Strategic Plan – Health Education and Promotion
UC Davis, Student Health and Counseling Services (SHCS)
July 2014 – June 2017

Organizational History

The Health Education and Promotion (HEP) department completed its last strategic planning process in 2011 and met most of the established deliverables over the last three years. There have been staff changes in each of the three health educator positions and the administrative assistant position. The wellness focus continues to be shared between two career staff with physical activity and nutrition overseen by one health educator and the mental wellness focus in addition to sexual health managed by another health educator. The staffing configuration of grouping 12 - 20 unpaid student volunteers under the oversight of a student Volunteer Coordinator and each career staff health educator supervising three Student Assistants has remained intact. At the start of 2013 – 14 the Social Media Student Coordinator position moved to the SHCS Marketing Department and this transition supported increased use of social media platforms for the department’s projects and messaging. Student employee and volunteer satisfaction continues to be high although retention among the volunteers could improve.

Health Promotion in Higher Education

In 2014, college health promotion professionals are increasingly tasked with addressing the critical health issues for college students using population-level, primary prevention strategies to create measurable improvements in student health behaviors and health status. Addressing young adult health issues regarding sexual health, use of alcohol and other drugs, unintentional and intentional injury (that are the leading causes of mortality in young adults) and students’ quality of life through opportunities to engage in wellness-enhancing behaviors is increasingly valued and supported by leadership. There are more stakeholders to promote health and wellness than ever before and in turn there are more opportunities to create synergies to shape a healthier environment and student body. The field of health promotion in higher education is evolving and the 3rd edition of the Standards of Practice for Health Promotion in Higher Education published by the American College Health Association in 2012 and the 2nd edition of the Guidelines for Hiring Health Promotion Professionals in Higher Education released in 2014 reflect these changes and aspirations for effective practice.

HEP Mission Statement

Health Education and Promotion is a campus leader that advocates for a health promoting community and provides student-centered education to foster success and lifelong wellness. (HEP staff affirmed this revised mission statement during the 2014 strategic
Values

- Campus and Community Collaboration
- Current and Relevant Information
- Evidence-Informed Efforts
- Health Equity
- Inclusiveness
- Ongoing Evaluation of Initiatives
- Self-Defined Wellness
- Student-Centered Approach

(HEP staff generated and agreed on these values during the 2014 strategic planning process.)

Strategic Planning Process

Overview

Health Education and Promotion staff participated in three retreats. The Student Health and Counseling Services (SHCS) Executive Director for Health and Wellness and Medical Director participated in the first two retreats and HEP staff only participated in the third retreat. An organizational development consultant was hired and facilitated the first and second retreats and the Health Promotion Supervisor facilitated the third retreat.

Below are the activities conducted in each of the sessions:

- Retreat 1 (March 2014) – Reviewed ground rules for process; reviewed departmental history and pivotal events; shared content specific literature reviews; acknowledged mandates; selected criteria to assess activities; identified HEP values; and assigned homework.
- Retreat 2 (May 2014) – Conducted SWOT; introduced health equity concepts; determined which existing activities to continue/end and selected new activities; and checked for alignment among mission, activities and resources/support.
• Retreat 3 (May 2014) – Discussed what “excellence” meant for HEP; reviewed evaluation metrics; identified professional development needs; and developed comprehensive timeline for next three year cycle.

Strategic Planning Activities Taking Place Outside of Retreats – Prior to the first strategic planning session the health educators conducted extensive literature reviews for their respective content areas and identified practice gaps and potential new practices using the Spectrum of Prevention model as a planning framework. The Health Promotion Supervisor developed a list of current departmental projects and activities and the Executive Director for Health and Wellness and Medical Director identified which current activities were to be continued. In between the first and second sessions, each health educator contributed to a “voting guide” for the proposed and current non-mandated activities and all participants referred to this guide to score each activity. The activities were sorted from highest to lowest based on overall total score and the results were shared and discussed at the second retreat. Each health educator identified a list of activities to implement during the next 3-year cycle with input and discussion from the team. The Health Promotion Supervisor developed the written plan with feedback from the health educators and administrators. Student Health and Counseling Services administrators approved the 2014 – 2017 strategic plan.

Progress from Last Plan

Health Education and Promotion staff made significant progress on the activities proposed in the last strategic plan (July 2011 – June 2014). The department has continued to address critical health issues through environmental management strategies as well as direct education and outreach. Techniques used include facilitating a structured approach to engaging with campus partners (i.e., Turn the Curve); designing and implementing focus groups and satisfaction surveys; conducting environmental scanning; and designing social marketing campaigns to change attitudes and/or modify behaviors. These are techniques staff deploy to leverage the relationships, information and resources to achieve health promotion and disease prevention goals. In addition, HEP continues to rely heavily on the material and web design services provided by the SHCS Marketing and ISG Departments to implement many projects.

Examples of specific activities that have been successfully implemented include:

Alcohol, Tobacco and Other Drug (ATOD) Risk Reduction Projects – ATOD prevention and intervention programs and services continue to be addressed by two fulltime staff: the ATOD Health Educator housed in HEP and the ATOD Intervention Services Coordinator who reports to the SHCS Medical Director. The deliverables for the Safer California Universities system-wide grant for the UC Davis campus that ended June 2013 were completed; these efforts (e.g., partnering with campus and city law enforcement agencies and creating visibility for fall enforcement efforts) continued in Fall 2013 after the cessation of funding. The Safe Party website was significantly overhauled and became mobile friendly and a Safe Party website app was built and marketed. The Davis Alcohol and Other Drug Advisory Group (DAODAG) continued to
meet throughout the last three-year cycle and this group was instrumental in making significant headway in calming Picnic Day. The Davis Neighbors’ Night Out annual community-building event continued and HEP participated by visiting student-hosted parties. HEP continued partnering with the RADD statewide project that fosters a Designated Driver Rewards Program at the majority of Davis restaurants. HEP took the lead in writing and publishing the 2010-12 Biennial Review of UC Davis’ Alcohol and Other Drug Programs. HEP also contributed to a white paper that lead to the adoption of the UC-wide Smoke and Tobacco Free Policy starting January 1, 2014. The implementation of this policy was a major public health achievement for the campus and UC system. Collaborating with campus stakeholders to support students with information regarding tobacco cessation resources and the new policy became a priority focus in 2012-13 and 2013-14 before and after policy implementation.

**Data Collection Efforts** – In Spring 2013, HEP conducted the National College Health Assessment - American College Health Association II survey and emailed this instrument to 8,000 randomly selected undergraduates and for the first time to the majority of graduate and professional students; the response rate for both groups was 14%. The Spring 2013 data was used throughout the strategic planning process and an executive summary for both surveys was posted online to make this data accessible to Student Affairs units and the broader campus community. The Prevention Research Center continued to collect data using the Safer California Universities Survey on drinking behaviors during Fall 2011 and 2012.

**UC Davis Farmers Market (UCDFM)** – Management of the UCDFM successfully transitioned from HEP to UC Stores and then to Sodexho by 2012. The UCDFM is an established presence on campus and advertising and promotion efforts continue to expand. HEP continues involvement with the market as a co-sponsor and assists with distribution of market vouchers funded through ASUCD, conducting quarterly rapid market assessments and distribution of frequent buyer cards.

**Fitness and Wellness Voucher Program** – HEP staff continue to manage the Fitness and Wellness Voucher program and partners with SHCS providers, including mental health providers, and Campus Recreation and Unions to provide this resource to students with an indicated clinical need for starting or increasing physical activity. Administrative improvements have been made and the overall number of vouchers being redeemed continues to grow. A second Quality Improvement study will be conducted by December 2014 to assess outcomes for those who received vouchers.

**Happy, Healthy Apple Logo** – The Happy, Healthy Apple logo project continues to be implemented by UC Davis Dining Services; the project is designed to cue students to choose healthy foods options. Future goals include adding the logo to food items available at the Coffee House in the Memorial Union and reassessing the campus environment related to use of the logo.

**Individual and Community Education** – HEP continued to design, conduct and evaluate a variety of health promotion programs facilitated by peer educators and/or
professional staff for Student Housing, student organizations and academic and other classes on request throughout the academic year. HEP staff also regularly provides a panel discussion to the undergraduate public health course taught most quarters. In addition, during the summer, HEP provides sexual health programming to the Special Transitional Enrichment Program (STEP) students.

**Napping Campaign** – The annual napping social marketing campaign continues to be well received by UC Davis students with 73% of undergraduates reporting they had seen the 20 – 30 minute napping message. Thousands of nap kits have been distributed (3626 in 2013-14) to students and the updated Nap Map highlights locations on campus where students can comfortably and safely nap. In Fall 2011, the napping campaign spun-off a sleep promotion campaign promoting students getting 7-9 hours of sleep more nights of the week. An appealing sleep owl mascot was created and a stuffed animal version was used April 2014 to promote sleep via campus social media channels.

**Online Wellness Portal and Wellness Assessment** – The Wellness Portal online resource launched in 2009 offers one stop shopping for campus, community and national wellness resources. The Portal has been being revamped and streamlined by SHCS Marketing. The online Wellness Questionnaire that was offered starting in 2008 continues to be available to UC Davis affiliates and this self-assessment is offered at no charge, as of June 2014, 618 people have completed the assessment.

**Sexual Health Access Initiatives** – Sexual health promotion efforts continue to be popular among students. HEP collaborates with SHCS clinical staff on the chlamydia testing promotion campaign and self-directed screening is available to students at low risk of exposure. The Love Lab (mobile cart) continues to be highly utilized and there have been efforts to enhance customer service and increase opportunities for skill building regarding use of safer sex products. The anonymous HIV antibody counseling and testing program has undergone several changes in delivery of services and currently rapid testing is provided to students at the LGBTQIA Resource Center through a contract with Harm Reduction Services, a local non-profit. This service continues to provide testing to a large percentage of high-risk students. The Are You Sexcessful? social marketing campaign to promote healthy sexual communication was launched in 2012 and a companion photo voice project was simultaneously implemented in 2013 and 2014.

**Special Events** – HEP continues to be strategic and selective regarding sponsoring outreach events to maximize programmatic reach for these several time consuming and staff intensive activities. The annual Wellness Carnival co-sponsored with Campus Recreation and Unions was moved to late fall quarter in 2013 and continues to be well attended. The Work It Week events promoting physical activity implemented every May beginning in 2012 continue to see increases in student participation by student clubs and attendance at CRU-sponsored classes. HEP continues to maintain a high profile presence at the Student Housing Resource Fair and The Buzz at the start of each academic year and for the last two years HEP sponsored the RADD car at The Buzz that was a popular attraction at the event.
Use of Social and Online Media – The department continues to rely heavily on social media to roll out wellness messages and student-centered health information, programs, events and activities. SHCS Marketing now oversees SHCS Facebook, website, blog, twitter and Instagram online communications platforms that are well utilized and have expanded the reach of HEP’s marketing efforts.

Harvest Garden at the Student Health and Wellness Center – HEP staff continue to care for the beds, create signage and promote the Garden. Efforts to install an attractive welcome sign for the Student Wellness Garden are currently underway.

Projects Not Accomplished – There are three projects where significant progress did not take place over the past three years:

(1) While increasing the percentage of healthier food options in campus vending machines has not been achieved, there have been recent discussions regarding adopting Sodexho’s Opt Healthy program. Efforts will continue to support this environmental change in the area of increased accessibility to healthier foods available on campus.

(2) While addressing the promotion of physical activity has been a goal of the department for several years, and a physical activity social marketing campaign and concurrent publication of online physical activity information and resources was initiated Spring 2012, progress has been slow regarding implementation of the Exercise is Medicine approach in partnership with SHCS providers. Efforts to collaborate with clinical managers and providers to integrate this approach where appropriate into clinical practice will continue in 2014-15 and beyond.

(3) Significant revision and publication of an online birth control course did not take place within the last strategic planning cycle. After assessing options, efforts are currently underway to adopt a young adult-friendly online resource to provide students with accurate and easily accessible birth control information. This resource will be posted on the SHCS website along with attractive graphics to engage viewers.

Framework and Evidence Base

The strategic planning process was guided by the following:

- ACHA’s Healthy Campus 2020 online resources (http://www.acha.org/healthycampus/)
- Literature reviews on evidence-informed and theory-based practices in college health, conducted by HEP staff
These documents articulate the value and prioritization of increased use of environmental management and policy change strategies to improve the health and wellness of college students.

**Student Data and Campus Trends**

HEP staff reviewed the following recent UC Davis student surveys to determine which issues were most prevalent and which topics were of most interest to undergraduates:

- Fall 2012 California Safer Schools Survey (alcohol and other drug focus)
- Spring 2013 ACHA - NCHA II survey

Several current or upcoming campus trends were also considered during the planning process:

- Continued focus on building partnerships across Student Affairs and within Student Health and Counseling Services including SHCS clinical providers
- Acknowledgment of high levels of stress experienced by students (e.g., financial pressures)
- Continued surge in use of social and online media and engaging in web-based social networking
- The increasing value of an internship experience in students’ academic and career trajectory

Trends in college student behavior demonstrated the continued importance of using online resources to disseminate health information, behavior change messages and awareness of HEP/SHCS programs and services. Today’s students benefit from learning communities that prepare them for leadership and active citizenry and many seek out the opportunity to simultaneously learn and serve their communities. These trends influence the program’s health promotion efforts as well as supervision of student employees and volunteers. HEP strives to meet its constituents at their developmental stage and provide student-centered interventions and beneficial co-curricular experiences.

These data pointed to the following health issues as important targets for our health promotion efforts:

**Top Ten Health Issues**

- Fruit and vegetable consumption and healthy eating promotion
- High-risk drinking harm reduction
- Intentional injury prevention (e.g., suicide prevention; family violence, intimate partner violence and sexual assault prevention)
- Life skills education and promotion (e.g., adequate sleep promotion, financial management, happiness/gratitude, meditation, mindfulness, relaxation and time management)
- Mood and anxiety disorders identification, referral and access to treatment
(i.e., depression, bipolar disorder and anxiety disorder)

- Physical activity promotion
- Sexual health services access (i.e., STI/HIV prevention and testing; emergency contraception; contraceptive information, products and services; and other sexual health issues such as sexual communication)
- Stress reduction (i.e., academic, financial and relationship stress)
- Tobacco use reduction and tobacco-free environment promotion
- Unintentional injury prevention (e.g., accident prevention)

This list was developed in 2011.

Strengths, Weaknesses, Opportunities and Threats (SWOT)

At the second retreat, participants identified a number of strengths, weaknesses, opportunities and threats related to HEP’s scope of work. Themes that emerged under strengths were that staff are experienced in student health, highly trained and student-centered; there is rigor in the department’s approach e.g., planning, outcomes orientation and quality improvement efforts; there are well-built relationships with campus departments and community partners; and HEP career staff, student staff and volunteers are highly motivated. Weaknesses included the quality of data collected (e.g., ACHA survey response rate) and limited capacity to analyze data; determining the most effective strategies to reach underrepresented students; being ‘silod’ by topic; staff retention and lack of diversity; and challenges working on projects with providers who have limited time.

Participants identified opportunities for partnership-building going forward with the Student Affairs staff overseeing the Health Happens Here initiative funded by the California Endowment; campus and city police departments and the Tipsy Taxi manager; stakeholders who support bicycle safety; neighborhood court personnel; and other SHCS career and student staff such as Counseling Services’ Wellness Ambassadors and peer advocates. Threats that were identified included future potential limitations in funding; challenges in building key relationships; impediments to defining a population-based, public health approach to others; and at times having to be reactive vs. proactive.

Program Creation, Continuation and Deletion Decisions

To help determine whether existing programs/activities should continue and new efforts identified from the literature reviews should be initiated, staff used a set of criteria to evaluate each effort. The four criteria were:

Criteria

1. Percentage of population affected (high volume)
2. High potential for synergy with stakeholders/highly valued by key stakeholders
3. High risk for academic failure/significant morbidity/mortality both short and long term
4. Potential to promote health equity/or high proportional impact on a marginalized community. *

Staff gathered information to assess how well each of the programs/activities met the above criteria. The aggregate ratings helped administrators and career staff determine which programs/activities to continue (modify or leave as is), which should be discontinued and which new efforts should be initiated.

**Goals and Strategies**

Health Education and Promotion will continue to develop and implement prevention initiatives that work on individual, environmental and systems levels to improve the health and wellness of UC Davis students. Staff will continue to identify metrics to measure impact and outcomes for priority health issue. The department will work to implement evidence-informed and/or theory-based strategies and document and share demonstrable results with stakeholders.

**Wellness**

**Goals for Physical Activity**
Increase promotion of physical activity among UC Davis students with attention to non- and low-exercisers.

**Description**
Regular physical activity has been shown to be a highly beneficial strategy to improve mood, enhance sleep, mitigate stress and decrease morbidity and mortality later in life. Broader and more richly developed efforts in this area will focus on non- and low level exercisers. New strategies will include developing and posting motivational signage detailing distances for common routes around campus to encourage walking or biking instead of using a car or bus. The Work It In, 10+10+10, Work It Out social marketing campaign to promote physical activity among UC Davis students will continue with collateral involvement by student clubs providing different types of physical activity to appeal to a diverse student body. Reaching out to students including housing residents to provide opportunities to start or continue with physical activity through implementation of tailored Ways to Wellness modules will take place. Efforts will continue regarding collaboration with SHCS clinical staff to implement Exercise is Medicine and further development of complementary online tools and resources relevant to non- or low-level exercisers to foster physical activity will be created and utilized. In partnership with Campus Recreation and Unions, the Fitness and Wellness Voucher program will continue to support physical activity among SHCS patients when clinically indicated.

**Objectives**

1. Reduce the proportion of students reporting no or low levels of physical activity using multiple individual and population-level strategies.
2. Increase the involvement of health care providers in increasing physical activity through an Exercise is Medicine intervention during clinic visits.
3. Continue oversight of the Fitness and Wellness Voucher program in collaboration with SHCS providers and Campus Recreation and Unions.

Goals for Healthy Eating
Increase healthy eating and hydration among UC Davis students.

Description
The promotion of healthy eating will continue to be addressed through continuing tabling at the campus farmer’s market, supporting increased implementation of the Healthy, Happy Apple Logo and continuing to foster increased healthy options in campus vending machines. Healthy snacking and water as a good choice for hydration social marketing campaigns will be developed and implemented. Information on CalFresh benefits eligibility and availability and other sources of free or low-cost food will be made available to students lacking food security.

Objectives

1. Increase the proportion of students who consume at least five daily servings of fruits and vegetables.
2. Increase the percentage of healthier foods available in campus vending machines.
3. Implement a social marketing campaign to promote healthier snacking.
4. Reassess use of the Healthy, Happy Apple Logo and increase implementation of the logo targeting all convenience stores/eateries on campus.
5. Promote and provide students with information on CalFresh benefits and other options for free or low cost food for students lacking food security.
6. Implement a social marketing campaign to promote drinking water as a good choice for hydration.

Goals for Mental Wellness
Increase the amount of sleep and/or occurrence of optimal napping among students, increase students’ ability to cope with stress through increased awareness of how to foster happiness, practice gratitude and expand relationship skills.

Description
Students report stress as the number one issue impacting academics. Promotion of mental well-being and healthy relationships are priority college health issues. NCHA-ACHA II data supports prioritizing campus health promotion efforts related to stress from academics, finances and relationships; sleep; and mental health issues i.e., suicide and mood and anxiety disorders. **

Objectives

1. Increase students’ strategies and skills to reduce stress.
2. Increase the number of students who optimally nap.
3. Increase proportion of students reporting a consistent amount of recommended nighttime sleep.
4. Implement environmental management strategies in student housing to create better sleep environments.
5. Increase students' skills to improve relationships.
6. Increase students’ ability to feel happy and/or practice gratitude.

**Sexual Health**

**Goals for Sexual Health**
Increase sexual health access and reduce rates of STIs, including HIV, among UCD students by increasing the number of students accessing screening for chlamydia, increasing condom and other safer sex product use among sexually active students, and maintaining rapid, anonymous HIV testing. Increase knowledge of birth control options and use of birth control to decrease unintended pregnancy among women. Increase student comfort level and skills with sexual communication.

**Description**
A number of activities have been initiated and will continue to promote sexual health among UC Davis students. These efforts include promoting testing for Chlamydia; implementing the Love Lab that is a mobile cart offering no-cost safer sex products; distribution of a Sexual Communication guide written by and for students; and publication of the Sex Topics pages on the SHCS website. Condoms also continue to be for sale at campus locations that did not sell condoms in the past and the Sexual Health Resources In and Around Davis Google map detailing where safer sex products can be purchased on campus and within the City of Davis is now available on the SHCS website. Anonymous, rapid HIV risk reduction counseling and testing services are offered weekly at the LGBTQIA Resource Center (through a contract with the non-profit Harm Reduction Services) with ongoing attention paid to encouraging high-risk clients to seek testing. The sexual communication social marketing campaign also continues annually along with the collateral photo voice social media project.

**Objectives**

1. Increase condom and other safer sex product use among sexually active students.
2. Increase skills in using safer sex products among sexually active students.
3. Increase rates of chlamydia testing at SHCS.
4. Maintain or increase percentage of high-risk clients seeking rapid, anonymous HIV counseling and testing services.
5. Increase the quality of online birth control information and education available on the SHCS website.
6. Increase comfort and skills with sexual communication among UC Davis students.
Alcohol, Tobacco and Other Drug Issues

Goals for Alcohol, Tobacco and Other Drug Issues
Reduce high-risk alcohol consumption and the associated negative consequences. Promote safer party behaviors and environments for students drinking alcohol in collaboration with campus and community partners. Support compliance with the UC Davis Smoke and Tobacco Free Policy and student smokers who seek to quit tobacco.

Description
Alcohol, tobacco and other drug risk reduction efforts will continue with collaborations among many campus and community partners. Activities will include continuation of the Davis Alcohol and Other Drug Advisory Group (DAODAG), working with Picnic Day organizers to reduce high-risk drinking throughout the Picnic Day weekend and maintaining annual implementation of the evidence-based interventions established during the Safer California Universities Prevention Research Center grant period ending in 2013. Maintaining the Safe Party website and Davis Neighbors’ Night Out outreach will continue. New activities will include development of a Watch Your BAC blood alcohol education project, initiating discussion regarding establishing a medical amnesty policy and bystander intervention training related to alcohol poisoning. HEP will also take the lead in writing and publishing the 2012-14 Biennial Review of UC Davis’ Alcohol and Other Drug Programs. Efforts will continue to educate students about use of e-cigarettes, the Smoke and Tobacco Free Policy and tobacco cessation resources for students who wish to quit tobacco.

Objectives

1. Reduce high risk drinking through implementing proven Safer California Universities strategies and a coordinated community response between UC Davis and the City of Davis.

2. Increase students’ awareness, skills and actions regarding safe partying and observing and intervening with students who need medical attention as a result of alcohol poisoning.

3. Continue to offer the eCHECKUP TO GO online self-assessment to students including incoming and transfer students.

4. Work with campus partners to provide information on tobacco cessation support services for students who seek to quit tobacco.

5. Increase awareness of the UC Davis Smoke and Tobacco Free Policy and compliance with the policy among students.

Unintentional Injury

Goals for Unintentional Injury
Promote engagement in bicycle safety practices including bicycle helmet use among UC Davis students who ride bicycles. Increase use of safe rides home when consuming alcohol.
Description
UC Davis students use bicycle helmets 7% of the time, this is 26% below the national target of 33% use according to Healthy Campus 2020 benchmarking data. The leading cause of mortality among young adults is unintentional injury with motor vehicle injuries accounting for most of these deaths, where alcohol is often a major factor.

Objectives

1. Increase bicycle helmet use among students who ride bicycles.
2. Continue to partner with local businesses and RADD to promote use of designated drivers and safer serving practices.
3. Increase students’ accessibility and use of safe rides home (e.g., taxis, Tipsy Taxi or buses) after consuming alcohol.

Engaging Student Staff and Volunteers

Goal
Maintain departmental productivity balancing career staff time spent on supervising students versus time spent directly on health promotion efforts (individually or in partnership with others).

Description
Currently, HEP recruits nine paid student assistants for each major content area including alcohol, tobacco and other drugs issues; sexual health; stress/sleep; and physical activity and nutrition/Harvest Garden. The student assistants develop quarterly work plans and provide assistance on specific projects as identified by their career staff supervisor. The paid Volunteer Coordinator provides supervision for up to 20 volunteers. This position handles all aspects of assigning and monitoring the work of the volunteers. There is considerable emphasis during the initial fall training in orienting the student assistants to their respective roles and responsibilities and instilling project management skills to ensure productivity throughout the year. Unpaid student volunteers work fewer hours per week as compared to paid student staff and provide the “feet on the ground” to accomplish tasks and functions for a range of activities including conducting environmental scanning, staffing the Love Lab, gardening and providing nutrition education at the weekly farmers market. Opportunities to facilitate educational programs to peers are provided to interested volunteers as the year progresses. Volunteers are able to select the content area of most interest to them and undergo a training and evaluation process to become “program-ready.” Completion of this training can be a next step for those volunteers who wish to apply for a paid position in the future. Each quarter, all HEP-affiliated students continue to be eligible to obtain one (volunteers) or up to two (paid student staff) unit(s) through the Department of Public Health Sciences and transcript notation through the Internship and Career Center.

Health Education and Promotion continues to offer a high quality and career-relevant internship experience for UC Davis students and many former HEP-affiliated students have pursued careers in public health or the health professions after graduation. Many
HEP students have directly benefited from their experience working in HEP and have been accepted to top-tier graduate or professional programs or gained health-related employment when entering the workforce.

Objectives

1. Maintain current student staff and volunteer position and reporting configurations.
2. Continue to look for ways to recruit a diverse student and volunteer staff.
3. Continue to develop closer ties between career staff, paid student staff and volunteers through orientation to the field of public health, mentoring and social events.
4. Develop and implement an exit interview instrument for volunteers who leave the internship prior to mid-June.
5. Continue to provide joint cultural competency trainings throughout the year for student staff and volunteers (i.e., Safe Zone, sexual harassment, suicide prevention bystander, health equity, students with disabilities and diversity trainings).

Cross Issue Area Activities

Goal
HEP career and student staff will continue to work on needs assessment, activities and special events that intersect content areas to promote health behavior change among UC Davis students.

Description
HEP participates in a number of activities that involve many content areas. Large events, such as The Buzz, Housing Resource Fair and Wellness Carnival, provide an opportunity to showcase the entire department. HEP is a health promotion resource for campus and community members and the implementation of comprehensive needs assessment, strategic planning and annual work plans with evaluation metrics will be priority efforts for HEP professional staff.

Objectives

1. HEP staff will serve as a resource to others on campus and in the community by participating on committees, responding to inquiries and providing trainings.
2. HEP staff will continue to participate in select large events on campus to promote health and wellness.
3. HEP staff will participate in professional development and quarterly and annual reviews of annual work plan progress.
4. HEP staff will conduct regular assessments of student health and risk behaviors (e.g., National College Health Assessment in Spring 2015 and 2017).
Spectrum of Prevention

During the literature review phase of the strategic planning effort, staff used the Spectrum of Prevention framework to ensure that efforts were balanced across vertical layers of public health efforts. This framework identifies and supports the development of multidimensional approaches for effective prevention activities. This approach helps practitioners identify and implement strategies that work on multiple levels of the system to optimize desirable health behaviors.

More specifically, the Spectrum identifies six levels of intervention that include strengthening individual knowledge and skills and promoting community education along with educating providers, fostering coalitions and networks, changing organizational practices and influencing policy. Larry Cohen originally developed the Spectrum while working at the Contra Costa County Health Department and this model is based on the work of Marshall Swift. More information about the Spectrum of Prevention can be found on the Prevention Institute's website.

While influencing policy and organizational practices can take longer and be more difficult to achieve than strengthening individual knowledge and skills or promoting community education, this strategic plan proposes strategies in all levels of the Spectrum. The department's mission is to achieve more lasting, widespread and significant change to the campus environment so that the healthier choice is the easier choice.

Staff will also develop logic models for more complex and challenging activities that require careful planning and project design. These logic models will connect the proposed activities to the objectives, while also identifying the resources needed and the short-term and long-term objectives to be achieved. HEP staff will continue to look at the best metrics with which to evaluate activities and will further examine anticipated and unanticipated outcomes that result from implementation efforts. HEP staff will begin to apply a health equity lens to activities and make efforts to acknowledge and address disparities where possible. Staff will continue to seek out professional development including knowledge of best and/or promising practices and share accomplishments with peer institutions at regional and national conferences. The Health Promotion Supervisor supports ongoing professional development, including supporting career staff obtaining their Certified Health Education Specialist (CHES) certification, to uphold an advanced level of skill, accomplishment and accountability within the department.

Financial Plan

HEP is fortunate to have an adequate budget to support career staff, student staff and operational needs. Additional financial support continues to be received from Campus Recreation and Unions to support the Fitness and Wellness voucher program and from ASUCD to support the UCDFM voucher program and offset costs associated with providing rapid, anonymous HIV testing. All staff will continue to look for ways to
increase efficiencies, use resources effectively and balance sustaining ongoing activities with initiation of new ones.

**Plan Authorization**

We have reviewed the attached strategic plan for Health Education and Promotion. We approve of the contents of this plan and support its implementation.

Michelle Famula, MD
Executive Director, Health and Wellness, Student Health and Counseling Services
8/22/14

Tom Ferguson, MD, PhD
Medical Director, Student Health and Counseling Services
8/31/2014
**Attachments**

- 2013-14 Strategic planning process timeline
- Agendas for the three strategic planning retreats
- Proposed Health Education and Promotion Mission Statement
- 2014 Literature Reviews
- HEP 2013-14 Activities List
- 2013 ACHA NCHA II Data Summaries
- 2014 Activity Voting Guide
- 2014 Sorted Criteria Grid
- 2014-17 Projected Timeline
- HEP 2013 Annual Report
- Core Concepts of Health Equity Handout

*During this round of strategic planning HEP staff took on exploring how the concept of health equity could influence selection and implementation of future activities. After a suggestion at the first retreat to include health disparities as a possible criterion, there was discussion and one of the criteria selected was “potential to promote health equity/or high proportional impact on a marginalized community.” This criterion was one of four used in the development of the Voting Guide. In addition, two health educators developed a module on health equity that was presented at the second retreat to assist participants in acquiring a deeper understanding of health equity and related issues. HEP staff will continue to develop ideas for how to programmatically apply a health equity lens and integrate these concepts into future work plans.*

**In 2012-13 and 2013-14, as a result of California Mental Health Services Authority (CalMHSA) and Proposition 63, Counseling Services’ staff has implemented the Each Aggie Matters campaign to address suicide prevention including offering bystander intervention training and extensive online resources.*