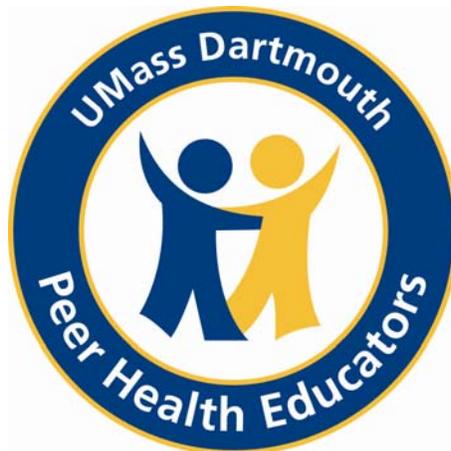




**LiveWell:
The Office of Health
Education & Promotion
Annual Report
2009-2010**



I. Highlights

Accomplishments

Peer Health Education Program

Four students successfully completed the Peer Health Educator internship in Fall 2009. These students developed a new workshop, focused on mental health, to add to our repertoire of programs.

The Peer Health Educators (PHEs) now offer a total of 11 educational workshops:

- **Sex Jeopardy** (Sexual Health)
- **Ultimate Sex Jeopardy** (Sexual Health)
- **What Women Want** (Women's Health. Program for female audiences *only*.)
- **The Absolute Truth** (Alcohol)
- **Truly Tired: A College Guide to Sleep** (Sleep)
- **Bang Head Here!** (Stress Management)
- **Know the Signs Stress** (Mental Health)
- **Consent is Sexy!** (Consent/Sexual Assault)
- **STARR-Students Teaching About & Advocating for Respect in Relationships** (Healthy/Unhealthy Relationships)
- **The College Life** (Addresses many issues related to the transition to college life. Program designed for first-year students.)
- **Healthy Feud** (Nutrition)

Approximately 500 students attended PHE workshops; evaluations of the PHEs' workshops remain consistently positive. (See addendum).

The PHEs provided educational outreach to the first-year residence halls, focusing on high-risk alcohol use and the Good Samaritan Policy, on Thursday-Saturday evenings for the first four weeks of the fall semester. The PHEs, in collaboration with the Mentors in Violence Prevention Program, expanded the White Ribbon Campaign. Additionally, in April 2010, the PHEs participated in the "kick-off" of a national Get Yourself Tested! (GYT) campaign to reduce the spread of STDs. GYT is developed as part of It's Your (Sex) Life, a longstanding public information partnership of MTV and the Kaiser Family Foundation, together with the U.S. Center for Disease Control and Prevention (CDC) and Planned Parenthood Federation of America (PPFA).

I administered the BACCHUS Network™ Peer Educator Survey in May 2010. 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.)

HIV Testing

Anonymous, rapid HIV testing was reinstated in February 2010 in partnership with New Bedford Family Planning. Testing is offered monthly. The Department of Health Services also began offering HIV testing (results are confidential, but not anonymous and included in students' medical records).

American College Health Association-National College Health Assessment

The American College Health Association's National College Health Assessment (ACHA-NCHA) was administered over a four-week period in February-March 2010. We received our data report in May 2010. UMD and national data will be analyzed and shared with the university community, as appropriate, in FY 11.

Committee/Policy Work

I served as co-chair of the University Alcohol Committee (UAC). The UAC met once in Spring 2009, seven times in Fall 2009, and three times in Spring 2010. The Committee's final report was submitted to Dr. David Milstone in March 2010. A summary of the UAC's work and recommendations was presented to Student Affairs in April 2010.

I also served on the following committees: Integrated Student Learning Outcomes (ISLO) Task Force and the Alliance for Sexual Violence Prevention & Education.

I continued my involvement in the College Suicide Prevention Working Group, a partnership between the Massachusetts Department of Public Health (MA DPH), the Suicide Prevention Resource Center (SPRC), and several Massachusetts-based colleges and universities. The working group develops goals and recommendations for training, consultation, and other support for campuses to plan, implement, evaluate, and sustain suicide prevention and mental health promotion programs.

Awards

I was awarded the Outstanding Advisor-Area 10 Award from the Bacchus Network, a national non-profit organization that actively promotes student leadership on healthy and safe lifestyle decisions.

Challenges & Concerns

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 acutely aware of the university's current financial difficulties. However, as we look toward the future, I believe the university must 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.

In AY 08-09, a clerk from the Department of Health Services was assigned to assist me 10 hours per week. This staff person took a new position in Fall 09 and I had no support staff in AY 09-10, greatly increasing my administrative burden. A new clerk has been hired and will resume working in the LiveWell Office 10 hours per week in August/September 2010.

II. Accomplishments

Planned Goal	Status	How?
LiveWell Office		
Increase visibility and awareness of LiveWell Office and services	Ongoing	Widespread use of campus LCD displays to advertise PHE program and HIV testing clinics. Health Education added to Student Satisfaction Survey (Spring 2010); awaiting survey results.
Peer Health Education Program		
Increase visibility of Peer Health Education program and services	Accomplished/Ongoing	<p>The following approaches were used to increase visibility of the PHEs' programs and services:</p> <ul style="list-style-type: none"> • Direct mailing to SROs and Greek Life; "meet and greet" at SRO/Greek Life meetings • In class presentations about PHE program • <i>Torch</i> articles • "Street" outreach to Residence Halls (BAC Blitz to first-year quad; Halloween) • PHE presence at/participation in various events sponsored by others (Sigma Phi Rho AIDS Benefit, Sex Signals, Vagina Monologues, etc.) • PHE sponsored/co-sponsored events • Use of campus LCD displays • Facebook Fan Page, Twitter, and "Ask a PHE" on AIM
Increase number of students reached through Peer Health Educators' workshops	Ongoing	<p>Attendance at PHE programs stable. PHEs aggressively marketed programs to student groups outside of Res Life, most notably Greek Life.</p> <p><i>The PHEs will continue to lessen their reliance on Res Life for program requests and more actively engage/seek programming from other student groups (Greeks, Athletics, SROs, etc.) Additionally, the PHEs will continue to document how they influence their peers apart from educational workshops.</i></p>

Planned Goal	Status	How?
Refine existing workshops Develop 1-2 new workshops	Accomplished	Existing workshops refined and one new workshop added: <ul style="list-style-type: none"> • Know the Signs (mental health) <i>The PHEs now offer 11 different educational programs.</i>
Expand “street” outreach program	Accomplished/Ongoing	Expanded outreach to residence halls, especially first-year quad during the first month of the academic year. Outreach largely focused on the prevention of high-risk drinking. Safer sex and sexual assault were also addressed. Efforts replicated in upperclassmen housing during Halloween weekend.
Recruit and train new Peer Health Educators	Accomplished	Four new PHEs were recruited into the program and successfully completed the internship/training.
Provide continuing education and development opportunities for all Peer Health Education	Accomplished	All PHEs were certified in CPR. Continued focus on strengths-based leadership. New PHEs received a copy of <i>StrengthsBuilder 2.0</i> , completed the self-assessment, discussed their findings in 1:1 with me, and were challenged to apply their strengths to benefit the organization.
Participate in regional Bacchus Network Peer Education Conference	Accomplished	The Peer Health Educators presented two workshops, What Women Want (women’s health) and Know the Signs (mental health), at the Bacchus Network-Area 10 Conference held at Suffolk University in February 2010.
HIV Testing		
Attempt to reinstate free, anonymous, on-campus HIV testing for students	Accomplished	Free, anonymous, rapid HIV testing offered monthly. Confidential HIV testing also now offered through Health Services.
Health Assessment		
Complete summary of findings of ACHA-NCHA (Spring 2007). Conduct ACHA-NCHA (Spring 2010).	Accomplished	Summary of ACHA-NCHA Spring 2007 results presented to Health Services staff. ACHA-NCHA II conducted in Feb.-March 2010; data reports received May 2010.

Planned Goal	Status	How?
Mental Health Promotion		
Continue involvement with MA DPH/SPRC College Suicide Prevention Working Group.	Accomplished	Conference calls; email communication; spring conference
Expand mental health promotion on campus	Partially accomplished/Ongoing	PHEs developed new program focused on mental health. However, planned expansion of suicide prevention workshops did not occur and UMD chapter of Active Minds on Campus no longer active.
Committees/Policy Work		
Integrated Student Learning Outcomes (ISLO) Task Force	Ongoing	
Alliance for Sexual Violence Prevention & Education	Ongoing	
University Alcohol Committee	Accomplished/Ongoing	
Student Health Advisory Board	Not active in AY 09-10, due to vacancy of Director of Health Services	

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		
Increase PHEs' involvement in campus committees and policy/environmental change initiatives	SHAB not active this year due to vacancy of Director of Health Services. No PHEs available during UAC meeting time. No student representation on Alliance for Sexual Violence Prevention and Education in AY 09-10.	Nothing.
Add community service requirement	Did not allocate enough planning time.	Work with CUSP to identify potential opportunities in early fall for winter/spring group activity.
Mental Health Promotion (<i>Prioritize; renew collaboration</i>)		
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.	However, due to competing demands, the Counseling Center and my office did not collaborate on mental health promotion initiatives (QPR training; <i>Building Bridges</i> campaign), as planned.	<ul style="list-style-type: none"> • Continue involvement with MA DPH/SPRC College Suicide Prevention Working Group to develop goals and recommendations for training, consultation, and other support for campuses to plan, implement, evaluate, and sustain suicide prevention and mental health promotion programs. • Meet with Director of Counseling Center in August to develop plan for AY 10-11. • Set dates for QPR training sessions and reserve space
Website		
Continue to develop LiveWell website	Awaiting transition by UMD CITS/Web Team to new product which allows end-users to update their sites directly.	Nothing.

Professional Development		
CHES Certification	Awaiting release of NCHEC's new MCHES, advanced-level health education credential.	Nothing.

IV. Goals and Objectives AY 2010-2011

Department specific goals

LiveWell Office

- Increase visibility and awareness of LiveWell Office and services
- Ensure adequate training for clerk (Peoplesoft, purchasing, etc.)

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 new workshop?
- Renew focus on non-workshop interactions with students
 - Expand “street” outreach, including refinement/replication of *BAC Blitz* to first-year students during first weeks academic year
 - Create/utilize database to track other PHE/student interactions
- Increase involvement in campus committees and policy/environmental change initiatives
- Add community service requirement
- Train new Peer Health Educators (Fall 2010)
- Provide continuing education and development opportunities to all Peer Health Educators
- Participate in regional Bacchus Network Peer Education Conference (Spring 2010)

HIV Testing & GYT Campaign

Collaborate with New Bedford Family Planning to continue to offer—and perhaps expand—free, anonymous, on-campus HIV testing for students.

Web Site

Continue to develop LiveWell web site.

Inter-department goals

Health Assessment

In conjunction with Institutional Research, complete analysis of ACHA-NCHA II (Spring 2010) and write Executive Summary. Present findings to university leadership, including Student Affairs Heads. Use data for program planning.

Mental Health Promotion

Continue involvement with MA DPH/SPRC College Suicide Prevention Working Group; apply Working Group’s recommendations, once finalized, and results of ACHA-NCHA II (Spring 2010) to inform mental health promotion activities on campus. In partnership with the Counseling Center, 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.

Committees/Policy Work

Continue work with the following committees to improve campus policies to support student health/wellness: University Alcohol Committee, Student Health Advisory Board (co-chair), Alliance for Sexual Violence Prevention & Education.

Health Promotion Expansion

Continue to advocate for the hire of additional health promotion staff for the following areas: alcohol and other drugs, sexual violence prevention and response, mental health promotion. Identify funding opportunities to support health promotion activities/expansion. Collaborate on proposal development, as indicated.

Top priorities

LiveWell Office

Measures of Success: increased awareness of office and services (Student Satisfaction Survey)

Peer Health Education Program

Measures of Success: Increased awareness of office and services (Student Satisfaction 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 outreach (work logs); new PHEs trained (successful completion of internship); PHEs attend Bacchus Conference and participate in other continuing education opportunities; PHEs complete community service project.

Health Assessment

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

Committees

Measures of Success: Permanent University Alcohol Committee and Student Health Advisory Committees established and operational.

Mental Health Promotion

Measures of Success: Continue involvement with MA DPH/SPRC College Suicide Prevention Working Group; enhance collaboration with 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, Sheila Dorgan, 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 additional health promotion staff
- encouraging my participation in continuing education/professional development opportunities

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

- 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

June 22, 2010

VII. Addendum/Data

Peer Health Educator Workshop Program Evaluation Summary AY 2009-2010

(N=342)*	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
The presenter(s) was/were well prepared.	89%	10%	1%	0%	0%
The material was clearly presented.	84%	15%	1%	1%	0%
The presenter(s) responded to questions clearly and knowledgeably.	87%	11%	1%	0%	0%
The presenter(s) respected differing viewpoints.	84%	12%	4%	0%	0%
The topic was interesting.	79%	17%	3%	0%	1%
The program provided me with new information.	76%	18%	4%	1%	1%
I would recommend this program to a friend.	79%	15%	4%	1%	1%

* According to our records, approximately 500 students attended 45 PHE workshops. 342 returned surveys.

BACCHUS Network™ Peer Educator Survey, Spring 2010

In May 2010, 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.

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	9	100	+91%
Campus Resources	9	100	+91%

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	73	100	+27%
Recognizing and accepting my strengths and deficiencies	9	100	+91%
Effectively presenting programs	18	100	+82%
Effectively organizing my time	18	82	+64%
Effectively managing my academic commitments	45	82	+36%
Presenting an educational program with a teammate	18	100	+82%
Comfort with distributing pamphlets at an informational table	27	82	+55%
Effectively communicating with people	36	91	+55%
Talking with a friend about a risky behavior or choice	18	100	+82%
Talking with a peer about a risky behavior or choice	0	91	+91%

	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	0	91	+91%
Intervening in a crisis situation	0	100	+100%
Presenting ideas and information effectively to others	9	100	+91%
Having conversations with students who are a different race/ethnicity, religion or sexual orientation than me	36	100	+64%
Developing an effective solution to a problem	45	100	+55%
Responding to someone who "wants your advice about something serious"	9	100	+91%
Critically analyzing situations	27	73	+45%
Research skills that allow me to see out information about topics	45	91	+45%
Comfortable presenting programs to students who are a different race/ethnicity, religion, or sexual orientation than me	27	100	+73%
Developing long range goals	27	91	+64%
Being a role model for healthy choices	27	91	+64%
Understanding people's values that are different than my own	45	100	+55%
Having a better understanding of my own values	45	82	+36%
Analyzing the basic elements of an idea, experience, or theory	27	73	+45%
Synthesizing and organizing ideas, information, or experiences into new, more complex interpretation	36	91	+45%
Evaluating information, arguments, or methods and assessing conclusions	27	73	+45%
Applying theories or concepts to practical problems or in new situations	45	91	+45%
Having a positive self-concept	36	100	+64%
Feeling a part of the campus community	36	100	+64%
Having a career direction	55	100	+45%
Having a sense of purpose	55	100	+45%

Healthy Decision Making / Risk-Reduction

Since becoming a Peer Health Educator:

- 28% reduction in number of times students reported experiencing a HANGOVER due to alcohol use
- 83% reduction in number of times students reported being INVOLVED IN AN ARGUMENT due to alcohol use
- 75% reduction in number of times students reported being NAUSEATED OR VOMITED due to alcohol use
- 100% reduction in number of times students reported MISSING A CLASS due to alcohol use
- 100% 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

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 UMass Dartmouth’s Integrated Student Learning Outcomes (ISLO)
- 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