts to improve student retention and identify the factors that contribute to student success.
   c. Influence how educational practices are designed and delivered across the entire matriculation process, including participating in the design of orientation and first semester programs for undergraduate and graduate students.
5. Seek institutional commitment to health promotion as supported by resources and visibility.
   a. Involve the institution's leadership in promoting health and learning.
   b. Mobilize existing resources and seek additional resources to support academic integration activities.
   c. Advocate for the use of incentives for faculty, staff, and students to address health issues in the working, living, and academic environments on campus.
   d. Institutionalize educational practices and policies that promote health and learning.

Standards of Practice for Health Promotion in Higher Education

STANDARD 3

EFFECTIVE PRACTICE OF HEALTH PROMOTION IN HIGHER EDUCATION **DEMONSTRATES A COLLABORATIVE PROCESS TO ENSURE APPROPRIATE CAMPUS AND COMMUNITY PARTICIPATION IN PLANNING, IMPLEMENTING, AND EVALUATING HEALTH-RELATED INITIATIVES**

Health promotion practitioners:

1. Engage stakeholders in addressing campus-wide health issues by advocating for partnerships, including meetings, consultations, referral and feedback processes, community planning networks, advisory committees, task forces, and coalitions.
2. Participate in campuswide or institutional, interdepartmental, and interdisciplinary partnerships that promote health and learning.
3. Involve students, staff, faculty, administrators, and community in planning and decision-making processes to improve health promotion and prevention services.

   Individuals and units participating in the collaborative process may include students, colleagues, and other groups, such as:

   a. Students who are directly allied with the college health program, as well as general student body members;
   b. Counseling services, graduate life, residential life, student activities, women's and men's centers, international offices, disability services, judicial affairs, religious groups and ministries, greek life, and service learning centers;
   c. Campus recreation, intramural, and intercollegiate athletics;
   d. Academic support services (i.e., advising centers, faculty, multicultural services, and disability services,) and academic departments (i.e., administrators, faculty, and graduate students); and
   e. Community agencies.

Standards of Practice for Health Promotion in Higher Education

STANDARD 4

EFFECTIVE PRACTICE OF HEALTH PROMOTION IN HIGHER EDUCATION **DEMONSTRATES CULTURAL COMPETENCE AND INCLUSIVENESS IN WORKING WITH POPULATIONS OF DIVERSE CULTURES AND IDENTITIES IN ADDRESSING ISSUES OF DIVERSITY AND HEALTH.**

Health promotion practitioners:

1. Demonstrate knowledge of the relevance of cultural issues and backgrounds of students when developing, implementing, and evaluating programs and policies:
   a. Describe how class, ethnicity, social status, race, gender, sexual orientation, and physical ability influence behavior, attitudes, values, belief systems, and health status.
   b. Assess the social, political, and economic conditions of the students' home communities.
   c. Design health promotion interventions that are culturally relevant, including educational materials, recruitment, and publicity.
   d. Ensure that services meet the needs of diverse students through program planning, implementation, and evaluation.
   e. Address the role of the campus culture and environment in supporting or not supporting individuals' diverse cultures and identities.
2. Support the development, implementation, and evaluation of programs that address the importance of cultural issues in a health context.
   a. Implement health promotion interventions that address the connection between diversity and health.
   b. Engage students, staff, faculty, and administrators in the dialogue of how health is affected by the societal context in which we live.
   c. Engage students, staff, faculty, and administrators in the dialogue of how health is viewed from a social justice perspective.
3. Ensure that departmental systems reflect cultural diversity in a competent and inclusive way.
   a. Formulate a mission statement that is inclusive of populations of diverse cultures and identities.
   b. Provide policies and guidelines that respect the values of populations of diverse cultures and identities, and support all students' and staff's ability to participate in health promotion interventions.
   c. Design health promotion interventions with goals and objectives that clearly articulate expectations related to diverse cultures and identities.
   d. Apply exemplary practices, research, and knowledge in addressing health issues that affect people of diverse cultures and identities.
   e. Establish a plan for recruitment, retention, and development of culturally competent staff.

Standards of Practice for Health Promotion in Higher Education

STANDARD 5

EFFECTIVE PRACTICE OF HEALTH PROMOTION IN HIGHER EDUCATION IS STAFFED BY PRACTITIONERS WHO **DEMONSTRATE COMPETENCY IN USING APPROPRIATE RESOURCES AND QUANTITATIVE AND QUALITATIVE RESEARCH.**

Health promotion practitioners:

1. Consult information sources in health promotion and education, higher education, medicine, mental health, public health, and related fields.
   a. Read professional journals and newsletters.
   b. Access Internet sites sponsored by professionally recognized agencies.
   c. Attend local, state, regional, and national professional conferences and workshops.
   d. Enroll in credit and non-credit courses.
   e. Consult with colleagues within and beyond the local institution.
   f. Maintain membership and participation in professional associations.
2. Implement health promotion interventions based on individual, interpersonal, or community-based health behavior change theories and planning models.
3. Synthesize data from national, state, local, and institutional sources to develop objectives for health promotion initiatives.
   a. Identify multiple data sources (e.g., health indicators, health care utilization, student retention, behavioral, epidemiological, demographic, and environmental data).
   b. Base objectives on needs identified through data analysis.
4. Collect quantitative and qualitative data which delineate prevalence of health behaviors, attitudes, perceptions, and knowledge.
5. Disseminate data which delineate prevalence of health behaviors, attitudes, perceptions, and knowledge.
6. Establish benchmarks for the institution's health promotion and prevention services. Parameters may include mission, vision, personnel, budget, intervention and evaluation strategies, and goals and objectives.

Survey on Health Promotion and Education in Higher Education
USF Comparison to National Results

Institutional Profile

USF is a 4-year private institution with 5000-9999 students. USF does have health promotion services (HPS) available to students, primarily through the Student Health Education Program (SHEP). USF does have HPS services available to faculty and staff, primarily through the Well-Life Program that is coordinated out of Human Resources. Both programs receive funding for programming.

	All Institutions	No HPS	With HPS - RS	With HPS - KI
4 year private	(191) 42.3%	(36) 48.6%	(155) 41.0%	(24) 29.9%
5000-9999 students	(67) 14.8%	(9) 12.2%	(58) 15.3%	(10) 11.6%

	With HPS - RS	With HPS - KI	USF
Has some level of funding for student health promotion and education services.	(340) 79.4%	(80) 93%	Yes
Has some level of funding for faculty/staff health promotion and education services.	(143) 37.8%	(42) 48.8%	Yes
Regardless of funding, provide some level of health promotion and education services for students.	(378) 100%	(86) 100%	Yes
Regardless of funding, provide some level of health promotion and education services for employees.	(268) 70.9%	(73) 84.9%	Yes

RS = random sample of ACHA member institutions
KI = key informants, perceived leaders in the field of college health

University and Department Mission Statements

The USF mission statement and the Division of University Life mission statement do address concepts of health promotion, disease prevention and/or quality of life. The USF health promotion programs are formally named. SHEP has a mission statement that guides health promotion services and a strategic plan that defines health promotion goals and/or outcomes.

	With HPS - RS	With HPS - KI	USF
Institutional mission statement includes a concept of health promotion, disease prevention, or quality of life.	(176) 46.6%	(38) 44.2%	Yes

University and Department Mission Statements continued...

	With HPS - RS	With HPS - KI	USF
Department to which they report includes a concept of health promotion, disease prevention, or quality of life.	(309) 81.7%	(76) 88.4%	Yes
Have *no* formal name for their health promotion program.	(206) 54.5%	(27) 31.4%	No
Have a mission statement that guides health promotion services.	(199) 52.6%	(55) 64%	Yes
Have *no* strategic plan that defines health promotion goals and/or outcomes.	(169) 44.7%	(28) 32.6%	No

Location of Primary Health Promotion Planner

The Coordinator of SHEP, the primary health promotion planner, is located in the Division of University Life, and the Coordinator reports the Director of the Counseling Center.

	With HPS - RS	With HPS - KI	USF
Student affairs or campus recreation programs.	(29) 10.0%	(8) 9.3%	Yes

Credentials of Primary Health Promotion Planner

The Coordinator of SHEP has a Masters of Science in Public Health in Health Promotion and Education, is a Certified Health Education Specialist, and is currently working on her Doctorate in Public Health in Community Health Sciences.

	With HPS - RS	With HPS - KI	USF
Masters/doctorate in community/school/public health	(88) 23.3%	(44) 51.2%	Yes
Certified Health Education Specialist	(45) 11.9%	(20) 22.7%	Yes

Health Promotion Staff

USF has one .83FTE health promotion professional.

	With HPS - RS	With HPS - KI	USF
One FTE person responsible for health promotion services – All.	(99) 26.3%	(13) 15.1%	Yes
One FTE health promotion professional at institution with 5000-9999 students.	(19) 39.6%	(6) 66.7%	Yes

Funding for Health Promotion Services

SHEP is funded through general University funds.

	With HPS - RS	With HPS - KI	USF
First funding source for HPS – general University funds.	(56) 14.8%	(7) 8.1%	Yes
First funding source for HPS at institution with 5000-9999 students – general University funds.	(7) 13.0%	(0) 0%	Yes

Perceived Budget Adequacy

The SHEP budget is somewhat adequate.

	With HPS - RS	With HPS - KI	USF
Budget is somewhat adequate.	(95) 25.1%	(28) 32.6%	Yes

Health Promotion and Education Needs Assessment

Highest Ranking Needs Assessment Tools Used

SHEP conducts many needs assessments, including the National College Health Assessment (NCHA) and the CORE survey. SHEP also conducts regular program reviews and student opinion surveys. SHEP relies most heavily on community health status surveys for information (NCHA) and Healthy People 2000 (now Healthy Campus 2010), and uses the rest of the assessment tools fairly equally.

	With HPS - RS	With HPS - KI	USF
Community health status surveys	(118) 31.2%	(38) 44.2%	Yes
CORE Survey	(127) 33.6%	(40) 46.5%	Yes
Health behavior risk assessment surveys	(90) 23.8%	(30) 34.9%	Yes
Healthy People 2000	(211) 55.8%	(60) 69.8%	Yes
Literature review	(117) 46.8%	(59) 68.6%	Yes
Anectodal information from faculty, staff, and students	(312) 82.5%	(71) 82.6%	Yes
User satisfaction surveys	(243) 64.3%	(67) 77.9%	Yes

Health Promotion and Education Functions

SHEP invests some or a great deal of time in the following functions, all of which were used at over 47.7% of RS institutions and 55.8% of KI institutions:

- Health communication/information dissemination
- Awareness activities
- Program planning and development
- Direct service

Health Promotion and Education Functions continued...

- Training and supervising peer educators
- Needs assessment
- Partnerships with faculty and curriculum infusion
- Social marketing
- Systematic process and outcome evaluation
- Media development

Factors That Strongly Influence Health Promotion Priorities

The following factors, which were identified by over 21.2% of RS institutions and 25.6% of KI institutions, strongly influence health promotion decisions for SHEP:

- Seriousness of risk behavior
- Key risks identified for age and gender
- Fiscal resources available
- Number of students impacted
- Long-term health benefit
- Number of available providers
- Skills of available providers
- Academic mission of the University

Behavior Change and Educational Theories Used

The following behavior change and educational theories, which were identifies by over 6.9% of RS institutions and 18.6% of KI institutions, are used by SHEP in designing programs:

- Health Belief Model
- Social Learning Theory
- Stages of Change Theory
- Perceived Self-Efficacy
- Stepped approaches to health behavior change
- Community organizing theory
- Diffusion of Innovation Theory

Tools and Techniques Used Extensively to Enhance Learning

The following tools and techniques, which were used by over 7.4% of RS institutions and 8.1% of KI institutions, are used extensively by SHEP to enhance student learning:

- Brochures and written materials
- Group presentations
- Peer education service learning
- Special events/health fairs
- Media messages
- Community building and cultural norm change
- Curriculum infusion
- Social marketing
- Computer assisted learning

Health Management Networks on Campus

SHEP networks with both on- and off-campus partners to deliver HPS. The Health Education Advisory Committee is a formal on-campus network

	With HPS - RS	With HPS - KI	USF
Have established linkages with community resources for health promotion delivery	(315) 83.3%	(74) 86.0%	Yes
Have a network of health promotion service providers established on their campus	(192) 50.8%	(49) 57.0%	Yes
This is a formal network	(43) 11.4%	(11) 12.8%	Yes

Evaluation

SHEP evaluates individual programming on a regular basis and does a formal program review at the end of each year.

	With HPS - RS	With HPS - KI	USF
Evaluate Health Promotion activities	(234) 61.9%	(69) 80.2%	Yes

Benchmarking

SHEP uses the following benchmarkers, which are used by over 6.1% of RS institutions and 6.8% of KI institutions:

- Qualitative evaluation of services, resources, activities
- Quantitative process evaluation and measurement
- Satisfaction of participants/consumers
- Outcome evaluation/measurement
- Cultural/environmental systems measurement
- Professional standards and accountabilities
- Program standards and accountabilities
- Evaluation tools and strategies

APPENDIX C

Survey on Health Promotion and Education in Higher Education
Preliminary Findings

Task Force on Health Promotion in Higher Education
American College Health Association
Annual Conference Presentation, San Diego
May, 1998

The Task Force on Health Promotion in Higher Education wishes to thank the Executive Board of the American College Health Association for its support and funding for the self-examination, self-assessment and self-determination of the college health model from a health promotion and education perspective. This examination is essential in developing quality indicators for health promotion and education services most likely to influence health status within higher education communities.

This year's charge to our Task Force is threefold:
- To review and analyze the current role and scope of practice of health promotion and preventive services in higher education via literature review, a mailed survey, and telephone interviews with key informants.
- To gather and analyze existing standards and guidelines for health promotion and preventive services from a clinical, educational, and community perspective.
- To work with Marthea Blewitt, ACHF, to seek funding for subsequent development, implementation and evaluation of standards over a four year period.

The Task Force initiated its analysis of the scope of practice for college health promotion with the development of a national ***Survey on Health Promotion and Education in Institutions of Higher Education.*** Dr. Subhash Sonnad, Professor of Sociology and former Director of the Kercher Center for Social Research, Western Michigan University, has guided survey design and development. Dr. Sonnad has been involved in research for more than forty years, leading both national and international evaluation studies over the past twenty years. His belief in the importance of our project and his generous commitment to its careful development have helped us create a survey which seeks to identify:

- The process by which program planners establish health promotion priorities and create strategic plans that meet program mission and goals.
- Current strategies, networks and resources for implementing health promotion within institutions of higher education.
- Performance measures, indicators of best practice, outcome measures and evaluation tools currently used for health promotion evaluation.
- Gaps and deficiencies in the delivery of health promotion services as well as barriers to implementing health promotion and preventive services goals.
- The range of professionals involved in health promotion planning and delivery.

Survey Design

Our eight-page survey, designed to identify the current role and scope of health promotion and education services within institutions of higher education in the United States, was mailed to a stratified random sample of 600 ACHA Member Institutions. Sampling was randomized by region of the country and level of institution

Institutional Profile

Total Random Sample With and Without Health Promotion Services (N = 452)

Type of Institution	N	%
• Respondents from 2 year public institutions	(62)	13.7%
• Respondents from 2 year private institutions	(6)	1.3%
• Respondents from 4 year public institutions	(183)	40.5%
• Respondents from 4 year private institutions	(191)	42.3%
Size of Institution		
• Respondents from institutions with less than 2,000 students	(109)	24.1%
• Respondents from institutions with 2,000 - 4,999 students	(106)	23.5%
• Respondents from institutions with 5,000 - 9,999 students	(67)	14.8%
• Respondents from institutions of 10,000 - 20,000 students	(80)	17.7%
• Respondents from institutions with over 20,000 students	(46)	10.2%

Data indicated that 82.8% of respondents came from four-year institutions of higher education, 47.6% came from institutions with less than 5,000 students and a majority of 62.4% came from institutions with less than 10,000 students.

Of the 452 random sample respondents, seventy-four (74) or 16.4% indicated they had no health promotion or education services on their respective campuses. Thus, they completed only the first page of the survey, which asked for institutional demographics.

Institutional Profile - Institutions With NO Health Promotion Services for Students (74)

	Random Sample with NO HP Services	
Type of Institution	N	%
• Respondents from 2 year public institutions	(12)	16.2%
• Respondents from 2 year private institutions	(42)	2.7%
• Respondents from 4 year public institutions	(20)	27.0%
• Respondents from 4 year private institutions	(36)	48.6%
Size of Institution		
• Respondents from institutions with less than 2,000 students	(30)	40.5%
• Respondents from institutions with 2,000 - 4,999 students	(16)	21.6%
• Respondents from institutions with 5,000 - 9,999 students	(9)	12.2%
• Respondents from institutions of 10,000 - 20,000 students	(10)	13.5%
• Respondents from institutions with over 20,000 students	(3)	4.1%

The 378 remaining surveys (83.6% of survey responses) which identified at least some level of health promotion services funded or provided were therefore used to analyze random sample data.

University and Department Mission Statements

	Random Sample with HPS (N=378)		Key Informants (N=86)	
	N	%	N	%
• Institutional mission statement includes a concept of health promotion, disease prevention or quality of life goals.	(176)	46.6%	(38)	44.2%
• Department to which they report includes a concept of health promotion, disease prevention or quality of life goals.	(309)	81.7%	(76)	88.4%
Health Promotion and Education Mission				
• Have no formal name for their health promotion program (no name may be an indication that health promotion services are provided by a health professional who carries both clinical and health promotion responsibilities.)	(206)	54.5%	* (27)	31.4%
• Have a mission statement that guides health promotion services	(199)	52.6%	* (55)	64.0%
• Have no strategic plan that defines health promotion goals and/or outcomes	(169)	44.7%	* (28)	32.6%

Location of Primary Health Promotion Planner

• Campus health service	(271)	71.7%	* (71)	82.6%
• Campus counseling service.	(52)	13.8%	(11)	12.8%
• Student affairs or campus recreation programs.	(29)	10.0%	(8)	9.3%

Thus, among respondents, campus health services currently appear to be the leader in providing health promotion planning and service delivery for institutions of higher education.

Credentials of Primary Health Promotion Planner

	Random Sample with HPS (N=378)		Key Informants (N=86)	
	N	%	N	%
• Masters/doctorate in community/school/public health	(88)	23.3%	* (44)	51.2%
• Masters/doctorate in social work, psychology, nursing, exercise, other	(138)	36.5%	(24)	27.9%
• Diploma/bachelors degree in nursing	(42)	11.1%	* (3)	3.5%
• Bachelors degree in other health profession	(13)	3.4%	(2)	2.3%
• Certified Health Education Specialists (CHES).	(45)	11.9 %	* (20)	22.7%

Health Promotion Staff *contd.*

	N	%	N	%
Number of FTE's / Institutions with 10,000 - 20,000 Students				
• No FTE health promotion professional	(6)	9.8%	* (0)	0.0%
• One FTE health promotion professional	(19)	31.1%	* (2)	11.8%
• Two FTE health promotion professionals	(21)	34.4%	* (8)	47.1%
• Three FTE health promotion professionals	(4)	6.6%	* (1)	5.9%
• Four or more FTE's	(11)	18.0%	* (6)	35.3%
Number of FTE's / Institutions with over 20,000 Students				
• No FTE health promotion professional	(2)	5.1%	* (0)	0.0 %
• One FTE health promotion professional	(7)	17.9%	* (1)	3.4 %
• Two FTE health promotion professionals	(9)	23.1%	(7)	24.1%
• Three FTE health promotion professionals	(6)	15.4%	(4)	13.8%
• Four or more FTE health promotion professionals	(15)	38.5%	* (17)	58.6%

The data indicate that the larger the institution, the greater the resources allocated to full time professional health promotion staff. For institutions with 2,000 students or less, more than twice as many key informants indicated they have two or more full time professional staff dedicated to health promotion compared to respondents in the random sample. There also appears to be a clear break between institutions with less than 10,000 students compared to those with 10,000 or more students, with 88.3% of key informants from institutions of 10,000 - 20,000 having two or more full time professional staff dedicated to health promotion compared with 59.0% of random sample respondents from institutions of the same size. In institutions of over 20,000 students, 96.5% of key informants had two or more health professionals dedicated to health promotion compared with 77.0% of the random sample.

Funding for Health Promotion Services

Funding for professional health promotion staff and program budgets came from a variety of resources. For both key informants and random sample respondents, the primary funding sources were similar.

First Funding Source Identified for Health Promotion

	Random Sample with HPS (N=378)		**Key Informants (N=86)**	
	N	**%**	**N**	**%**
Student Fees	(153)	40.5%	* (50)	58.1%
Health Service Budget	(108)	28.6%	(17)	19.8%
General University Funds	(56)	14.8%	(7)	8.1%
Division of Student Affairs	(12)	3.2%	(2)	2.3%
Grants/ State Funding	(12)	3.2%	(4)	4.7%
Innovative Funding Ventures	(10)	2.6%	* (0)	0.0%

Perceived Budget Adequacy

	Random Sample with HPS (N=378)		Key Informants (N=86)	
	N	%	N	%
• Budget is adequate	(58)	15.3%	(15)	17.4%
• Budget is somewhat adequate	(95)	25.1%	(28)	32.6%
• Budget is minimally adequate	(93)	24.6%	(19)	22.1%
• Budget is inadequate	(120)	31.7%	* (15)	17.4%

Among those who responded, key informants received budgets ranging from $400 to $300,000.

Health Promotion and Education Needs Assessment

Survey respondents were asked to identify individual and community needs assessment techniques used for health promotion service planning. The data are presented below. Because of multiple responses, the percentages exceed 100 percent.

	Random Sample with HPS (N=378)		Key Informants (N=86)	
	N	%	N	%
Campus Community Needs Assessment				
• Community health status surveys	(118)	31.2%	* (38)	44.2%
• Community health resource/services survey	(98)	25.9%	* (36)	41.9%
Behavioral Risk Assessments				
• *CORE Survey* (FIPSE)	(127)	33.6%	* (40)	46.5%
• Health behavior risk assessment surveys	(90)	23.8%	* (30)	34.9%
• Lifestyle/health risk appraisal	(54)	14.3%	(15)	17.4%
• *Youth Risk Behavior Survey for College Students*	(30)	7.9%	(13)	15.1%
Literature Review/National Standards				
• *Healthy People 2000*	(211)	55.8%	* (60)	69.8%
• Literature review	(117)	46.8%	* (59)	68.6%
• Inventory of clinical preventive services	(114)	30.2%	(33)	38.4%
Opinions and Attitudes				
• Anecdotal information from faculty, staff, students	(312)	82.5%	(71)	82.6%
• Health care provider opinions	(244)	64.6%	(63)	73.3%
• User satisfaction surveys	(243)	64.3%	* (67)	77.9%
• Student Advisory Board opinions	(167)	44.2%	* (52)	60.5%
• Focus groups	(127)	33.6%	* (47)	54.7%
• Key informant interviews	(75)	19.8%	* (30)	34.9%
Utilization Review/Resource Allocation				
• Health service and program utilization review	(146)	38.6%	(42)	48.8%
• Available resources (human, fiscal)	(117)	31.0%	(36)	41.9%
• Do not conduct needs assessments	(128)	33.9%	* (19)	22.1 %

Factors That Strongly Influence Health Promotion Priorities

Factors most **strongly** influencing health promotion decisions were as follows:

	Random Sample with HPS (N=378)		Key Informants (N=86)	
	N	%	N	%
• Seriousness of risk behavior	(274)	72.5%	(62)	72.1%
• Key risks identified for age and gender	(269)	71.2%	(65)	75.6%
• Fiscal resources available	(224)	59.3%	(45)	52.3%
• Number of students impacted	(211)	55.8%	(45)	52.3%
• Long-term health benefit	(195)	51.6%	(38)	44.2%
• Number of available providers	(203)	53.7%	(51)	59.3%
• Skills of available providers	(179)	47.4%	(45)	52.3%
• Academic mission of their university	(80)	21.2%	(22)	25.6%

Behavior Change and Education Theories Used

	Random Sample with HPS (N=378)		Key Informants (N=86)	
	N	%	N	%
• Health Belief Model	(194)	51.3%	(46)	53.5%
• Social Learning Theory	(154)	40.7%	* (54)	62.8%
• Stages of Change Theory	(131)	34.7%	* (41)	47.7%
• Perceived Self-efficacy	(118)	31.2%	(28)	32.6%
• Stepped approaches to health behavior change	(76)	20.1%	(20)	23.3%
• Community organization theory	(63)	16.7%	* (26)	30.2%
• Diffusion of Innovation Theory	(26)	6.9%	* (16)	18.6%
• Educational theories (Glasser, Gardner)	(21)	5.6%	(10)	11.6%
• Use no behavior change or education theories	(87)	23.0%	(14)	16.3%

Key informants were more likely to use behavior change and education theories and were especially more likely to use social learning theory and community organization theories.

Benchmarking

	Random Sample with HPS (N=378)		Key Informants (N=86)	
	N	%	N	%
• Qualitative evaluation of services, resources, activities	(97)	25.6%	(29)	32.9%
• Quantitative process evaluation and measurement	(97)	25.6%	(27)	30.7%
• Satisfaction of participants/consumers	(53)	14.1%	(17)	19.3%
• Outcome evaluation/measurement	(80)	21.1%	* (35)	39.8%
• Cultural/environmental systems measurement	(35)	9.3%	* (16)	18.2%
• Professional standards and accountabilities	(23)	6.1%	(7)	7.9%
• Program standards and accountabilities	(34)	8.9%	(6)	6.8%
• Evaluation tools and strategies	(189)	49.9%	(40)	45.4%

Selected Benchmarks/Indicators Used to Judge Quality of Health Promotion Services

Quantitative Evaluation of Services, Resources, Activities

- Incidence of health risk behaviors
- Number of health contacts with students; enrollment, attendance, utilization
- Number of referrals and for what purpose
- Number of student leaders involved
- Number of faculty and student program requests
- Tracking improvement in service utilization

Qualitative Process Evaluation and Measurement

- Self-report of new knowledge
- Self-reports of perceptual change
- Written evaluations of participants
- Written program evaluations measuring expectations and value to participants
- Interviews/review of police records and clinical provider incidents
- Critique of printed materials
- Evaluations from students who receive patient education from a peer health educator

Satisfaction of Participants/Consumers

- Repeat business; number of students who seek additional information
- Satisfaction inventory for all group presentations

Selected Benchmarks/Indicators Used to Judge Quality of Health Promotion Services *contd.*

Evaluation Tools and Strategies

- Surveys
  - Point of service, random course selection, mailed random sample
  - Awareness and utilization of services
  - Consumer satisfaction,
- Broad-based health risk appraisals, targeted assessments(CORE Survey)
  - Pre-post test evaluation of an intervention/academic course
  - Senior survey every other year
- Participant interviews
- Estimates of possible behavior change based on literature review
- Written participant/program evaluations
- Follow-up contact for problem solution or behavior change
- Follow-up phone calls after service delivery
- Focus groups
- Professional networking

Program Review
Student Health Education Program
Executive Summary

Overview

Services Provided

The USF Student Health Education Program provides USF students with the knowledge and skills to make healthy decisions in the areas of interpersonal relationships, nutrition and physical activity, sexual health, stress and mental health, and substance abuse. SHEP is also committed to developing and sustaining a campus culture where health-enhancing behaviors are the norm. To achieve its mission, SHEP coordinates the peer education program, sponsors health promotion programming, and serves as a resource for health information and services. Examples of services/programs hosted by SHEP include: World AIDS Day (see report), the 21st Birthday Card Program (see example), health topic workshops in classes and residence halls, and the Marijuana Abuse Prevention Campaign (see example).

Annual Review Template

Assessment of Services

Annual Report 2001-2002

The Student Health Education Program and Peers On Wellness Education & Reality were involved in the following major activities during the 2001-2002 academic year:

- hosted eight major events during the academic year, including National Collegiate Alcohol Awareness Week, World AIDS Day, Sexual Responsibility Week, Women's History Month, the Great American Smokeout, and Stress-Free Days
- sponsored or co-sponsored over 30 programs on a variety of topics
- coordinated the Health Education Advisory Committee
- coordinated three social marketing campaigns
- coordinated the USF Clinic surveys
- coordinated the 21st birthday card program

Based on evaluations of individual activities and SHEP overall, the following priorities were set for the 2002-2003 academic year:

- reorganizing the Peer Education program so as to make the program as useful to the campus as possible
- creating new social marketing campaigns that are grounded in theory and are relevant to the USF population
- creating new materials on specific topics and for particular populations that are available in print form and on the web
- completing the Biennial Review of the USF Drug-Free Policy
- developing a strategic plan for addressing student health issues based on the results of the National College Health Assessment
- readministering the National College Health Assessment
- coordinating the USF Allies Program

Assessment Inventories 2001-2002

Assessment inventories indicate that, overall, the programming coordinated by SHEP is well-received by students and is impacting student health behavior. Evaluations have shown that the peer education program (POWER) needs to possibly be redesigned to offer the best type of programming for the campus, and that USF students seem to be responding better to "non-traditional" programming (ie. social marketing, special events), rather than standard workshop-type programming often offered by college health promotion programs. However, students do still respond positively to programming (even if it is traditional) that is grounded in theory and is prepared with clear goals and objectives in mind.

Standards

American College Health Association Standards of Practice for Health Promotion in Higher Education

The *Standards of Practice for Health Promotion in Higher Education* provide measurable guidelines for quality assurance and accreditation of health promotion and prevention services in post-secondary institutions. Specifically, the Standards:

- Provide post-secondary institutional leaders with guidelines for building capacities within their campus communities to improve health;
- Ensure that leaders of college health programs have indicators of best practice to assist them in assessing the scope and effectiveness of their health promotion and prevention services; and
- Assist campus health promotion leaders regardless of their educational background, position, or organizational placement, to enhance the quality of services and resources they provide and to measure the effectiveness of their efforts.

The Standards include:

- Effective practice of health promotion in higher education is staffed by practitioners who demonstrate competency in community-based health promotion;
- Effective practice of health promotion in higher education demonstrates integration with and commitment to the mission of the institution;
- Effective practice of health promotion in higher education demonstrates a collaborative process to ensure appropriate campus and community participation in planning, implementing, and evaluating health-related initiatives;
- Effective practice of health promotion in higher education demonstrates cultural competence and inclusiveness in working with populations of diverse cultures and identities in addressing issues of diversity and health.
- Effective practice of health promotion in higher education is staffed by practitioners who demonstrate competency in using appropriate resources and quantitative and qualitative research.

Completed Program Self-Assessment

Overall, USF health promotion services are well-aligned with the Standards of Practice for Health Promotion in Higher Education. It should be noted, however, that because the USF Student Health Education Program employs only one FTE health educator, the

results of the assessment more closely identify the skills and abilities of the Coordinator of the Student Health Education Program, and not necessarily the nature of the program overall. Results of the self-assessment could vary greatly based on the number and type of people that SHEP employs. SHEP is highly competent in community-based health promotion, and is well-versed in using effective theories and methods when planning, implementing, and evaluating health promotion programming on campus. SHEP is moderately integrated and highly committed to the mission of the institution. SHEP is actively working to involve itself in programs across campus that can further the mission of the institution and improve the health of students. SHEP would welcome the administration leadership' s assistance in garnering support for integrating health promotion in other programs across campus. Collaboration is key to how SHEP operates, and as such, the program involves various departments around campus in activities. Collaboration with outside agencies and the academic arena could be improved. SHEP is committed to providing culturally competent and inclusive programming, and is constantly striving to improve in this area. Research of USF student health behaviors is a major component of SHEP activities, and the office is dedicated collecting data regarding health behaviors, health beliefs, and utilization of services.

Health Services Program Review 1998
Consultants from the American College Health Association visited USF in Fall of 1998 to evaluate student health services. Their primary findings and recommendations related to the Student Health Education Program include:

- Strong support for health education at USF.
- Increasing the amount of FTE's available for health education staff.

Benchmarking

Survey on Health Promotion in Higher Education 1998
The Task Force on Health Promotion in Higher Education conducted the Survey on Health Promotion in Higher Education in an effort to develop quality indicators for health promotion and education services most likely to influence health status within higher education communities. The survey investigated the following:

- Institutional profiles (size of institution, level of funding for health promotion programs)
- Mission statements
- Location, credentials, and number of health promotion staff
- Funding for health promotion services
- Needs assessment techniques, behavioral theories, and factors indicating need used to develop health promotion programs
- Functions of and techniques used in health promotion programs
- Health management networks on campus
- Evaluation and benchmarking

USF Comparison Data 2003
USF compares to the national data of the Survey on Health Promotion in Higher Education in the following ways:

- Similar to study respondents, USF does have health promotion services available to students, and provides some level of funding for those services.
- Similar to study respondents, USF and the Division of University Life have a mission statement that includes concepts of health.
- USF is different from my other universities, in that SHEP is located within the Division of University Life, rather than being part of the health services.
- USF is somewhat similar in number of health promotion staff it employs, and that person has master's or doctorate-level training in health promotion.
- USF is different from other universities, in that funding for health promotion comes from general university funds, rather than student fees, which is where most universities get their funding.
- USF is similar to other universities in that it perceives its health promotion budget as somewhat adequate.
- USF uses similar needs assessment techniques and behavior change theories and has similar functions as health promotion programs at other universities.
- USF has similar health management networks as other universities.
- USF uses similar evaluation and benchmarking procedures as other universities.

Financial Profile

SHEP has a total budget of $97,738, the majority of which ($72,800) is spent on staff and student salaries and benefits. The remaining $24,937 is used for general operating expenses, including all programming during the year, training of student volunteers, and all social marketing activities. The current SHEP budget is somewhat adequate for the basic programming initiatives that the office is coordinating. However, due to minimal staffing, creativity is often difficult and expanding services is impossible. SHEP would request that the possibility of increasing office staff be investigated.

FY2002 Actually Funded
SUBJECT AREA: 3132 HEALTH EDUCATION

Dept	(blank)
SUBJ	(All)
Account Number	

% Funded 100%
University Life 0-00000

	Data			
Term	Sum of HC	Sum of SCHs	Sum of Fin Aid	Sum of Revenue
Sem 1 - Summ 2001				
Sem 2 - Fall 2001				
Sem 3 - Wint 2002				
Sem 4 - Spri 2002				
(blank)				
Grand Total				

Coding:
Green Fixed
Clear Data Entry Fields
Yellow Calcs that can be changed

	Unrestricted	B	C	D	E	F	Total	
Tuition Revenue	$ -						$ -	
Financial Aid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Fees							$ -	
Auxiliary Revenue							$ -	
Other Income							$ -	
Unrestricted Gifts							$ -	
Total Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	

Compensation			Unrestricted	B	C	D	E	F	Total	
% Funded			100%						100%	=100%
FT Faculty			$ -	$ -	$ -	$ -	$ -	$ -	$ -	
PT Faculty			$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Staff Salaries	0.83		$ 48,607						$ 48,607	
Student Salaries			$ 8,396	$ -	$ -	$ -	$ -	$ -	$ 8,396	
Benefits			$ 15,797	$ -	$ -	$ -	$ -	$ -	$ 15,797	
Total Compensation	0.83	$ -	$ 72,801	$ -	$ -	$ -	$ -	$ -	$ 72,801	

Expenses	Unrestricted	B	C	D	E	F	Total	
% Funded	100%						100%	=100%
General Operating	$ 22,753	$ -	$ -	$ -	$ -	$ -	$ 22,753	
Travel & Entertainment	$ 2,184	$ -	$ -	$ -	$ -	$ -	$ 2,184	
Facilities Operations	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Capital	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Expenses	$ 24,937	$ -	$ -	$ -	$ -	$ -	$ 24,937	
Total Expenses	$ 97,738	$ -	$ -	$ -	$ -	$ -	$ 97,738	
Net Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Net Contribution Margin	$ (97,738)	$ -	$ -	$ -	$ -	$ -	$ (97,738)	
Net Contribution %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Gross Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Gross Contribution Margin	$ (97,738)	$ -	$ -	$ -	$ -	$ -	$ (97,738)	
Gross Contribution %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Misc. Ratios	Students per	Net Revenues x Expenses						
FT Faculty	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
PT Faculty	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
FTE Staff	0	-						
Compensation		-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.0
Expenses		-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.0
Total Expenses		-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.0

FY 2002

Student Credit Hours	EDUCATION	% of
Responsibility	(All)	University

Sum of SCHs	
Term	Total
Sem 1 - Summ 2001	15,284
Sem 2 - Fall 2001	91,351
Sem 3 - Wint 2002	1,128
Sem 4 - Spri 2002	87,942
(blank)	
Grand Total	195,705
Financial Aid (Univ Avg)	$ 18,315,877

	HEALTH EDUCATION	% of
Responsibility	(All)	University Life

Sum of SCHs		
Term	Total	
Sem 1 - Summ 2001	15,284	100.0%
Sem 2 - Fall 2001	91,351	100.0%
Sem 3 - Wint 2002	1,128	100.0%
Sem 4 - Spri 2002	87,942	100.0%
(blank)		
Grand Total	195,705	100.0%
Financial Aid		#DIV/0!

	HEALTH EDUCATION	% of
Responsibility	(All)	University Life

Sum of SCHs		
Term	Total	
Sem 1 - Summ 2001	15,284	100.0%
Sem 2 - Fall 2001	91,351	100.0%
Sem 3 - Wint 2002	1,128	100.0%
Sem 4 - Spri 2002	87,942	100.0%
(blank)		
Grand Total	195,705	100.0%
Financial Aid		#DIV/0!

	HEALTH EDUCATION
SUBJ	(All)

	Data	
Term	Sum of SCHs	Sum of Revenue
Sem 1 - Summ 2001	15,284	10,345,619
Sem 2 - Fall 2001	91,351	61,075,834
Sem 3 - Wint 2002	1,128	855,602
Sem 4 - Spri 2002	87,942	58,760,215
(blank)		
Grand Total	195,705	131,037,269
Financial Aid		$ -

Financial Records Systems Data

RESPON	(All)

Sum of YTD ACTUAL		YTD Actual
Category	Total	
01.1 Summer Tuition	$ (10,103,010)	102.4%
01.2 Fall Tuition	$ (61,331,065)	99.6%
01.3 Winter Tuition	$ (873,879)	97.9%
01.4 Spring Tuition	$ (58,708,305)	100.1%
01.5 Other Tuition	$ (187,367)	0.0%
02 Fees	$ (1,224,278)	0.0%
03 Gifts	$ (1,754,340)	0.0%
05 Auxiliary	$ (18,764,907)	0.0%
07 Other Income	$ (3,488,898)	0.0%
10 FT Faculty	$ 24,190,349	0.0%
10.2 PT Faculty	$ 8,091,264	0.0%
11 Staff Salaries	$ 34,507,985	0.1%
12 Student Salaries	$ 4,446,394	0.2%
17 Benefits	$ 20,037,319	0.1%
20 General Operating	$ 23,251,152	0.1%
30 Travel & Advancement	$ 2,827,711	0.1%
40 Financial Aid	$ 18,315,877	#####
50 Facilities	$ 6,832,265	0.0%
60 Capital	$ 3,442,528	0.0%
65 Food Service	$ 4,819,710	0.0%
70 Fin & Debt	$ 5,472,549	0.0%
80 Reserves	$ 6	0.0%
(blank)		0.0%
Grand Total	$ (200,942)	
Revenues	###########	
Financial Aid (Univ Avg)	$ 18,315,877	
Expenses	$137,919,231	
{a} Gross Contrib Margin	$ (18,516,819)	
GCM%	12%	
{b} Net (ofFA) Contrib Marg	$ (200,942)	
NCM%	0%	

RollupDesc	University Life

Sum of YTD ACTUAL		
Category	Total	
01.1 Summer Tuition		#DIV/0!
01.2 Fall Tuition		#DIV/0!
01.3 Winter Tuition		#DIV/0!
01.4 Spring Tuition		#DIV/0!
01.5 Other Tuition	$ -	#DIV/0!
02 Fees	$ (216,035)	0.0%
03 Gifts		#DIV/0!
05 Auxiliary	$ (1,673,479)	0.0%
07 Other Income	$ (88,127)	0.0%
10 FT Faculty		#DIV/0!
10.2 PT Faculty		#DIV/0!
11 Staff Salaries	$ 2,340,661	2.1%
12 Student Salaries	$ 633,749	1.3%
17 Benefits	$ 672,718	2.3%
20 General Operating	$ 999,392	2.3%
30 Travel & Advancement	$ 108,995	2.0%
40 Financial Aid	$ 63,183	#DIV/0!
50 Facilities	$ 793,514	0.0%
60 Capital	$ 108,706	0.0%
65 Food Service	$ (44,340)	0.0%
70 Fin & Debt	$ 174,000	0.0%
80 Reserves		#DIV/0!
(blank)		0.0%
Grand Total	$ 3,872,935	
Revenues	$ (1,977,641)	
Financial Aid (Univ Avg)	$ -	
Expenses	$ 5,787,394	
Gross Contrib Margin	$ 3,809,752	
GCM%	-193%	
Net (ofFA) Contrib Margin	$ 3,809,752	
NCM%	-193%	

RollupName	University Life

Sum of YTD ACTUAL		
Category	Total	
01.1 Summer Tuition		#DIV/0!
01.2 Fall Tuition		#DIV/0!
01.3 Winter Tuition		#DIV/0!
01.4 Spring Tuition		#DIV/0!
01.5 Other Tuition	$ -	#DIV/0!
02 Fees	$ (216,035)	0.0%
03 Gifts		#DIV/0!
05 Auxiliary	$ (1,673,479)	0.0%
07 Other Income	$ (59,289)	0.0%
10 FT Faculty		#DIV/0!
10.2 PT Faculty		#DIV/0!
11 Staff Salaries	$ 2,279,089	2.1%
12 Student Salaries	$ 474,266	1.8%
17 Benefits	$ 652,706	2.4%
20 General Operating	$ 839,232	2.7%
30 Travel & Advancem	$ 103,397	2.1%
40 Financial Aid	$ 46,383	#DIV/0!
50 Facilities	$ 763,502	0.0%
60 Capital	$ 87,088	0.0%
65 Food Service	$ (4,120)	0.0%
70 Fin & Debt	$ 174,000	0.0%
80 Reserves		#DIV/0!
(blank)		#DIV/0!
Grand Total	$ 3,466,740	
Revenues	$ (1,948,803)	
Financial Aid (Univ Av	$ -	
Expenses	$ 5,369,161	
Gross Contrib Margin	$ 3,420,357	
GCM%	-176%	
Net (ofFA) Contrib Mai	$ 3,420,357	
NCM%	-176%	

SUBJ	3132
	HEALTH EDUCATION

Sum of YTD ACTUAL	ACCT	
Category	2-16403	Grand Total
01.1 Summer Tuition		
01.2 Fall Tuition		
01.3 Winter Tuition		
01.4 Spring Tuition		
01.5 Other Tuition		
02 Fees		
03 Gifts		
05 Auxiliary		
07 Other Income		
10 FT Faculty		
10.2 PT Faculty		
11 Staff Salaries	$ 48,607	$ 48,607
12 Student Salaries	$ 8,396	$ 8,396
17 Benefits	$ 15,797	$ 15,797
20 General Operating	$ 22,753	$ 22,753
30 Travel & Advancem	$ 2,184	$ 2,184
40 Financial Aid		
50 Facilities		
60 Capital		
65 Food Service		
70 Fin & Debt		
80 Reserves		
(blank)		
Grand Total	$ 97,738	$ 97,738
Revenues		$ (131,037,269)
Financial Aid (Univ Avg)		$ -
Expenses		$ 97,738
Gross Contrib Margin		$ (130,939,531)
GCM%		100%
Net (ofFA) Contrib Margin		$ (130,939,531)
NCM%		100%

University		
Revenues	$	156,436,050
Financial Aid	$	18,315,877
Faculty	$	41,195,341
Staff	$	45,723,080
Other Expenses	$	51,000,810
Total Expenses	$	156,235,108

University		
(c) has x of total SCHs		195,705
(d) Revenues/SCH	$	799.35
(e) Financial Aid/SCH	$	93.59
(f) Faculty/SCH	$	210.50
(g) Staff/SCH	$	233.63
(h) Other Expenses	$	260.60
(i) Total Exp/SCH	$	798.32

University Life		
Revenues	$	1,977,641
Financial Aid	$	-
Faculty	$	-
Staff	$	3,101,376
Other Expenses	$	2,686,018
Total Expenses	$	5,787,394

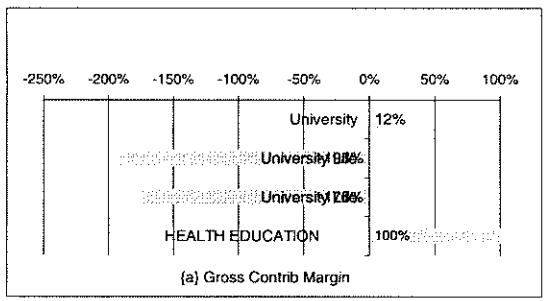
University Life		
SCHs		195,705
Revenues/SCH	$	10.11
Financial Aid/SCH	$	-
Faculty/SCH	$	-
Staff/SCH	$	15.85
Other Expenses	$	13.72
Total Exp/SCH	$	29.57

University Life		
Revenues	$	1,948,803
Financial Aid	$	-
Faculty	$	-
Staff	$	3,019,793
Other Expenses	$	2,349,368
Total Expenses	$	5,369,161

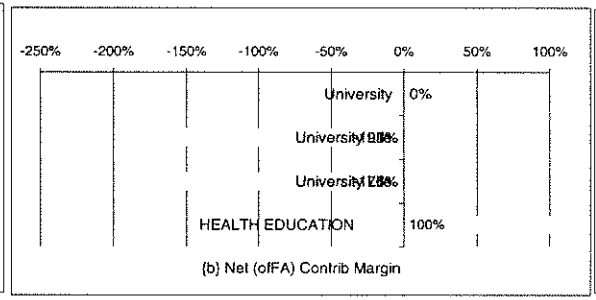
University Life		
SCHs		195,705
Revenues/SCH	$	9.96
Financial Aid/SCH	$	-
Faculty/SCH	$	-
Staff/SCH	$	15.43
Other Expenses	$	12.00
Total Exp/SCH	$	27.43

HEALTH EDUCATION		
Revenues	$	-
Financial Aid	$	-
Faculty	$	-
Staff	$	64,404
Other Expenses	$	33,334
Total Expenses	$	97,738

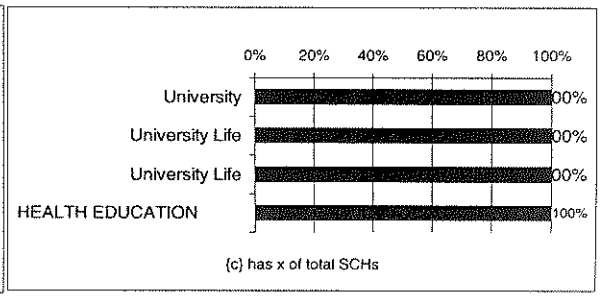
HEALTH EDUCATIOI		
SCHs		195,705
Revenues/SCH	$	-
Financial Aid/SCH	$	-
Faculty/SCH	$	-
Staff/SCH	$	0.33
Other Expenses	$	0.17
Total Exp/SCH	$	0.50



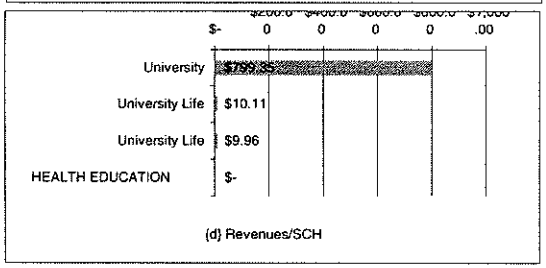
(a) Gross Contrib Margin



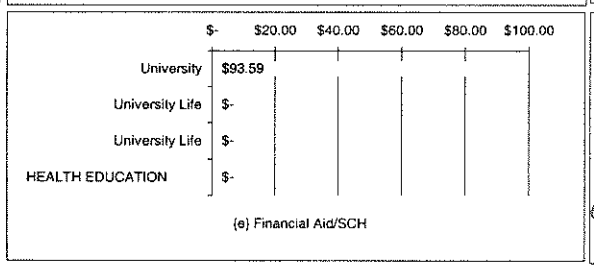
(b) Net (ofFA) Contrib Margin



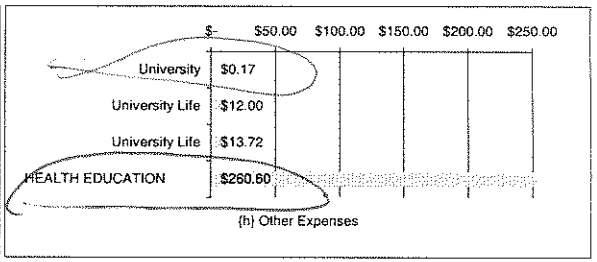
(c) has x of total SCHs



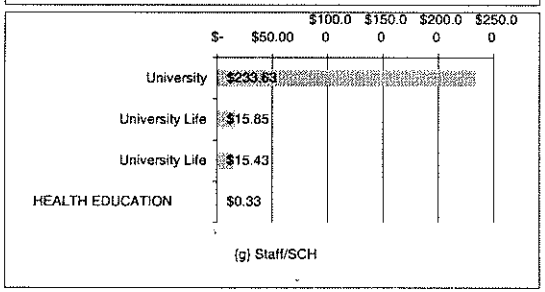
(d) Revenues/SCH



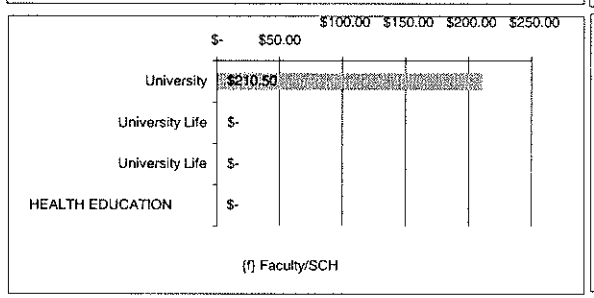
(e) Financial Aid/SCH



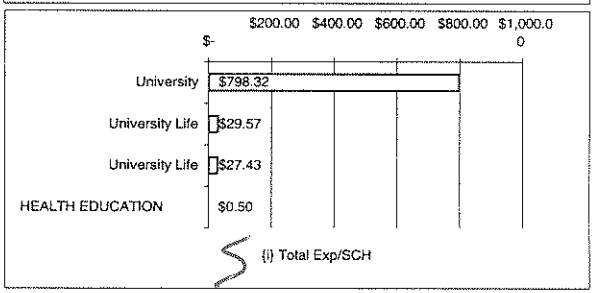
(h) Other Expenses



(g) Staff/SCH



(f) Faculty/SCH



(i) Total Exp/SCH

Scales vary by Graph

FY 2002

Student Credit Hours	EDUCATION	% of
Responsibility	(All)	University

Sum of SCHs	
Term	Total
Sem 1 - Summ 2001	15,284
Sem 2 - Fall 2001	91,351
Sem 3 - Wint 2002	1,128
Sem 4 - Spri 2002	87,942
(blank)	
Grand Total	195,705
Financial Aid (Univ Avg)	$ 18,315,877

	HEALTH EDUCATION	% of
Responsibility	(All)	University Life

Sum of SCHs		
Term	Total	
Sem 1 - Summ 2001	15,284	100.0%
Sem 2 - Fall 2001	91,351	100.0%
Sem 3 - Wint 2002	1,128	100.0%
Sem 4 - Spri 2002	87,942	100.0%
(blank)		
Grand Total	195,705	100.0%
Financial Aid		#DIV/0!

	HEALTH EDUCATION	% of
Responsibility	(All)	University Life

Sum of SCHs		
Term	Total	
Sem 1 - Summ 2001	15,284	100.0%
Sem 2 - Fall 2001	91,351	100.0%
Sem 3 - Wint 2002	1,128	100.0%
Sem 4 - Spri 2002	87,942	100.0%
(blank)		
Grand Total	195,705	100.0%
Financial Aid		#DIV/0!

	HEALTH EDUCATION
SUBJ	(All)

	Data	
Term	Sum of SCHs	Sum of Revenue
Sem 1 - Summ 2001	15,284	10,345,619
Sem 2 - Fall 2001	91,351	61,075,834
Sem 3 - Wint 2002	1,128	855,602
Sem 4 - Spri 2002	87,942	58,760,215
(blank)		
Grand Total	195,705	131,037,269
Financial Aid		$ -

Financial Records Systems Data

RESPON	(All)

Sum of YTD ACTUAL		YTD Actual
Category	Total	
01.1 Summer Tuition	$ (10,103,010)	102.4%
01.2 Fall Tuition	$ (61,331,065)	99.6%
01.3 Winter Tuition	$ (873,879)	97.9%
01.4 Spring Tuition	$ (58,708,305)	100.1%
01.5 Other Tuition	$ (187,367)	0.0%
02 Fees	$ (1,224,278)	0.0%
03 Gifts	$ (1,754,340)	0.0%
05 Auxiliary	$ (18,764,907)	0.0%
07 Other Income	$ (3,488,898)	0.0%
10 FT Faculty	$ 24,190,349	0.0%
10.2 PT Faculty	$ 8,091,264	0.0%
11 Staff Salaries	$ 34,507,985	0.1%
12 Student Salaries	$ 4,446,394	0.2%
17 Benefits	$ 20,037,319	0.1%
20 General Operating	$ 23,251,152	0.1%
30 Travel & Advancement	$ 2,827,711	0.1%
40 Financial Aid	$ 18,315,877	#####
50 Facilities	$ 6,832,265	0.0%
60 Capital	$ 3,442,528	0.0%
65 Food Service	$ 4,819,710	0.0%
70 Fin & Debt	$ 5,472,549	0.0%
80 Reserves	$ 6	0.0%
(blank)		0.0%
Grand Total	$ (200,942)	

Revenues	###########
Financial Aid (Univ Avg)	$ 18,315,877
Expenses	$137,919,231
{a} Gross Contrib Margin	$ (18,516,819)
GCM%	12%
{b} Net (ofFA) Contrib Marg	$ (200,942)
NCM%	0%

RollupDesc	University Life

Sum of YTD ACTUAL		
Category	Total	
01.1 Summer Tuition		#DIV/0!
01.2 Fall Tuition		#DIV/0!
01.3 Winter Tuition		#DIV/0!
01.4 Spring Tuition		#DIV/0!
01.5 Other Tuition	$ -	#DIV/0!
02 Fees	$ (216,035)	0.0%
03 Gifts		#DIV/0!
05 Auxiliary	$ (1,673,479)	0.0%
07 Other Income	$ (88,127)	0.0%
10 FT Faculty		#DIV/0!
10.2 PT Faculty		#DIV/0!
11 Staff Salaries	$ 2,340,661	2.1%
12 Student Salaries	$ 633,749	1.3%
17 Benefits	$ 672,718	2.3%
20 General Operating	$ 999,392	2.3%
30 Travel & Advancement	$ 108,995	2.0%
40 Financial Aid	$ 63,183	#DIV/0!
50 Facilities	$ 793,514	0.0%
60 Capital	$ 108,706	0.0%
65 Food Service	$ (44,340)	0.0%
70 Fin & Debt	$ 174,000	0.0%
80 Reserves		#DIV/0!
(blank)		0.0%
Grand Total	$ 3,872,935	

Revenues	$ (1,977,641)
Financial Aid (Univ Avg)	$ -
Expenses	$ 5,787,394
Gross Contrib Margin	$ 3,809,752
GCM%	-193%
Net (ofFA) Contrib Margin	$ 3,809,752
NCM%	-193%

RollupName	University Life

Sum of YTD ACTUAL		
Category	Total	
01.1 Summer Tuition		#DIV/0!
01.2 Fall Tuition		#DIV/0!
01.3 Winter Tuition		#DIV/0!
01.4 Spring Tuition		#DIV/0!
01.5 Other Tuition	$ -	#DIV/0!
02 Fees	$ (216,035)	0.0%
03 Gifts		#DIV/0!
05 Auxiliary	$ (1,673,479)	0.0%
07 Other Income	$ (59,289)	0.0%
10 FT Faculty		#DIV/0!
10.2 PT Faculty		#DIV/0!
11 Staff Salaries	$ 2,279,089	2.1%
12 Student Salaries	$ 474,266	1.8%
17 Benefits	$ 652,706	2.4%
20 General Operating	$ 839,232	2.7%
30 Travel & Advancem	$ 103,397	2.1%
40 Financial Aid	$ 46,383	#DIV/0!
50 Facilities	$ 763,502	0.0%
60 Capital	$ 87,088	0.0%
65 Food Service	$ (4,120)	0.0%
70 Fin & Debt	$ 174,000	0.0%
80 Reserves		#DIV/0!
(blank)		#DIV/0!
Grand Total	$ 3,466,740	

Revenues	$ (1,948,803)
Financial Aid (Univ Av	$ -
Expenses	$ 5,369,161
Gross Contrib Margin	$ 3,420,357
GCM%	-176%
Net (ofFA) Contrib Mar	$ 3,420,357
NCM%	-176%

SUBJ	3132
	HEALTH EDUCATION

Sum of YTD ACTUAL	ACCT	
Category	2-16403	Grand Total
01.1 Summer Tuition		
01.2 Fall Tuition		
01.3 Winter Tuition		
01.4 Spring Tuition		
01.5 Other Tuition		
02 Fees		
03 Gifts		
05 Auxiliary		
07 Other Income		
10 FT Faculty		
10.2 PT Faculty		
11 Staff Salaries	$ 48,607	$ 48,607
12 Student Salaries	$ 8,396	$ 8,396
17 Benefits	$ 15,797	$ 15,797
20 General Operating	$ 22,753	$ 22,753
30 Travel & Advancem	$ 2,184	$ 2,184
40 Financial Aid		
50 Facilities		
60 Capital		
65 Food Service		
70 Fin & Debt		
80 Reserves		
(blank)		
Grand Total	$ 97,738	$ 97,738

Revenues	$ (131,037,269)
Financial Aid (Univ Avg)	$ -
Expenses	$ 97,738
Gross Contrib Margin	$ (130,939,531)
GCM%	100%
Net (ofFA) Contrib Margin	$ (130,939,531)
NCM%	100%

Dept	(All)
SUBJ	(All)

		Data					
Class	Term	Sum of HC	Sum of SCHs	Average of Rate	Sum of Revenue	Average of Fin Aid %	Sum of Fin Aid
a LOWER	Sem 1 - Summ 2001		1,542	$678	$1,109,937	10%	$216,683
	Sem 2 - Fall 2001		36,126	$719	$22,709,591	12%	$3,932,697
	Sem 3 - Wint 2002		192	$709	$142,138	15%	$20,145
	Sem 4 - Spri 2002		30,783	$805	$19,356,244	12%	$3,302,365
	(blank)						
a LOWER Total			68,642	$739	$43,317,910	12%	$7,471,890
b UPPER	Sem 1 - Summ 2001		5,823	$677	$3,587,043	10%	$272,080
	Sem 2 - Fall 2001		27,220	$719	$16,825,313	12%	$2,661,584
	Sem 3 - Wint 2002		412	$709	$305,004	15%	$43,404
	Sem 4 - Spri 2002		29,307	$805	$18,133,463	12%	$2,837,306
	(blank)						
b UPPER Total			62,761	$739	$38,850,823	12%	$5,814,374
c MASTR	Sem 1 - Summ 2001		6,608	$692	$4,523,203	7%	$262,215
	Sem 2 - Fall 2001		16,960	$725	$11,819,475	8%	$823,780
	Sem 3 - Wint 2002		363	$731	$266,845	10%	$20,253
	Sem 4 - Spri 2002		17,373	$722	$12,045,108	8%	$861,169
	(blank)						
c MASTR Total			41,304	$717	$28,654,631	8%	$1,967,417
d DOCTR	Sem 1 - Summ 2001		1,311	$748	$1,125,436	7%	$87,932
	Sem 2 - Fall 2001		11,047	$765	$9,721,454	8%	$1,499,737
	Sem 3 - Wint 2002		161	$812	$141,616	10%	$14,588
	Sem 4 - Spri 2002		10,480	$765	$9,225,399	8%	$1,422,722
	(blank)						
d DOCTR Total			22,999	$764	$20,213,905	8%	$3,024,979
(blank)	Sem 1 - Summ 2001						
	Sem 2 - Fall 2001						
	Sem 3 - Wint 2002						
	Sem 4 - Spri 2002						
	(blank)						
(blank) Total							
Grand Total			195,705	$740	$131,037,269	10%	$18,278,661

Budget Office
annette@usfca.edu

ROLL UP	961030
SUBJ	3132

			Data	
OBJ	POS	ACCT NO	Count of POS	Sum of C FTE
1120	351508	216403	1	0.83
1120 Total			1	0.83
Grand Total			1	0.83

Budget Office
annette@usfca.edu

Program Review
Student Health Education Program
Executive Summary

Overview

Services Provided

The USF Student Health Education Program provides USF students with the knowledge and skills to make healthy decisions in the areas of interpersonal relationships, nutrition and physical activity, sexual health, stress and mental health, and substance abuse. SHEP is also committed to developing and sustaining a campus culture where health-enhancing behaviors are the norm. To achieve its mission, SHEP coordinates the peer education program, sponsors health promotion programming, and serves as a resource for health information and services. Examples of services/programs hosted by SHEP include: World AIDS Day, the 21st Birthday Card Program, health topic workshops in classes and residence halls, and the Marijuana Abuse Prevention Campaign.

Assessment of Services

Annual Report 2001-2002

The Student Health Education Program and Peers On Wellness Education & Reality were involved in the following major activities during the 2001-2002 academic year:

- hosted eight major events during the academic year, including National Collegiate Alcohol Awareness Week, World AIDS Day, Sexual Responsibility Week, Women's History Month, the Great American Smokeout, and Stress-Free Days
- sponsored or co-sponsored over 30 programs on a variety of topics
- coordinated the Health Education Advisory Committee
- coordinated three social marketing campaigns
- coordinated the USF Clinic surveys
- coordinated the 21st birthday card program

Based on evaluations of individual activities and SHEP overall, the following priorities were set for the 2002-2003 academic year:

- reorganizing the Peer Education program so as to make the program as useful to the campus as possible
- creating new social marketing campaigns that are grounded in theory and are relevant to the USF population
- creating new materials on specific topics and for particular populations that are available in print form and on the web
- completing the Biennial Review of the USF Drug-Free Policy
- developing a strategic plan for addressing student health issues based on the results of the National College Health Assessment
- readministering the National College Health Assessment
- coordinating the USF Allies Program

Assessment Inventories 2001-2002

Assessment inventories indicate that, overall, the programming coordinated by SHEP is well-received by students and is impacting student health behavior. Evaluations have shown that the peer education program (POWER) needs to possibly be redesigned to offer the best type of programming for the campus, and that USF students seem to be responding better to "non-traditional" programming (ie. social marketing, special events), rather than standard workshop-type programming often offered by college health promotion programs. However, students do still respond positively to programming (even if it is traditional) that is grounded in theory and is prepared with clear goals and objectives in mind.

Standards

American College Health Association Standards of Practice for Health Promotion in Higher Education

The *Standards of Practice for Health Promotion in Higher Education* provide measurable guidelines for quality assurance and accreditation of health promotion and prevention services in post-secondary institutions. Specifically, the Standards:

- Provide post-secondary institutional leaders with guidelines for building capacities within their campus communities to improve health;
- Ensure that leaders of college health programs have indicators of best practice to assist them in assessing the scope and effectiveness of their health promotion and prevention services; and
- Assist campus health promotion leaders regardless of their educational background, position, or organizational placement, to enhance the quality of services and resources they provide and to measure the effectiveness of their efforts.

The Standards include:

- Effective practice of health promotion in higher education is staffed by practitioners who demonstrate competency in community-based health promotion;
- Effective practice of health promotion in higher education demonstrates integration with and commitment to the mission of the institution;
- Effective practice of health promotion in higher education demonstrates a collaborative process to ensure appropriate campus and community participation in planning, implementing, and evaluating health-related initiatives;
- Effective practice of health promotion in higher education demonstrates cultural competence and inclusiveness in working with populations of diverse cultures and identities in addressing issues of diversity and health.
- Effective practice of health promotion in higher education is staffed by practitioners who demonstrate competency in using appropriate resources and quantitative and qualitative research.

Completed Program Self-Assessment

Overall, USF health promotion services are well-aligned with the Standards of Practice for Health Promotion in Higher Education. It should be noted, however, that because the USF Student Health Education Program employs only one FTE health educator, the results of the assessment more closely identify the skills and abilities of the Coordinator

of the Student Health Education Program, and not necessarily the nature of the program overall. Results of the self-assessment could vary greatly based on the number and type of people that SHEP employs. SHEP is highly competent in community-based health promotion, and is well-versed in using effective theories and methods when planning, implementing, and evaluating health promotion programming on campus. SHEP is moderately integrated and highly committed to the mission of the institution. SHEP is actively working to involve itself in programs across campus that can further the mission of the institution and improve the health of students. SHEP would welcome the administration leadership' s assistance in garnering support for integrating health promotion in other programs across campus. Collaboration is key to how SHEP operates, and as such, the program involves various departments around campus in activities. Collaboration with outside agencies and the academic arena could be improved. SHEP is committed to providing culturally competent and inclusive programming, and is constantly striving to improve in this area. Research of USF student health behaviors is a major component of SHEP activities, and the office is dedicated collecting data regarding health behaviors, health beliefs, and utilization of services.

Health Services Program Review 1998
Consultants from the American College Health Association visited USF in Fall of 1998 to evaluate student health services. Their primary findings and recommendations related to the Student Health Education Program include:

- Strong support for health education at USF.
- Increasing the amount of FTE's available for health education staff.

Benchmarking

Survey on Health Promotion in Higher Education 1998
The Task Force on Health Promotion in Higher Education conducted the Survey on Health Promotion in Higher Education in an effort to develop quality indicators for health promotion and education services most likely to influence health status within higher education communities. The survey investigated the following:

- Institutional profiles (size of institution, level of funding for health promotion programs)
- Mission statements
- Location, credentials, and number of health promotion staff
- Funding for health promotion services
- Needs assessment techniques, behavioral theories, and factors indicating need used to develop health promotion programs
- Functions of and techniques used in health promotion programs
- Health management networks on campus
- Evaluation and benchmarking

USF Comparison Data 2003
USF compares to the national data of the Survey on Health Promotion in Higher Education in the following ways:

- Similar to study respondents, USF does have health promotion services available to students, and provides some level of funding for those services.
- Similar to study respondents, USF and the Division of University Life have a mission statement that includes concepts of health.
- USF is different from my other universities, in that SHEP is located within the Division of University Life, rather than being part of the health services.
- USF is somewhat similar in number of health promotion staff it employs, and that person has master's or doctorate-level training in health promotion.
- USF is different from other universities, in that funding for health promotion comes from general university funds, rather than student fees, which is where most universities get their funding.
- USF is similar to other universities in that it perceives its health promotion budget as somewhat adequate.
- USF uses similar needs assessment techniques and behavior change theories and has similar functions as health promotion programs at other universities.
- USF has similar health management networks as other universities.
- USF uses similar evaluation and benchmarking procedures as other universities.

Financial Profile

SHEP has a total budget of $97,738, the majority of which ($72,800) is spent on staff and student salaries and benefits. The remaining $24,937 is used for general operating expenses, including all programming during the year, training of student volunteers, and all social marketing activities. The current SHEP budget is somewhat adequate for the basic programming initiatives that the office is coordinating. However, due to minimal staffing, creativity is often difficult and expanding services is impossible. SHEP would request that the possibility of increasing office staff be investigated.

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