

Assessment Plan for Administrative and Educational Support Units (within Division of Student Affairs)

For: (The Center for Healthy Student Behaviors)

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Mission Statement (include linkage to University mission, DSA mission and Academic Plan)

The primary mission of the Center for Healthy Student Behaviors (CHSB) is to provide information/education and services leading to positive change and/or reinforcing existing knowledge, attitudes and behaviors regarding overall personal health.

To fulfill our mission, the CHSB utilizes six primary prevention strategies; information, education, alternative activities, problem identification and referral, community action and environment action. All programs are inclusive with special attention given to the universal student population, select student population identified at higher risk, and indicated student populations defined as students who are already experiencing a problem within the 11 health indicators identified in Healthy Campus 2010

Primary prevention programs are tied to the overall University mission by assisting students to accept personal responsibility for their health behaviors, providing an opportunity to learn positive health behaviors and or reinforce existing behaviors all of which enhance the quality of life and provide an environment for academic success. In addition, the CHSB promotes connectivity of public health issues both within the classroom and outside of the classroom via curriculum infusion and student advocacy activities and life skills development.

Intended Outcomes (add lines as needed)	Assessment Procedures/Methods	Data Collection Schedule (year, semester, etc.)	Actual Results	Improvements Based On Results
1. Students will receive information on the the eleven leading health risk behavior areas including: sexual assault & relationship violence, alcohol & other drugs, physical activity/fitness, sexually transmitted disease, dietary behaviors/nutrition, violence, pregnancy, HIV/AIDS, injury, tobacco and suicide	* health risk behavior survey * individual student appointments at point of service	<ul style="list-style-type: none"> • Every other year • on going (yearly) 	National goal is 55% We have exceeded this goal in Sexual assault and relationship violence (53%). We are close to goal in alcohol and other drug use (50.9%) and physical activity and fitness (41.6%) The remaining indicators are as follows: Sexually transmitted diseases ((29.2%), Dietary behaviors and nutrition (25.5%), violence (24.2%), pregnancy (21.1%), HIV/AIDS (20.5%), injury (18.6%), tobacco (9.9%), suicide (8.1%) While information alone may not change behaviors, it is an important strategy for positive behavioral outcomes.	We will continue our efforts in the areas where we have meet our goal. We have directed special programs to select and high risk student populations in the indicated areas that we are below our stated goals. Additionally, a grant has been applied for to assist us in meeting goals in the area of violence and relationship violence and tobacco use. Finally, we will begin more collaborative work with CAPS and other DSA staff to assist in improving our lowest area of mental health and suicide.
2. Within the Substance Abuse focus area students will be able to accurately describe high risk drinking. Students perceived use of drugs by other students will be accurate when compared with self reporting actual use of drugs. In addition, students referred for an initial drug intervention/assessment or who	* health risk behavior survey * individual assessments	<ul style="list-style-type: none"> • every other year • upon initial intake into assessment program • at the end of each program/outreach 	<ul style="list-style-type: none"> • 41% of students engage in high-risk drinking • students self-report that after the initial assessment they will change their behavior 	<ul style="list-style-type: none"> • our target goal is 20% We will initiate new normative program to decrease rate • initiate a model program BASICS to select and indicated high risk student populations to reduce the number of referrals for

participate in a Substance Abuse outreach program will display positive health behaviors.				alcohol and other drug assessments
3.Students will participate in healthy activities within the area of responsible sexual behavior.	<ul style="list-style-type: none"> • health risk behavior survey • student advocacy events/outreach activities and evaluations • HIV/AIDS testing data 	<ul style="list-style-type: none"> • Every other year • On-going • On-going 	<ul style="list-style-type: none"> • 79.2% of females at risk for unintended pregnancy use contraception • Most students used condoms all or most of the time for vaginal intercourse • Scheduled HIV/AIDS test numbers have increased by 50% 	<ul style="list-style-type: none"> • Target goal is 100% • We will increase safer sex squad (student advocacy group) activities from one night a month to two nights • Continue to target programs to high risk student populations. .
4.In the area of Fitness and Nutrition, students will be able to identify a healthy nutritional plan by identifying appropriate food choices and basic menu planning and an individual fitness plan including an initial assessment of their current level of fitness and a longer term plan to maintain their fitness level.	<ul style="list-style-type: none"> • Health risk behavior survey • Fit-stop assessments • Individual nutritional plans/outcomes 	<ul style="list-style-type: none"> • Every other year • On-going • On-going 	<ul style="list-style-type: none"> • 44.7% of students engage in moderate to vigorous physical activity at least 3 times a week • 39.1% engage in exercise to enhance or maintain muscle strength at least twice a week • 6.8% of students report consuming at least 5 servings of fruits and vegetables a day 	<ul style="list-style-type: none"> • established baseline to meet national objective at 55% Increase collaboration with the Student Recreation Center • Target = 65% Improve communication to EXSS departmental faculty to take advantage of the fit-stop program. Increase the number of students accessing the program via DTH advertising, faculty/curriculum infusion • Target = 25.5% Develop increased activities with student advocacy groups, sponsor additional campus-wide activities and increase collaboration with SPH faculty
5.Students will increase knowledge related to life style choices and foster personal well-being. Students will report improved health status in addition to being able to identify appropriate resources for improving their health. Students will request health information.	<ul style="list-style-type: none"> • Health Risk Behavior Survey • Focus Groups/Collegiate Think Tank • Outreach Program Request/evaluations 	<ul style="list-style-type: none"> • Every other year • April, 2005 • On-going 	<ul style="list-style-type: none"> • Majority of students report that they are healthy • Data to be collected • Majority of students state on program evaluation that the information they receive will effect change 	<ul style="list-style-type: none"> • Further assessment of the data is necessary prior to making any major program changes • on-going data collection • review of evaluation forms will occur over

				the summer to establish unique behavior change questions per program area
6.				
7.				