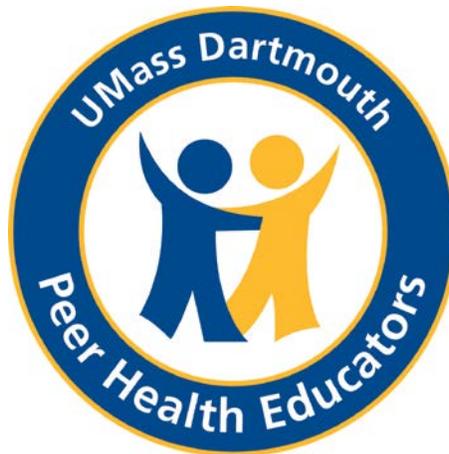




**LiveWell:
The Office of Health
Education & Promotion
Annual Report
2012-2013**



I. Highlights

Accomplishments

Peer Health Education Program

Ten students completed the Peer Health Educator internship in Fall 2012.

The Peer Health Educators continued to offer The Absolute Truth alcohol education program for first-time violators of the alcohol policy. Red Watch Band Training (bystander intervention training for alcohol-related emergencies) was also offered monthly.

The Peer Health Educators revised the Absolute Truth (alcohol) workshop and launched a new programming option ("Brief Encounters"). Brief Encounters programs provide brief, focused 1:1 outreach/education to students.

Three Peer Health Educators launched the UMass Dartmouth AIDS Quilt Project. Participants are creating squares that will be sewn together to create panels for the AIDS Memorial Quilt. (Thus far, 40 student organizations, 20 athletic teams, + 3 faculty are participating.)

Ten Peer Health Educators attended the Bacchus Network Area 10 Conference at Assumption College. The students presented three workshops at the conference. Additionally, UMass Dartmouth student Sheila Tsiakalos was awarded Outstanding Peer Educator-Area 10 and UMass Dartmouth alumnae Jaime Conlon was awarded Outstanding Alumnus-Area 10.

HIV Testing

Free, confidential HIV Testing was offered monthly, through a partnership with New Bedford Family Planning. Hepatitis C testing was also offered to students at high-risk. The Department of Health Services continued to offer HIV testing (results are confidential, but not anonymous and included in students' medical records).

Social Marketing Campaign

Launched *Watch Your BAC* social marketing campaign, addressing alcohol use (umasssd.edu/watchyourbac)

Mental Health Promotion

Offered campus-wide QPR suicide prevention workshops, in collaboration with the Counseling Center. A "mini-grant" from the QPR Institute also allowed us to offer a free online QPR training module.

ACHA-NCHA II

Worked with two faculty in the Psychology Department to begin an analysis of the results of our Spring 2012 American College Health Association National College Health Assessment.

Psych Research Methods

Acted as a service and research site for nine students enrolled in Dr. Elizabeth Richardson's Psychology Research Methods class.

Committee & Policy Work

Co-chaired the University Alcohol Committee with Mary Beckwith, Coordinator of Student Conduct & Dispute Resolution.

Active member of the Alliance for Sexual Assault Prevention & Response. Began development of new materials (flow chart) to clearly articulate options available to sexual assault survivors.

Initiated discussion with senior leaders to expand Good Samaritan Policy to include drugs other than alcohol; drafted policy for review.

Professional Development

Selected to serve as the Massachusetts State Coordinator for the Bacchus Network.

Assumed responsibility as coordinator for the New England Health Educators Network, a consortium of college and university-based health promotion professionals.

II. Accomplishments

Planned Goal	Status	How?
LiveWell Office		
Increase visibility and awareness of LiveWell Office and services	Accomplished/ongoing	<ul style="list-style-type: none"> • Student Health 101 sent monthly via UMD Notify to students and via UMD Announce to faculty/staff/admins. “Stall Street Journal” provided to HRE staff monthly. • UMass Dartmouth Student Health 101 Facebook page launched • Banners for ongoing programs/services & campaigns: HIV testing, QPR & Red Watch Band workshops, Watch Your BAC Campaign. • Use of campus LCD displays • Facebook & Twitter • Awaiting results of Student Satisfaction Survey (Spring 2013) to determine if any increase in knowledge/awareness of services over past years.
Increase capacity. Minimally, hire graduate assistant and student graphic designer.	Partially accomplished	<ul style="list-style-type: none"> • Student graphic designer hired • Graduate assistant not funded/hired
Increase engagement with faculty & other UMD departments	Accomplished/ongoing	<ul style="list-style-type: none"> • Worked with two psychology faculty to begin analysis of Spring ACHA-NCHA survey • Acted as a service/research site for nine Psych Research Method students • Increased engagement with Athletics Department & SAIL (program co-sponsorship)
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"> • Mailing to Student Affairs, academic and administrative departments • RA/PHE Ice Cream Social • PHE sponsored/co-sponsored events • Use of campus LCD displays • Facebook & Twitter • Awaiting results of Student Satisfaction Survey (Spring 2013) to determine if any increase in knowledge/awareness of services over past years.

Planned Goal	Status	How?
Peer Health Education Program (Cont'd)		
Refine existing workshops	Ongoing	<ul style="list-style-type: none"> Some revision/refinement to existing workshops; this work is ongoing
Launch social marketing campaigns	Accomplished/ongoing	<ul style="list-style-type: none"> Watch Your BAC campaign launched StressLess campaign developed. Launch Fall 2013. Developing sleep campaign. Launch Spring 2014.
Renew focus on non-workshop interactions with students	Partially accomplished/ongoing	<ul style="list-style-type: none"> Focused outreach re. alcohol during the first weeks of the fall semester (BAC Blitz) Launched "Brief Encounters" programming option Continued to use database to track non-workshop related activity
Increase involvement in campus committees and policy/environmental change initiatives	Accomplished	<ul style="list-style-type: none"> Peer Health Educator representatives on University Alcohol Committee and Alliance for Sexual Assault Prevention & Response
Community service	Accomplished	<ul style="list-style-type: none"> Held kickball tournament benefitting New Bedford Women's Center & Alliance for Sexual Assault Prevention & Response
Train new Peer Health Educators Provide continuing education & development opportunities to all PHEs	Accomplished	<ul style="list-style-type: none"> Trained 10 new PHEs 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. Provided staff development trainings in Fall & Spring semesters; PHEs attended Bacchus Area 10 Conference and presented three workshops
HIV Testing & GYT Campaign		
Collaborate with New Bedford Family Planning to offer free, anonymous, on-campus HIV testing for students	Accomplished	<ul style="list-style-type: none"> Free, anonymous, rapid HIV testing offered monthly. Expanded to include Hepatitis C testing for high-risk individuals.
Website		
Continue development of LiveWell website	Ongoing	<ul style="list-style-type: none"> Created "StressLess" section

Planned Goal	Status	How?
Health Assessment (Inter-departmental goal)		
Analyze results of Wellness Needs Assessment for incoming Students	Accomplished	<ul style="list-style-type: none"> WNA “required” for all incoming students
Complete analysis of Spring 2012 ACHA-NCHA II; write Executive Summary; present findings; use data for program planning	Partially accomplished/ongoing	<ul style="list-style-type: none"> Collaborated with two psychology faculty to begin analysis of ACHA-NCHA II data; Reference Group data is embargoed until Fall 2013
Mental Health Promotion (Inter-departmental goal)		
Use results of ACHA-NCHA II (Spring 2012) and other surveys to inform mental health promotion activities on campus.	Partially accomplished/Ongoing	<ul style="list-style-type: none"> ACHA-NCHA II data analysis is ongoing. Continued to offer monthly QPR suicide prevention workshops “Mini-grant” provided up to 200 free licenses of online QPR suicide prevention course StressLess website (umassd.edu/stressless)
Committees/Policy Work (Inter-departmental goal)		
Alliance for Sexual Violence Prevention & Education	Ongoing	<ul style="list-style-type: none"> Initiated discussion with senior leaders to expand Good Samaritan Policy to include drugs other than alcohol; drafted policy for review.
University Alcohol Committee (co-chair)	Ongoing	
Student Health Advisory Board	Defunct	
Good Samaritan Policy	Ongoing	

Other Accomplishments & Activities:

- Programmatic collaboration with many campus constituents and community-based organizations, including: Athletics; Center for Women, Gender, & Sexuality/Step Up! Program; Counseling Center; Housing & Residential Education; SAIL; Student Conduct; Orientation; Public Safety; Sigma Phi Rho; New Bedford Family Planning; YWCA Breast Health Program; Women’s Center (New Bedford)
- Selected to serve as the Massachusetts State Coordinator for the Bacchus Network.
- Assumed responsibility as coordinator for the New England Health Educators Network, a consortium of college and university-based health promotion professionals.

III. Challenges & Learnings

Planned Goal Not Accomplished	Why?	What issues would you handle differently going forward, and how, based upon what you have learned?
LiveWell Office		
Expand capacity; minimally, hire grad assistant	<ul style="list-style-type: none"> • Not funded by SFAC 	<ul style="list-style-type: none"> • Nothing.
Peer Health Education Program		
Launch PHE Marketing Campaigns	<ul style="list-style-type: none"> • PHE Marketing Campaign not launched. Hired graphic designer, but prioritized the development of the Watch Your BAC and StressLess campaigns above PHE marketing campaign. 	<ul style="list-style-type: none"> • Nothing.
Renew focus on non-workshop interactions with students through expanded “street” outreach	<ul style="list-style-type: none"> • This goal was partially accomplished. “BAC Blitz” (early fall semester) and “Brief Encounters” programming in residential communities did occur. However, not much structured outreach beyond requested programs. 	<ul style="list-style-type: none"> • Develop schedule of outreach initiatives/events prior to the beginning of each semester. • Purchase “Health Hut” to distinguish PHE/LiveWell outreach from student organization tabling?

Planned Goal Not Accomplished	Why?	What issues would you handle differently going forward, and how, based upon what you have learned?
Pilot Safe Rides Program & evaluate	<ul style="list-style-type: none"> • Need to identify funding source to sustain program and/or develop partnership with external vendor(s). 	<ul style="list-style-type: none"> • I met with Campus Services/Transportation Services to discuss the development of a Safe Rides Program. They were receptive to the idea. Jeff Augustine suggested that the Port of New Bedford may be a potential partner; however, the upon following up with them, they were uninterested. • Re-visit this issue with Campus Services/Transportation Services & also identify student groups as potential collaborators (SGA, Graduate SGA, UMADD, etc.)

Other Challenges & Concerns:

I am acutely aware of the university's 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 infrastructure assessment clearly demonstrates the need for at least one additional health promotion staff member, most likely focused on alcohol and other drug prevention. My recommendation is to hire preventionists to address each of the following areas: alcohol and other drugs, mental health promotion, and sexual violence prevention and response. Health Education & Promotion also needs at least one (likely more) graduate assistant in a health-related field and a graphic designer.

Health Education & Promotion has a nice space in Oak Glen. However, our location—like that of several offices located in residence halls—is not visible to students. Accessibility is also a concern.

IV. Data

PHE Workshop Evaluations, AY 2012-13:

* According to our records, approximately 600 students attended 43 PHE workshops. 254 returned evaluations.

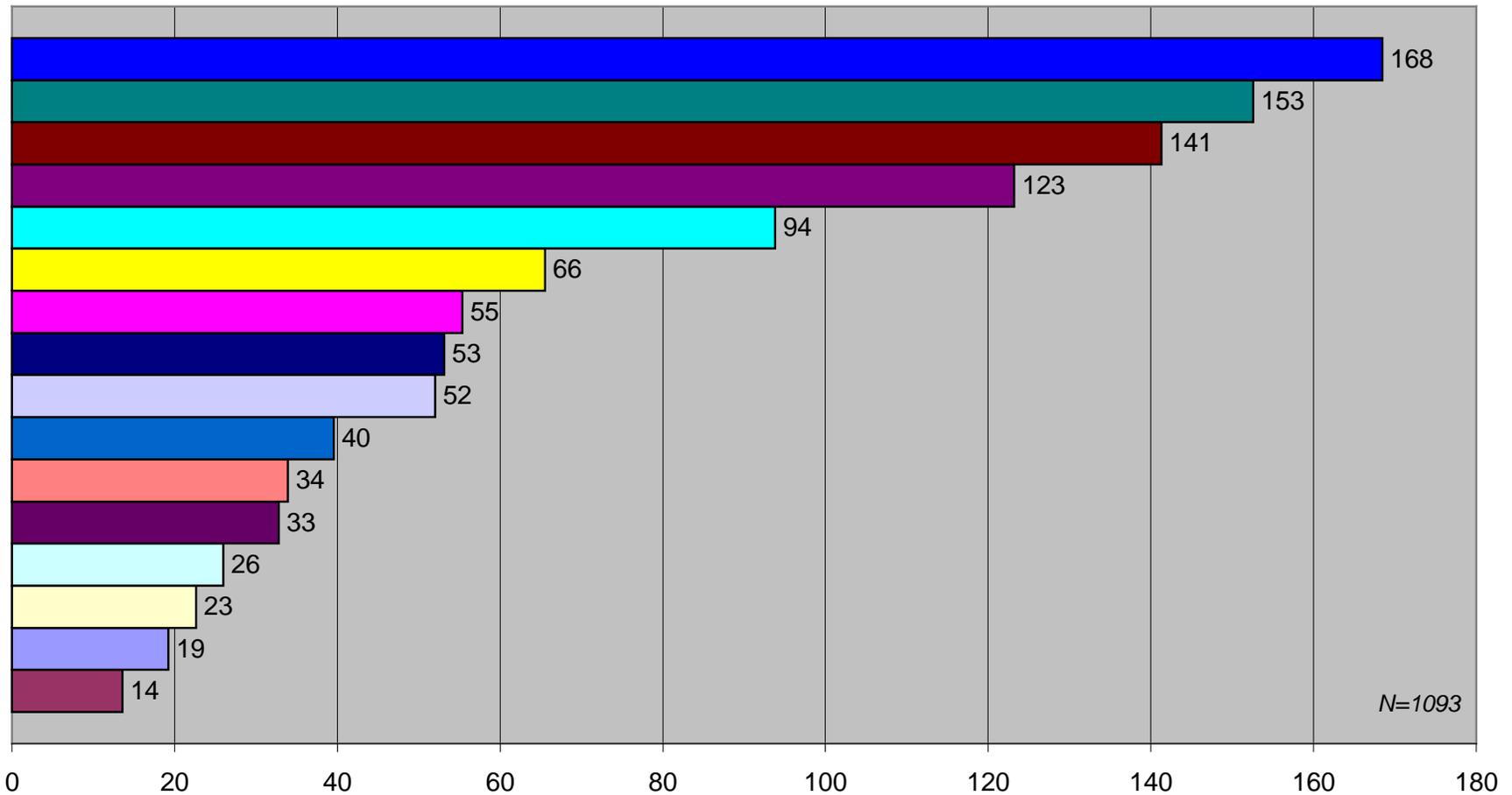
Red Watch Band Training Evaluations				
(N=47)*	Strongly Agree/ Agree	No Opinion	Disagree / Strongly Disagree	Rating Average (out of 5.0)
I found the information presented in the RWBT to be relevant and applicable to me.	96%	4%	0%	4.51
The RWBT Instructor(s) kept me engaged during the presentation and presented the information in an interesting way.	96%	4%	0%	4.53
As a result of this training, I feel knowledgeable about toxic drinking and alcohol overdose.	98%	2%	0%	4.57
As a result of this training, I can identify High Risk Environments and High Risk Behaviors involving alcohol.	96%	4%	0%	4.60
As a result of this training, I can identify the facts from the Myths about how to help a friend sober up.	98%	2%	0%	4.64
As a result of this training, I can identify the signs of a life threatening alcohol overdose.	100%	0%	0%	4.72
As a result of this training, I feel confident in my ability to respond effectively as a bystander in an alcohol-related emergency.	100%	0%	0%	4.57
As a result of this training, I am more willing to intervene as a bystander in an alcohol-related emergency.	98%	2%	0%	4.62
Overall, I was satisfied with the Red Watch Band Training.	98%	2%	0%	4.70
I would recommend the RWBT to a peer.	94%	6%	0%	4.64

Other Program Evaluations				
(N=207)*	Strongly Agree/ Agree	No Opinion	Disagree / Strongly Disagree	Rating Average (out of 5.0)
The presenters were well prepared.	98%	2%	0%	4.80
The material was clearly presented.	98%	1%	1%	4.78
The presenters responded to questions clearly and knowledgeably.	96%	4%	1%	4.76
The presenters respected differing viewpoints.	95%	4%	1%	4.76
The topic was interesting.	90%	8%	3%	4.57
The program provided me with new information.	89%	5%	6%	4.52
I would recommend this program to a friend.	81%	14%	5%	4.39

National Peer Educator Survey (See Appendix)

The UMass Dartmouth Peer Health Educators were invited to participate in the National Peer Educator Survey conducted by Michigan State University on behalf of the Bacchus Network; eight students participated. The results of this survey are attached. Please note, this survey launched on November 30, 2012. Only three UMD PHEs had been involved in our program for more than one semester at that time. The remaining PHEs all joined in September 2012. Past surveys demonstrated a strong relationship between length of service/participation and positive changes in learning outcomes and behavior. Therefore, I suspect reported changes will be greater on subsequent surveys (Fall 2013) with those students who are returning to the program.

PHE Activity (Not Workshop or Outreach-Related) , AY 2012-2013



- Other
- Confronted a peer about demeaning language or actions
- Networked with others on health-related issue, project
- Intervened in a potentially unsafe/violent situation
- Encouraged low-risk drinking
- Encouraged help-seeking
- Used UMD faculty or staff as a resource for a health-related issue
- Expanded personal knowledge of a health issue (reading, presentation, training, etc.)
- Supported a peer in making a healthy behavior change/choice
- Actively sought help for someone (urgent, emergent)
- Confronted a peer about an unhealthy behavior
- Was a designated driver, provided other care to an intoxicated person
- Personally made a healthy behavior change/choice
- Was recognized as a PHE
- Shared health-related resources
- Talked about PHE

V. Goals and Objectives AY 2013-2014

Department specific goals

LiveWell Office

- Increase visibility and awareness of LiveWell office and services
- Increase capacity. Minimally, hire graduate assistant and re-hire student graphic designer.
- Increase engagement with faculty and other UMD departments.

Peer Health Education Program

- Increase visibility and awareness of Peer Health Education program and services
- Refine existing stress and sleep workshops (combine & increase interactive components)
- Refine nutrition workshop
- Develop and launch PHE marketing campaign
- Increase non-workshop interactions with students
 - Expand educational outreach; purchase “Health Hut” to distinguish PHE outreach from student organization tabling
 - Continue “Brief Encounters” programming for Housing and Residential Education
 - Utilize database to track other PHE/student interactions
- Increase involvement in campus committees and policy/environmental change initiatives
- Train new Peer Health Educators (Fall 2013)
- Provide continuing education and development opportunities to all Peer Health Educators
- Participate in regional Bacchus Network Peer Education Conference (Spring 2014)

Watch Your BAC Social Marketing Campaign

- Expand Watch Your BAC Social Marketing Campaign, including “It’s Okay Not to Drink” component
- Launch Party?

StressLess Social Marketing Campaign

- Launch StressLess Social Marketing Campaign (Fall 2013)

Sleep Social Marketing Campaign

- Develop and launch sleep social marketing campaign (Spring 2014)

HIV Testing & GYT Campaign

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

Web Site

Continue to develop LiveWell web site, especially wellness resource information

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.

Inter-department goals

Orientation

Require Wellness Needs Assessment, developed by Student Health 101 and incorporated into its Orientation issue, for all incoming students.

Work with Orientation program to develop alcohol-related programming/messaging for June & August Orientation sessions.

Peer Health Educators assist with small group work following High Impact Training performances.

Incorporate Red Watch Band Training into Orientation?

Health Assessment

Analyze results of Wellness Needs Assessment for incoming students. The Wellness Needs Assessment, developed by Student Health 101 and incorporated into its Orientation issue, is “required” for all incoming students.

In conjunction with Psychology faculty, complete comparative analysis of Spring 2012 ACHA-NCHA II and write Executive Summary. Present findings to university leadership, including Student Affairs Heads. Use data for program planning.

Identify other existing sources of health/wellness data for UMD students.

Safe Rides Program

Work with Campus Services/Transportation services and other student groups to pilot Safe Rides program; evaluate. Identify ways to institutionalize and sustain program.

Mental Health Promotion

Use results of ACHA-NCHA II and other surveys 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.

HIV/AIDS: Past, Present, & Future

Collaborate with UMD students, faculty, and staff, as well as community-based agencies, to develop a series of events about the past, present, and future of HIV/AIDS. Events will include: film screenings/discussions, lectures, display of portions of the AIDS Memorial Quilt, etc.

Committees/Policy Work

Continue work with the University Alcohol Committee Alliance for Sexual Violence Prevention & Education to improve campus policies to support student health/wellness; advocate for the expansion of the Good Samaritan Policy to include other drugs

Top priorities

LiveWell Office

Measures of Success: Increased awareness of office and services (Student Satisfaction Survey); increased capacity (graduate assistant and graphic designer hired); increased engagement (meetings with faculty and other UMD departments to discuss potential collaboration, etc.)

Peer Health Education Program

Measures of Success: Increased awareness of office and services (Student Satisfaction Survey); launch PHE marketing and expand social marketing (alcohol education) campaigns; workshops refined; PHEs participate in campus committees and/or campus policy initiatives; expand outreach and non-workshop related interaction with peers (work logs); new PHEs trained (successful completion of internship); PHEs attend Bacchus Conference and participate in other continuing education opportunities.

HIV Testing & GYT Campaign

Measures of Success: Free, anonymous HIV testing provided on-campus once a month.

Orientation

Measures of Success: Wellness Needs Assessment required for all incoming students; PHEs assist with Orientation programming

Social Marketing Campaigns

Measures of Success: Watch Your BAC program expanded; StressLess! campaign launched; sleep campaign developed and launched

Health Assessment

Measures of Success: Analysis and Executive Summary of Wellness Needs Assessment & ACHA-NCHA II completed; results of analysis presented to/shared with SASSE Leads, others; analysis used for future program planning.

Safe Rides Program

Measures of Success: Pilot Safe Rides program; evaluate. Identify ways to institutionalize and sustain program.

Committees & Policy Work

Measures of Success: University Alcohol Committee permanent & operational; Good Samaritan Policy expanded to include other drugs.

Mental Health Promotion

Measures of Success: Enhance collaboration with Counseling Center; expand QPR programming through intentional collaboration with select departments/student groups/etc; 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. Launch online QPR course. (QPR workshop evaluations)

VI. Supervisory Support

My supervisor, Sheila Dorgan, is supporting me in the above goals by:

- 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
Assistant Director Health Services, Health Education & Promotion
May 21, 2013

VII. Appendix

See attached *National Peer Educator Survey (NPES)*.

Note: The UMass Dartmouth Peer Health Educators were invited to participate in the National Peer Educator Survey conducted by Michigan State University on behalf of the Bacchus Network; eight students participated. The results of this survey are attached. Please note, this survey launched on November 30, 2012. Only three UMD PHEs had been involved in our program for more than one semester at that time. The remaining PHEs all joined in September 2012. Past surveys demonstrated a strong relationship between length of service/participation and positive changes in learning outcomes and behavior. Therefore, I suspect reported changes will be greater on subsequent surveys (Fall 2013) with those students who are returning to the program.