



Assessment Report
2010-2011

Health Iowa, the education branch of the Student Health Service, supports student learning through health promotion services aimed at helping students develop healthy lifestyles now and for their futures.



overVIEW

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Health is a learning and engagement issue and learning effectively is a function of health. Student success is dependent upon support for individuals and the creation of a healthy community.

This report highlights several Health Iowa projects that were conducted throughout the year and their associated learning outcomes.

Each project supports one or more of The University Learning outcomes:

Contents:

- Alcohol Skills Training Program
- Alcohol & Your College Experience
- Commission Against Laziness Campaign
- HIV Testing
- Passport
- Red Watch Band
- Summary

UI Shared Learning Outcomes

1. Build a broad **knowledge** base in subjects both inside and outside their chosen majors.
2. Gain intellectual and practical **skills**.
3. Develop social, intellectual, and personal **responsibility**.
4. Learn to **integrate and apply** knowledge and skills in new settings and situations.

Look for the outcome(s) checked on each report:

- ✓ Knowledge
- ✓ Skills
- ✓ Responsibility
- ✓ Integration & Application



The **Red Watch Band Program** just wrapped up its second year at the University of Iowa. The training program focuses on knowledge, skill, and confidence building regarding preventing death from alcohol overdose. Students are taught the knowledge and skills to "make the call," and using role plays, given opportunities to build confidence to intervene on behalf of another. Students who complete the training receive free CPR/AED and alcohol bystander training and a red watch, and are better able to link the impact that alcohol has on the body.

848 University of Iowa students have completed the **Red Watch Band Program** in the past two years, including **686 in the 2010-2011 school year** alone. Participation has rapidly grown each semester. Twelve students co-facilitated the RWB training sessions, and an even bigger group is trained and eager to help next year.

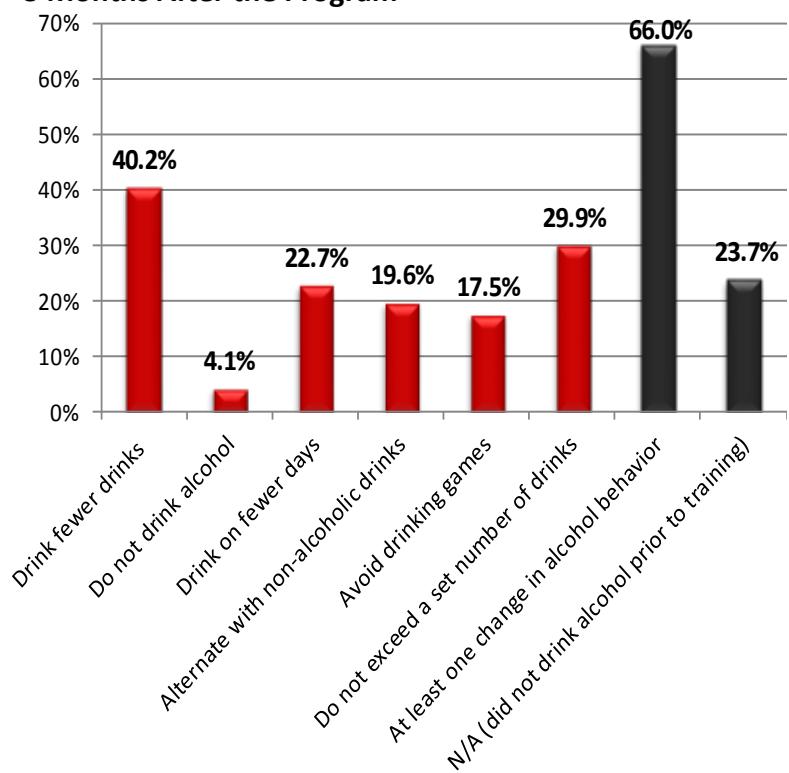


Students Helping Students

Just over 9% of respondents reported that they took action in an emergency situation since completing the RWB training.

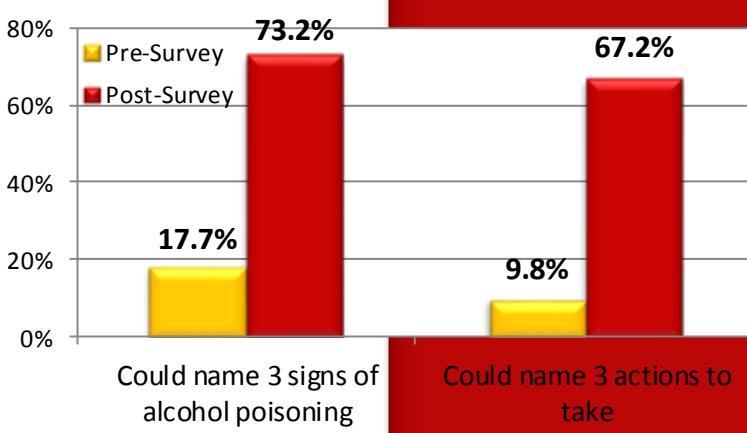
Behavior Change

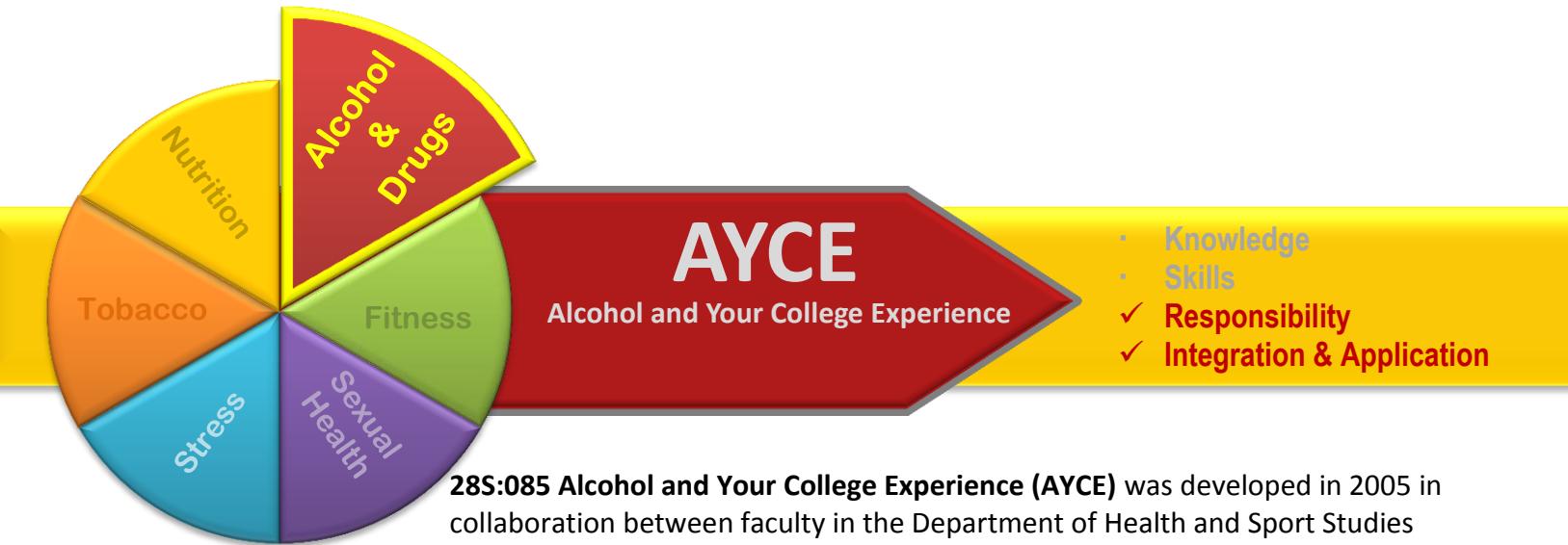
3 Months After the Program



"It has been a good experience to be able to teach others to know what to do in an emergency and help their friends."

Knowledge Change





AYCE
Participation
Since 2005, this course has been taken by **1282 students**, primarily upper classmen, but recently sections have been set aside specifically for 1st year students.

28S:085 Alcohol and Your College Experience (AYCE) was developed in 2005 in collaboration between faculty in the Department of Health and Sport Studies (currently Health & Human Physiology) and Health Iowa/Student Health Service staff.

AYCE addresses individual and environmental determinants of high-risk drinking, particularly as they are contextualized at the University of Iowa. It does so using an evidence-based, personalized feedback model (G. Alan Marlatt's model) that provides students with information on their current drinking behaviors. AYCE also uses health promotion theories to help students:

1. Decrease negative consequences associated with certain drinking behaviors
2. Create behavior change plans for lower-risk drinking strategies;
3. Improve environmental supports for safer use of alcohol and alternative activities. All of the course content is applicable to non-drinkers.

Behavioral Changes

Spring 2011 Results (n=165)		Pre-Survey	Post-Survey
Drinking Behaviors			
Avg. # of days drank alcohol in past 30 days		5.43	4.96
Avg. # of binge drinking occasions in last 2 weeks		2.84	2.48
Firsthand Negative Consequences (Past 30 days)			
Hangover		71.5%	61.8%
Drove a vehicle (after 2 or more drinks)		13.9%	5.5%
Secondhand Negative Consequences (Past 30 days)			
Been insulted or humiliated		29.1%	19.4%
Had a serious argument or quarrel		26.7%	12.7%
Had to "babysit" a drunk student		47.9%	35.2%
Experienced an unwanted sexual advance		9.7%	4.2%
Protective Behaviors (Past 30 Days)			
Used a designated driver		69.7%	49.7%*
Refused to ride with someone who had been		43.6%	27.3%*
Alternated alcohol with non-alcoholic beverages		33.3%	37.0%

All results are statistically significant (p<.05)

*These two values are negative changes; could be due to weather or other factors.

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The **Alcohol Skills Training Program (ASTP)** was implemented as a requirement in the fall of 2008 for all fraternity and sorority chapters as a collaborative effort between the Office of Student Life and Health Iowa. **ASTP** is a prevention education program implemented in a group setting. The program combines harm-reduction skills with prevention and motivational interviewing. **ASTP** is a Tier 1 strategy to address high risk alcohol use by the National Institute on Alcohol Abuse and Alcoholism.

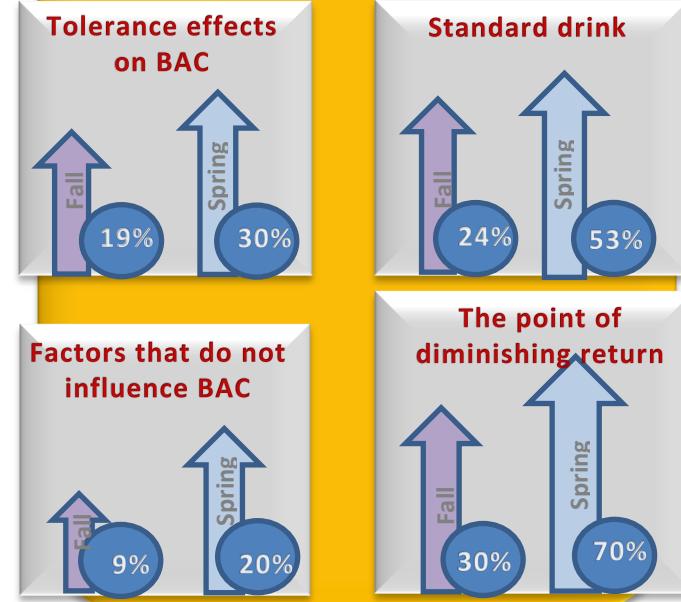
Changes were made to **ASTP** in the spring of 2011 as a result of student feedback and results from past knowledge scores. As a result, the ASTP worksheet was added to the program. The goal of the worksheet was to keep students engaged with the material throughout the duration of the program, personalize the material to the student, and to help increase their knowledge scores.

The purpose of this evaluation is to assess the effectiveness of the new changes made to **ASTP** in the spring of 2011, as well as assess behavior and knowledge changes as a result of the program during the 2010-2011 academic year.

*All data in this document is **significant** ($p<.05$)

Mean Knowledge Score Differences Comparison

Pre and post surveys on knowledge and behaviors are given to participants. The knowledge surveys and the pre-behavior survey are taken the day of the program. The post-behavior survey was sent to participants 2 months after completing ASTP.



Behavior Change

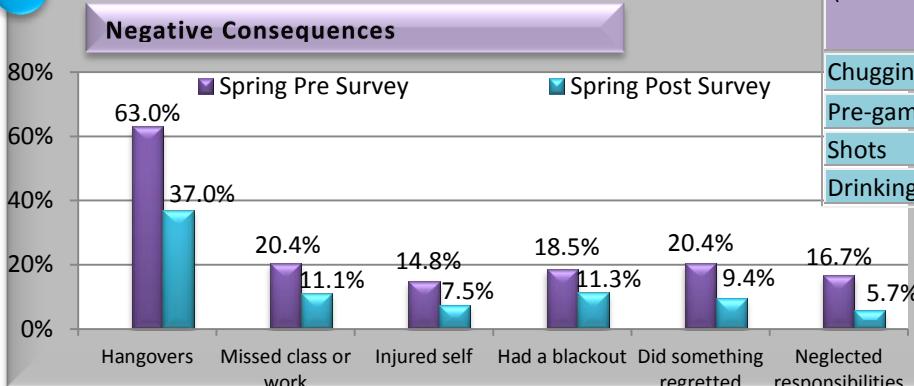
High Risk Drinking Decreased

28% (Spring 2011)

VS

6% (Fall 2010)

High Risk Behaviors



(in the Past 30 Days)	Spring 2011		Fall 2010	
	Pre Survey	Post Survey	% Change	% Change
Chugging	45.3%	27.8%	-17.5%	-14.3%
Pre-gaming	79.2%	61.5%	-17.7%	-9.8%
Shots	83.0%	60.4%	-22.6%	-4.1%
Drinking games	77.4%	56.6%	-20.8%	-14.6%



COMMISSION AGAINST LAZINESS

- Knowledge
- Skills
- ✓ **Responsibility**
- Integration & Application

The Commission Against Laziness Campaign (CAL) was developed to promote physical activity and healthy eating practices on The University of Iowa Campus through a university-wide marketing campaign.

THEMES



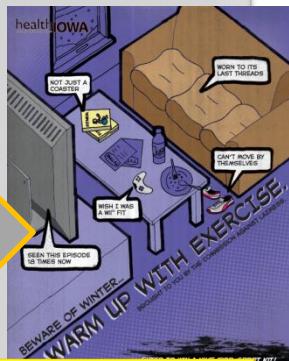
Walk to Class



Take the Stairs



Buy Real Food



Warm Up with Exercise



Be Healthy for Life

The marketing materials were aimed to drive students to a website where they would be able to gain more information regarding the theme as well as enter to win prizes.

In collaboration with IMU Marketing & Design, five concepts were developed. Each concept contained a physical activity or healthy eating theme.

Awareness

Evaluation data was gathered with the NCHA in March 2011 (842 responses)

26.8% recognized the Campaign materials

64.9% of students living in the Residence Halls recognized the Campaign materials

Behavior Changes

Evaluation data was gathered by Mobile Data Collection (154 responses)

Students who have made both physical activity and nutrition changes after viewing the campaign

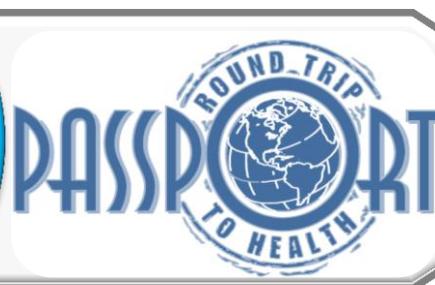
14.4%

Students who have made only physical activity changes after viewing the campaign

10.5%

Students who have made only nutrition changes after viewing the campaign

5.23%



- Knowledge
- Skills
- ✓ Responsibility
- ✓ Integration & Application

81.4% of Passport participants reported consuming **1-3 cups** of fruit and vegetables on **4 - 7 days** per week.

75.9% of Passport participants reported consuming **4-5 cups** of produce on **4 - 7 days** per week.

"I love to try new things and it was cool to have easy access to several new and easy recipes that were also healthy."

The web continues to be a popular choice among students for receiving health information and programs. Passport: Round Trip to Health was implemented for the fifth time in the spring semester. **827** students registered for the program and **128** completed it (earned 70+ stamps). **96** participants completed the online post-program evaluation.

End of program evaluations (n= 96) indicated that 93% of respondents felt that the Passport program motivated them to increase their physical activity and eat a healthy diet. 68% of respondents reported learning more about physical activity and 83% reported learning more about nutrition as a result of Passport. Additionally, 98% of students who participated in Passport said they would participate again.

Behavioral Changes

PHYSICAL ACTIVITY	Before Passport	After Passport	Difference
Minutes of physical activity in an average day as part of typical day-to-day activities (such as brisk walking or biking to and from campus or in-between classes)*	37.36	42.99	5.63
In a typical week, how many days out of the week do you do each of the following?			
Participate in 20 minutes of moderate to vigorous intensity cardiovascular activity*	3.54	4.28	0.74
Participate in 30-60 minutes of moderate to vigorous intensity cardiovascular activity*	2.95	4.09	1.14
Participate in resistance-training types of activities (weight lifting, strength training, Pilates, etc.)*	1.77	2.91	1.14
Participate in flexibility exercises*	2.32	3.87	1.55

NUTRITION	Before Passport	After Passport	Difference
In a typical week, how many days out of the week do you do each of the following?			
Consume 1-3 cups of produce (fruits and vegetables)*	4.27	5.42	1.15
Consume 4-5 cups of produce (fruits and vegetables) *	2.96	4.89	1.93
Consume at least 25-35 grams of fiber*	4.18	5.43	1.25
Consume at least 3 servings of dairy*	4.72	5.86	1.14

"The most helpful part of Passport was how easy it was to use the ICON website. It was good to keep track of my progress at the same place I keep track of my classes"

* Indicates statistical significance (p<.01)



- Knowledge
- Skills
- ✓ Responsibility
- ✓ Integration & Application

goal
1

Increase the number of students being tested for HIV at Student Health Service

66 students were tested in April of 2010.

155 students were tested in April of 2011.

Sexually Transmitted Infections (STIs) can be caused mainly by bacteria, viruses or parasites. STIs are among the most common forms of illness in our society (Centers for Disease Control & Prevention, 2007). Sexually active adolescents 15-24 years old are the highest risk groups for acquiring STIs and account for nearly half of the 19 million STIs diagnosed each year (Weinstock et al, 2000).

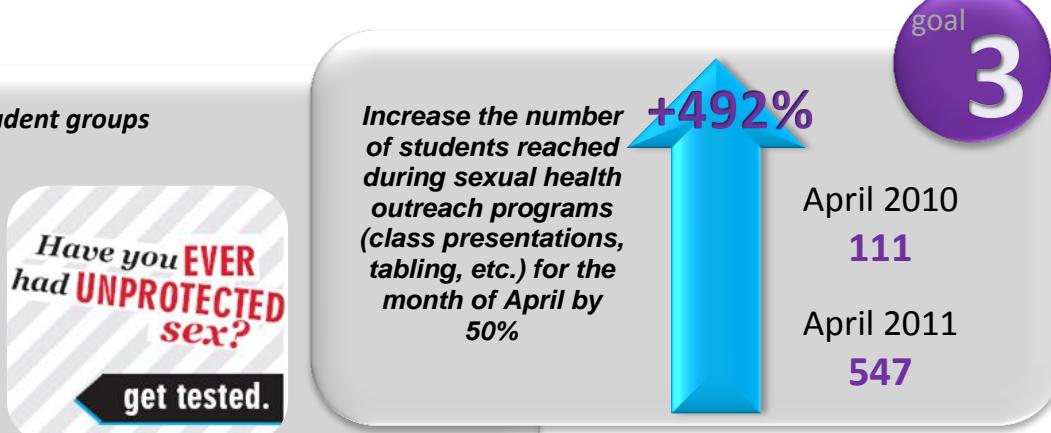
The disproportionate rate of STIs among adolescents/young adults can be attributed to a variety of barriers such as lack of resources, lack of knowledge, or social stigma associated with sexual health. The need for more education about safer sex and STIs is critical in reducing negative outcomes as a result of sexual health behaviors. According to the CDC (2007), encouraging safer sex practices is a key component to the prevention of STIs, including HIV.

During the month of April, Health Iowa and Student Health Service offered free HIV tests to any student. Along with their free HIV Test, students received a 30 minute sexual health consultation to assess their STI risk and identify a safer sex goal to lower future risk.

goal
2

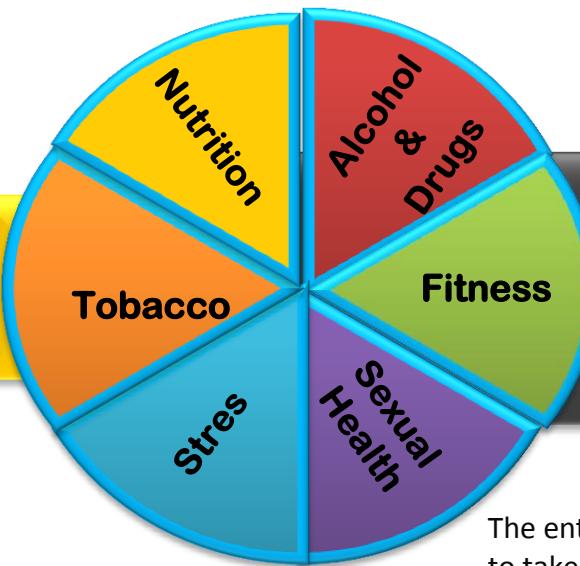
Identify high risk U of I student groups

n=142



	High Risk	Never been tested (of sexually active)	No intentions to get tested (of high risk)	Tested at SHS during April
Men	81%	66%	83%	34%
Women	74%	38%	69%	66%
Greek	100%	64%	89%	11%
Intramurals	92%	58%	80%	13%

Sample sizes of MSM (men who have sex with men) and transgender students were too small to make any conclusions.



Healthy Hawk Challenge (HRA for sophomores)

- Knowledge
- Skills
- ✓ **Responsibility**
- Integration & Application

Knowledge Gains

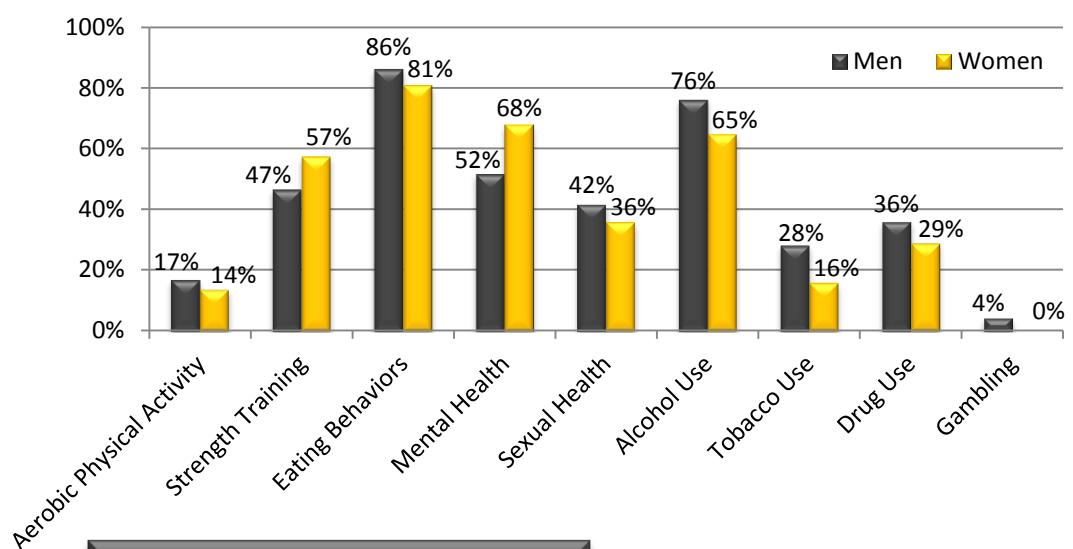
86% of students could list one thing they learned about their overall health by taking the online Healthy Hawk Challenge and receiving their wellness report.

- I learned that I was not getting enough sleep which was only raising my overall stress levels and unproductivity
- I need to cut back on drinking in college and monitor my drinking better
- My eating and drinking habits are a bigger threat to my health than I thought they were
- I should count my drinks more and not drink as much in such a short period of time
- The survey made me realize how negative my outlook can sometimes be
- I need to do more cardio workouts to improve my health
- That I was under tremendous stress both mentally and physically
- Overall wellness takes individual work, but is worth the work

The entire 2010 University of Iowa sophomore class was invited to take part in an online Health Risk Assessment (HRA) dubbed the Healthy Hawk Challenge (HHC). This tool provided personalized feedback on many health behaviors. 1,446 students completed the HRA. Students who met specific high-risk criteria were asked to participate in the second part of the HHC —an evidence-based alcohol intervention aimed at lowering their risk. 31 students completed the alcohol intervention and 7 students partially completed the intervention.



High Risk Behaviors



Behavior Change

84% of students could name one thing they had done to improve their overall health as a result of taking the online Healthy Hawk Challenge and receiving their wellness report.

- I quit smoking!
- I've added more exercise and sleep into my everyday life
- I have been counting my drinks at parties
- Talking to people about my issues
- Take workout classes at the CRWC
- I have started going to bed sooner and getting a better full night of sleep
- I am conscious of when I am stressed, and work to relax or calm those feelings
- I have started both running and lifting weights
- I contacted a counselor at the Counseling Services and now go once a week to deal with mental health issues



The Healthy Living Network

- Knowledge
- Skills
- ✓ Responsibility
- Integration & Application

Physical ★ Social ★ Intellectual ★ Emotional ★ Spiritual ★ Environmental

Feeling Connected

88% of students feel "connected" to The University of Iowa as a result of living on the HLN and are participating in at least one activity/organization

41% of students report reading the monthly newsletter, which contains floor news, a calendar of events, and health information & tips

The mission of the **Healthy Living Network (HLN) Living Learning Community** is to provide students with healthy options for learning, involvement, activities and discussions which support the achievement of each individual's potential in all aspects of wellness. The **HLN** was first launched in the fall of 2008, and it occupies two floors (80 residents) in Slater Residence Hall. A collaborative partnership supports the HLN, including Health Iowa, Health and Human Physiology, Recreational Services, and Housing.

Behavior Change (n=46)

Pre Survey =

Post Survey =

Pre/Post Means

Below are the assessment questions and the mean response for both the pre- and post-test. (All are significant at $p \leq .05$).
1= Never, 2= Occasionally, 3= Often, 4= Very Often, and 5=Always.

I engage in 20-30 minutes of physical activity at least 3 times per week.

3.9

3.6

I eat at least five servings of fruit and vegetables every day.

2.8

3.2

With regard to my overall wellness/health, I am:
1=Not thinking about making changes now, 2=Thinking about making changes to become healthier, 3=Ready to change, 4=Making changes now, 5=On track

3.5

4.0

I express my feelings of anger in ways that are not hurtful to others.

3.9

4.4

Behavior Comparison

Post Means

Below are the assessment questions and the mean response for the post-test. (**All are** significant at $p \leq .05$).

1= Never, 2= Occasionally, 3= Often, 4= Very Often, and 5=Always.

I take advantage of opportunities to learn new skills (volunteer opportunities, internships, job shadowing, etc.) that will enhance my future employment opportunities.

Females

4.3

Males

3.6

I plan to use my out-of-class experiences positively for personal growth, attitudes, and values.

Females

4.5

Males

3.8



Summary

Assessment Report
2010-2011

AYCE
Alcohol and Your College Experience

What we learned

- Students made positive changes in their drinking habits (Pre/Post).
- Students were less likely to report firsthand and secondhand negative consequences from drinking after taking the class, than they were before the class.

What we will do differently

- Continue to collaborate with Health & Human Physiology faculty to develop/instruct this course.
- Offer several sections of the course per semester.



**Alcohol Skills
Training Program**

What we learned

- Overall, the ASTP worksheet has shown to be effective in engaging the students in the material. Knowledge gains were substantially greater in the spring semester compared to the fall.
- Students high risk behaviors decreased as well as their use of protective behaviors. This may be due to an error in how the data is captured in the survey.

What we will do differently

- Change the scale on the surveys to capture behaviors more accurately
- Work with Fraternity/Sorority Life to increase participation



What we learned

- Students who voluntarily took the training reported a higher level of learning, were more willing to intervene in an emergency and were more satisfied with the training.
- 90% of the students changed their own drinking behavior as a result of the training.
- Over 70% of the students reported that they discussed RWB with their friends or peers.

What we will do differently

- Expand our efforts to reach more students. We will work with UISG to promote RWB to student organizations.
- Recruit Health Ninjas to become trainers.



TESTING

What we learned

- Upper classmen and graduate students are more likely to come to Student Health to get tested.
- Athletes and Greek students who meet the criteria as "high risk" are less likely to get tested.

What we will do differently

- Offer rapid testing to do remote testing to targeted student groups.
- Target first year students in promotional efforts and a strategy to de-stigmatize STI testing.





Nutrition

Fitness

What we learned

- Participants increased frequency in every area of fitness and nutrition assessed.
- Students requested the program last longer than 6 weeks.
- Only 15% completed the program compared to 37% last year. This may have been due to the fact that automatic emails weren't being sent.

What we will do differently

- Offer as a 10-week program in Spring 2012
- Weekly emails will be sent by our staff.
- Offer weekly point submission
- Add free phone apps on nutrition and fitness

Healthy Living Network

What we learned

- 86% of students feel connected to The University of Iowa as a result of living on the HLN
- Students' nutrition habits significantly decreased from Fall to Spring
- Females show a greater increase in behavior change when compared to males

What we will do differently

- Promote Passport to HLN students to increase fitness and nutrition behavior changes.
- Combine the HLN into one co-ed floor to increase involvement across gender.



COMMISSION AGAINST LAZINESS

What we learned

- Of those who did see the message, 57.5% of students attempted to make changes to either their nutrition habits, physical activity or both.
- We were not able to reach as many students as hoped with the message. The majority of the students who recognized the CAL campaign first saw it in the residence halls. The struggle was with reaching students who lived off-campus and determining the best marketing venues/tools to use.

What we will do differently

- Explore other opportunities to reach students living off-campus .

Healthy Hawk Challenge

What we learned

- Students increased their knowledge and made behavior change to improve their health as a result of taking the HRA and receiving their personalized wellness report.
- Over half of the sample (53.8%) sought out campus resources as a result of taking the HRA.
- Students made significant improvements in the stages of change for alcohol use, nutrition, and physical activity.

What we will do differently

- Increase compensation to students who are eligible for BASICS (the alcohol intervention).
- Shorten the content of the emails so students will be more likely to read them
- Offer the HRA to juniors as a follow-up