

UCF Wellness and Health Promotion Services Strategic Plan 2012-2017

time management
safer-sex or abstinence
sleep
build healthy relationships
learn to manage stress
listen
study
party smart
get consent
expect and show respect
three servings of fruit/veggies
choose a healthy lifestyle
drink more WATER
ask for help
always use a designated driver
communicate
SLEEP
eat breakfast
exerciser
relax
laugh
live mindfully
live the UCF Creed
love your body
set goals
eat whole grains
be smoke-free



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Forward

January 30, 2012

Thanks to the staff of the Wellness and Health Promotion Services office. I appreciate your work and your energy and enthusiasm. This plan is possible because the staffs of two offices worked together to create one strategic plan. This plan represents the limitless possibilities for the combined efforts of Wellness Center and the Alcohol and Other Drug Prevention Services offices. Our new unit has a broad campus reach; this plan is a starting point to continue the work of others dating back to 1985 when Dr. John Langdon M.D (former Director of Health Services) and Dr. Don Ardell Ph.D. conceived the UCF Campus Wellness Center. In 1985 the concept of wellness on a college campus was innovative. UCF was a forerunner in the area of college health promotion. Yet again, UCF has the opportunity to take a leadership role in developing a campus community that embraces wellness. I appreciate the vision of our Vice President Maribeth Ehasz in making this opportunity possible. I also appreciate Associate Vice President, Patti MacKown and Stacey Pearson-Wharton, Executive Director of the Counseling Center for their leadership and encouragement throughout this process. Lastly, I am appreciative of Jenna Van Winkle for her proof reading and tolerance for multiple edits/versions of this plan. Special thanks go to our graduate students, Michael Freeman, Ben Kuykendall, Nicole Owens, and Abigail Malick for their tireless work.

Sincerely,



Tom Hall, LCSW
Director of Wellness and Health Promotion

Core Planning Committee: Iris Cruz, Peter Mastroianni, Stephanie Spies, Sheryl Rowell, Jenna Van Winkle, Andrea Vincent, Christine Pugh, Megan Giddens, Dina Orlando

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Executive Summary

The goals for the newly created Wellness and Health Promotion Services (WHPS) are highlighted in the following pages. The process goals of the WHPS are based on the Socio-Ecological model, and the Health Belief model informs the content goals. The successful development and implementation of comprehensive wellness strategies requires planning across several levels of intervention, program development, and policy development. We believe achieving these goals is possible within the five-year time frame.

The targeted goals include health individual interventions for identified populations with existing health concerns, such as alcohol and other drug abuse, sleep deficiencies, stress and at-risk sexual health behaviors. The Alcohol, Tobacco, and other drug clinical services are recognized by the U.S. Department of Education as one of the elite exemplary programs for colleges and universities in the nation. Our substance abuse intervention clinic is licensed by the state of Florida to provide clinical substance abuse services.

Wellness programming is designed to augment existing health strategies or introduce new strategies intended to prevent harms not already occurring. We value strategies that lead to the adoption of new innovative programs, or validate existing programs that inform the reduction harms related to social determinants of health, bullying, sexual assault, and other violence as well as stress, sleep hygiene, working out, nutrition, physical activity, and alcohol, tobacco and other drug use. In 2013 we will create an intentional space for student organizations or other student groups to have a healthy meeting or event. The room will offer space for up to 35 people. It can be set up for a lecture/presentation, movie (DVD/Blu-ray), board style meeting (maximum 20 people), social mixer, yoga/meditation or other low impact physical activity, such as Wii fit games, crafts, and more. The room will also house a variety of self-help meetings related to “wellness coaching”, managing chronic illness, bullying, sexual assault, and other violence, as well as Alcoholics Anonymous, Narcotics Anonymous, and Smart Recovery groups.

Policy development is intended to lead to a campus climate that is conducive to health promoting behaviors. The UCF Smoke-Free policy is an example of a policy intervention that will reduce the incidence of tobacco use on campus. In addition, our work with the Orange County Coalition for a Drug- Free Community has resulted in policy development at the county level. We have provided technical assistance to the County for several grant submissions. As a result of our collaboration, awards totaling \$900,000 in grant funding has been awarded to reduce underage and excessive drinking among 18-24 year olds. In addition, the Orange County Coalition for a Drug-Free Community requested we assist them in securing grant funds to address underage drinking among high school students. If successful, the funds will be used to provide evidence informed programs to high school and middle school students, and future UCF Knights.

Policy intervention does not necessarily lead to new or revised institutional policies and regulations. Raising awareness of campus health threats and creating normative messaging is a vital component of our mission. For example, promoting designated driver campaigns, gender equity initiatives, violence prevention programs, and the availability of low fat/calorie menu options on campus contributes to a climate that promotes health and safety.

Finally, our wellness strategies include leveraging technology to ensure our messages reach a broad student audience that is not geographically tethered. We will provide “virtual” health promotion for students attending classes at regional campuses and/or online. Ongoing program assessment is critical to test messages and determine their effectiveness in reaching our target audience. Our collaborative relationship with the UCF Sociology department to assist with program and policy evaluation efforts is an important partnership to address program evaluation needs.

Ongoing staff development is a key component in our plan; we will be successful when our staff is confident they have the training and tools to succeed in this endeavor. UCF stands for opportunity; we believe this plan exemplifies the vision and support of SDES in helping students to realize their academic, career, and interpersonal goals.

Introduction

Building a healthy campus culture and environment helps ensure a vital academic community where each person can thrive and participate fully in UCF's core academic mission in support of the global community.

Brief History of Health Promotion. The early 1970s witnessed a shifting emphasis towards health education with the hiring of professionally trained health educators to address health promotion and disease prevention initiatives focused on students healthy behaviors. It was also during this time that college campuses began to strengthen counseling services and to establish offices dedicated to alcohol and other drug prevention and intervention. Perhaps this was prompted by concerns related to social issues associated with the excessive, illicit use of alcohol and other drugs. In 1970, the Federal Government established the National Institute on Alcohol Abuse and Alcoholism (NIAAA). In the 1980s the Federal Government mandated ongoing reviews of campus alcohol and other drug abuse prevention. The Drug-Free Schools and Communities Act (1986) required colleges and universities to annually assess their alcohol and other drug abuse prevention and intervention programs.

Colleges and universities often have programs designed to impact individual student behavior, interpersonal behavior,

perception of social norms, institutional change, and community-level change.

Accurately assessing alcohol and other drug use and documenting the effects of campus prevention efforts is ambitious, especially when efforts occur on multiple levels.

The 1980s brought greater emphasis on disease prevention promulgated by an increase in STDs (including AIDS) and the availability of vaccines for vaccine-preventable diseases (some of which were mandated by state law as pre-matriculation requirements for higher education).

The 1990s were marked by the gradual shift from campus health programs being predominately reactive to being proactive with their campus. The concept of holistic health that was rooted in the 1970s began to blossom. Health means more than the absence of disease. The primary domains of health include: physical, emotional, social, spiritual and financial. Fully-functioning individuals have the domains in relative balance most of the time.

Fortunately, when breakdowns in any of the domains occur, help can usually be found on those college campuses that commit resources to provide services that help students maintain a state of homeostasis that enables them to meet their academic goals and ambitions for a productive career and vibrant life.

In 1999, the U.S. Surgeon General identified college alcohol use as a national epidemic and commissioned a panel of experts to review alcohol research and recommend actions to reduce the harms associated with high-risk drinking. The outcome of this effort was the 2002 publication *A Call to Action*, with a follow up publication in 2006. The U.S. Department of Education and the Robert Wood Johnson Foundation also funded initiatives to gather data that led to the development of cohort studies to estimate the quantity and frequency of alcohol and other drug abuse among college students. From 1997 to 2007, millions of dollars were allocated to fund alcohol and other drug abuse research among college student populations. In 2005, UCF Health Services received an award from the NIAAA to study the impact of a brief alcohol use intervention in a primary health care setting. The study resulted in a better understanding of the value of using primary care physicians for screening and brief intervention with patients identified as at greater risk for harms due to frequent and excessive use of alcohol.

Health Promotion at the University of Central Florida.

In 1985 Dr. John Langdon M.D (Director of Health Services) and Dr. Don Ardell Ph.D. started the UCF Campus Wellness Center. The Center was created to address

health related topics to make students aware of how lifestyle choices influence health and impede academic success. UCF was the first University to pilot such a program in the United States. The Wellness Center partnered with the Exercise Physiology Department on campus where “Wellness Modules” were created that covered topics such as stress, alcohol, nutrition and fitness. Current services offered by the Wellness Center include stress management, biofeedback and massage therapy, HIV counseling and testing, and nutritional coaching. In addition to nutrition, other workshops offered to the UCF community include safer sex, stress management, and body image, fitness, sleep hygiene and healthy relationships. In 1999, then Orange County Chairman and former United States Senator Mel Martinez reached out to 15 key community stakeholders from higher education, secondary education, law enforcement, treatment, state and local government, business, judiciary, faith, health and medical state attorney and community-based agencies to strategically combat the drug problem in Orange County. The Office for A Drug-Free Community was also created to work with the Coalition Advisory Board to develop and oversee the implementation of the county’s strategic plan. UCF President John Hitt was a founding member of the Coalition. The first Orange County Drug-

Free Coalition Advisory Board Meeting was held in February 2000. In 1999, Dr. Hitt encouraged the appointment of an Alcohol Task Force (ATF) to examine the scope and depth of alcohol-related issues at the University of Central Florida and to recommend ways to strengthen programs that reduce the negative influences of alcohol use and abuse. As a result of this group, the Office of Alcohol and Other Drug Prevention was established in 2002. The Alcohol and Other Drug (AOD) Prevention and the Intervention Services Office currently provide assessment and brief intervention services as well as Alcohol and Other Drug use prevention programs. The office is licensed by the Florida Department of Children and Families to provide Alcohol and Other drug use prevention and intervention services. In 2008, the AOD Prevention and Intervention Services Office received national recognition as a center of excellence. In 2010 the office was classified as an exemplary program by the U.S. Department of Education.

In 2011, the Wellness Center and the Alcohol and Other Drug Prevention and Intervention and Other Drug Services Office were merged into one; the Wellness and Health Promotion Services. Collectively, these programs complement one another and bring together the skills and competencies of respective staffs to provide unprecedented value to the health of the

UCF community. Their value will be further enhanced through partnerships with other SDES offices. These partnerships are made possible by the 2011 SDES re-alignment of these two programs and the charge to develop an array of interventions and programs designed to benefit all UCF students. The following strategic plan outlines the anticipated work of the Wellness and Health Promotion Services Office.



Strategic Plan Overview

Theoretical Framework- *Health Behavior Theory*

Effective programs that address health promotion and wellness are based on an approach that recognizes the context of behavioral changes. This theory provides a systematic way of trying to understand the motivations of why people change or not and how their environment influences their choices. Theory guides decisions regarding intervention, programs and policies designed to improve the overall health of our students.

Individual

Individuals change by health communication strategies designed to increase knowledge, influence attitudes or challenge beliefs.

Interpersonal

Individuals change in the context of their social identity and peer group support. Intervention strategies include mentoring and peer programs designed to foster problem solving skills and to promote healthy relationships.

Community

Community norms and expectations shape behavioral norms for individuals and the groups with which they are affiliated. Intervention strategies are designed to impact the climate, processes, and policies in a given system. Social marketing campaigns aim to foster community climates that promote healthy relationships.

Public Policy

Stakeholders influence the development and enforcement of policies, regulations and laws that promote beneficial health behaviors, e.g. tobacco-free policies, enforcement of underage drinking laws, and limiting or eliminating drink specials. Intervention strategies include health advocacy and broad-based media campaigns. In addition, other determinants of health at this level include economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

Philosophy

It is our goal that students will be empowered to make positive choices that will contribute to academic success, progression to graduation and future contributions to the community.

Vision

Wellness and Health Promotion Services enhance students' success by addressing the principle domains of wellness of UCF students in a holistic and culturally relevant manner.

Mission

Foster an environment that provides ample opportunities for healthy living and learning by supporting a climate for students to reach their educational, personal, and professional aspirations.

Student Learning Outcomes of our application of the Socio-Ecological Model

1. Students will achieve an understanding of well-being that is evidenced by relative balance in their daily activities in terms of domains of wellness;
2. Periodic assessments of health communication strategies are informed by this model and include inventories of actions at the individual, interpersonal, community, and policy level;
3. Health-related knowledge acquired by our efforts is transformative into healthy behaviors (e.g. harm reduction and moderation management of alcohol use, nutritional choices, physical activities, stress and anxiety, and sexual health) that lead to more productive students who are better prepared to graduate with skills that will serve them for a lifetime.

Values:

To promote a healthy community, The Wellness and Health Promotion Services Office values:

1. Balance: Wellness and Health Promotion programming and services supports students in maintaining balance in the following dimensions of wellness: intellectual, social, spiritual, emotional, financial and physical;
2. Optimism: Wellness and Health Promotion programming and services promotes and encourages intellectual growth, creativity and physical activity;
3. Collaboration: Wellness and Health Promotion programming and services provide leadership and support to students, campus, and community partners in promoting healthy lifestyles;
4. Student-Centered Services: Wellness and Health Promotion programming and services are dedicated to ensuring all students have easy and equal access to programs and services. We strive to provide experiential learning opportunities to motivate students to contribute in their community as leaders, team members, and professionals;
5. Innovation: Wellness and Health Promotion programming and services utilize the campus community as an educational environment where learning has no boundaries;
6. Social Justice: Wellness and Health Promotion programming and services are intended to support a greater respect for self and others through global understanding and diversity.

SLOT Analysis

Internal

External

<p>STRENGTHS</p> <ul style="list-style-type: none"> • Diverse staff – by age, gender, ethnicity, experience • Quality of care • Range of services • Survey Research Team- Performance Improvement • Up-to-date licensures and certifications • Ability to collaborate with various SDES departments re: health promotion and wellness initiatives • Customer Service • Mentoring of new professionals by more experienced professionals. 	<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Technology utilization • Expansion of volunteer staff • Expand influence on policy development & public health initiatives (SNAP, Self-help groups, MyPlate) • External branding of services • Enhancing institutional effectiveness • Expanding services to off-campus facilities • Student-centered, campus wide health promotion • Support other departments wellness practices • Develop Student Advisory Board
<p>LIMITATIONS</p> <ul style="list-style-type: none"> • Identity is not clearly established • Internal office communication and staff cohesion • Staff training • Services divided among two buildings • Lack of input on needed services by a representative sample of UCF students 	<p>THREATS</p> <ul style="list-style-type: none"> • Unclear articulation of programs, services and activities in the UCF community • Lack of coordination of wellness and health promotion efforts across campus • Literacy rates for dimensions of wellness • Lack of programming for regional campuses

Strategic Goals

1. *Individual Interventions: Develop culturally relevant strategies that lead to the acquisition of individual knowledge and skills that enable individuals to reduce exposure to harm (e.g. alcohol and other drug use, sexual health, stress and anxiety, nutrition and physical activity) and improve their health and wellness, live a self-directed life, and strive to reach their full potential.*
2. *Wellness Programming: Expand accessibility to wellness and health promotion services recognizing the diverse needs of the UCF community.*
3. *Environmental Management: Create social and physical environments through advocacy and action that promote health, safety and learning.*
4. *Regional Campuses: Develop “virtual” health promotion services accessible by UCF students attending regional campuses.*
5. *Healthy Knights: Develop and support partnerships within SDES that result in academic success, progression to graduation and lifelong learning.*
6. *Staff Development: Develop and support an agile, innovative, culturally responsive organization committed to student-centered outcomes and service excellence. Wellness and Health Promotion Services will provide a rewarding, supportive and safe work environment committed to the professional development and success of each team member.*

Strategic Objectives

- 1.1 Improve efforts to reduce physical harm related to alcohol use.
- 1.2 Improve efforts to reduce physical harm related to marijuana use.
- 1.3 Improve efforts to reduce physical harm related to tobacco use.
- 1.4 Enhance utilization of massage therapy to cope with college stressors.
- 1.5 Enhance utilization of biofeedback assisted relaxation training to manage stress effectively and safely.
- 1.6 Increase accessibility and utilization of HIV screening and risk reduction counseling among sexually active students at UCF.
- 2.1 Develop a variety of self-help groups that support the academic pursuits of students in recovery from alcohol and other drug dependence or chronic medical conditions.
- 2.2 Create a resource room for students in recovery from alcohol and other drug dependence to “drop in” and get connected with campus resources and sober support systems.
- 2.3 Develop a “Wellness Coaching” self-help group that supports nutrition, physical health, and weight management
- 2.4 Identify underserved populations and create programs to link them to resources and tools that support their academic success.
- 2.5 Utilize available data regarding health- related academic impediments to inform specific health promotion campaigns.
- 3.1 Assist with the implementation of the UCF Smoke-Free policy campaign and evaluate effectiveness as measured by increased campus support for the policy.
- 3.2 Implement a home football game day designated driver program.

Strategic Objectives-continued

- 3.3 Develop and implement a comprehensive violence prevention initiative addressing sexual violence, dating violence, intimate partner violence, stalking, sexual harassment, and bullying.
- 3.4 Partner with on-campus restaurants to highlight healthy food options based on USDA “MyPlate” recommendations.
- 4.1 Create a moderated online forum for students seeking anonymous advice regarding sexual health concerns.
- 4.2 Design website content that clearly identifies a section or page discussing sexual health issues for men, women and transgendered individuals.
- 4.3 Utilize technology and social media to communicate health messages and topical content electronically to the campus community.
- 4.4 Implement an online “panel” study of randomly selected UCF first-year students who will participate in multiple surveys annually throughout their undergraduate studies at UCF.
- 5.1 Develop and maintain an interdepartmental health promotion calendar to enhance health promotion campaigns and program collaboration among SDES departments.
- 5.2 Increase number of students participating in interactive, peer-based educational programs e.g. Health Hut kiosks.
- 5.3 Create strategic partnerships with key registered student organizations and student agencies.
- 6.1 Create an organizational work culture that sustains staff excellence through professional growth and development of cultural competency.
- 6.2 Develop a comprehensive staffing assessment aligned with organizational goals, responsive to changing student demographics
- 6.3 Create operational readiness and excellence through development of consistent “standards of operations.”



Overview of Goals and Objectives- By addressing domains of wellness in a holistic and culturally relevant manner, we believe the goals and objectives delineated in our strategic plan will enhance students' success. These goals and objectives are chosen to support effective programs that address health promotion and wellness based on recognition of the context of behavioral changes. This plan represents a systematic way of understanding the motivations of how people change and the influence of the campus and community environment on their choices. Program assessment is a key component to realizing our goals. Formative and summative program evaluation is included in all of our strategic goals. Formative evaluation uses data to make changes to new programs and services. Summative evaluation measures outputs from established programs and services to determine the ongoing relevance of the program for our target audience.

Our efforts are guided by the belief that wellness is everyone's business, and we work with campus and community partners to meet this goal. The plan is also consistent with our values of balance, optimism, collaboration, student-centered services, innovation, and social justice. We believe students who make informed choices about their lifestyle management achieve academic success, progress to graduation and make meaningful contributions to our community. We have an opportunity by the use of intentional interventions, programs, and policies to support a campus climate that provides ample opportunities for healthy living and learning and ultimately leads to students reaching their educational, personal, and professional aspirations. The following pages include a description of each goal and objective as well as a snapshot of selected actions intended to guide our implementation of this plan over the next five years.

Goal 1. *Develop strategies that lead to the acquisition of individual knowledge and skills that enable individuals to improve their health and wellness, live a self-directed life, and strive to reach their full potential.*

Overview- In 2002, the National Institutes of Health (NIH) challenged universities to develop strategic programs with the goals of decreasing alcohol-related problems among college students and changing the culture of drinking on college campuses. Specifically, the NIH Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism recommended that colleges conduct systematic ongoing surveillance of students to quantify the prevalence of alcohol use and alcohol-related harms, use evidence-based strategies and interventions, match intervention strategy to drinker risk-group, and evaluate intervention strategies. This call to action by NIH is not surprising given the toll that alcohol use has on college-age adults. According to Substance Abuse and Mental Health Services Administration (SAMHSA) (2006), adults between the ages of 18 and 25 years of age experience the highest rate of problem drinking. Furthermore, college students in particular experience a multitude of negative consequences associated with their alcohol consumption. Effective intervention results in a change in people's knowledge, attitudes, and beliefs. However, there is an important context for behavior change that extends beyond the individual. Health behaviors are strongly influenced by group affiliation. Interpersonal groups include friends, clubs, study groups, and numerous other examples. Most students are connected to some type of group. These groups are important to encouraging or reinforcing a broad range of healthy behaviors. Additional affiliations include formal peer networks; sports teams, volunteer groups, place of employment and places of worship. Successful interventions account for client's interconnected social relationships including, but not limited to campus and community norms, families, friends, and faith communities. Our intervention strategies are intended to provide needed support and guidance for students to make meaningful behavioral changes leading to the attainment of well-being. The American College Health Association developed the National College Health Assessment tool to examine student knowledge, perceptions, attitudes and health and risk reduction behaviors across a wide range of health issues starting in the Spring of 2000. One set of measures address students' perceived health-related impediments to academic success. Nationally and locally at UCF, students report stress as the number one

academic impediment. Wellness and Health Promotion Services provides group educational experiences to help students identify signs of too much stress and ways to manage the stressors faced during their college experience. In addition, individual students may schedule appointments for biofeedback assisted relaxation training as well as professional massage therapy.

Strategic Objectives

- 1.1 Improve efforts to reduce physical harm related to alcohol use.
- 1.2 Improve efforts to reduce physical harm related to marijuana use.
- 1.3 Improve efforts to reduce physical harm related to tobacco use.

Background- Students who complete intervention services learn to maximize protective behaviors related to their alcohol and other drug use. Examples of protective factors that students learn to utilize include alternating alcoholic beverages with non-alcoholic ones, avoiding drinking games, spacing drinks over time, avoiding shots, and maintaining a BAC of .06 or below. Students completing interventions are asked to identify specific strategies that they can implement to reduce the likelihood of experiencing negative consequences. Some strategies that students agree to implement in order to reduce alcohol-related harms include arranging for transportation prior to consuming alcohol, not leaving drinks unattended, using the buddy system to watch out for one another, and never leaving someone who passes out unattended. All students receive an assessment that may include a psychosocial assessment. Students whose screening battery yields a Low- to Moderate-Risk status receive a two-hour, single-session educational group intervention. High-Risk students are assigned to two one-hour individual brief intervention sessions. Students who are considered to be Very High- Risk based on their screening and meet diagnostic criteria for alcohol or other drug abuse receive a six-session to twelve session individual brief intervention. All students develop a plan to eliminate or reduce their problematic use. This plan is geared to helping the student understand their alcohol and other drug abuse is a function of antecedents and consequences. By understanding the factors that precede and follow their alcohol and other drug use, students can then make different choices in order to decrease the associated harms. If students do not follow through with their plan or decompensate during the course of their intervention, our clinical staff refer students to off-campus treatment providers.

	Year One	Year Two	Year Five
Specific	<p>Assess student awareness of available on-campus interventions related to alcohol and other drug abuse intervention.</p> <p>Develop a plan to market alcohol and other drug abuse intervention services to at-risk individuals and groups.</p>	<p>Increase student awareness by 30 % of available resources related to alcohol and other drug abuse intervention.</p>	<p>On aggregate, students referred for an alcohol use intervention will report a statistically significant decrease in their mean and peak blood alcohol level.</p> <p>On aggregate, students referred for marijuana use intervention will report a decrease in their cannabis use</p> <p>On aggregate, 40% of students seeking services for tobacco cessation will complete the Quit Smart program.</p>
Measurable	<p>Identify characteristics of at-risk students and student groups.</p> <p>Create dashboard indicators that define at-risk individuals and groups.</p>	<p>No change.</p>	<p>Number of students who know about available resources related to alcohol and other drug abuse intervention.</p> <p>Pre-post data from Timeline Follow-back Calendars.</p> <p>Pre-post data from the Cannabis Use Disorders Identification Test.</p> <p>Aggregate number of students that comply with smoking cessation recommendations.</p>
Achievable	<p>The Wellness and Health Promotion Survey Research Team have the expertise to design and conduct all necessary surveys in collaboration with the UCF Department of Sociology.</p>	<p>Print and digital media strategies are accessible to UCF students</p>	<p>The Wellness and Health Promotion Survey Research Team have the expertise to design and conduct all necessary surveys in collaboration with the UCF Department of Sociology.</p> <p>Pre-post data collection is included in intervention protocols.</p>
Relevant	<p>Alcohol and other drug abuse is a contributing factor in failure to progress to graduation, interpersonal and intrapersonal harms, and arrests/violations of campus policy. Reducing alcohol and other drug abuse related harms improves the quality of life for individuals and the community.</p>	<p>No change.</p>	<p>No change.</p>
Time	Fall 2012	Fall 2013	Fall 2014
Responsible	Iris Cruz	Iris Cruz	Iris Cruz

- 1.4 Enhance utilization of massage therapy to cope with college stressors.
- 1.5 Enhance utilization of biofeedback assisted relaxation training to manage stress/anxiety effectively and safely.

Background: The Biofeedback Assisted Relaxation Training Program at UCF teaches students how to respond to stress and improve their ability to relax during times of personal, interpersonal, academic or environmentally induced stress. Biofeedback is a training technique in which individuals are taught to utilize signals from their own bodies to develop improved regulation of stress inducing hormones and related physiological responses. Outcome results over the past five years indicate that 88% of students completing relaxation training reported a decrease in their Perceived Stress Scale. Additionally, program evaluation data reflects that students experience a positive difference in how they cope with stress symptoms as a result of participation in the biofeedback program. Our strategic plan involves expanding the use of this service by testing its efficacy in enhancing compliance in students with substance abuse issues. Massage therapy is offered at UCF as a stress management tool to promote sleep, improved concentration, and reduced anxiety. Massage therapy helps relieve chronic muscle tension and pain, increase joint flexibility, reduce mental and physical fatigue, promote faster healing of injured muscle tissue and helps reduce blood pressure. UCF faculty, staff and students utilize our massage therapy services. Table massage and Chair massage (back and neck) services are offered.



	Year One	Year Two	Year Five
Specific	Increase utilization of massage therapy 10% by expanding cost effective options and visibility of program. Develop protocol for testing efficacy of biofeedback assisted relaxation training to enhance compliance with substance abusing student clients.	Increase utilization by 10%. Implement pilot study and evaluate efficacy.	Maintain annual average of at least 80% capacity. Modify protocols and investigate additional populations/uses.
Measurable	Increased chair massage offerings. Monthly reports will show increased utilization. Protocol established.	No change. Evaluation of data.	No change. Revisions in protocol; marketing to additional populations.
Achievable	Own movable massage chair. Staff knowledgeable in research design and data management.	No change.	No change.
Relevant	Stress is number one reported academic impediment.	Will follow National and local data on academic impediments.	No change.
Time	Fall 2013	Fall 2014	Fall 2016
Responsible	Peter Mastroianni/Valeska Wilson/Gael Haworth	Peter Mastroianni/Valeska Wilson/Gael Haworth	Peter Mastroianni/ Valeska Wilson/Gael Haworth

Strategic Objective 1.6 Increase accessibility and utilization of HIV screening and risk reduction counseling among sexually active students at UCF.

Background- In 2011, UCF Health Services administered the National College Health Assessment survey to current students. UCF students (47%) reported having one or more sexual partners within the past 12 months, and only 26% of sexually active students report always using a condom during intercourse. In addition, 69% of students reported they have never been tested for HIV, although 62% report that they have received information on sexually transmitted infections

and how to prevent contracting them. It is clear providing information related to sexually transmitted diseases is important; however, we need to do more. We need to increase the number of sexually active students who receive HIV testing annually. According to the Centers for Disease Control and Prevention, African Americans, Latino/as and men who have sex with men (MSM) are considered most at risk for HIV infection. African Americans account for 44% of all new HIV infections per year, where the number of new infections among young, black MSM is nearly two times that of a young white MSM and two times that of a young Latino MSM. Latino/as account for 20% of new infections per year, where the rate of infection for Latina women is four times higher than that of white women. MSM are considered to be the most at risk for HIV contraction, accounting for 53% of all new HIV infections per year.

The annual Trojan Sexual Health Report Card, which ranks major colleges and universities in the availability of relevant sexual health information and services, provides Wellness and Health Promotion Services with a framework of outreach, education, and program options. Our goal over the next three years is to show a 50% improvement, annually, in our ranking.

The Wellness and Health Promotion Services office is a registered test site in the state of Florida that offers HIV testing and counseling, provided by trained clinicians. We also collaborate with community partners, to offer monthly free HIV screenings at different campus locations. We have a diverse staff of clinical providers, health educators and administrative staff working together to offer sexual health promotion efforts that are effective, research-based and relevant to our target population – UCF students.

Our challenge is to find ways to make HIV testing more accessible to students. To meet this challenge, we will not charge students for walk in appointments for a traditional HIV test in our office. We will also offer rapid HIV testing (results in 20 minutes) for a minimal fee (our cost to purchase the test). We also plan to increase access to testing for other sexually transmitted infections by partnering with community test sites and by seeking grant opportunities to decrease the cost of STI tests for our students.

	Year One	Year Two	Year Three
Specific	<p>Increase accessibility to HIV screening annually by 10% by offering Clearview (rapid HIV screening).</p> <p>Make HIV screening more accessible to targeted populations (i.e. AASU, LGBT, MSC) by increasing interdepartmental partnerships.</p>	<p>10% increase in utilization of HIV screening and counseling services.</p> <p>Increase SDES co-sponsored HIV screening events by 50%.</p>	<p>All HIV screening staff members are certified Clearview testers. Document 10% increase in utilization of HIV screening and counseling services.</p> <p>Increase SDES co-sponsored HIV screening events by 50%.</p>
Measurable	<p>Collect baseline data related to students' utilization of HIV screening and risk reduction counseling.</p> <p>Number count of SDES co-sponsored HIV screening events.</p>	<p>Number count of student utilization of HIV screening and counseling services.</p> <p>Number count of SDES co-sponsored HIV screening events.</p>	<p>Number count of student utilization of HIV screening and counseling services.</p> <p>Number count of SDES co-sponsored HIV screening events.</p>
Achievable	<p>Orange County Health Department will offer Clearview training to our staff as a registered site</p> <p>SDES departments are willing to collaborate to enhance student services.</p>	<p>Additional screening options and opportunities will result in increased access to HIV screening and counseling services.</p> <p>SDES departments are willing to collaborate to enhance student services.</p>	<p>Additional screening options and opportunities will result in increased access to HIV screening and counseling services. SDES departments are willing to collaborate to enhance student services.</p>
Relevant	<p>New Centers for Disease Control guidelines recommend all sexually active individuals be tested at least annually for HIV.</p> <p>One-half of UCF students are sexually active.</p>	No change.	No change.
Time	Fall 2012	Fall 2013	Fall 2014
Responsible	Michael Freeman	Michael Freeman	Michael Freeman

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Goal 2. *Support advocacy and action to expand accessibility to wellness and health promotion services, which address a broad range of health and safety concerns.*

Overview- The purpose of goal two is to create and support programs that provide individuals and groups needed information to make informed decisions related to nutrition, activity and lifestyle choices. A study funded by the USDA found dieters who participated in weekly support-group sessions, as compared to those who did not, experienced lower levels of a stress-associated hormone. Providing a comfortable space associated with wellness creates a supportive environment for students to openly discuss health and wellness topics of interest to them. In addition to developing a positive support system, students participating in these programs will have access to education related to topics of interest as well as tools, resources and input from professional staff. The benefits offered by supportive programs include a reduction in one's feelings of isolation, developing self-reliance, and impulse control, the opportunity to learn new coping skills, and a place to talk openly and honestly with peers in a non-clinical setting.

Strategic Objectives

- 2.1 Develop a variety of self-help groups that support the academic pursuits of students in recovery from alcohol and other drug dependence or chronic medical conditions.
- 2.2 Create a resource room for students in recovery from alcohol and other drug dependence to “drop in” and get connected with campus resources and sober support systems.

Background- the National College Health Assessment, an annual survey of college students, reports 6% of students believe their alcohol and/or drug use adversely affected their academic performance in the past twelve months. In addition, 3.6% of students reported chronic health problems affected their academic performance. Students who enter the university with health concerns may not know the resources available through SDES. Our plan aims to fill a gap that exists for these students with regard to locating resources and “fitting in” on campus and in the community. Our work

includes both primary prevention (providing wellness information) and tertiary prevention (self-help groups, resources and referrals).

Helping students manage chronic illness or substance use recovery to achieve academic success includes creating a physical space for them to gather, network, and support one another.

An important factor in identifying support systems is the presence and involvement of people who offer hope, support, and encouragement; and who also suggest strategies and resources for change. With regard to sobriety, a significant issue facing college students in recovery is a lack of peer support. It is challenging for students in recovery to find and create a sober social network. Students also battle the stigma associated with addiction/recovery if they choose to seek help. Two components are important in developing peer support. The first includes formal peer based support meetings that provide students with a supportive network in a non-threatening environment. Existing support meetings offered through the Wellness and Health Promotion Services office include SMART Recovery; a cognitive-behavioral approach to alcohol and other drug abuse recovery, and traditional 12-step based support groups such as Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). Currently AA groups are held on campus twice a week and are averaging a total of ten participants. The NA groups on campus are held once a week and are averaging 15-25 participants.

In 2013 we will create an intentional space for student organizations or other student groups to have a healthy meeting or event. The room will offer space for up to 35 people. It can be set up for a lecture/presentation, movie (DVD/Blu-ray), board style meeting (maximum 20 people), social mixer, yoga/meditation or other low impact physical activity, such as Wii fit games, crafts, and more. The room will also house a variety of self-help meetings related to exercise and nutrition, managing chronic illness, bullying, sexual assault, and other violence, as well as AA, NA, Al-Anon, and Smart Recovery groups.

	Year One	Year Two	Year Five
Specific	30% of students attending self-help groups will report they are aware of campus academic resources and utilize them as needed. Develop a mechanism to identify students in recovery or managing a chronic illness.	50% of students attending self-help groups will report they are aware of campus academic resources and utilize them as needed. Provide case management for targeted students.	75% of students attending self-help groups will report they are aware of campus academic resources and utilize them as needed. 20% of identified students in recovery will utilize our services.
Measurable	Conduct two focus groups annually with students attending self-help groups within the Wellness Center. Students known to be in recovery will be contacted to make them aware of support services.	No change.	No change.
Achievable	A space dedicated to self-help meetings will be identified. Print and digital marketing strategies are available to create awareness of available services.	No change.	No change.
Relevant	Data from the National Collegiate Health Assessment estimates 10% of college students experience academic impairment due to chronic illness and substance abuse. Self-help groups provide students with tools to cope with stressors that impact progression to graduation.	No change.	No change.
Time	Fall 2013	Fall 2014	Fall 2016
Responsible	Megan Giddens	Megan Giddens	Megan Giddens

Strategic Objective 2.3 Develop a “Wellness Coaching” self-help group that supports nutrition, physical health, and weight management.

Background- According to survey data from the American College Health Association, 57% of UCF students’ report that they would like to lose weight. Despite their desire to lose weight, only 5% of students eat the recommended daily servings of fruits and vegetables, while only 19% engage in the recommended amount of cardiovascular or

strength training exercise each week. The inconsistency between students' goals and realities can be attributed to many factors; however, a lack of information and support is often reported as an obstacle to increased physical health for many. The ACHA data reported 70% of UCF students would like more information from the university regarding nutrition and that 62% would like to learn more about physical activity.

In support of the physical health of UCF students, a wellness coaching program will be implemented to provide individualized goal support and health education to students seeking to improve their nutrition and weight management in a peer based setting. Utilizing the research that individuals show higher success rates in a peer based support group is a necessary aspect to incorporate in to the "wellness coaching" program to assist students with achieving their personal wellness goals. Students enrolled in the program will increase their knowledge and competencies regarding nutrition, fitness, body image and goal setting, preparing them for a lifetime of healthy decision making beyond the six weeks spent in the program.

	Year One	Year Two	Year Five
Specific	Establish a "Wellness Coaching" program that provides individualized goal support and health education to students.	Student participation in "Wellness Coaching" programs will increase by 10%.	Student participation in "Wellness Coaching" programs will increase by 25% over year two.
Measurable	Administer pre and post surveys among program participants before and after each six week program period.	No change.	No change.
Achievable	According to ACHA data, 66% of UCF students are interested in receiving information on nutrition and 59% want more information on physical activity.	Graduate assistants will be assigned to manage the program. Marketing efforts that include social media and print advertisement will promote the program.	No change.
Relevant	33% of UCF students possess a BMI of 25 or higher, placing them in the categories of overweight or obese.	No change.	No change.
Time	Fall 2013	Fall 2014	Fall 2016
Responsible	Megan Giddens	Megan Giddens	Megan Giddens

Strategic Objective 2.4 Identify underserved populations and create programs to link them to resources and tools that support their academic success.

Background- Enhancing health as a strategy to support student learning is a critical component of Wellness and Health Promotion Services' (WHPS) expected outcomes. The health-related knowledge acquired is transformative into healthy behaviors that lead to more productive students who are better prepared to graduate with skills that will serve them for a lifetime.

Ensuring we are able to reach all UCF students is essential in our mission-focused work.

In defining "underserved populations" in our programming and services processes, we have chosen a broader definition of the student population defined as "underserved." The World Health Organization and the U.S. Department of Health and Human Services have defined "underserved populations" as those groups that lack the social and economic resources in their lives to access quality health information and care.

This lack of access has resulted in health disparities. The American Public Health Association defines health disparities as, "The differences in health status between people that are related to social or demographic factors such as race, gender, income or geographic region. In general, health disparities are driven by a combination of social factors." The impact of health disparities as a public health issue resulted in creating, within the Healthy People 2020 initiative, "Achieve health equity, eliminate disparities, and improve the health of all groups," as one of its overarching goals.

For our program and outreach strategies, the populations impacted by; ethnic/racial, gender, socioeconomic, disability, and sexual orientation health disparities comprise one portion of the "underserved." The other "underserved" will be those students identified in special student population by the University. Some of those student populations include; non-traditional students, and our international students. Assessments through surveys, focus groups and individual interviewing by the Wellness and Health Promotion Survey Research Team in collaboration with the UCF Department of Sociology and trained WHPS staff, will provide service utilization by population identity. Our five year goal is to ensure every constituent student organization identified through our assessment and evaluation process has a link to the culturally relevant services and community resources on their organizational "home page," as will each of the university units and agencies.

	Year One	Year Two	Year Five
Specific	<p>Identify service utilization by population.</p> <p>Identify outreach and service methodologies to improve access for underserved populations.</p> <p>Identify and reduce barriers to service utilization.</p> <p>Develop process for creating a community resource listing in collaboration with constituent RSO's, SDES/university services and community partners.</p>	<p>Co-create health and wellness programming for those populations identified through the assessment process that would tie the event to a "relevant cultural celebration or program."</p> <p>Publish community resource listing as a part of the WHPS website.</p>	<p>Each registered student organization identified in the assessment process will have a link on their organization's home page to Wellness and Health Promotion Services. In return we will have a section of our website dedicated to the populations identified as underserved with our programming accomplished in creating greater access with a link to the student organization.</p>
Measurable	<p>Survey students, focus groups, & interviews</p> <p>Resource listing.</p>	<p>Attendance records and program evaluations</p> <p>Resource Listing.</p>	<p>The number of student organizations participating will be measured by their links on our website.</p> <p>The number of students accessing resource listing.</p>
Achievable	<p>The Wellness and Health Promotion Survey Research Team has the expertise to design and conduct all necessary surveys through collaboration with the UCF Department of Sociology.</p> <p>There is also experienced staff capable of conducting focus groups.</p>	<p>No additional financial requirements.</p> <p>Meeting time with the student organizations will be minimal.</p>	<p>No additional financial requirements.</p>
Relevant	<p>Underserved student populations who participated in high impact practices displayed higher grades, higher persistence rates and higher enrollment in graduate school programs.</p>	<p>No change.</p>	<p>No change.</p>
Time	Fall 2013	Fall 2014	Fall 2016
Responsible	Michael Freeman	Michael Freeman	Michael Freeman

Strategic Objective 2.5 Utilize available data regarding health-related academic to inform specific health promotion campaigns.

Background- Approximately one in four UCF students report that their academics have been impacted by a variety of health and wellness related concerns. Nation-wide, 47% of students have felt overwhelmed in the last 2 weeks, 40% of students report experiencing more than average levels of stress within the last 12 months and 20% of students received a lower exam score due to stress. Stress is not the only health-related impediment to academic success. Sleep, relationship difficulties, sexual health, nutrition, alcohol and other drug abuse and finances all play a role in student success in the classroom. One in four UCF students reported sleep difficulties within the last 12 months. Another hindrance to student success is attributed to colds, the flu and sore throats. With this health issue ranking in the top 5 academic impediments consistently in the past 3 years, 64% of students surveyed did not receive a flu vaccine in the previous 12 months.

	Year One	Year Two	Year Five
Specific	Expand campus-wide, targeted health promotion campaigns on selected health/wellness topics.	Enhance campus-wide, health promotion campaigns on selected health topics.	Decrease the incidence of academic impediments attributed to health/wellness concerns.
Measurable	NCHA survey.	NCHA survey. Develop survey and administer to UCF students three times annually to determine the relevance of health promotion messages.	No change.
Achievable	UCF administers NCHA data annually.	The Wellness and Health Promotion Survey Research Team have the expertise to design and conduct all necessary surveys in collaboration with the UCF Department of Sociology.	No change.
Relevant	1 in 4 students report academic impediments due to any or all of the following health and lifestyle related concerns: stress, sleep difficulties, cold/flu, relationships, finances, alcohol and other drug abuse.	No change.	No change.
Time	Fall 2012	Fall 2013	Fall 2016
Responsible	Andrea Vincent	Andrea Vincent	Andrea Vincent

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Goal 3. *Create social and physical environments that promote health, safety and learning.*

Overview- As part of our mission to foster an environment that provides opportunities for healthy living, goal three supports the efforts of our mission through the implementation of the Smoke-Free policy, efforts to increase healthy food options on campus, expanding education and awareness regarding violence prevention and increasing the use of designated drivers at home football games. These programs and policies discussed in goal three are designed to enhance the overall well-being of our students by creating an environment that is conducive to their health, safety and learning. Our efforts will support programs and policies that focus on the health and safety of not only UCF students, but the safety of faculty, staff and visitors as well.

Strategic Objective 3.1 Assist with the implementation of the UCF Smoke-Free policy campaign and evaluate effectiveness as measured by increased campus support for the policy.

Background- In an effort to promote a culture of wellness and reduce harm from tobacco smoke, UCF has implemented a smoke-free policy that will take effect during the Fall 2012 semester. According to the Centers for Disease Control and Prevention, nonsmokers who are exposed to secondhand smoke at work or at home have a 25–30% increased risk for heart disease and a 20-30% increased risk for lung cancer. By creating a smoke free environment at UCF, the health and well-being of all persons on campus, both smokers and non-smokers, will be enhanced. To encourage a smoke-free campus environment, multiple efforts will be coordinated to both encourage support for the policy and to facilitate treatment for and cessation of smoking. Specifically, smoking cessation courses will be offered that utilize personalized coaching, medication recommendations, and hypnosis.

Additionally, peer advocates will serve as *Breathe Easy Ambassadors*, facilitating focus groups campus wide to gauge student reaction to the smoke-free policy and to utilize a strengths-based approach to encourage acceptance of the policy. Finally, Health Hut kiosks and campus wide campaigns will serve to educate students on the benefits of cleaner air and enhanced health due to a smoke free campus while disseminating critical information to a broader audience.

	Year One	Year Two	Year Five
Specific	Provide active support for the UCF smoke-free campus policy to include: <ul style="list-style-type: none"> • Distribution of brochures and materials supporting policy • Marketing of tobacco treatment services to students • Scheduling smoking cessation classes • Providing peer advocates to serve as <i>Breathe Easy Ambassadors</i> who will lead focus groups across campus 	Provide active support for the UCF smoke-free campus policy to include: <ul style="list-style-type: none"> • Marketing of tobacco treatment services to students • Scheduling smoking cessation classes • Educating students regarding smoking and tobacco at Health Huts • Managing a campus wide campaign focusing on smoking and tobacco 	Reduction in the annual incidence of tobacco use. Increased support for the UCF Smoke-Free Policy.
Measurable	Pre-test of students, faculty and staff support of the UCF Smoke-Free policy. Student utilization of tobacco treatment services. Smoking cessation class attendance. Number of focus groups facilitated.	No change.	Pre-test of students, faculty and staff support of the UCF Smoke-Free policy. Student utilization of tobacco treatment services. Smoking cessation class attendance. Number of focus groups facilitated. Campus support for policy.
Achievable	Smoke-free campus policy has been initiated, services are in place and promotional materials exist to support policy.	No change.	No change.
Relevant	Over 600 other universities are smoke free and have supported similar policies.	No change.	No change.
Time	Fall 2012	Fall 2013	Fall 2016
Responsible	Stephanie Spies	Stephanie Spies	Andrea Vincent

Strategic Objective 3.2 Implement a home football game day designated driver program.

Background- In the 2010-2011 academic year the Office of Student Conduct at UCF reported 51 DUI arrests by the University Police Department. College students attending sporting events are believed to be at a higher risk to drive while under the influence of alcohol. A study published in the journal *Alcoholism: Clinical & Experimental Research* assessed the blood alcohol content (BAC) levels of attendees at college sporting events and measured the elements associated with higher BACs. The study found that 40% of the participants had a positive BAC, ranging from .005 to .217. Individuals who reported tailgating before the event had higher odds than those who did not tailgate of having a BAC $>.08$, and individuals under the age of 35 had higher odds than those over the age of 35 of having a BAC $>.08$. Additional research conducted by the Center for Disease Control and Prevention found that 30% of students reported driving while under the influence in the last 30 days.

Encouraging UCF students to identify a designated driver for home football games will provide an additional degree of safety for both students and community members. Several partners will be targeted to assist with this effort. The UCF Police Department, the Student Government Association, the Office of Student Involvement, Housing and Residence Life, the Office of Fraternity and Sorority Life, local retailers and alcohol distributors will be invited to participate in this initiative. In addition, the Simulated Impaired Driving Experience program will be utilized to promote the program on campus and solicit student pledges to volunteer as a sober designated driver.



	Year One	Year Two	Year Five
Specific	Conduct a needs assessment to determine if a home football game day designated driver program for UCF students is needed.	Implement a designated driver program to reduce the number of home football game day incidents of driving under the influence on or around the UCF campus.	Increase the percentage of students who volunteer to be a designated driver after tailgating events by 30%.
Measurable	Utilize the Survey Research Team to conduct structured interviews with students to determine the number of students who drive after consuming alcohol or who ride with a driver who has consumed alcohol. By using this methodology we will be able to generalize the results to the UCF student population. Review data related to DUI arrests within 2 miles of the UCF main campus.	Number count of the number of students who volunteer to be a designated driver.	No change. Review data related to DUI arrests within 2 miles of the UCF main campus.
Achievable	SDES has the expertise to assess and implement a designated driver campaign for home football game day.	No change.	No change.
Relevant	26 % of students report driving under the influence.	No change.	No change.
Time	Fall 2012	Fall 2013	Fall 2016
Responsible	Stephanie Spies	Stephanie Spies	Stephanie Spies

Strategic Objective 3.3 Develop and implement a comprehensive violence prevention initiative addressing sexual violence, dating violence, intimate partner violence, stalking, sexual harassment and bullying.

According to the American College Health Association (ACHA) sexual violence on college campuses represent serious campus and public health issues. Alcohol use/abuse is implicated in the majority of incidents of campus sexual assaults. In its 2010 report, The National Intimate Partner and Sexual Violence Survey highlights, that “Sexual violence, stalking, and intimate partner violence are widespread in the United

States. These findings in this report underscore the heavy toll of this violence, the immediate impacts of victimization, and the lifelong health consequences” (p.1). The report notes women are disproportionately affected by sexual violence, intimate partner violence and stalking. Some specific findings include:

- 1.3 million women were raped during the last year preceding the survey (2009)
- Nearly 1 in 5 women have been raped in their life time
- 1 in 6 women have been stalked during their lifetime
- 1 in 4 women have been victim of severe physical violence by an intimate partner

In examining sexual violence for young women, Youth risk Behavior Surveillance-United States 2009, reports more than one in ten girls will have been physically forced to have sexual intercourse by the time they graduate. When young women get to college nearly one in five will be victims of an attempted or actual sexual assault as well as nearly 6% of undergraduate men.

The data for estimating the impact to UCF female students was contained in the Sexual Violence Prevention Task Force’s final report, dated June 2010. This task force was put together by Dr. Maribeth Ehasz in 2009 to examine sexual violence on the UCF campus. Dr. Stacey Pearson-Wharton chaired the task force and issued the final report in June 2010. She noted, that based on the estimates provided by the Fisher, Cullen and Turner 2000 study, which is the best national data on sexual violence on college campuses, and the estimates of our female student population, UCF would have expected to have 817 women who were raped and over 1,000 (1,032) incidents of sexual violence on our campus. The reports notes only three incidents of rape were reported to the police. Complete findings can be found in committee’s final report, dated June 2010.

One of the recommendations from the task force was to develop men’s program(s). From the task force report, “Sexual violence is not just a women’s issue and by creating programming for and by men this message is reinforced. Our external benchmarking also demonstrated the success of men’s programs at other universities across the United States. Bringing men in also develops ownership and removes the adversarial male/female dynamics that tend to arise when discussing sexual violence (p.32).” The

Mentors in Violence Prevention (MVP) was selected to develop and deliver a bystander intervention program in response to the recommendation.

The program has trained three classes of facilitators beginning in 2011 and delivered many sessions with great interest. Wellness and Health Promotion Services intends to build upon that early success by developing a comprehensive process of facilitator selection and support called the “MVP Recruitment, Engagement and Sustainability Plan, (***The MVP RES Plan***). The goal will be to build capacity of facilitators, recruited through the current efforts of nomination, but in addition efforts will include recruiting through Leadership and Honors programs, and identified registered student organizations with social justice focused missions. In addition, recruitment plans will include selection of one fraternity and sorority, with whom WHPS has a relationship, to seek 5 volunteers each to compete to be a part of this program. Recruitment plans for UCF athletes will be developed utilizing best practices from other institutions using the MVP and other bystander intervention programs. We see our student athletes as our greatest challenge in the involvement both as facilitators and as program participants.

Engaging and sustaining our facilitators will be supported through the MVP RES program through the creation of small groups or clusters, which will have at least two faculty/staff participants. Leadership of the group will be composed of one student and one faculty/staff. Proposed support will include regular “get-togethers,” formal and informal, creation of a virtual community for sharing and support as well as “service learning” opportunities, with on and off campus agencies.

Expanding the program to include Rosen Campus would be the first expansion priority, based on the size of the campus student population. An expansion process will be developed based upon staff/faculty support and campus readiness.

In addition to the development of a recruitment and retention process for students, faculty and staff, WHPS will develop a strategic plan to address other forms of violence as a part of a comprehensive violence prevention initiative that will address sexual violence, dating violence, intimate partner violence, stalking, sexual harassment, and bullying. WHPS has identified the two priorities as; 1) expanding the sexual, dating, and intimate partner violence issues to be inclusive of same sex and violence involving our

transgender identified students and 2) the development of a strategic evidence-based or best practice bullying program, to meet the needs of our diverse campus. Awareness campaigns are presently underway to educate around the issues of bullying. Research supports the connection between bullying perpetration and subsequent sexual violence perpetration. The most recent study was published in the Journal of Adolescent Health, 2012, by Espelage, Basile, and Hamburger, which examined the association between bullying experiences and sexual violence perpetration among a sample of middle school students.

The goal would be to develop a depth and breadth of intervention strategies to address campus violence prevention. A critical element in this process would be to work with members of the Sexual Violence Prevention Task Force or the Implementation Team to prioritize their recommendations as well as develop additional strategies addressing each violence type. It is important to note that the implementation of the task force recommendations or development of new strategies to address the issue of campus violence will be coordinated with those individuals, units and agencies involved with student safety, addressing bias incidents, and university policies. Victim Advocates, UCF Police Department, Just Knights Response Team, Office of Rights and Responsibilities, EEO are just a few that are critical to implementing current recommendations and participating in the development of additional programs as well as evaluation and success measurement.

An important strategy to addressing any violence prevention initiative is constant, consistent messaging. WHPS intends to take a multifaceted approach to messaging, which will include campus expectations, zero tolerance and other key message points suggested by the Sexual Violence Task Force. Therefore, awareness initiatives related to alcohol use/abuse and its relationship to sexual violence will be consistent and comprehensive across policy, education, and role modeling. These strategies align with the ACHA Guidelines in Preventing Sexual Violence on College and University Campuses.

In addition, we feel it's critical to have messages of expectations around this subject from President Hitt, Provost Waldrop, and Dr. Ehasz. Sound bites from volunteer

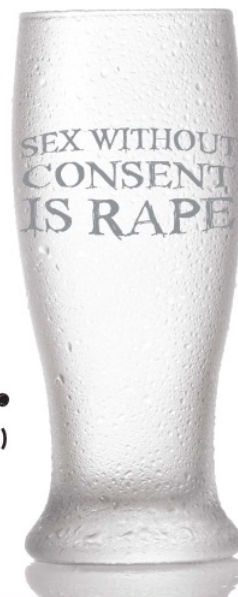
students will also be created to support the impact of violence at a personal, interpersonal, and institutional level. These short taped sound bites will be a part of each stakeholder's website as well as played through other audio-video outlets.

April 2012 is Sexual Assault Awareness Month (SAAM) for this year. Students are already planning activities to support this important issue. Utilizing student vehicles and programs to incorporate key messages and programming will be an important first step in "talking about it," which ironically is the (SAAM) theme for 2012.

Finally, understanding that providing a place for survivors of violence to meet and discuss their stories is important, not only in their healing, but also in mediating post-traumatic stress and reducing the chances of violence reoccurrence. Research shows a majority of women (58%) do not report the violence or seek help because of shame. WHPS intends to explore the use of a virtual space, such as Second Life in creating a support system for survivors of violence. It will provide a place of anonymity, but through professionally led sessions, in creating a place of education and healing. The present model of Second Life for people living with HIV/AIDS will be considered as an option of support.

GETTING
HER DRUNK
ISN'T THE SAME AS
GETTING HER
PERMISSION.

Florida Sexual Violence Hotline 888.956.RAPE (7273)



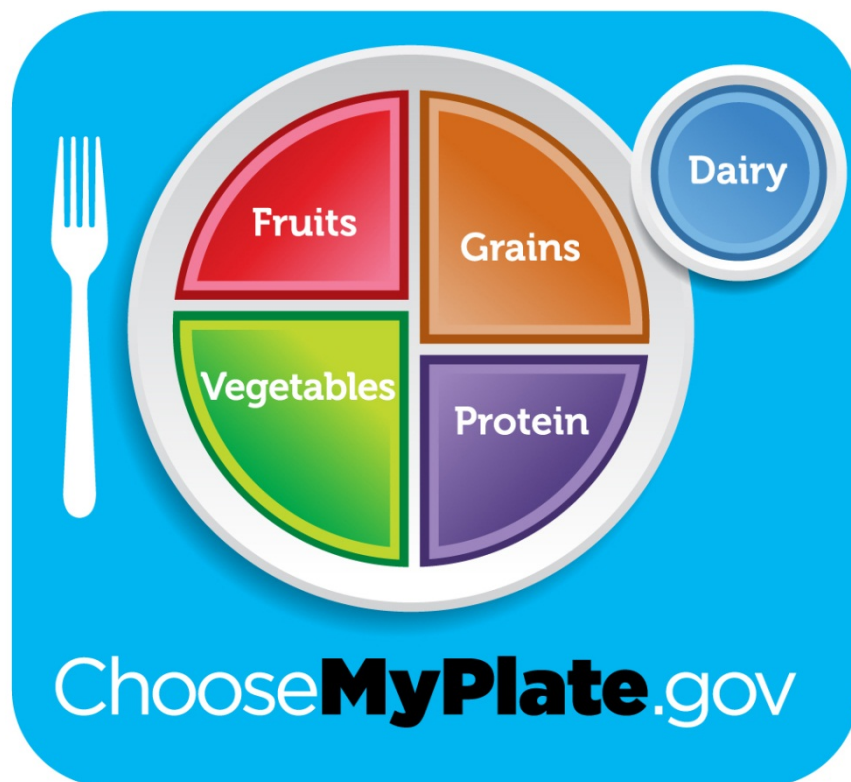
Alcohol use can lead to sexual assault.

	Year One	Year Two	Year Five
Specific	<p>Develop the “MVP Recruitment, Engagement & Sustainability Plan” (RES) for expansion of programing content and outreach. (20% increase)</p> <p>Develop a MVP Train-the-trainer (3T) program to meet expansion goals (2 programs).</p> <p>Identify campus partners presently working on “violence prevention initiatives” as well as new partners.</p> <p>Identify process for collecting data on violence frequency and types.</p> <p>Review recommendations of “Sexual Violence Prevention Task Force and development implementation plan. Develop a comprehensive university “violence prevention initiative.”</p> <p>Develop and launch a student led “anti-bullying campaign.”</p> <p>Develop and launch a student led “anti-violence campaign” as a part of the initiative.</p> <p>Research best practices on supporting “survivors of violence.”</p>	<p>Evaluate recruitment, engagement & sustainability efforts and launch MVP at Rosen Campus.(50% increase in participants from 2011)</p> <p>Develop evaluative measurements for determining program success. Expand 3T program to four.</p> <p>Identify community partners in support of initiative. Create advisory committee in support of recommendations and sustainability.</p> <p>Evaluate effectiveness of data collecting and reporting processes. Adjust as needed.</p> <p>Evaluate implementation plan.</p> <p>Plan expansion to Rosen Campus.</p> <p>Develop and launch student led “anti-bullying campaign’ at Rosen Campus.</p> <p>Develop and launch a student led “anti-violence campaign” as a part of the initiative.</p> <p>Develop a “survivors of violence” support process.</p>	<p>Increase number of participating campuses to three. (200% increase in participants from 2011)</p> <p>Assessment and feedback metrics captured by location. Expand 3T program to six.</p> <p>Determine feasibility of creating a “State of Florida College and University Sexual Violence” task force.</p> <p>All relevant data is automatically sent to single location for analysis and action.</p> <p>No change.</p> <p>Plan implemented on all UCF campuses.</p> <p>Student led “anti-bullying campaign” accomplished for all campuses.</p> <p>Student led “anti-violence campaign” accomplished on all campuses as a part of the initiative.</p> <p>Expand support process to all UCF campuses.</p>
Measurable	<p>Creation of plan through participatory MVP alumni and stakeholders.</p>	<p>Metrics for recruitment, participation, facilitator satisfaction, and retention. Program development for expansion.</p>	<p>No change.</p>

	<p>Train-the-trainer plan operationalized.</p> <p>List of participants and meeting for plan implementation.</p>	<p>Train-the-trainer plans operationalized for all campuses.</p> <p>Advisory Board</p>	<p>Train-the-trainer plans operationalized for all campuses.</p> <p>Statements of participation interest and attendance at organizing meeting.</p>
Achievable	<p>Current MVP Volunteers</p> <p>Current MVP Volunteers and stakeholders.</p> <p>Campus Partners:</p> <ul style="list-style-type: none"> Veterans Academic Resource Center Fraternity & Sorority Life Athletics SGA Department of Sociology Recreation & Wellness Center Office of Student Rights and Responsibilities Lead Scholars Victim Services Equal School of Social Work Registered student organizations 	<p>MVP Community and regional campus coordinator.</p> <p>MVP Community and regional campus coordinator.</p> <p>Campus Partners.</p>	<p>MVP Community and regional campus coordinators.</p> <p>MVP Community and regional campus coordinators.</p> <p>Campus Partners.</p>
Relevant	<p>Data from the National Collegiate Health Assessment indicates that 64.9% of students surveyed had not received any information on violence prevention and 33.8% of students surveyed were interested in learning more on violence prevention.</p>	<p>No change.</p>	<p>No change.</p>
Time	<p>Fall 2013</p>	<p>Fall 2014</p>	<p>Fall 2017</p>
Responsible	<p>Michael Freeman</p>	<p>Michael Freeman</p>	<p>Michael Freeman</p>

Strategic Objective- 3.4 Partner with on-campus restaurants to highlight healthy food options based on USDA “MyPlate” recommendations.

Background- The United States Department of Agriculture’s “My Plate” guidelines recommend at least half of one’s plate should consist of fruits and vegetables. There are many health benefits to eating a diet rich in vegetables and fruits, including but not limited to, the reduction of heart disease, certain types of cancers, obesity, type 2 diabetes, a decrease in bone loss and it can help to lower blood pressure. The National College Health Association survey data collected from a sample of UCF students found approximately 65% of surveyed students reported consuming 1-2 servings of fruits and vegetables per day, and 24% report consuming 3-4 servings per day. Our focus is to increase the number of students reporting consumption of 3-4 servings per day, in order to meet or exceed the USDA’s recommendations. By partnering with on-campus food eateries, our registered dietitian will work with managers to offer menu items with lower caloric intake and reduced sodium, cholesterol and fat. These menu items will be promoted throughout our campaigns, social media outlets and programming.



	Year One	Year Two	Year Five
Specific	Highlight and increase the availability and highlight low fat/calorie menu options at on-campus dining establishments. Determine the most frequented campus restaurants.	Promote available low fat/calorie menu options at on-campus dining establishments. Increase the number of students by 5% who choose lower fat/calorie menu options at on-campus restaurants Monday's through Friday's for lunch.	Evaluate the support of campus vendors for providing low calorie/fat menu options. Increase the number of students by 10% who choose lower fat/calorie menu options at on-campus restaurants Monday's through Friday's for lunch.
Measurable	Survey students to determine how often and where they purchase lunch from on-campus eateries. Survey students to determine what they typically eat when they purchase lunch from on-campus eateries.	Re-survey students to determine how often and where they purchase lunch from on-campus eateries. Re-survey students to determine what they typically eat when they purchase lunch from on-campus eateries.	Meet with on-campus vendors to determine if they perceive a demand for low calorie/fat menu items. Re-survey students to determine how often and where they purchase lunch from on-campus eateries. Re-survey students to determine what they typically eat when they purchase lunch from on-campus eateries.
Achievable	The Wellness and Health Promotion Survey Research Team have the expertise to design and conduct all necessary surveys in collaboration with the UCF Department of Sociology.	No change.	No change.
Relevant	Data from the National Collegiate Health Assessment indicates 45.8% of students surveyed had not received any information on nutrition and 59.3% of students surveyed were interested in learning more on nutrition. Identifying low fat/calorie menu options on-campus provides students with beneficial nutritional information.	No change.	No change.
Time	Fall 2013	Fall 2014	Fall 2016
Responsible	Andrea Vincent	Andrea Vincent	Andrea Vincent

Goal 4. *Develop “virtual” health promotion services accessible by UCF students attending regional campuses.*

Overview- SDES has a comprehensive plan to address the health and wellness needs of UCF’s 58,587 students, and approximate 10,000 staff and faculty. The Healthy Knights 2020 Initiative working group is actively setting goals and priorities for the campus community to reach through collaboration, new programming initiatives and by leveraging the use of new technologies to reach a diverse student population spread out over 10 regional campus locations.

WHPS is working to find ways to enhance the reach of its programming in order to facilitate greater impact on behavior and health for all UCF students. Not only can technology make health promotion efforts available to more students, it can do so consistently and repeatedly. The size of our student population, along with the number of campus locations that are not staffed with health promotion professionals, incentivizes innovative uses of technology for WHPS.

Changes in how students communicate, search for information, and build and maintain relationships calls on us to embrace the technology and social media outlets that are “where students live.” In addition to university and departmental directives, a variety of national and local survey tool data point to insufficiencies within current health promotion efforts that need to be addressed. Sexual health programming is one area that has been strong in content, but short in reach. Relatively few students take advantage of existing services, thus an emphasis on expanding reach, cultural competence, and accessibility are major components of this strategic plan.

As we move into the world of our millennial students, we must insure that our efforts are culturally relevant and competent. We will stay apprised of the rapidly changing social media scene and evaluate the effectiveness of our efforts.

Strategic Objective 4.1 Create a moderated online forum for students seeking anonymous advice regarding sexual health concerns.

Background-The Trojan sponsored College and University Sexual Health Promotion Report Card, highlights areas of improvement for our sexual health promotion efforts. UCF scored 4 out of 10 on the Sexual Health Promotion scorecard due to a complete lack of a systemic way for students to ask sensitive questions in an anonymous fashion. The study assessed access to sexual health information through peer education, website content and placement and our ability to address the issues of stigma, embarrassment and cultural competency.

Students often experiment with sex and their own sexuality while in college and are not ready to discuss these matters openly. Students also report their personal beliefs are sometimes contrary to family beliefs, leading them to question their decisions around sexual activity. Religious beliefs add yet another level of confusion or at least a diversity of ideas on what is “right,” making decisions and /or information seeking difficult. Our sexual health blog will allow students to post their questions anonymously and view responses from trained sexual health educators.

	Year One	Year Two	Year Five
Specific	A moderated online forum for students to submit questions regarding sexual health will be created and monitored by a health promotion professional.	UCF will receive a score of 6 out of 10 on the Trojan sponsored <i>College and University Sexual Health Promotion Report Card</i> .	UCF will receive a score of 8 out of 10 on the Trojan sponsored <i>College and University Sexual Health Promotion Report Card</i> .
Measurable	Number count of forum visits and questions answered.	No change.	No change.
Achievable	Site analytics currently in place to monitor utilization.	No change.	No change.
Relevant	Related to sexual health programming, the Trojan sponsored <i>College and University Sexual Health Promotion Report Card</i> reported UCF ranked 90 th in 2011 among 140 campuses.	No change.	No change.
Time	Fall 2012	Fall 2013	Fall 2016
Responsible	Peter Mastroianni	Peter Mastroianni	Peter Mastroianni

Strategic Objective 4.2 Design website content that clearly identifies a section or page discussing sexual health issues for men, women or transgendered individuals.

Background-The Trojan Sexual Health Report card gave UCF a score of 4.5 out of 10 due to the need to improve the availability of sexual health content that is easily found on the school's website. They recommend a separate section devoted to sexual wellness. Our school's ACHA-NCHA data for the current year indicates that half of our sexually active students are not using condoms when engaging in vaginal intercourse and about a third of this group relied on withdrawal as their method of birth control during last intercourse. A study done on this campus in 2006 indicated that 6% of male and female students seen at Health Services who agreed to STI testing were infected with chlamydia without their knowledge. Nationally 75% of all people with chlamydia show no signs or symptoms. Despite living in the state with the second highest HIV infection rate in the country; and despite CDC recommendations that everyone who is sexually active be tested regularly for HIV, only 1/3 of UCF students report ever being tested for HIV. LGBT students have traditionally been alienated from services either due to perceived or real homophobia and many are reticent to approach and share honestly with health care providers. As a group LGBT students are at equal or higher risk for many STI and sexual health problems and much less likely to seek help from health care providers. The Gay and Lesbian Medical Association recommend adding to the visibility of LGBT health concerns as a way of improving accessibility. Posting targeted health information on the web site sends a clear message that LGBT students are welcome and the staff does not assume heterosexuality. It allows us to reach students who might not otherwise seek us out and provide potentially lifesaving information in a safe, anonymous manner.

	Year One	Year Two	Year Five
Specific	A webpage with sexual health information targeting men, women and transgendered individuals will be implemented.	UCF will receive a score of 6 out of 10 on the Trojan sponsored College and Market webpage within target populations and assess each semester for topical content.	UCF will receive a score of 8 out of 10 on the Trojan sponsored College and University Sexual Health Promotion Report Card. Modify and maintain topical content on webpage.
Measurable	Document analytics to determine webpage utilization. Utilize focus groups targeting men, women and transgendered individuals to obtain topical content for webpage.	No change.	No change.
Achievable	Analytics monitoring system in place. Partnership with SDES IT department. Partnership with Nicholson School of Communication.	No change.	No change.
Relevant	According to the Trojan Report Card, UCF received a score of 4.5 out of 10.	No change.	No change.
Time	Fall 2012	Fall 2013	Fall 2016
Responsible	Peter Mastroianni	Peter Mastroianni	Peter Mastroianni

Strategic Objective 4.3 Utilize technology and social media to communicate health messages and topical content electronically to the campus community.

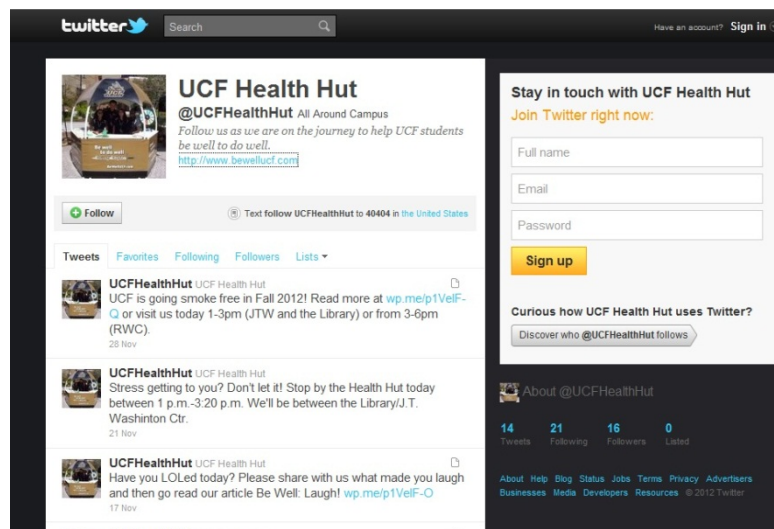
Background-Over 700 million people are users of Facebook worldwide as of May 2011. The average user in 2010 had about 130 friends and growing. 48% of 18-34 year olds check Facebook when they wake up, with 28% doing so even before getting out of bed. Google-plus is emerging as a popular social networking site. The use of these sites by the 18-24 year old segment is growing the fastest at 74% per year. The idea behind social networking is to build and keep up with relationships. Educational institutions are using social media to build relationships with potential and current students and to keep

in touch with alumni. It provides a medium to provide important health promotion messages, interact with students on behavior change issues and connect students with resources to aid them in their quest for improved wellness. It is an interactive process that builds connections and has the ability to expand the reach of our program exponentially.

A social networking site (Facebook) has recognized the potential for reaching people in need by collaborating with a national counseling group. When any user posts messages that utilize key words that suggest depression is present, they will receive a message from a member of the national counseling service offering assistance.

Our Twitter account will be used to post messages about daily health related events reminding this “busy” student population of these events “just at the right time.” Brief health messages will also be sent via Twitter that corresponds with other concurrent health promotion programming e.g. health huts and health promotion campaigns.

New social media outlets are fluid and we will track utilization by students to determine the most effective social media outlets to insure optimum reach. We are looking into health-related apps students can download onto smartphones, and work to increase the interactivity of our web pages. New technologies such as “second life” which utilizes virtual worlds (classrooms, residence halls, restaurants, recreation centers) and “avatars” (virtual people that can assume different backgrounds, attitudes, skills and personalities) are being considered. Use of this technology will allow us to provide interactive educational experiences to all UCF campuses.



	Year One	Year Two	Year Five
Specific	Market Facebook/twitter in order to double number of students reached; Market wellness and sexual health blogs to gain audience of at least 200 students; investigate “second life” virtual reality technology as an education and training tool.	Double the student audience reached through social media. Market campaign at 3 satellite campuses. Begin implementation of virtual reality plan.	Evaluate student retention/utilization of messages broadcast on social media. Market at 3 additional satellite campuses. Evaluate student utilization of, and satisfaction with, virtual technology utilized.
Measurable	Website analytics will indicate doubling of “followers”; Blog sites will log views by at least 200 students, plan for virtual world implementation developed.	Website analytics will demonstrate increased utilization. Virtual world in development.	50% of students surveyed will describe social media sites as “useful”. 40% of students surveyed will indicate awareness of and 70% of these students will indicate satisfaction with, virtual world technology utilization by WHPS.
Achievable	Tools are in place to measure utilization; campus resources available for collaboration on virtual world development.	No change.	Survey team will administer questionnaire.
Relevant	48% of 18-34 year olds check Facebook when they wake up, with 28% doing so even before getting out of bed. UCF has campuses at 11 locations, most of which are not equipped with health promotion staff.	Survey team will monitor most popular social media venues to keep abreast of trends.	No change.
Time	Fall 2012	Fall 2013	Fall 2016
Responsible	Peter Mastroianni	Peter Mastroianni	Peter Mastroianni

Strategic Objective 4.4 Collect generalizable data through the implementation of an online “panel” study of randomly selected UCF first-year students.

Background- Sound data collection methodology is important to inferential statistics. If the response rate is low (<60%), the participant lists are biased (an equal chance to participate for all members of the target group is not guaranteed), or the surveys are not valid or reliable, bias is likely. The result is data that cannot be generalized beyond the part to the whole. Important decisions about students’ attitudes and beliefs, programming priorities, funding, and the effectiveness of our services are often made on

the basis of survey data. Sound survey methodology reduces the introduction of bias and increases the likelihood that results reflect the target population and justify the sample frame. UCF faculty has expertise in survey design and data collection. James Wright is recognized among his peers as an expert in the field of survey research, and he is willing to assist SDES in the design of a panel study. Panel studies allow the researcher to measure changes in a population, since they use the same sample of people every time. That sample is called a panel. A researcher could, for example, select a sample of UCF undergraduate students, and ask questions about a variety of topics such as their alcohol and other drug use, study habits, typical sleep patterns, bullying, sexual violence, or any number of questions that are related to their academic success and experience at UCF. Every year thereafter, the researcher contacts the same participants, asks them similar questions, and inquires of the reasons for any changes in their habits. Panel studies can yield extremely specific and useful explanations for changes in the campus climate. Our proposed design enrolls first year students annually and follows each cohort throughout their undergraduate experience. Typically, participants annually complete four to six surveys. Participants receive incentives for participating in the surveys. Participants are assigned random identification numbers to ensure their responses are confidential and non-identifiable.

	Year One	Year Two	Year Five
Specific	Annually enroll 500-800 FTIC students in a randomized panel study to collect data with regard to their UCF experience.	No change.	Data will assist with assessment of five year strategic plan outcomes.
Measurable	Collect survey data from cohorts 4-6 times per year.	No change.	No change.
Achievable	Collaboration with the Sociology department. External funding opportunities.	No change.	No change.
Relevant	The study methodology is sound; the results can be inferred to the entire FTIC population. Data collection method reduces the introduction of bias into the sample; results provide information that will benefit various SDES units in planning.	No change.	No change.
Time	Fall 2012	Fall 2013	Fall 2016
Responsible	Tom Hall	Tom Hall	Tom Hall

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Goal 5. *Develop and support partnerships within SDES that result in academic success, progression to graduation and lifelong learning.*

Overview- Partnerships and collaborations are a strong component to a successful health promotion program. Great campaigns, efforts and messages thrive on the help of others on campus to discuss ideas, develop initiatives and “spread the word.” In order to establish a healthy campus, we must all work together and share in the common mission to value our health, our student’s health, and to do our part to help care for the health of others. There are a variety of SDES departments that currently offer valuable and effective health-related programming on campus, yet the knowledge of what other departments are doing is very difficult to communicate campus-wide. The creation of a health promotion calendar will ensure that the great work and efforts of SDES departments around health-related programming will be recognized and supported. This calendar will prevent the overlap and “competition” of programming or events that are scheduled on the same day. It will allow for all departments to see and encourage their staff and students to participate in each other’s events, thus creating a culture of inclusion, support for each other, and enhancing partnerships already in place.

Strategic Objective 5.1 Develop and maintain an interdepartmental health promotion calendar to enhance collaboration on campus-wide health promotion campaigns and program efforts among SDES departments.

Background- Create a campus health promotion calendar to coordinate ongoing SDES health promotion efforts and to create opportunities to augment and expand the reach of all SDES health promotion campaigns. In addition, ongoing campus-wide programs e.g. “the 5th Guy” campaign will be planned and implemented across SDES. Research-based programs produce optimum health outcomes and a centralization of research data, and resources will maximize SDES health promotion efforts. It is important for SDES staff to prioritize actions related to critical determinants of campus health promotion. The monthly calendar and ongoing campus-wide health promotion initiatives support these priorities.

	Year One	Year Two	Year Five
Specific	Increase interdepartmental collaboration to implement a health promotion calendar. Design and create a webpage to house unified health promotion calendar to include all SDES departmental health-related programming.	Utilize health promotion calendar to enhance atmosphere of partnerships and collaborative efforts in health programming campus-wide.	Evaluate process of accessibility, knowledge and utilization of health promotion calendar amongst students and staff on campus.
Measurable	Survey students to determine their awareness of resources for critical determinants of health. Prospective review of SDES health promotion campaigns.	Increased awareness (20%) and participation (10%) in programs and services related to selected determinants of health. Number count of SDES health promotion campaigns.	Increased awareness (40%) of and participation in programs (20%) and services related to selected determinants of health. Number count of SDES health promotion campaigns.
Achievable	SDES has existing infrastructure to support this effort.	No change.	No change.
Relevant	Enhance interdepartmental partnerships and collaborative efforts.	No change.	No change.
Time	Fall 2012	Fall 2013	Fall 2016
Responsible	Andrea Vincent	Andrea Vincent	Andrea Vincent

Strategic Objective 5.2 Increase number of students participating in interactive, peer-based educational program e.g. Health Hut kiosks.

Background-The Health Hut program is a peer-based, educational wellness program designed to promote a healthy campus and positive lifestyle behaviors. This program strives to provide information to students about the following dimensions of wellness: physical, emotional, spiritual, social, financial and intellectual. A Health Hut calendar is implemented annually, to determine what health-related topics will be the focus at these huts. Health and wellness topics are modified every two weeks to focus on issues that are relevant to our students. Data provided by the National College Health Association Survey will guide what health topics are relevant, and thus chosen for the academic year. The Health Huts health messages and campaigns are developed in collaboration with various SDES offices. Peer advocates manage the Health Hut and provide interactive programs for students who stop by at our location. The

UCF health hut is strategically placed at various locations on campus so that students have the opportunity to take advantage of this resource. Locations are determined based on the number of students that traffic a particular location on campus. Manual clickers are used by the Survey Research Team to determine which areas of campus are highly trafficked. The locations with the most traffic of student passersby are where the health huts are placed. With student schedules and classes changing every year, an on-going assessment of the most trafficked areas on campus will be re-assessed, annually. Messages that are promoted at the huts are available on social media avenues, such as Facebook, Twitter and the Wellness and Health Promotion Services website. The Survey Team will utilize message testing with students to determine which messages they find most relevant to them. "Message testing" is a means of providing students multiple options of the same health campaign and promotional message, to determine which message most students find relatable to themselves. In addition to the mobile health hut program, the Wellness and Health Promotion Services office offers a variety of health-related workshops including Body Image, Fitness, Safer Sex, Stress Management, Alcohol and Other Drugs, Sleep and Nutrition.

	Year One	Year Two	Year Five
Specific	Identify campus locations that have high pedestrian traffic to maximize accessibility of Health Hut kiosks.	Partner with SDES offices to provide generationally relevant health promotion programs. Increase annual participation at Health Hut kiosks by 5%.	Increase annual participation at Health Hut kiosks by 5%.
Measurable	The Survey Research Team will count pedestrian traffic at different campus locations, times, and days to determine optimal locations to set up kiosks.	No change.	No change.
Achievable	The Wellness and Health Promotion Survey Research Team have the expertise to design and conduct all necessary surveys in collaboration with the UCF Department of Sociology.	SDES units have existing health promotion campaigns.	No change.
Relevant	The Healthy Knights 2020 plan ensures wellness and health promotion is everyone's business.	No change.	No change.
Time	Fall 2012	Fall 2013	Fall 2016
Responsible	Andrea Vincent	Andrea Vincent	Andrea Vincent

Strategic Objective 5.3 Create strategic partnerships with key registered student organizations and student agencies.

Background- With over 300 registered student organizations (RSO) on UCF's campus, the opportunity to extend partnerships with students is infinite. The WHPS office will collaborate with specified groups to ensure that we can provide relevant programs and services to tailor the needs of the students. Our focus will target student groups that are currently underserved such as the Delta Lambda Phi, Pi Delta Psi fraternities, the Asian Student Association, African American Student Union and the Hispanic American Student Association and the National Council of Negro Women. Examples will also include working closely with the Multicultural Student Center (MSC) to conduct FREE HIV screenings once a year to their members and interested parties. In addition to our partnership with MSC, we will work with EQUAL and other organizations to conduct focus groups that will help us identify topics of interest related to the sexual health of lesbian, gay, bisexual, transgendered and questioning individuals. Information gathered through these partnerships will help to enhance accessibility of services, will guide our health promotion efforts, and will be utilized for website content relevant to these populations.

	Year One	Year Two	Year Five
Specific	Increase the number of student organizations/agencies partnering in support of our programming and services. Target is 7.	Identify registered student organization representing our underserved groups of students and create culturally relevant programming with them. Target is 12.	Create two major health/wellness events in collaboration with our participating registered student organization in addition to 12 co-sponsored events.
Measurable	Co-promotion collateral and group participation.	Number count of co-promotion and collateral and group participation.	Meet with Executive Boards for planning and roll out of the events.
Achievable	Solid relationships with many of the student organizations will allow us to achieve our goals and objectives.	No change.	No change.
Relevant	Expanding the number of partnerships will increase an awareness of programs and services available to students.	No change.	No change.
Time	Fall 2013	Fall 2014	Fall 2016
Responsible	Michael Freeman	Michael Freeman	Michael Freeman

Goal 6. *Develop and support an agile, innovative, culturally responsive organization committed to student-centered outcomes and service excellence that provides a rewarding, supportive and safe work environment committed to the professional development and success of each team member.*

Overview-- Wellness and Health Promotion Services “*Culturally Competent Customer Service*,” will emphasize Integrity, Community, and Excellence in service delivery. Success in realizing our strategic goals requires providing competent, culturally and linguistically relevant services. Our staff, including Peer Advocates and volunteers, is committed to developing the competencies necessary to meet the needs of a diverse student population. It will also require engaging in additional professional development, utilizing well researched models focused on developing a core set of competencies, as well as completion of the SDES Diversity Series. Peer Advocates, in addition to developing cultural and linguistic competencies, will participate in ongoing leadership development utilizing the tenets of the UCF Creed as a framework for developing student learning outcomes. Finally, the development of a “client-centered customer service” initiative will serve as grounding for all staff in our goal of achieving “service excellence.”

Project Readiness & Excellence will focus on the assessment, development, and evaluation of achieving the cultural and linguistic competencies (**Readiness**) and customer service (**Excellence**) competencies for our staff and the organization. This comprehensive approach to training and development will be accomplished as follows:

- Research on best practices for staff assessment, program development, and evaluative instruments to measure success,
- Create “**Staff Readiness & Excellence Development Portfolio**” (SREDP) for each staff member to track their progress,
- Working with Human Resources, establish a process to enter training and development into staff training records, and
- Develop a process to tie individual staff members’ professional development plan, and year-end evaluations to their development portfolios.

Wellness and Health Promotion Services will strive to be recognized by the quality of its services as well as its reputation as “best place to work.” To accomplish our “best place to work” status, WHPS commits to creating a culture that is respectful, inclusive and collaborative that values innovation, optimism, scholarship and work/life balance. It is the goal of our office to ensure we have achieved cultural and linguistic competencies in the following areas:

- Resources on and off campus relevant to the needs of our diverse student population,
- Collaborative relationships relevant to the needs of our diverse student population,
- Inclusive forms and other paperwork,
- Recognizing the levels of accessibility by our students,
- Interpretive service resources, including ASL
- Signage and educational/ collateral materials in various languages,
- Artwork, posters reflecting diversity, and
- Student feedback, including electronic client satisfaction/feedback, suggestion boxes and focus groups.

The demographics of our university will continue to change, requiring WHPS to challenge its self in delivering the most culturally relevant services by staff that represents the diversity of the students we serve, through a commitment of service excellence and cultural responsiveness. We believe Wellness and Health Promotion Services will be prepared to exceed expectations. UCF Wellness and Health Promotion Services recognize it requires developing and supporting a culturally relevant and responsive organization, committed to student and service excellence to meet the objectives set out in this strategic plan.

Strategic Objectives

- 6.1 Create an organizational work culture that sustains staff excellence through professional growth and development of cultural competency e.g. completion of diversity certificate series, ongoing participation in programs that support diversity.
- 6.2 Develop a comprehensive staffing assessment aligned with organizational goals, responsive to changing student demographics
- 6.3 Create operational readiness and excellence through development of consistent “standards of operations.”

	Year One	Year Two	Year Five
Specific	<p>Research “best practice” standards in professional staff assessment and program development (Project Readiness and Excellence).</p> <p>Create staff developmental educational & training portfolio for each WHPS staff (Project Readiness), including cultural competencies (Healthcare & Student Affairs).</p> <p>Create staff developmental educational & training portfolio for each WHPS Peer and GA staff (Project Readiness), including cultural competencies, SDES student learning outcomes. Develop process to assess staff satisfaction.</p> <p>Develop the WHPS Rewards & Recognition program.</p>	<p>Implement staff development plan including processes to include; assessment, goals, evaluation (Project Readiness and Excellence).</p> <p>Measure effectiveness of process and program.</p>	<p>All staff will be provided “Readiness and Excellence” expectations as a part of their new hire orientation.</p>
Measurable	<p>Benchmark report</p> <p>WHPS Staff Portfolios</p> <p>WHPS Peer/GA Portfolios</p> <p>WHPS Staff created “staff satisfaction instrument.</p>	<p>Competencies become part of recruitment and hiring process for WHPS.</p> <p>Increased staff satisfaction.</p>	<p>Research “best practices” to ensure alignment or adjustment of goals.</p>
Achievable	Director, leadership team and team leaders	No Change.	No Change.
Relevant	<p>Professional development that includes cultural competency will ensure best opportunity to meet the needs of our diverse student population.</p> <p>Professional development that includes student affairs competency model will ensure SDES staff achieves maximum development opportunity.</p>	No Change.	No Change.
Time	Fall 2013	Fall 2014	Fall 2016
Responsible	Tom Hall	Tom Hall	Tom Hall

	Year One	Year Two	Year Five
Specific	<p>6.2 Create strategic approaches to align WHPS staffing consistent with organizational goals and student demographics, currently and in the future.</p> <p>6.3a Research “best practice” standards in culturally competent organizational readiness (Project Readiness and Excellence), to include evaluation of space, forms, and other environmental considerations.</p> <p>6.3b Develop and launch the “WHPS Service Excellence” program focused on “culturally competent customer service.”</p>	<p>6.2 Establish annual process to audit alignment of staffing with student diversity.</p> <p>6.3a. Implement organizational development plan including processes to include; assessment, goals, evaluation (Project Readiness and Excellence).</p> <p>6.3b Evaluate program success.</p>	<p>6.2 Alignment consideration is embedded in the strategic planning process.</p> <p>6.3a None</p> <p>6.3b Evaluate program success.</p>
Measurable	6.2 Five year plan aligning current and projected demographic changes with current staffing.	6.2 Annual audit plan	6.2 Strategic planning template includes “staff alignment.”
Achievable	6.2 Director and Leadership Team	6.2 No Change.	6.2 No Change.
Relevant	6.2 Plan ensures alignment of WHPS staffing and student demographics.	6.2 No Change.	6.2 No Change.
Time	Fall 2013	Fall 2014	Fall 2016
Responsible	Tom Hall	Tom Hall	Tom Hall

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Implementation Timeline

	2012	2013	2014	2015	2016
May	<p>1.1 Reduce physical harm related to alcohol use.</p> <p>1.2 Reduce physical harm related to marijuana use.</p> <p>1.3 Reduce physical harm related to tobacco use.</p> <p>3.1 UCF Smoke-Free policy.</p>	<p>1.1 Reduce physical harm related to alcohol use.</p> <p>1.2 Reduce physical harm related to marijuana use.</p> <p>1.3 Reduce physical harm related to tobacco use.</p> <p>3.1 UCF Smoke-Free policy.</p>	<p>1.1 Reduce physical harm related to alcohol use.</p> <p>1.2 Reduce physical harm related to marijuana use.</p> <p>1.3 Reduce physical harm related to tobacco use.</p> <p>3.1 UCF Smoke-Free policy.</p>	<p>1.1 Reduce physical harm related to alcohol use.</p> <p>1.2 Reduce physical harm related to marijuana use.</p> <p>1.3 Reduce physical harm related to tobacco use.</p> <p>3.1 UCF Smoke-Free policy.</p>	<p>1.1 Reduce physical harm related to alcohol use.</p> <p>1.2 Reduce physical harm related to marijuana use.</p> <p>1.3 Reduce physical harm related to tobacco use.</p> <p>3.1 UCF Smoke-Free policy.</p>
June	<p>4.1 Create a moderated online forum regarding sexual health concerns.</p> <p>6.1 Excellence through professional growth and development of cultural competency.</p>	<p>4.1 Create a moderated online forum regarding sexual health concerns.</p> <p>6.1 Excellence through professional growth and development of cultural competency.</p>	<p>4.1 Create a moderated online forum regarding sexual health concerns.</p> <p>6.1 Excellence through professional growth and development of cultural competency.</p>	<p>4.1 Create a moderated online forum regarding sexual health concerns.</p> <p>6.1 Excellence through professional growth and development of cultural competency.</p>	<p>4.1 Create a moderated online forum regarding sexual health concerns.</p> <p>6.1 Excellence through professional growth and development of cultural competency.</p>
July	<p>4.2 Design website content discussing sexual health issues for men, women or transgendered individuals.</p> <p>6.2 Align organizational goals to changing student demographics.</p>	<p>4.2 Design website content discussing sexual health issues for men, women or transgendered individuals.</p> <p>6.2 Align organizational goals to changing student demographics.</p>	<p>4.2 Design website content discussing sexual health issues for men, women or transgendered individuals.</p> <p>6.2 Align organizational goals to changing student demographics.</p>	<p>4.2 Design website content discussing sexual health issues for men, women or transgendered individuals.</p> <p>6.2 Align organizational goals to changing student demographics.</p>	<p>4.2 Design website content discussing sexual health issues for men, women or transgendered individuals.</p> <p>6.2 Align organizational goals to changing student demographics.</p>

Implementation Timeline

	2012	2013	2014	2015	2016
August	3.2 Game day designated driver program. 6.3 Operational update	3.2 Game day designated driver program. 6.3 Operational update	3.2 Game day designated driver program. 6.3 Operational update	3.2 Game day designated driver program. 6.3 Operational update	3.2 Game day designated driver program. 6.3 Operational update
September	1.4 Enhance use of massage therapy. 1.5 Enhance use of biofeedback 1.6 Increase accessibility and utilization of HIV testing	1.4 Enhance use of massage therapy 1.4 Enhance use of biofeedback 1.6 Increase accessibility and utilization of HIV testing	1.4 Enhance use of massage therapy 1.5 Enhance use of biofeedback 1.6 Increase accessibility and utilization of HIV testing	1.4 Enhance use of massage therapy 1.6 Enhance use of biofeedback 1.6 Increase accessibility and utilization of HIV testing	1.4 Enhance use of massage therapy 1.4 Enhance use of biofeedback 1.6 Increase accessibility and utilization of HIV testing
October	2.1 Self-help groups 3.3 Violence prevention initiative.	2.1 Self-help groups 3.3 Violence prevention initiative.	2.1 Self-help groups 3.3 Violence prevention initiative.	2.1 Self-help groups 3.3 Violence prevention initiative.	2.1 Self-help groups 3.3 Violence prevention initiative.
November	2.2 Create a resource room for students in recovery from alcohol and other drug abuse 5.1 Interdepartmental health promotion calendar	2.2 Create a resource room for students in recovery from alcohol and other drug abuse 5.1 Interdepartmental health promotion calendar	2.2 Create a resource room for students in recovery from alcohol and other drug abuse 5.1 Interdepartmental health promotion calendar	2.2 Create a resource room for students in recovery from alcohol and other drug abuse 5.1 Interdepartmental health promotion calendar	2.2 Create a resource room for students in recovery from alcohol and other drug abuse 5.1 Interdepartmental health promotion calendar
December	2.3 "Wellness Coaching" self-help group	2.3 "Wellness Coaching" self-help group	2.3 "Wellness Coaching" self-help group	2.3 "Wellness Coaching" self-help group	2.3 "Wellness Coaching" self-help group

Implementation Timeline

	2013	2014	2015	2016	2017
January	3.4 USDA “MyPlate” 4.3 Technology and social media 5.2 Health hut kiosks.	3.4 USDA “MyPlate” 4.3 Technology and social media 5.2 Health hut kiosks.	3.4 USDA “MyPlate” 4.3 Technology and social media 5.2 Health hut kiosks.	3.4 USDA “MyPlate” 4.3 Technology and social media 5.2 Health hut kiosks.	3.4 USDA “MyPlate” 4.3 Technology and social media 5.2 Health hut kiosks.
February	2.4 Identify underserved populations and create programs	2.4 Identify underserved populations and create programs	2.4 Identify underserved populations and create programs	2.4 Identify underserved populations and create programs	2.4 Identify underserved populations and create programs
March	2.5 Utilize available data regarding health- related to inform specific health promotion campaigns.	2.5 Utilize available data regarding health- related to inform specific health promotion campaigns.	2.5 Utilize available data regarding health- related to inform specific health promotion campaigns.	2.5 Utilize available data regarding health- related to inform specific health promotion campaigns.	2.5 Utilize available data regarding health- related to inform specific health promotion campaigns.
April	5.3 Support gender equity, respect, and safety for the UCF community.	5.3 Support gender equity, respect, and safety for the UCF community.	5.3 Support gender equity, respect, and safety for the UCF community.	5.3 Support gender equity, respect, and safety for the UCF community.	5.3 Support gender equity, respect, and safety for the UCF community.

Change Process within the Socio-Ecological Framework

The Health Promotion at UCF is impacted by the limits administrative support influenced by the taxpayers of the state of Florida, the state Board of Governors, University Trustees, the Vice President of Student Affairs, priorities within the department that houses the program, and UCF students.

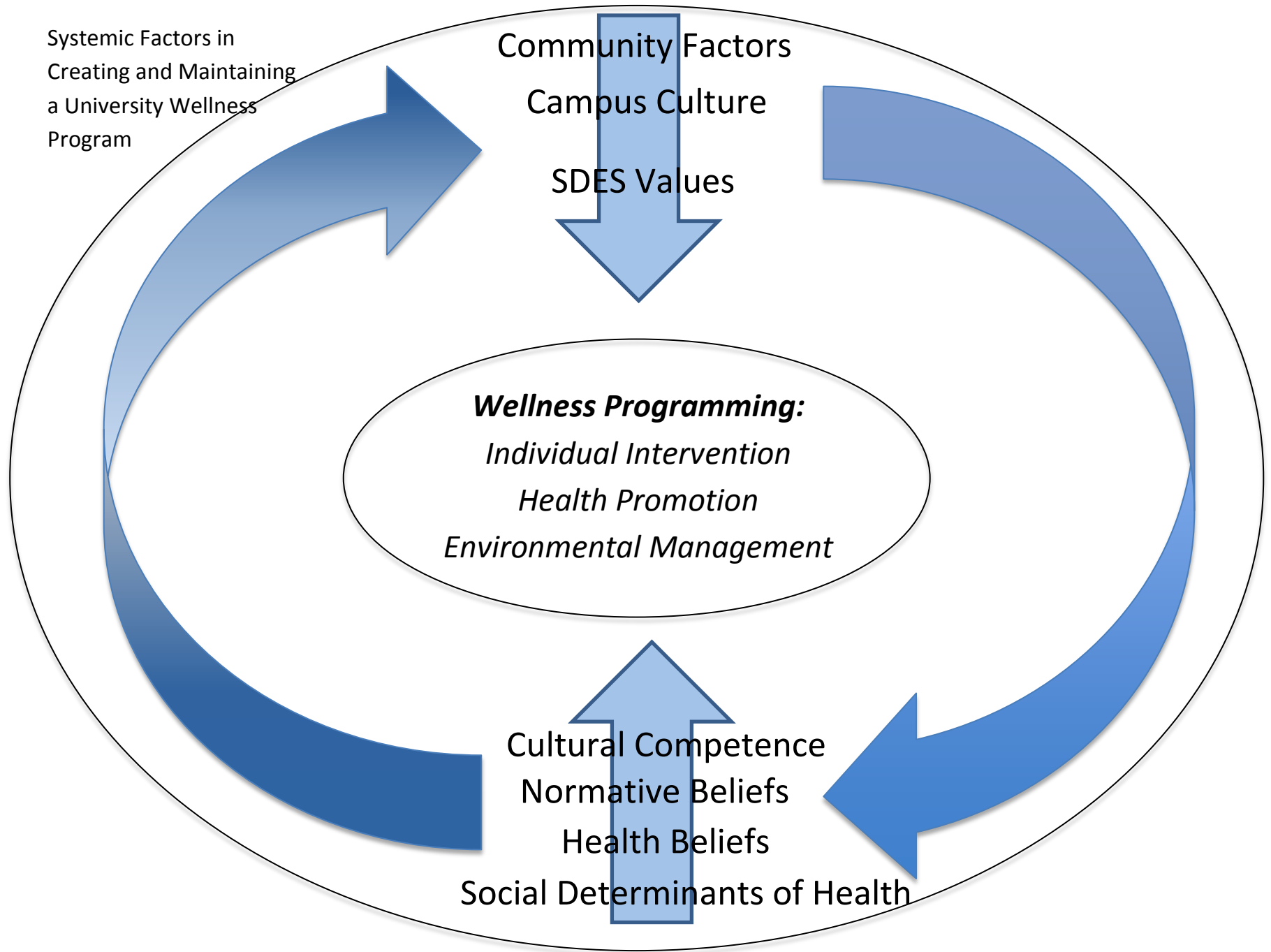
Multiple stakeholders (e.g. alumni, politicians, local business, consumer advocates, business advocates, and interested individuals) influence global development and enforcement of policies, regulations and laws that determine health behaviors, (e.g. tobacco-free policies, enforcement of underage drinking laws), other determinants of health at this level include social policies and cultural norms that help to maintain economic or social inequalities between groups in society.

The campus and community environment also influences individual health behaviors and beliefs. Cultural competence, normative beliefs, health beliefs, and social determinants of health create a cultural context designed to maintain systemic equilibrium. Norms for the campus climate, administrative processes, and policies influence individuals and their peer groups in a given system designed to reinforce community norms. The Wellness and Health Promotion Services Office advocates for system change at three levels; environments/policy, Health promotion, and individual/group interventions.

Policy interventions challenge community norms and when successful result in broad-based systemic changes. Health promotion challenges existing campus norms and when successful results in local systemic changes. Individual/group intervention challenges existing peer group norms and when successful results in individual/group systemic changes.

Systemic change at all levels is initially resisted; however, when dynamic factors overwhelm the status quo, change occurs. A new level of functioning is embraced; however, the impact of change will not be immediately recognized and may have no lasting impact on the original context for change. Because change is unpredictable and systems do not tolerate uncertainty, pressures to revert to previous levels of systemic functioning may lead significant modifications of newly initiated system modifications. In this case the system co-opts change and neutralizes the effects.

Systemic Factors in
Creating and Maintaining
a University Wellness
Program



Implementation of Health Promotion Strategies **Assumptions, Strategies, Influential Factors, Problems, Assets, and Desired results**

Health Promotion Strategies:

Create a supportive environment for students to openly discuss health and wellness topics of interest to them.

Provide access to education related to topics of interest as well as tools, resources and input from professional staff to support change.

Leverage social media and technology to increase the reach of health promotion programs.

Assumptions:

Health Promotion is:

- Intentional, Coherent, Comprehensive, Collaborative
- Based on theory and knowledge
- Grounded on public health models and evidence-informed prevention strategies
- Reflective of a diverse student population
- Responsive to the needs of underserved populations
- Culturally competent services

Influential Factors:

Partnerships and collaborations are a strong component to a successful health promotion program. Exceptional campaigns, efforts and messages thrive on the help of others on campus to discuss ideas, develop initiatives and "spread the word."

A majority of UCF students report they would like more information from the university regarding nutrition and would like to learn more about physical activity.

Student input into health promotion programs.

33% of UCF students possess a BMI of 25 or higher, placing them in the categories of overweight or obese.

Over 700 million people are users of Facebook worldwide as of May 2011.

Problems:

It is challenging for students in recovery to find and create a sober social network.

1 in 4 students report academic impediments due to any or all of the following health and lifestyle related concerns: stress, sleep difficulties, cold/flu, relationships, finances, alcohol and other drug abuse.

Nearly 1 in 5 women have been raped in their life time.

1 in 6 women have been stalked during their lifetime.

1 in 4 women have been victim of severe physical violence by an intimate partner.

Less than 1/3 of sexually active UCF students report ever being tested for HIV.

Current health promotion activities operate in a vacuum, with little interdepartmental coordination.

Needs:

Develop and implement a comprehensive violence prevention initiative addressing sexual violence, dating violence, intimate partner violence, stalking, sexual harassment, and bullying.

Utilize technology and social media to communicate health messages and topical content electronically to the campus community.

Implement an online "panel" study of randomly selected UCF first-year students who will participate in multiple surveys annually throughout their undergraduate studies at UCF.

Assets:

- Administrative support for prevention
- SDES Departments
- Academic Departments
- Community Partners

Desired Results:

Promote strategies to strengthen protective factors in behavioral health domains.

An increase in knowledge regarding nutrition, fitness, body image and goal setting, preparing them for lifelong healthy decision making.

The presence and involvement of people who believe in a person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

Achieve health equity, eliminate disparities, and improve the health of all groups.

A reduction in feelings of isolation.

An increase of self-reliance, and impulse control.

The opportunity to learn new coping skills.

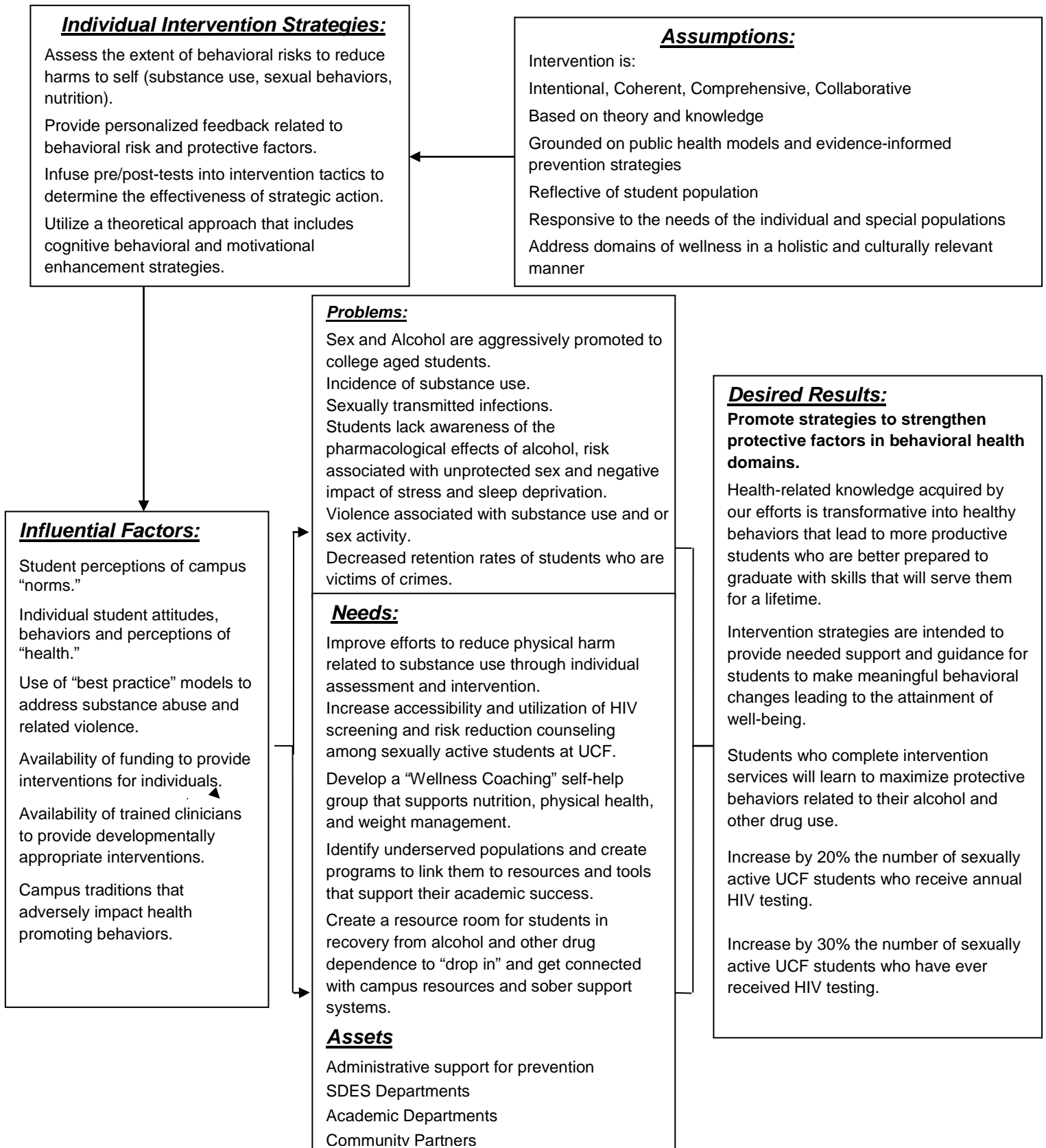
A space to talk openly and honestly with peers in a non-clinical setting.

A multifaceted approach to health promotion messaging, which includes an appeal for civility.

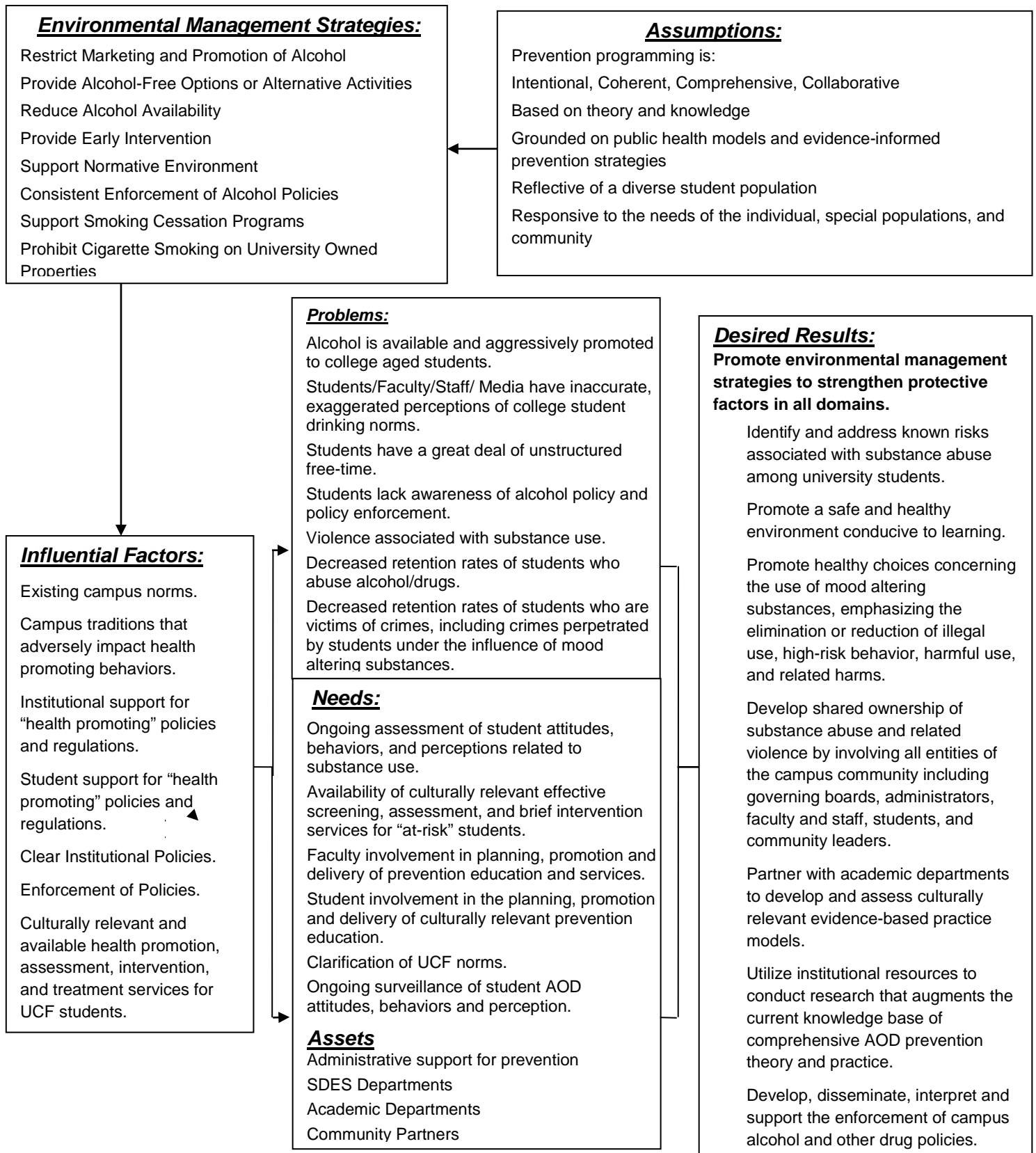
Create health-related apps for smartphones, and work to increase the interactivity of our web pages.

Create and maintain a sexual health blog that allows students to post questions anonymously and view responses from trained sexual health educators.

Implementation of Individual Intervention Strategies
Assumptions, Strategies, Influential Factors, Problems, Assets, and Desired results



Implementation of Environmental Management Strategies
Assumptions, Strategies, Influential Factors, Problems, Assets, and Desired results



Sustainable action requires intentional strategies across a broad spectrum. Promoting wellness and health protection is complex and requires strategic interventions ranging from intervention, to programs and policies.

Goals and Objectives	Social Ecological Framework		
<i>Develop culturally relevant strategies that lead to the acquisition of individual knowledge and skills that enable individuals to improve their health and wellness, live a self-directed life, and strive to reach their full potential</i>	Interventions	Programs	Policies
1.1 Improve efforts to reduce physical harm related to alcohol use through individual assessment and intervention.	X		
1.2 Improve efforts to reduce physical harm related to marijuana use through individual assessment and intervention.	X		
1.3 Improve efforts to reduce physical harm related to tobacco use through individual assessment and intervention.	X		
1.4 Enhance utilization of massage therapy to cope with college stressors.	X		
1.5 Enhance utilization of biofeedback assisted relaxation training to manage stress effectively and safely.	X		
1.6 Increase accessibility and utilization of HIV screening and risk reduction counseling among sexually active students at UCF.	X		
<i>Expand accessibility to wellness and health promotion services recognizing the diverse needs of the UCF community.</i>			
2.1 Develop a variety of self-help groups that support the academic pursuits of students in recovery from alcohol and other drug dependence or chronic medical conditions.	X	X	
2.2 Create a resource room for students in recovery from alcohol and other drug dependence to “drop in” and get connected with campus resources and sober support systems.	X	X	
2.3 Develop a “Wellness Coaching” self-help group that supports nutrition, physical health, and weight management.	X	X	
2.4 Identify underserved populations and create programs to link them to resources and tools that support their academic success.	X	X	
2.5 Utilize available data regarding health- related academic impediments that interfere with progression to graduation, to inform specific health promotion campaigns.		X	

Goals and Objectives	Social Ecological Framework		
<i>Create social and physical environments through advocacy and action that promote health, safety and learning.</i>	Interventions	Programs	Policies
3.1 Assist with the implementation of the UCF Smoke-Free policy campaign and evaluate effectiveness as measured by increased campus support for the policy.			X
3.2 Implement a home football game day designated driver program			X
3.3 Develop and implement a comprehensive violence prevention initiative addressing sexual violence, dating violence, intimate partner violence, stalking, sexual harassment, and bullying.		X	
3.4 Partner with on-campus restaurants to highlight healthy food options based on USDA "MyPlate" recommendations.			X
<i>Develop "virtual" health promotion services accessible by UCF students attending regional campuses.</i>			
4.1 Create a moderated online forum for students seeking anonymous advice regarding sexual health concerns.		X	
4.2 Design website content that clearly identifies a section or page discussing sexual health issues for men, women or transgendered individuals.		X	
4.3 Utilize technology and social media to communicate health messages and topical content electronically to the campus community.		X	
4.4 Implement an online "panel" study of randomly selected UCF first-year students who will participate in multiple surveys annually throughout their undergraduate studies at UCF.		X	
<i>Develop and support partnerships within SDES that result in academic success, progression to graduation and lifelong learning.</i>			
5.1 Develop and maintain an interdepartmental health promotion calendar to enhance health promotion campaigns and program collaboration among SDES departments.			X
5.2 Increase number of students participating in interactive, peer-based educational programs e.g. mobile health hut kiosks.		X	
5.3 Create strategic partnerships with key registered student organizations and student agencies.		X	

Goals and Objectives	Social Ecological Framework		
<i>Develop and support an agile, innovative, culturally responsive organization committed to student-centered outcomes and service excellence that provides a rewarding, supportive and safe work environment committed to the professional development and success of each team member.</i>	Interventions	Programs	Policies
6.1 Create an organizational work culture that sustains staff excellence through professional growth and development of cultural competency.			X
6.2 Develop a comprehensive staffing assessment aligned with organizational goals, responsive to changing student demographics.			X
6.3 Create operational readiness and excellence through development of consistent “standards of operations.”			X

Trojan Sexual Health Survey



PO Box 82937, Portland, OR 97282
503.777.1636 (v) – 503.774.8153 (f)
bert@bestplaces.net

Dear Student Health Advocate,

My organization is again conducting our nationwide survey of student health centers. This survey has received widespread acclaim, with feature stories in the New York Times and U.S. News and World Report.

This information is for the sixth annual Trojan Sexual Health Report Card, which ranks major colleges and universities in the availability of sexual health information and services. The purpose is to learn more about the health services that are available for your school's students, and compare the resources at major colleges and universities across the United States.

Part of our study is based on the services and information provided by your student health center. Enclosed you will find a short questionnaire that we hope you are able to return as soon as possible, but no later than August 31, 2011.

Your answers will be used to improve the accuracy of our study. By responding, you are helping us highlight your work providing essential information about sexual health to your students. If we do not hear from you, we may need to determine the scope of your services based on your web site and other sources.

You will be helping to portray your school and health center in the best light by sharing facts about your center's programs and resources.

You can send your responses to us in three ways –

- 1) Fax the completed questionnaire to 503-777-1636
- 2) Go online at www.myschoolhealth.com and fill out a special web questionnaire we have designed for this project.
- 3) Or mail the completed questionnaire to:
Sperling's BestPlaces
PO Box 82937, Portland, OR 97282

I look forward to receiving your reply. If you have any questions about our study, please email me directly at bert@bestplaces.net or call my personal cell phone at 503-939-1510 (please note we're in the Pacific timezone.)

Best always,
Bert Sperling

Trojan Sexual Health Survey

Student Health Center Questionnaire

Please complete and return, or fill online at www.myschoolhealth.com

Institution name _____

Contact information (name, number, email) _____

Accessibility for students

Days each week? _____

Hours? _____

Appointment necessary? _____

Is the health center open when classes are not in session? _____

Contraception (incl. condoms)

List those available at the health center _____

Which are free? _____ For a fee? _____

Are there instructions and cautions regarding use? _____

Is there information regarding benefits and drawback of various types? _____

Is emergency contraception available? _____

HIV & STD testing

Is HIV testing available? _____ STD testing? _____

Are appointments required? _____

Is the testing available on-campus? _____

What is the waiting time to receive results? _____

Is HIV testing free? _____ STD testing free? _____

Sexual assault counseling and services

Is there a separate sexual assault website? _____

Are there sexual assault services available? _____

Is counseling available without appointment? _____

Is there a 24-hour sexual assault hotline? _____

Advice column or Q&A feature

Do you offer sexual health advice to students via campus publications? _____

Can students ask anonymous questions? _____

Counseling services, peer counseling, campus events, other outreach

On the topic of sexual awareness, describe any peer counseling and campus education programs, special events, or guest speakers.

List any other services, programs, or policies which your school offers to its students regarding sexual health issues.

You are welcome to add additional pages as needed.

Fax the completed questionnaire to 503-777-1636. Or
mail it to:

Student Health Center Questionnaire
Sperling's BestPlaces
P.O. Box 82937
Portland, OR 97282

Scoring Guide

Student Health Center Resources & Services

- 1) Hours of operation:
 - a) 24 hours a day = 10
 - b) Open 6 days a week = 9
 - c) Approx. 8 hours a day, 5 days a week (can be more, as long as it's still 5 days a week) = 8
 - d) Open slightly less than 8 hrs a day / 5 days a week = 7
 - e) Open 6-7 hours a day, five days a week = 5-6
 - f) Open less than 6 hours a day, or open only 4 days a week = 4 or lower
 - g) Not open ever = 0
- 2) Drop-in / appointment
 - a) Drop-ins and appointments accepted on equal terms = 10
 - b) Drop-ins accepted, but not recommended = 8
 - c) Drop-ins accepted but turned into same-day appointments = 6
 - d) Appointments only = 4
- 3) Separate sexual health section
 - a) Site has a clearly identified section or page discussing sexual health issues for men and women and providing complete information = 10
 - b) Site has a section (such as wellness center) that includes a strong and informative sexual awareness component = 8
 - c) Site has includes a sexual health section with some useful information but is incomplete = 6
 - d) Site has a minimal sexual health section, but most information is spread throughout the site and is difficult to find = 4
 - e) Site had no separate sexual health section = 0
- 4) Contraceptives:
 - a) Free contraceptives = 10
 - b) Cost a very small fee, or "probably paid for by insurance" = 9
 - c) Available for a small fee = 8
 - d) Available for a normal fee = 7
 - e) Available for a higher fee = 6
 - f) Might be available, but not sure = 4
 - g) Not available / couldn't find = 0
- 5) Condoms
 - a) Free (or sometimes condom club / good programs) = 10
 - b) Very small fee, or available free at events = 9
 - c) Available for a small fee = 8
 - d) Available for a normal fee = 7

- e) Available for a higher fee = 6
 - f) Might be available, but not sure = 4
 - g) Not available / couldn't find = 0
- 6) HIV testing
- a) Always free, on site = 10
 - b) Sometimes free, very small fee = 9
 - c) Available for a normal / small fee = 8
 - d) Available for a higher fee / available at a normal fee off-site = 7
 - e) Only available sometimes, and for a fee / off-site = 5-6
 - f) Not available / couldn't find = 0
- 7) STD testing
- a) Always free, on site = 10
 - b) Sometimes free, very small fee = 9
 - c) Available for a normal / small fee = 8
 - d) Available for a higher fee = 7
 - e) Only available sometimes, and for a fee / off-site = 5-6
 - f) Not available / couldn't find = 0
- 8) Anonymous advice (newspaper column, email, telephone)
- a) Good, active program – students use it as a resource = 10
 - b) Good, not active program – students aren't really using it too much, but has a lot of potential = 8
 - c) Mediocre, not active program = 6
 - d) Uses someone else's program (i.e. Ask Alice) or if students are able to email nurses at the health center, but there is no formal program) = 4
 - e) No program = 0
- 9) Lecture / outreach programs
- a) A very active combination of peer and faculty outreach covering a variety of topics; does a good job getting out into the student community. =10
 - b) Fairly active combination of peer and faculty outreach covering a variety of topics = 8
 - c) Missing either faculty or peer outreach, but still has a fairly good program; sometimes lacking actual outreach (student has to come to them, rather than the school going out to the student) = 6
 - d) Missing either faculty or peer outreach; programs are limited and require students to come to them, rather than the other way around = 4
 - e) Neither = 0
- 10) Student peer groups
- a) Excellent programs, very active, multiple groups that cover a variety of topics =10
 - b) Good programs, fairly active, fairly good variety of topics = 8
 - c) Not very active programs, not a good variety of topics covered = 6
 - d) Peer programs might not exist, they have only been referenced on the website or mentioned in a school newspaper = 4
 - e) They don't exist = 0

- 11) Sexual assault programs and services
- a) Has counseling, a 24-hour hotline, support groups, and good resources. Contact information is easily and readily found on the site = 10
 - b) Has only three of the above criteria = 8
 - c) Has only two of the above criteria = 6
 - d) Has only one of the above criteria or refers to an outside sexual assault program rather than a school one = 4
 - e) No program = 0
- 12) Overall website quality
- a) Site is easy to navigate and use, provides useful and complete information, with fast response = 10
 - b) Site has complete information but is difficult to navigate = 8
 - c) Site has key information but it is buried and difficult to find = 6
 - d) Site is lacking complete information and site functions poorly = 4
 - e) Site has minimal health information and provides little functionality = 2
 - f) No health center web site = 0

University of Central Florida's Trojan Report Score

	2011	2010
Hours of Operation	9.0	8.5
Drop-ins encouraged	6.0	5.0
Separate Sexual Health section on website	4.5	2.0
Contraceptives, Free/\$	7.0	6.0
Condoms, Free/\$	10.0	7.0
HIV Testing (on/off site, \$)	8.0	9.0
STD Testing (on/off site, \$)	8.0	8.0
Anonymous advice via email/column	4.0	4.0
Lecture/Outreach Programs	4.0	3.0
Student Peer Groups	3.5	5.0
Sexual Assault programs, info, hotline	4.0	2.0
Website usability	5.0	5.0
Extra Credit	0.0	0.0

The Survey Research Team

The goal of the survey research team is to provide support to the Wellness and Health Promotions Office. The survey research team currently boasts 25 undergraduate volunteers and 5 graduate assistants. All members of the team have a background in social science and have a well-grounded survey methodology. The survey team conducts wellness assessments and gauges attitudes and behaviors directly related to healthy lifestyles. The survey team collects data before new services and workshops are implemented to assess the need of new and existing programs. The survey team works with multiple departments and organizations on and off campus through established relationships that have been built by our interdisciplinary staff. Collecting data in our UCF community is integral to understanding how we compare to other college campuses. The survey research team affords the Wellness and Health Promotions Office to compare and contrast its services with other leading universities across the nation. The survey research team utilizes state of the art Apple technology to conduct research. The Wellness and Health Promotions Office utilizes iPad2 devices which allows the students to be mobile and wireless while administering surveys. The iPad2s are installed with a program called iform which allows the graduate assistants to directly control the survey implementation on the iPad2s. Interview surveying allows us to be conversational with participants while collecting data, ultimately making students more interested and at ease when completing the survey. All survey research team members have signed a technology release form which holds them responsible for the equipment. Over the past semester, the survey team has collected two thousand interview surveys with data representative of undergraduate students.

Future directions- The survey research team seeks to expand partnerships within SDES to assist with departments in their survey needs. In addition, surveys for all Wellness and Health Promotion Services programs will be collected by the survey team. Survey team volunteers will attend Wellness and Health Promotion events, outreach opportunities, and workshops where paper surveys are typically distributed, and will utilize the iPads to collect the data. This will increase the productivity of the team and limit environmental waste since all data would be directly sent to the iCloud, freeing up the time from manual data entry. The survey research team has the potential to be a support system to the department and with continued development and mentorship, the opportunities to utilize this team's expertise on survey methodology is endless.

Data findings from multiple surveys **UCF Branding of New Unit data (Wellness & Health Promotion Services) n= 1915**

Are you Familiar with the Wellness and Health Promotion Services office?

Yes- 49% No-51%

NCHA Data
UCF (588) National (105,781)

Sexual Health

Intercourse in last 12 months:
UCF (65%) National: (63%)

In the last 30 days

-Vaginal intercourse:
UCF (72%) National: (71%)

-Oral sex: UCF (64%) National: (62%)

-Never used condoms during oral sex:
UCF (63%) National: (62%)

-Never used condoms during vaginal sex: UCF (26%) National: (22%)

-Last intercourse used male condom during intercourse: UCF (57%)
National: (63%)

-Last intercourse used withdrawal method to prevent pregnancy:
UCF (31%) National: (27%)

Lifetime prevalence for

- Never tested for HIV:
UCF (71%) National: (72%)

- Never received the Gardasil (HPV) vaccine: UCF (65%) National: (62%)

Violence

Within the last 12 months

-Physical fight: UCF (4%) National (6%)

-Physically assaulted: UCF (4%) National (4%)

-Sexual assault: UCF (6.5%) National (6%)

-Emotional Abuse: UCF (11%) National (10%)

-Verbal Abuse: UCF (17%) National (19%)

Nutrition

Eat 3 to 4 servings of fruits/ vegetables per day: UCF (24%) National (30%)

Eat 5 or more servings of fruits/vegetables per day:
UCF (4.5%) National (6.2%)

Core Survey Data- UCF n=655

Alcohol and Other Drug Use

-Tobacco (30-day): 19%

-Alcohol use (30-day): 66%

-Marijuana use (30 day): 24%

Drinker Classification

-Non-heavy: 50%

-Heavy: 34%

-Heavy & Frequent: 16%

Alcohol and other drug use related negative consequences (past 12 months)

-Hangover: 70%

-Poor test score: 25%

-Missed class: 35%

-Argument or fight: 31%

-Nauseated or vomited: 66% (this indicates being drunk)

-Driven under the influence: 34%

-Been hurt or injured: 18%

UCF Survey re: seven Dimensions of Wellness- n=283

Financial Wellness Check-up

1. Do you have cash in your pocket?	Yes	Kind of	No	You must be kidding
2. Do you balance your checking account regularly?	Yes	Kind of	No	You must be kidding
3. Do you know the total amount of debt you have?	Yes	Kind of	No	You must be kidding
4. Do you have a good understanding of credit and your credit score?	Yes	Kind of	No	You must be kidding
5. Do you have a savings account?	Yes	Kind of	No	You must be kidding
6. Do you know how much is in your savings acct?	Yes	Kind of	No	You must be kidding
7. Do you know where your money is being used on a daily basis?	Yes	Kind of	No	You must be kidding
8. Are you happy with your school and/or job?	Yes	Kind of	No	You must be kidding
9. Do you know how to budget your money?	Yes	Kind of	No	You must be kidding
10. Do you currently have a budgeting plan in place?	Yes	Kind of	No	You must be kidding

Scoring: For every answer score the following points:

Yes: 1

Kind of: 2

No: 3

You must be kidding: 4

UCF Sample Score: 16

Financial Wellness Check-in Results

What do you do with the score?

Read below and find the action steps that match your score. Take action on the financial steps that you are not currently doing. Give yourself some time to learn along the way. Then, move up the scale of action steps until you have reached Looking Good. Your finances will be in good shape and so will you!

10-15 - Looking Good - Yes, you are in good shape. Still, there is always more to learn. It is time to get some objective advice. So investigate the financial professionals in your area. Look for an advisor who is a Certified Financial Planner. This means they are licensed and educated to review your whole financial picture and help you meet your goals. An annual check-in will help you reach peak performance and keep you operating that way.

16-23 - In Need of Education - How to get a financial education without going back to school?
Look to financial magazines to begin your education. Pick up a book or two to guide you in your understanding of financial matters. There are many out there on the shelves. Pick up one that appeals to you. Then, attend a financial workshop or two. University resource offices or continuing education centers offer them at convenient times and at little or no expense. Be sure to attend and learn, and pay attention to detail. As you are in the learning phase, you need to gather information before taking action.

23-29 - Mismanaged - How do you start now putting in the extra time and effort into your finances? First, set aside time to review what income you have, and how you spend it. This may involve pulling together financial records or starting from scratch tracking the information. Next, pull out your bank statements, credit card statements and savings accounts. On one sheet of paper, summarize how much you have and where it is. Finally, do this all on a semi-annual basis.

29-34 - Messed Up - Where to get the help you need? First, you may ask friends how they do it – if you are comfortable talking to them about money. Second, consider talking to a banker/accountant or other professional about why it is you have resistance to facing up to money and its place in your life. Then, continue moving up the scale above until you have a better understanding of your money.

35-40 - Denial is Bliss - If you are willing to put in some work, there is hope for you. First, Pray. I am not kidding. This is a big task and to make it happen, you need the Big Guns. Second, think about your money and how it got that way. Just in an objective sense, there is no beating yourself up or creating a crisis of past wrongs. I want you to write it down and acknowledge it. Next, spend twenty minutes a day with your finances. Start with simple tasks – cleaning your wallet and counting the money there, collecting the loose change scattered in your house, car, and pockets and putting it in one place. When you are comfortable with these tasks, move slowly up the scale.

Emotional Wellness Assessment n=246

The emotional dimension of wellness involves recognizing, accepting and taking responsibility for your feelings. Read each statement carefully and respond honestly by using the following scoring:

Almost always = 2 points
points

Sometimes/occasionally = 1 point

Very seldom = 0

- | | |
|------|--|
| 1.67 | 1. I am able to develop and maintain close relationships. |
| 1.86 | 2. I accept the responsibility for my actions. |
| 1.65 | 3. I see challenges and change as an opportunity for growth. |
| 1.58 | 4. I feel I have considerable control over my life. |
| 1.84 | 5. I am able to laugh at life and myself. |
| 1.77 | 6. I feel good about myself. |
| 1.46 | 7. I am able to appropriately cope with stress and tension and make time for leisure pursuits. |
| 1.66 | 8. I am able to recognize my personal shortcomings and learn from my mistakes. |
| 1.50 | 9. I am able to recognize and express my feelings. |
| 1.87 | 10. I enjoy life. |

UCF Sample Score 16.85

Score: 15 to 20 Points - Excellent strength in this dimension.

Score: **9 to 14 Points** - There is room for improvement. Look again at the items in which you scored 1 or 0. What changes can you make to improve your score?

Score: **0 to 8 Points** - This dimension needs a lot of work. Look again at this dimension and challenge yourself to begin making small steps toward growth here.

Social Wellness Assessment n=297

The social dimension of wellness involves developing, nourishing and encouraging satisfying relationships. Read each statement carefully and respond honestly by using the following scoring:

Almost always = 2 points
points

Sometimes/occasionally = 1 point

Very seldom = 0

- | | |
|------|---|
| 0.75 | 1. I contribute time and/or money to social and community projects. |
| 0.86 | 2. I am committed to a lifetime of volunteerism. |
| 1.79 | 3. I exhibit fairness and justice in dealing with people. |
| 1.87 | 4. I have a network of close friends and/or family. |
| 1.88 | 5. I am interested in others, including those from different backgrounds than my own. |
| 1.61 | 6. I am able to balance my own needs with the needs of others. |
| 1.81 | 7. I am able to communicate with and get along with a wide variety of people. |
| 1.62 | 8. I obey the laws and rules of our society. |
| 1.81 | 9. I am a compassionate person and try to help others when I can. |
| 1.30 | 10. I support and help with family, friends, and work social gatherings. |

UCF Sample Score 15.29

Score: 15 to 20 Points - Excellent strength in this dimension.

Score: **9 to 14 Points** - There is room for improvement. Look again at the items in which you scored 1 or 0. What changes can you make to improve your score?

Score: **0 to 8 Points** - This dimension needs a lot of work. Look again at this dimension and challenge yourself to begin making small steps toward growth here.

Physical Wellness Assessment **n=252**

The physical dimension of wellness involves encouraging regular activities that produce endurance, flexibility and strength. Read each statement carefully and respond honestly by using the following scoring:

Almost always = 2 points
points

Sometimes/occasionally = 1 point

Very seldom = 0

- | | |
|------|--|
| 1.38 | 1. I exercise aerobically (vigorous, continuous) for 20 to 30 minutes at least three times per week. |
| 1.39 | 2. I eat fruits, vegetables, and whole grains every day. |
| 1.75 | 3. I avoid tobacco products. |
| 1.85 | 4. I wear a seat belt while riding in and driving a car. |
| 1.04 | 5. I deliberately minimize my intake of cholesterol, dietary fats, and oils. |
| 1.45 | 6. I avoid drinking alcoholic beverages or I consume no more than one drink per day. |
| 1.24 | 7. I get an adequate amount of sleep. |
| 1.50 | 8. I have adequate and constructive coping mechanisms for dealing with stress. |
| 1.38 | 9. I maintain a regular schedule of immunizations, physicals, dental checkups and self-exams. |
| 1.78 | 10. I maintain a reasonable weight, avoiding extremes of overweight and underweight. |

UCF Sample Score 14.77

Score: 15 to 20 Points - Excellent strength in this dimension.

Score: **9 to 14 Points** - There is room for improvement. Look again at the items in which you scored 1 or 0. What changes can you make to improve your score?

Score: **0 to 8 Points** - This dimension needs a lot of work. Look again at this dimension and challenge yourself to begin making small steps toward growth here.

Environmental Wellness Assessment n=250

The environmental dimension of wellness involves accepting the impact we have on our world and doing something about it. Read each statement carefully and respond honestly by using the following scoring:

Almost always = 2 points

Sometimes/occasionally = 1 point

Very seldom = 0

points

- | | |
|------|---|
| 1.33 | 1. I consciously conserve energy (electricity, heat, light, water, etc.) in my place of residence. |
| 1.35 | 2. I practice recycling (glass, paper, plastic, etc.). |
| 0.78 | 3. I am committed to cleaning up the environment (air, soil, water, etc.). |
| 1.30 | 4. I consciously try to conserve fuel energy and to lessen the pollution in the atmosphere. |
| 1.46 | 5. I limit the use of paper waste and try to utilize electronic means for tasks/projects/communication. |
| 0.47 | 6. I do not use aerosol sprays. |
| 1.16 | 7. I do not litter. |
| 0.91 | 8. I volunteer my time for environmental conservation projects. |
| 1.88 | 9. I purchase recycled items when possible, even if they cost more. |
| 1.54 | 10. I feel very strongly about doing my part to preserve the environment. |

UCF Sample Score 12.62

Score: **15 to 20 Points** - Excellent strength in this dimension.

Score: 9 to 14 Points - There is room for improvement. Look again at the items in which you scored 1 or 0. What changes can you make to improve your score?

Score: **0 to 8 Points** - This dimension needs a lot of work. Look again at this dimension and challenge yourself to begin making small steps toward growth here.

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Health Hut Topics for Fall 2011/Spring 2012
Health Huts will be active Mondays-Thursdays, every week

Health Hut # 1

Health Hut # 2

Fall 2011

8/22 – 9/2 Sleep Management	National Immunization Awareness, Stress
9/6 – 9/16 Nutrition, Body Image	Alcohol & Other Drugs
9/26 – 10/7 Sexual health	Time & Money Management
10/10 – 10/21 Alcohol & Other Drugs	Sleep
10/24 – 11/4 Cold/Flu	Nutrition, Fitness
11/7 – 11/19 Stress & Time Management	Sexual Health
11/21 – 12/5 Smoking Cessation	Stress Management & Relaxation (finals)

Spring 2012

1/17 – 1/27 Sexual health, Cervical health awareness	Alcohol & Other Drugs
1/30 – 2/10 Financial Wellness	Nutrition, Fitness
2/13 – 2/17 Sleep	Body Image
2/20 – 2/23 SAFE KNIGHT WEEK	
2/20 – General Services – location is at Student Union	
2/21 – Alcohol & Other Drugs/SIDNE – location at Student Union and Memory Mall	
2/22 – Nutrition, Fitness, Body Image, Sexual Violence prevention/MVP – at SU	
2/23 – Sexual health, Stress Management & Relaxation – location at Student Union	
2/27 – 3/9 Smoking Cessation	Time & Money Management
3/12 – 3/23 Sexual Assault Awareness	Violence prevention
3/26 – 4/6 Sexual Health	Alcohol and Other Drugs
4/4 Alcohol Screening Day	
4/9 – 4/20 Stress & Time Management	Alcohol and Other Drugs, Violence Prevention

****Summer 2012 thru Spring 2013 schedule will be available late Spring 2012 semester****