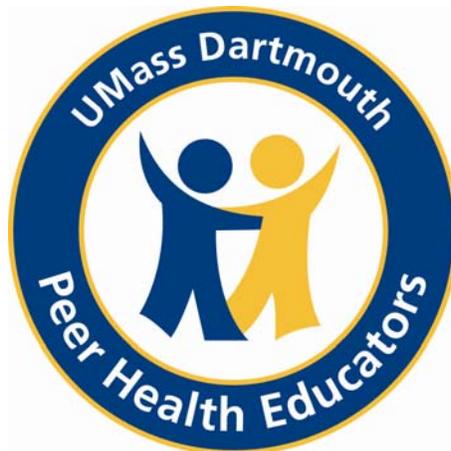




**LiveWell:
The Office of Health
Education & Promotion
Annual Report
2007-2008**



I. Highlights

Accomplishments

Peer Health Education Program

Seven new Peer Health Educators were recruited into the program. There was a 40% increase in attendance at PHE workshops, primarily by targeting Greek organizations (who accounted for 20% of our programming). Four new workshops were added to our repertoire of programs. Evaluations of the PHEs' workshops remain consistently positive. Our Peer Health Educators were one of only two peer education groups selected to present more than one program at the Area 10 (New England Region) Bacchus Network Conference. The Peer Health Educators also sponsored two speaking engagements, including one which focused on mental health promotion (an area of increasing concern for students and campus administrators). Additionally, several Peer Health Educators facilitated multiple workshops at a full-day workshop for girls in grades 8-12 and the Peer Health Educators advocated for the adoption of a Good Samaritan Policy at UMass Dartmouth.

I administered the BACCHUS Network™ Peer Educator Survey in April 2008. The Peer Health Educators reported significant gains in knowledge, learning outcomes, and the adoption of healthier behaviors and/or significant reductions in risk-taking/unhealthy behaviors since entering the program. (See addendum.)

Mentors in Violence Prevention Program

LiveWell and the Women's Resource Center collaborated to launch the Mentors in Violence Prevention Program, "a gender violence prevention program that encourages young men and women from all socioeconomic, racial and ethnic backgrounds to take on leadership roles in their schools and communities. The training is focused on an innovative "bystander" model that empowers each student to take an active role in promoting a positive school climate. Students learn that there is not simply one way to confront violence, but that each individual can learn valuable skills to build their personal resolve and to act when faced with difficult or threatening life situations." (www.jacksonkatz.com) 17 students attended 3-day workshop/training (8 men/9 women), 13 students continued with the program (4 men/9 women), 10 students will receive internship credit for Spring 2008.

Website

Developed and launched the LiveWell website. <http://www.umassd.edu/livewell>

Committee/Policy Work

Drafted a Good Samaritan Policy. Worked with CITS to revise the Sexual Assault Anonymous Reporting Form and resolve some technical issues that arose with the form.

Challenges & Concerns

Location

My current location—Oak Glen OHRL Office—remained problematic for a variety of reasons. First and foremost, I am neither visible nor accessible to students. Secondly, the walls of my office cannot be enclosed; this severely limits confidentiality. Thirdly, the Peer Health Educators lack a designated space to work on upcoming programs, campaigns, etc. There is limited room for work study students or graduate assistants in the Oak Glen location. I only have one small desk directly outside of my office which lacks both a computer and a phone. My inability to hire staff who can work concurrently seriously impacts productivity.

I have been assured that the majority of the office suite on the 2nd floor of Oak Glen will be dedicated for health promotion as of Summer 2008. This expansion will significantly address the concerns outlined above, with the exception of visibility/accessibility which remains a challenge for all departments housed within the residence halls.

Staffing

As the sole health promotion professional on campus, the scope of my duties is too broad. (I gathered significant support for this argument while conducting our infrastructure assessments.) I am in the process of revising my job description to more narrowly focus on those areas where I believe I can have the most impact. Additionally, the university should hire additional health promotion staff to effectively address the myriad of health promotion needs on campus. My recommendation is to hire designated health promotion staff to address each of the following areas: alcohol and other drugs, mental health promotion, and sexual violence prevention and response.

Largely due to my physical separation from Health Services, I receive next to no administrative support. I therefore spend too much time on administrative tasks which I would otherwise delegate. The addition of a part-time (10 hour/week) administrative assistant in Fall 2008 should help lessen this burden.

Mentors in Violence Prevention Program

LiveWell and the Women's Resource Center collaborated to launch the Mentors in Violence Prevention Program. While this collaboration certainly lessened the workload associated with this new responsibility, it soon became evident that this program needed a designated staff person to nurture it. The hire of a 20-hour/week graduate assistant in Fall 2008 should allow this program to grow exponentially. Dr. Juli Parker will also assume complete oversight of the graduate assistant and this program, which I believe will improve communication and cohesiveness.

II. Accomplishments

Planned Goal	Status	How?
Peer Health Education Program		
Increase visibility of Peer Health Education program and services	Accomplished/Ongoing	<p>Worked with Campus Design to develop a media campaign, <i>Your Peer Health Educators Have the Answers</i>, to increase the visibility of the Peer Health Education Program & Peer Health Educators. The campaign included print (posters) and electronic (Channel 77, electronic bulletin boards, Facebook, website) media.</p> <p><i>The students and I feel that this campaign was a success; however, will likely need to be repeated.</i></p>
Increase number of students reached through Peer Health Educators' workshops	<p>Accomplished/Ongoing</p> <p>There was a 40% increase in attendance at the Peer Health Educator's workshops. However, our "N" remains smaller than the PHEs and I would like.</p>	<p>Res Life restructured their programming model such that RAs needed to have at least 10% of their residents at a program for it to "count". This helped, but 10% is still a small number of residents. PHEs conducted several programs for Greek Life; Greeks accounted for 22% of our total "N".</p> <p><i>The Peer Health Educators will lessen their reliance on Res Life for program requests and more actively engage/seek programming from other student groups (Greeks, Athletics, SROs, etc.)</i></p>
Develop two new small group programs for Peer Health Education Program	<p>Accomplished</p> <p>Four new programs developed</p>	<p>The Peer Health Educators added four, possibly five, new programs to their repertoire:</p> <ul style="list-style-type: none"> • UTLIMATE Sex Jeopardy (sexual health) • Healthy Feud (nutrition) • Stress/Sleep • Rxology (prescription drug abuse) <p><i>The stress/sleep program will likely be divided into two programs as it is too broad in scope and too lengthy.</i></p>
Recruit and train new Peer Health Educators	Accomplished	<p>Seven new Peer Health Educators were recruited into the program; six completed the internship/training. <i>The remaining recruit was a first year student and therefore cannot complete the internship until her sophomore year.</i></p>

Goal	Status	How?
Provide continuing education and development opportunities to all Peer Health Educators	Accomplished	All PHEs were required to the Bacchus Network Peer Education Conference at Wesleyan, CT. All PHEs also attended/participated in: A Boy, A Girl, A Virus and the Relationship that Happened Anyway; What Happy Faces are Hiding: Talking About Depression; Hip-Hop: Beyond Beats & Rhymes; viewing/discussion of <i>The Accused</i> . PHEs were encouraged to attend various other educational programs sponsored by DOSA and Academic Affairs throughout the year.
Participate in the Bacchus Network Peer Education Conference	Accomplished	The Peer Health Educators presented two workshops (The Absolute Truth & ULTIMATE Sex Jeopardy) at the conference. Ours was one of only two student groups selected to present more than one program.
Website		
Develop and launch a Health Education web site	Accomplished	
Committees/Policy Work		
Programming Committee Sexual Misconduct Committee (Sexual Violence Committee) Good Samaritan Policy	Accomplished/Ongoing	The Programming Committee sponsored several speakers/events, including: Lisa Tiger (AIDS educator), Byron Hurt (filmmaker & anti-sexist activist), John Oliver (comedian), and Gloria Steinem (feminist icon). I was primarily responsible for coordination/execution of the Byron Hurt event. Worked with CITS to revise the Sexual Assault Anonymous Reporting Form and resolve some technical issues that arose with the form. Drafted a Good Samaritan Policy which is now under review.
Speakers		
A Boy, A Girl and the Relationship that Happened Anyway with Shawn Decker & Gwenn Barringer	Accomplished	Peer Health Educator sponsored/funded event
What Happy Faces are Hiding: Talking About Depression with Ross Szabo	Accomplished	Peer Health Educator funded the event in full. Co-sponsors/Collaborators: Active Minds, Counseling Center
Professional Development		
New England Health Education Network	Accomplished	3-4 meetings per year
NY/New England College Health Association Conference	Accomplished	October 2007 (Saratoga Springs, NY)
American Association of Suicidology Conference	Accomplished	½-day pre-conference workshop on campus suicide prevention; April 2008 (Boston, MA)

Other Accomplishments

Logo Design/Branding

- Worked with Campus Design to develop a logo for my office, LiveWell: The Office of Health Education, Promotion, and Wellness
- Campus Design revised the logo for the UMass Dartmouth Peer Health Educators to adhere to university design standards

Peer Health Education Program

- Collaborated with the Girl Scouts of Eastern MA to offer a full-day workshop to 60+ girls in grades 8-12
- Administered the BACCHUS Network™ Peer Educator Survey in April 2008. The Peer Health Educators reported significant gains in knowledge, learning outcomes, and the adoption of healthier behaviors and/or significant reductions in risk-taking/unhealthy behaviors since entering the program. (See addendum.)
- Petitioned for the adoption of the Good Samaritan Policy

Mentors in Violence Prevention Program

- In collaboration with the Women's Resource Center, launched the Mentors in Violence Prevention Program, a gender violence prevention/bystander intervention program
- 17 students attended 3-day workshop/training (8 men/9 women)
 - 13 students continued with the program (4 men/9 women)
 - 10 students will receive internship credit for Spring 2008
 - 2 student have remained active in the program, but cannot receive credit as they are first year students
 - 1 student did not complete the internship requirements
- Students participated in numerous continuing education programs, assisted with campus events throughout the course of the semester, developed an outline for a 1 ½-hour workshop, constructed a programming kit, complete with handouts, program evaluation forms, etc., and designed/received their own t-shirts.

Preceptor-Community Nursing

I was the preceptor for a nursing student enrolled in the Community Nursing course. This student researched campus-based 21st Birthday Card Projects, aimed at reducing high-risk drinking at 21st birthday celebrations, and summarized her findings and recommendations for UMD.

Professional Development

- Bacchus Network Advisor Conference, June 2008 (Denver, CO)
- Reviewer, *Journal of American College Health*
- Writer, American College Health Association's Health Promotion Newsletter

III. Challenges & Learnings

Planned Goal Not Accomplished	Why?	What issues would you handle differently going forward, and how, based upon what you have learned?
Peer Health Education Program		
<p>Increase visibility and impact of awareness events through enhanced collaboration and co-sponsorship; link awareness events to established UMassD social traditions</p>	<p>Re-prioritized Peer Health Educators' efforts so that there is less emphasis on "one shot" health awareness events/observances and more emphasis on small group programming and more targeted outreach on specific issues (alcohol, sexual health)</p>	<p>Nothing. I believe I re-prioritized appropriately.</p>
Health Assessment		
<p>In partnership with Institutional Research, analyze the American College Health Association's National College Health Assessment (ACHA-NCHA) data from our Spring 2007 survey. Present findings to university leadership, including DOSA Leads. Use data for program planning.</p>	<p>The staff person in IR who agreed to help with this analysis left the university and the position has not yet been filled. Another staff member in IR is now attempting the analysis, but believes it may have to wait until the vacant position is filled.</p>	<p>Nothing. Institutional Research has expressed a willingness to help with this analysis; however, they may be unable to do so until they are fully staffed.</p>

Message Program

Expand massage program for students, staff, and faculty.

- Competing responsibilities for Wellness Resource Center (massage therapy) and UMassD staff.
- Regulations prohibit online credit card payment for massage services (Per Admin./Fiscal Services). Currently, faculty/staff/students must add money to their UMass Pass and then walk to Health Services to have the money deducted from their pass in order to schedule an appointment. I believe this poses a significant barrier, esp. for faculty/staff.
- Lack of storage space for massage service supplies, including massage tables
- Get a clear commitment from Wellness Resource Center staff before the beginning of the semester re. dates/times they will be on campus
- Involve WRC staff in promoting the service (mailings, postering, free chair massages, etc.)
- Work with CITS to develop online scheduling/appt. reminder system, but collect payment at point of service. Identify a location near the point of service for storage of massage supplies.

HIV Testing		
Attempt to reinstate free, anonymous, on-campus HIV testing for students.	<ul style="list-style-type: none"> • Insufficient staffing at New Bedford Family Planning and Citizens for Citizens Family Planning in Fall River for off-site testing services. • Federal guidelines now recommend incorporating HIV testing into the primary care setting. 	<ul style="list-style-type: none"> • Nothing. I will revisit the issue in AY 2008-2009 and inquire if either organization has the ability to offer off-site testing.
Professional Development		
CHES Certification	<ul style="list-style-type: none"> • Insufficient time to study for the CHES exam outside of work 	<ul style="list-style-type: none"> • Study for exam over summer months while not working

IV. Goals and Objectives AY 2008-2009

Department specific goals

LiveWell Office

- Establish LiveWell Office Suite, 2nd floor, Oak Glen
 - separate offices/work spaces for: Coordinator of Health Education & Promotion, nutritionist, administrative assistant, and student staff
 - shared space: reception area, conference room
- Increase visibility and awareness of LiveWell Office and services
 - engage Center for Marketing Research (CMR)?

Peer Health Education Program

- Increase visibility and awareness of Peer Health Education program and services
- Increase number of students reached through workshops by:
 - increasing number of small group programs offered
 - increasing number of student attendees, primarily by aggressively marketing and providing programs to new audiences (SROs, student leaders, classrooms, etc.)
- Refine existing workshops; add 1-2 new workshops?
- Increase involvement in campus committees and policy/environmental change initiatives
- Initiate office hours requirement for all Peer Health Educators
- Expand “street” outreach program piloted in Spring 2008
- Train new Peer Health Educators (Fall 2008)
- Provide continuing education and development opportunities to all Peer Health Educators
- Participate in regional Bacchus Network Peer Education Conference (Spring 2009)

HIV Testing

Attempt to reinstate free, anonymous, on-campus HIV testing for students.

Web Site

Continue to develop LiveWell web site.

Inter-department goals

ATOD Education Coordinator

Continue to advocate for the hire of an ATOD Education Coordinator.

Committees/Policy Work

Continue work with the following committees to improve campus policies to support student health/wellness: AOD Advisory Committee, Programming Committee, Sexual Assault Committee, ISLO Task Force.

Grants

Identify funding opportunities to support health promotion activities. Collaborate on proposal development, as indicated.

Health Assessment

In partnership with Institutional Research, analyze the American College Health Association’s National College Health Assessment (ACHA-NCHA) data from our Spring 2007 survey. Present findings to

university leadership, including Student Affairs Heads. Use data for program planning. Conduct ACHA-NCHA in Spring 2009?

Massage Program

In partnership with Wellness Resource Center, expand massage program for students, staff, and faculty.

Mental Health Promotion

In partnership with the Counseling Center and Active Minds on Campus, continue to expand mental health promotion activities on campus. These activities will: promote mental health; decrease stigma surrounding mental health issues; educate students, staff, and faculty on the “warning signs” of suicide and how to intervene.

Top priorities

LiveWell Office

Measures of Success: office established and operational; increased awareness of office and services (survey?)

Peer Health Education Program

Measures of Success: increased awareness of office and services (survey?), increased attendance at workshops (attendance sheets); workshops refined; new workshops added; more PHEs participate in campus committees; PHE engage in campus policy initiatives; PHE complete office hours (work logs); expand street outreach (work logs); new PHEs trained (successful completion of internship); PHEs attend Bacchus Conference and participate in other continuing education opportunities

Health Assessment

Measures of Success: analysis completed; results of analysis presented to/shared with DOSA Leads, others; analysis used for future program planning

Mental Health Promotion

Measures of Success: enhance collaboration with Active Minds and Counseling Center; increase number of QPR workshops offered on campus; launch *Building Bridges: Friends Helping Friends* campaign; distribute *Building Bridges* and associated materials; increase number of students, faculty, and staff who feel that they can recognize the “warning signs” of suicide and intervene effectively (QPR workshop evaluations, pre/post survey *Building Bridges* campaign launch?)

V. Supervisory Support

My supervisor, Barbara Agee, is supporting me in the above goals by:

- advocating for my advancement, including appropriate compensation
- underwriting an administrative assistant for LiveWell (10 hours/week)
- advocating for the hire of a full-time nutritionist who will have dedicated hours for health promotion activities
- advocating for the hire of additional health promotion staff, including an ATOD Education Coordinator
- encouraging my participation in continuing education opportunities

In addition to the above, my supervisor can continue to support me in accomplishing my goals by:

- assisting me in identifying funding for the next ACHA-NCHA survey
- seeking Divisional funding to support LiveWell or advocating for an increase in the Health Fee to support health promotion activities, so that I am not dependent upon SFAC funding and can possibly expand staffing
- earmarking monies for the future development of a Wellness Center, which would incorporate Health Services, LiveWell, and Counseling (?)

Respectfully Submitted by,
Beth-Anne Vieira, MPH
Coordinator, Health Education & Promotion
May 19, 2008

VI. Addendum/Data

Peer Health Educator Workshop Program Evaluation Summary AY 2007-2008

(N=450)	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
The presenter(s) was/were well prepared.	88%	12%	0%	0%	0%
The material was clearly presented.	86%	14%	1%	0%	0%
The presenter(s) responded to questions clearly and knowledgeably.	88%	11%	1%	0%	0%
The presenter(s) respected differing viewpoints.	86%	12%	2%	0%	0%
The topic was interesting.	85%	14%	1%	0%	0%
The program provided me with new information.	79%	18%	2%	0%	0%
I would recommend this program to a friend.	86%	11%	2%	0%	0%

BACCHUS Network™ Peer Educator Survey

In April 2008, I administered the BACCHUS Network™ Peer Educator Survey to better understand and assess the impact that being a UMass Dartmouth Peer Health Educator has on educational gains, student learning outcomes, and healthy decision-making.

The BACCHUS Network™ is a university and community based network focusing on comprehensive health and safety initiatives. It is the mission to actively promote student and young adult based, campus and community-wide leadership on healthy and safe lifestyle decisions concerning alcohol abuse, tobacco use, illegal drug use, unhealthy sexual practices and other high-risk behaviors.

The National Peer Educator Study research team at Michigan State University, led by Dr. Matthew Wawrzynski, developed the study and coordinates its administration with support from The BACCHUS Network. To date, over 1000 undergraduate peer educators from across the nation have participated in the survey.

A summary of the findings from UMass Dartmouth are listed on the following pages.

Knowledge

	Students Reporting Very Strong or Strong Knowledge (%)		Percent Change
	Before becoming a Peer Educator	Since becoming a Peer Educator	
General Health Issues	29	100	+ 71%
Campus Resources	7	100	+ 93%

Student Learning Outcomes

	Students Reporting Very Strong or Strong Skills (%)		Percent Change
	Before becoming a Peer Educator	Since becoming a Peer Educator	
Engaging in active listening	78	100	+ 22%
Recognizing and accepting my strengths and deficiencies	36	100	+ 64%
Effectively presenting programs	7	100	+ 93%
Effectively organizing my time	50	79	+ 29%
Effectively managing my academic commitments	50	86	+ 36%
Presenting an educational program with a teammate	29	93	+ 64%
Comfort with distributing pamphlets at an informational table	50	100	+ 50%
Effectively communicating with people	78	100	+ 22%
Talking with a friend about a risky behavior or choice	43	100	+ 57%

Talking with a peer about a risky behavior or choice	28	100	+ 72%
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	Students Reporting Very Strong or Strong Skills		
	Before becoming a Peer Educator	Since becoming a Peer Educator	Percent Change
Referring someone to campus or off-campus counseling	7	92	+ 85%
Intervening in a crisis situation	36	93	+ 57%
Presenting ideas and information effectively to others	43	93	+ 50%
Having conversations with students who are a different race/ethnicity, religion or sexual orientation than me	86	100	+ 14%
Developing an effective solution to a problem	71	93	+ 22%
Responding to someone who "wants your advice about something serious"	72	100	+ 28%
Critically analyzing situations	71	93	+ 22%
Research skills that allow me to see out information about topics	71	93	+ 22%
Comfortable presenting programs to students who are a different race/ethnicity, religion, or sexual orientation than me	78	100	+ 22%
Developing long range goals	65	92	+ 27%
Being a role model for healthy choices	42	93	+ 51%
Understanding people's values that are different than my own	29	100	+ 71%
Having a better understanding of my own values	57	100	+ 43%
Analyzing the basic elements of an idea, experience, or theory	43	86	+ 43%
Synthesizing and organizing ideas, information, or experiences into new, more complex interpretation	43	93	+ 50%
Evaluating information, arguments, or methods and assessing conclusions	43	93	+ 50%
Applying theories or concepts to practical problems or in new situations	57	93	+ 36%
Having a positive self-concept	50	100	+ 50%
Feeling a part of the campus community	28	100	+ 72%
Having a career direction	72	100	+ 28%
Having a sense of purpose	57	100	+ 43%

Healthy Decision Making / Risk-Reduction

Since becoming a Peer Health Educator:

- 40 % reduction in number of times students reported experiencing a HANGOVER due to alcohol use
- 40% reduction in number of times students reported PERFORMING POORLY ON A TEST OR IMPORTANT PROJECT due to alcohol use
- 70% reduction in number of times students reported being INVOLVED IN AN ARGUMENT due to alcohol use
- 61% reduction in number of times students reported being NAUSEATED OR VOMITED due to alcohol use
- 38% reduction in number of times students reported MISSING A CLASS due to alcohol use
- 89% reduction in number of times students reported being CRITICIZED BY SOMEONE THEY KNOW due to alcohol use
- 67% reduction in number of times students reported having MEMORY LOSS due to alcohol use
- 92% reduction in number of times students reported DOING SOMETHING THEY REGRETTED due to alcohol use
- 100% reduction in number of times students reported being TAKEN ADVANTAGE OF SEXUALLY due to alcohol use
- 83% reduction in number of times students reported being HURT OR INJURED due to alcohol use

Conclusion

Through the BACCHUS Network™ Peer Educator Survey, the UMass Dartmouth Peer Health Educators reported significant gains in knowledge, learning outcomes, and the adoption of healthier behaviors and/or significant reductions in risk-taking/unhealthy behaviors.

The challenge is to continue to refine the Peer Health Education Program so that it is learning-centered and “places the students’ reflective process at the core of the learning experience” (*Learning Reconsidered*, p. 10) by providing students the opportunities to “learn through action, contemplation, reflection and emotional engagement as well as information acquisition” (*Learning Reconsidered*, p. 12).

Next Steps: Creating a Learning-Centered, Transformative Peer Health Education Program

- further explore and define core competencies, student learning outcomes, and behavior change goals for the UMass Dartmouth Peer Health Educators
- categorize core competencies, student learning outcomes, and behavior change goals in relationship to the seven broad desired learning outcomes outlined in *Learning Reconsidered* (Cognitive complexity; Knowledge acquisition, integration, and application; Humanitarianism; Civic Engagement; Interpersonal and intrapersonal competence; Practical competence; Persistence and academic achievement). Dr. Matthew Wawrzynski, Coordinator of the National Peer Educator Survey, has agreed to assist me in this task.

- refine the structure of internship program and identify continuing education opportunities and other experiences to increase attainment of core competencies, student learning outcomes, and behavior change goals
- identify a mechanism for repeated assessment of knowledge acquisition, student learning outcomes, and behavior change goals

References:

Learning Reconsidered: A Campus-Wide Focus on the Student Experience, National Association of Student Personnel Administrators (NASPA) and American College Personnel Association (ACPA), 2004