



UNIVERSITY OF  
NORTHERN  
COLORADO

# Office of Health Promotion Annual Report 2022-23



Division of Student Affairs and Enrollment Services  
University of Northern Colorado



## Section 1 – Mission, Vision, Goals

### **Mission**

The Office of Health Promotion provides wellness education about responsible substance use, mental health resources and comprehensive sexual health education. We hope that through health promotion and awareness, we can equip UNC students with the necessary tools to make safer decisions in an effort to create a healthy campus experience for all.

### **Goals**

1. Advocate for a health-supporting campus community that is directed by health equity, inclusion and authentic community engagement.
2. Focus on grassroots efforts that promote a harm-reduction approach to high-risk behaviors that are rooted in evidence-based and/or theory-informed practices.
3. Mobilize the Community of Bears for collective action toward a healthier campus.

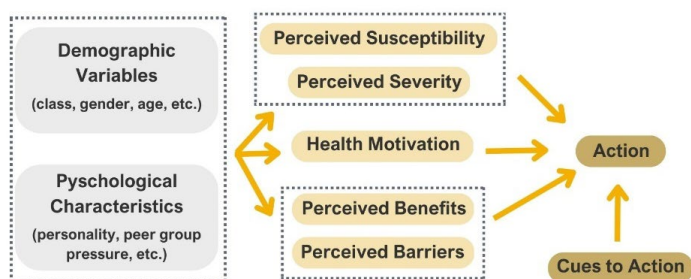
## Section 2 – Points of Pride

1. The Office of Health Promotion team secured partnerships with the Weld County Health Department and the Naloxone Bulk Fund to provide harm-reduction resources to the UNC community (e.g. fentanyl test strips and naloxone). This increases access to education and life-saving resources for students, faculty and staff. There were 82 attendees at an overdose prevention training, and 288 doses of Narcan were provided, as well as 355 fentanyl test strips.
2. The Office of Health Promotion acquired funding for an additional 1.0 FTE and completed a successful process of hiring a Health Promotion Specialist.
3. The Office of Health Promotion mobilized wellness efforts through the creation of the Substance Use and Misuse Committee, JED Campus sub-committees (e.g. Training, Student Outreach and Engagement, Equity in Mental Health), and an Interpersonal Violence Prevention and Response Committee, which is co-chaired by the Health Promotion Specialist.



## Section 3 – Assessment/Learning Outcomes, June 1, 2022 – May 31, 2023

## Health Belief Model



The Health Belief Model helps to understand if certain behaviors impact a student's college experience and academic success, and if the impact is strong enough to facilitate positive and health-supporting actions. Such actions can include: calculating blood alcohol content, wearing a protective barrier during sexual activities, and seeking mental health treatment. The Health Belief Model also looks at barriers and benefits students may experience, and how those barriers may affect outcomes. OHP has adopted the Health Belief Model as a framework for student learning outcomes.

**Outcome #1:** Students who participate in OHP programs will engage in preventative education and available resources that will reduce the threat of illness or disease. (perceived benefits)

**How is it connected to the SAES Strategic Plan Goals?** Principle Two. The division will meet the needs and interests of UNC students and staff promoting a sense of community, engagement, responsibility and co-curricular development while supporting personal health, safety and wellness.

**What are you measuring?** The prevalence of student engagement in preventative education, resources and programs. In FY 23-24, we will aim to measure students' perception of the effectiveness of changing or modifying their behavior to reduce negative outcomes. A student is likely to change their behavior if the health action is perceived to be beneficial. Multiple assessment tools are used to inform and develop OHP programming. For example, one notable measurement that generalizes UNC's student population well-being is the National College Health Assessment (NCHA) and Healthy Minds Study (HMS). The NCHA is a bi-annual randomized survey that measures the prevalence of threats to wellbeing among UNC students. Data include but are not limited to unintended behaviors and attitudes associated with sexual health, mental health and substance use. The HMS was conducted in spring 2021 and examines mental health and service utilization among students. Behaviors and attitudes that most significantly affect student success inform resource allocation and educational programming.

**What is the evidence?** The following examples illustrate how OHP's programming measures Outcome #1: (a) NCHA and HMS Data; (b) the number of Bedside Box sexual health items provided; (c) the number of Plan-it-SAFER Pack resources provided.

### What is the result?

- a) National College Health Assessment and Healthy Minds Study:
  - o 14% of UNC students reported getting tested for HIV in the last year
  - o 59% of UNC students reported having ever received therapy to address mental health concerns
  - o 79.9% of UNC students reported limiting their alcohol intake below 4 drinks the last time they drank in a social setting



- b) Plan-it-SAFER harm reduction packs:
  - 114 Plan-it-SAFER harm-reduction packs ordered
  - 228 Narcan doses distributed
  - 295 fentanyl test strips distributed
- c) Bedside Box sexual health resource packs
  - 332 Bedside Boxes ordered
  - 2,744 condoms distributed
  - 10 gloves distributed
  - 502 dental dams distributed
  - 626 pregnancy tests distributed
  - 698 lubricant packets distributed

**Outcome #2:** Students who participate in OHP programs will engage in education and available resources that aim to eliminate barriers to healthy behaviors. (perceived barriers)

**How is it connected to the SAES Strategic Plan Goals?** Principle Two. The division will meet the needs and interests of UNC students and staff promoting a sense of community, engagement, responsibility and co-curricular development while supporting personal health, safety and wellness.

**What are you measuring?** Identifying the existing barriers that affect students' accessing resources or education. In FY 23-24, we will aim to measure students' perceptions about the obstacles that are present. There will likely be a wide range in student feelings about existing impediments and understanding students' cost/benefit analysis about adopting the health behavior, which will provide OHP with a greater breadth of what programs, policies or procedures can be implemented to reduce barriers.

**What is the evidence?** The following examples illustrate how OHP's programming measures Outcome #2: (a) Healthy Minds Study data on barriers to accessing mental health care; (b) stigma associated with accessing sexual health resources; (c) eCHECKUP TO GO Alcohol and Cannabis

### **What is the result?**

- a) Healthy Minds Study:
  - The top three barriers to mental health help-seeking were: financial limitations, time constraints and preference to deal with issues independently
- b) Sexual Health Barriers:
  - Themes from the end of year Bedside Box survey indicated cost and stigma of accessing resources were top barriers to using sexual health resources
- c) eCHECKUP TO GO:
  - Top barriers to reducing alcohol consumption include: students reported drinking alcohol is an activity they engage in to "have fun with friends" (75% male students / 78% female students); students reported drinking alcohol "helps me feel like I belong and I am a part of the group." (16% male students / 28% female students)
  - Top barriers to reducing cannabis consumption include: students reported cannabis helps to reduce stress (76% male students / 66% female students); students reported cannabis helps them to relax (74% male students / 66% female students)



**Outcome #3:** Students who participate in OHP programs will engage in resources and education that inform their beliefs about the likelihood of experiencing an unintended consequence (perceived susceptibility) and how serious those unintended consequences may be to their well-being (perceived severity).

**How is it connected to the SAES Strategic Plan Goals?** Principle Two. The division will meet the needs and interests of UNC students and staff promoting a sense of community, engagement, responsibility and co-curricular development while supporting personal health, safety and wellness.

**What are you measuring?** Populations most at risk for experiencing unintended consequences and providing education on risks associated with behaviors. In FY 23-24 we will aim to measure students' perception of their vulnerability to negative consequences and which ramifications hold the most importance (e.g. illness, social status, academics, etc.).

**What is the evidence?** The following examples illustrate how OHP's programming measures Outcome #3: (a) eCHECKUP TO GO program; (b) safer sexual health practices; (c) the number of students who participated in one of OHP's educational workshops.

#### **What is the result?**

- a) eCHECK UP TO GO:
  - o (N=66) students completed the eCHECKUP TO GO alcohol intervention program
  - o (N=35) students completed the eCHECKUP TO GO cannabis intervention program
- b) Safer sexual health practices:
  - o 55% of UNC students reported "most of the time" or "always" using a barrier method when they engage in sexual activities
- c) Educational workshops
  - o OHP hosted 28 workshops and presentations, reaching 882 individuals

**Outcome #4:** Students who engage in OHP programs will interact with internal or external factors that have the potential to trigger or provide a reminder of a health behavior.

**How is it connected to the SAES Strategic Plan Goals?** Principle Two. The division will meet the needs and interests of UNC students and staff promoting a sense of community, engagement, responsibility and co-curricular development while supporting personal health, safety and wellness.

**What are you measuring?** The prevalence of promotion, awareness and reminders that provide recall for health behaviors. Literature suggests that perceived susceptibility and benefits are only relevant alongside cues to action. Internal cues include feeling a symptom (e.g. a hangover from alcohol consumption) and external cues can include social media or conversations with peers/mentors. These initiatives are meant to prompt a desire to make a health change.

**What is the evidence?** The following examples illustrate how OHP's programming measures Outcome #4: (a) peer health education; (b) social media posts; (c) social norming campaigns.

#### **What is the result?**

- a) Peer health educators led 50 total events throughout the 2022-23 academic year reaching nearly 2,000 attendees.
- b) 50 social media posts were created and posted to the Office of Health Promotion Instagram account. These posts included positive, normalizing and resource-driven public health information to prompt or maintain behavior changes.
- c) In fall 2023, the Office of Health Promotion will roll out a comprehensive and inclusive social norming campaign focused on positive behavior engagement in substances.



## Section 4 – Unit Metrics

### Community Outreach



**Events:** Health education workshops & presentations, student engagement spaces and tabling.

### Box Services

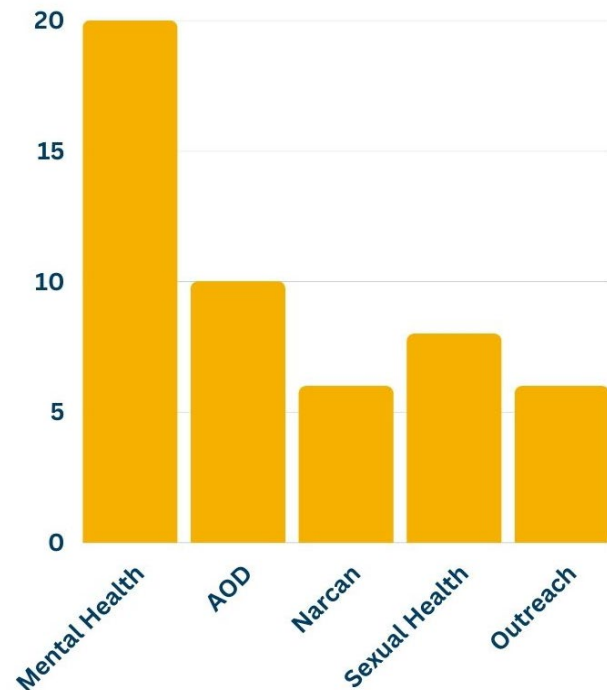


\*for pilot semester Spring 2023

**Harm Reduction Products:** Narcan, Fentanyl Testing Strips, Spiking Protection Cup Covers, Electrolyte Packets, Snack Bar

**Bedside Box Products:** condoms, dental dams, lubricant, pregnancy tests, non-latex gloves

### Programs by Type



\*AOD: Alcohol & Other Drug, excludes Narcan-specific presentations

### Instagram Posts

#### Educational Posts



**Post Topics:** Alcohol & Other Drug (36%), Mental Health (28%), Sexual Health (36%)

#### All Posts



**Post Types:** Educational (37%), Event Marketing (30%), Service Marketing (8%), Student Engagement (25%)