The Wellness Initiatives Plan

submitted to Student Success
by
The Wellness Initiatives
for the University Community
Priority Group

May 2004
Wellness Initiatives Priority Group Plan
Executive Summary

Vision: To be the healthiest campus in the United States.

Charge: To develop a campus-wide Wellness Initiative for students and employees.

Outcomes: To create a plan for a multi-faceted program for students, staff, and faculty that will focus on healthier living with special emphasis on alcohol, fitness/nutrition, sexual health/healthy relationships, and smoking substances (tobacco/marijuana).

Plan Development. Procedures used to develop the plan included four primary stages:
1. Identification of priority health areas based on available campus health status data and from the Wellness Group’s experiences and knowledge about KU community health issues.
2. Formation of health area subgroups and development of initial recommendations based on scientific studies, best practices, and personal experience by subgroup members.
3. Administration of survey of importance and feasibility of implementing the recommendations with KU students, faculty, and staff.
4. Review of survey results to identify top priority recommendations and to determine timeline for initiating specific recommendations.

Outcomes of Planning Process. The Wellness Group planning process resulted in the following outcomes:
- Priority health areas identified as alcohol, fitness/nutrition, sexual health/healthy relationships, and smoking substances (tobacco/marijuana).
- Fifty-three recommendations are proposed based on 40 student and employee survey respondents.
- The final plan contains 15 top recommendations for implementation in Phase 1 (AY2004-2005).
- Recommendations are provided for needed infrastructure, marketing, and evaluation strategies to increase successful implementation of the plan.

Top Recommendations based on Importance and Feasibility. Recommendations in each priority health area were based on survey results and input from Wellness Group members.

Alcohol:
1. Collect data and publicize results that more accurately reflect true designated driver practices and institute an “incentive” program to heighten use of SafeRide program.
2. Implement stricter penalties for student organizations and clubs that allow alcohol use among minors and educate students on what constitutes as hazing and other unsafe initiation practices.
3. Update current birthday card and send to all students prior to their 21st birthday, offer alternative 21st birthday activities, and widely publicize consequences of 21-shot tradition.
4. Develop a campus/community coalition to work on alcohol issues related to policies that address alcohol advertisements and drink specials, illegal sales of alcohol to minors, fake ID’s, vendor responsible sales training, and city policies related to alcohol sales and penalties.

Fitness/Nutrition:
1. Further develop healthy food selection programs in campus dining areas by extending Fresh ‘N Hearty and Better Bites selections and enhancing the marketing of these programs.
2. Make smaller portions available on campus dining serving lines and improve education on consuming smaller portion sizes.
3. Change payroll deductions from 10 pay periods at $25 per pay period to 26 pay periods at $9.62 for use of the Recreation Center to make it more economically feasible for classified and unclassified staff to utilize the facility.
4. Develop a campus-wide walking program/pedometer challenge with online input of daily steps and support with incentives and walking-buddy opportunities.
Sexual Health/Healthy Relationships:
1. Create and administer a sexual health survey to get a baseline on prevalence of behaviors and to develop future campus-wide interventions.
2. Educate University staff members on the response plan for victims of sexual assault, issues of sexual harassment, and available campus and community resources.
3. Promote the Women’s Transitional Care Services and the Rape Victim’s Survivor Services to remove stigma and increase use for victims of sexual assault needing assistance.
4. Create an educational campus-wide program to provide information on sexually transmitted infections, contraception, and to enhance students’ verbal communication on boundary-setting for sexual contact.

Smoking Substances:
1. Appoint a group to revise the University smoking policy to further limit distance of smoking from building entrances and to review enforcement procedures.
2. Work with community organizations to increase cigarette taxes and require license for sale of tobacco products within the city.
3. Discontinue cigarette and other tobacco sales in the Kansas and Burge Unions (and Edwards Campus Union when completed).

The Wellness Priority Group
Facilitator: Richard Johnson
Leaders: Jannette Berkley-Patton and Rachel Rumple-Comerford
Members: Carol Guillaume, Stephen Fawcett, Jaimie Heldstab, Steve Munch, Michael Myers, Beth Peer, Lauren Reinhold, Kristin Scott, Melissa Smith, Mark Thompson, and Jill Urkoski
Wellness Initiatives Priority Group Plan
Student Success

Vision
KU will be the healthiest campus in the United States.

Charge
The priority group will develop a campus-wide Wellness Initiative for students and employees.

Desired Outcomes
The priority group will create a plan for a multi-faceted program for students, staff, and faculty that will focused on healthier living with special emphasis on alcohol, fitness/nutrition, sexual health/healthy relationships, and smoking substances (tobacco/marijuana).

Planning Process
Group structure. The Wellness Priority Group consisted of 12 members (10 faculty/staff and 2 student members) with interests and expertise in the area of health promotion and wellness. The Group met eight times over the course of the Spring 2004 semester and subgroups met at least twice outside of these larger group meetings to develop the Wellness Initiatives Priority Group Plan.

Priority health areas. Due to the broad scope of “wellness,” an informal needs assessment process was used to identify targeted health areas for the Wellness Group to address. To identify KU Community health concerns, the group reviewed available surveys (e.g., Campus Alcohol Survey; National College Health Assessment Survey; Campus Climate Employee Survey), student medical charts (e.g., body mass index, tobacco use), and anecdotal information provided from KU staff who have had regular contact with students (e.g., Student Health Services doctors, Freshman/Sophomore Advising staff). The Group identified and formed subgroups around four critical health areas: alcohol, fitness/nutrition, sexual health/healthy relationships, and smoking substances (tobacco/marijuana). Subgroups focused on the development of key recommendations, that when implemented fully, could positively affect future KU community health and wellness. The overall group provided feedback on subgroup recommendations.

Survey. A survey of importance and feasibility was created to prioritize proposed recommendations. The survey included recommendations for each health priority area. Surveys were mailed to approximately 100 employees from all Student Success departments and given to approximately 40 students representing many different groups and organizations on campus. Employee respondents were asked to rate each recommendation on its level of importance (“5” being very important) and level of feasibility (“5” being very feasible). Due to concern about students’ limited knowledge of University departments, student respondents were asked to rate each recommendation on its level of importance only.

Implementation of the Wellness Plan. The Wellness Group provided suggestions on the staffing structure, communication networks, and marketing strategies to ensure full implementation of the Wellness plan. Also, suggestions were provided on the evaluation of implemented recommendations and its impact on KU Community health.

Outcomes of the Planning Process
Final Selection of Recommendations. Twenty-four faculty/staff members (response rate ~ 25%) and 16 students (response rate ~ 40%) responded to the survey. Survey responses were balanced with input from the Group members whose experience and expertise with the health issues and recommendations were highly regarded. Please see Appendix A for faculty/staff and student survey results.

Development of Infrastructure Recommendations. The KU Wellness Initiative recommendations are categorized in a timeline that consists of three phases. Each phase suggests infrastructure implementation needs (e.g., staffing, marketing, evaluation) and specific health/wellness recommendations to pursue. The first
Phase (AY 2004-2005) consists of recommendations that were based on survey results, input from Wellness Group members, and existing assets within University departments. The second phase (AY 2005-2006) consists of recommendations that were highly important but perhaps more difficult to implement. This phase also includes further infrastructure development, the generation of outside resources to help support the plan, and continued marketing and evaluation efforts. The third phase (2006-2007) consists of recommendations that were important yet potentially the most difficult to implement. In summary, this implementation timeline allows for some “easy wins” by committing to implementing more highly feasible recommendations first while laying the groundwork for developing more difficult recommendations over time.

Phase 1: Implementation of Infrastructure and Recommendations – AY 2004-2005

Wellness Initiative Infrastructure

**Staffing:** Currently, a Wellness Coordinator for student health and wellness is housed in Student Health Services in the Health Education Department. Based on recommendations from an earlier “Outreach Committee” (see Proposal for Redefining Department, dated June 11, 2003) the Wellness Group also suggests changing the name of the Health Education Department to the Wellness Resource Center. To successfully implement the plan, another Wellness Coordinator will be needed to address the health and wellness of faculty and staff. Both Coordinator positions would be full-time. Their responsibilities would be to: 1) fully implement the three-phased plan, 2) coordinate their efforts with relevant departments, secure resources through grantwriting and creative use of existing campus assets, 3) jointly facilitate a Wellness committee responsible for updating the Wellness plan, and 4) responding to emerging campus health issues.

**Marketing:** A primary marketing recommendation is the development of a Wellness website. This website would include information on health-related programs occurring on campus, screening tools for health-risk behaviors and circumstances (e.g., alcohol use, depression), and links to pertinent resources. Additionally, new initiatives that supported by the Internet, such as health discussion forums and buddy systems (e.g., walking buddies as part of a walking program; smoking cessation buddy) could be included or linked to the Wellness website.

Other key marketing strategies would include: sharing information in new faculty and staff orientations on how they can address students (or personal) alcohol use, piggybacking on national campaigns to address health issues in the University Daily Kansan, and broadcasting campus health events and issues with Student Housing and Center for Campus Life (e.g., campus bathrooms, display cases, links from the KU home page, chalking, and through communications). Also, a “health representative” should be appointed for all Student Success departments through which information and interventions could readily be provided. Additionally, responsible alcohol use information would be provided to incoming students and parents in admissions materials and through New Student Orientation.

**Evaluation:** The group discussed the need for three stages of evaluation to assess process activities, intermediate outcomes, and more distant outcomes on the goal of improving KU Community health and wellness. The process evaluation would entail documenting the implementation of the Wellness Plan recommendations within identified departments. This documented information would include the amount of exposure with the target population (e.g., number of students in attendance, number of participating employees) through identified departments on a monthly basis and the duration of the implemented recommendation. Also, department feedback would be collected on implementation challenges and needed improvements.

Intermediate outcomes would be assessed at the overall plan level. This would include collecting baseline data on observable traces of targeted behaviors (e.g., utilization rates of recreation center and Student Health Services, campus sales of healthier snacks, sick days used by KU employees) and establishing evaluation plans to closely study the effects of key recommendations (e.g., impact of a campus-wide walking program on participants). Year-end evaluations would occur to make decisions on whether to continue, make changes, or end investments of implemented recommendations. Also, yearly interviews and focus groups with KU
students and employees could provide qualitative information on satisfaction and perceived value of the implemented recommendations.

**Ultimate outcomes** would be assessed at the overall plan level. Comprehensive campus-wide and highly targeted surveys that measure health-related behaviors (e.g., National College Health Assessment) would be used to assess potential improvements in KU Community health over time. Support from the Office of Institutional Research and Planning could provide assistance in determining survey sample populations and sizes. At baseline, the Wellness Coordinators and the Wellness Committee would need to establish what would be reasonable changes in behavior based on implemented recommendations. For instance, would a reduction of 10% to 15% in cigarette use be reasonable if only a selected few of the Smoking Substance recommendations were implemented? Ongoing data collected on key behaviors (e.g., cigarette and marijuana use, amount of student and employee exercise, rates of diagnosed sexually transmitted infections among students) could be tracked over time and compared to Kansas and national data. Annually, evaluation of the Wellness plan outcomes should be reported campus-wide.

**Wellness Initiative Recommendations – AY 2004-2005**

**Alcohol:**
1. Collect data and publicize results that more accurately reflect true designated driver practices and institute an “incentive” program to heighten use of SafeRide program.
2. Implement stricter penalties for student organizations and clubs that allow alcohol use among minors and educate students on what constitutes as hazing and other unsafe initiation practices.
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**Fitness/Nutrition:**
1. Further develop healthy food selection programs in campus dining areas by extending Fresh ‘N Hearty and Better Bites selections and enhancing the marketing of these programs.
2. Make smaller portions available on campus dining serving lines and improve education on consuming smaller portion sizes.
3. Change payroll deductions from 10 pay periods at $25 per pay period to 26 pay periods at $9.62 for use of the Recreation Center to make it more economically feasible for classified and unclassified staff to utilize the facility.
4. Develop a campus-wide walking program/pedometer challenge with online input of daily steps and support with incentives and walking-buddy opportunities.

**Sexual Health/Healthy Relationships:**
1. Create and administer a sexual health survey to get a baseline on prevalence of behaviors and to develop future campus-wide interventions.
2. Educate University staff members on the response plan for victims of sexual assault, issues of sexual harassment, and available campus and community resources.
3. Promote the Women’s Transitional Care Services and the Rape Victim’s Survivor Services to remove stigma and increase use for victims of sexual assault needing assistance.
4. Create an educational campus-wide program to provide information on sexually transmitted infections, contraception, and to enhance students’ verbal communication on boundary-setting for sexual contact.
Smoking Substances:
1. Appoint a group to revise the University smoking policy to further limit distance of smoking from building entrances and to review enforcement procedures.
2. Work with community organizations to increase cigarette taxes and require license for sale of tobacco products within the city.
3. Discontinue cigarette and other tobacco sales in the Kansas and Burge Unions (and Edwards Campus Union when completed).


Wellness Initiative Infrastructure

Staffing: Support of staff, space, and equipment noted in Phase 1 should be ongoing with the addition of student hourly positions to provide direct support to Coordinators.

Marketing: Key marketing strategies would consist of including responsible alcohol use information in Admissions materials for incoming students and their parents. This would help establish an early understanding of health-related expectations and diffuse any perceptions of KU as a party school. Also, New Student Orientation presentations, informal discussions, and student contacts could be used to deliver health messages to incoming students. Other marketing strategies could include: student-developed campaigns (e.g., Got Health?) throughout various campus outlets (e.g., buses, screen savers, Lied enter sign) to encourage healthy behaviors and alcohol programming in residence and scholarship halls.

Evaluation: Continue the evaluation process as described in Phase 1. For ultimate outcomes, begin administering a campus-wide health behavior survey with a representative sample of students and employees. This survey should be conducted every two years, minimum. Targeted behavioral goals should be reassessed if full adoption of proposed plan has not occurred. The hypothesis is that the more recommendations put in place, particularly from Phases 1 and 2, the more likely effects would be detected on a campus-wide level.

Wellness Initiative Recommendations – AY 2005-2006

Alcohol:
1. Administer an annual student and employee alcohol survey and develop an observational system to better understand student drinking for development of prevention programming.
2. Increase number of dry chapters and dry alternative functions, and require KU Public Safety Office or paid-security to enforce alcohol policies and laws at these functions.
3. Encourage students to set health and academic-related goals in contacts with Student Health Services, Freshmen/Sophomore Advising, and other KU staff could provide motivation for goal attainment during student interactions.
4. Implement interactive Internet and CD ROM systems that collect information on students drinking behaviors, provide motivating feedback on healthy choices and negative consequences, and implement through all appropriate classes and campus departments.

Fitness and Nutrition:
1. Develop a campus nutritional information website that includes daily menus and options that correspond with different diets (e.g., high carb, low carb, low in fat, low in sodium).
2. Develop cooking workshops for students, staff, and faculty.
3. Develop an unclassified personnel and staff policy to allow for extended lunch breaks or flex time to accommodate individuals participating in exercise programs.
4. Develop a comprehensive eating disorders intervention for students with early signs of eating problems that would provide self-assessments, nutrition and weight management skills, and regular meetings with registered dietitian, counseling, and medical personnel.

**Sexual Health and Healthy Relationships:**
1. Develop a creative program to give students skills and confidence in asking about their partner’s past relationships and previous sexual history.
2. Create procedures for availability and use of date rape drug testing kits at local health/medical facilities.
3. Secure funding to pay Peer Health Educators.
4. Change the Men’s Outreach coordinator position in the Emily Taylor Women’s Resource Center from an undergraduate to a graduate position or internship.

**Smoking Substances:**
1. Develop a one-on-one educational intervention program for students who violate the campus drug policy.
2. Develop culturally competent counter-marketing campaign for campus on tobacco and marijuana use.
3. Develop a web-based tool for tobacco use prevention aimed primarily at freshman and sophomore students.
4. Provide health care providers with tools based on research-tested protocols to counsel smokers to quit or encourage non-smokers about their choice at each visit.

**Phase 3: Implementation of Infrastructure and Recommendations – AY 2006 and Beyond**

**Wellness Initiative Infrastructure**

*Staffing.* Continue ongoing support of staff, space, and equipment as noted in Phases 1 and 2.

*Marketing:* Key marketing strategies would consist of: incentives and recognition of faculty and staff who implement health-related activities in their classes or department programming, designated space in the *University Daily Kansan* for campus health articles, development of a “health-beat” radio show, and wellness spotlights on students, faculty, and staff in the various campus publications.

*Evaluation:* Continue the evaluation process as described in Phases 1 and 2.

**Wellness Initiative Recommendations – AY 2006 and Beyond**

**Alcohol:**
1. Work with Athletics Department to encourage responsible drinking among athletes, particularly on non-training nights, and to provide alternative after-hours activities.
2. Collaborate with faculty to establish guidelines for Friday tests, Saturday classes, and/or mandatory attendance, and establish curriculum components that give faculty creative ways to incorporate alcohol prevention activities into their course assignments.
3. Provide incentives to departments that implement alcohol prevention programs.
4. Develop alcohol skills training programs for students to increase responsible alcohol use.
5. Develop an “incentive” program for self-monitored non-binge drinking and supply students with tools to set a responsible limit on their drinking and to monitor drinking.

**Fitness/Nutrition:**
1. Develop grocery store education program on selection of healthy foods.
2. Develop plans with local businesses to encourage healthy eating and exercising habits.
3. Create a policy to establish incentives for employees who exercise 30 minutes at least three days a week.
4. Develop a response team that coordinates training with health practitioners and friends for recognition and referral of students with disordered eating and exercise behaviors.

**Sexual Health/Healthy Relationships:**
1. Make the Sexual Assault Coordinator a full-time staff position.
2. Provide additional sections of Human Sexuality courses.
3. Incorporate sexual health/healthy relationship programs into Hawk Week activities.
4. Implement a Rape Aggression Defense program within the University.
5. Develop a condom education and distribution program on campus, and educate students on sexually transmitted infections not prevented by condom use and on the benefits of abstinence.
6. Strengthen university policies on investigating and instituting penalties against perpetrators of sexual assault.
7. Develop a media campaign that shares accurate information about students’ sexual behaviors, sexual assault, and sexual health protective behaviors.

**Smoking Substances:**
1. Discuss with student insurance provider discounting insurance policies for non-smoking students.
2. Refuse donations, scholarships, and sponsorships from tobacco companies.
3. Create an employee “buddy system”, develop appealing incentives for people attempting to quit smoking, and discount “stop smoking” aids.

The group was able to propose a comprehensive list of recommendations for improving KU Community health and wellness based on survey results, available campus information, priority group discussions, and national and regional evidence-based/best practices. If fully implemented, these recommendations should advance KU toward the vision of becoming the healthiest campus in the United States.
Appendix A

Results from
Survey of Importance and Feasibility
of Proposed Recommendations

Faculty (N=24)
Students (N=16)
# Student Success Wellness Initiatives Priority Group

## Survey of Importance and Feasibility of Recommendations

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<thead>
<tr>
<th>Importance</th>
<th>Feasibility</th>
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<tbody>
<tr>
<td>1 = Very unimportant</td>
<td>1 = Very unfeasible</td>
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<tr>
<td>2 = Unimportant</td>
<td>2 = Unfeasible</td>
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<tr>
<td>3 = Neither unimportant nor important</td>
<td>3 = Neither Feasible or Unfeasible</td>
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<tr>
<td>4 = Important</td>
<td>4 = Feasible</td>
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<td>5 = Very important</td>
<td>5 = Very feasible</td>
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## FACULTY/STAFF (N=24) | STUDENTS (N=16)

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<thead>
<tr>
<th>Proposed Recommendations</th>
<th>Importance of the recommendation</th>
<th>Feasibility of the recommendation</th>
<th>Importance of the recommendation</th>
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<tr>
<td><strong>Smoking Substances</strong></td>
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<td>1. Develop culturally competent counter-marketing campaign for campus on tobacco and marijuana use.</td>
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<td>2. Create an employee “buddy system”, develop appealing incentives for people attempting to quit smoking, and discount “stop smoking” aids.</td>
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<td>3. Develop a web-based tool for tobacco use prevention aimed primarily at freshmen and sophomores</td>
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<td>4. Work with community organizations to increase cigarette taxes, and require license for sale of tobacco products within the city.</td>
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<td>5. Provide health care providers with tools based on research-tested protocol to counsel smokers to quit or encourage non-smokers about their choice at each visit.</td>
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<td>6. Discontinue cigarette and other tobacco sales in the Kansas and Burge Union (and Edwards Campus Union when completed).</td>
<td>4.5</td>
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<td>7. Discuss with student insurance provider discounting insurance policies for non-smoking students.</td>
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<td>8. Appoint a group to revise the University smoking policy to further limit the distance of smoking from building entrances and to review enforcement procedures.</td>
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<td>9. Refuse donations, scholarships, and sponsorships from tobacco companies.</td>
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<td>10. Develop a one-on-one educational intervention program for students who violate the campus drug policy.</td>
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<td>1. Further develop healthy food selection programs in campus dining area by extending</td>
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<td>programs.</td>
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<td>2. Make smaller portions available in serving lines and improve education on consuming</td>
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<td>smaller portion sizes (e.g., five to six small meals per day).</td>
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<td>3. Develop a campus nutritional information website that includes daily menus and</td>
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<td>options that correspond with different diets (e.g., high carb, low carb, low in fat,</td>
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<td>4. Develop cooking workshops for students, staff, and faculty.</td>
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<td>10. Develop a campus-wide walking program/pedometer challenge with online input of</td>
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<td>daily steps and support with incentives and walking-buddy opportunities.</td>
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<td>11. Develop a wellness website that could include buddy systems, workout programs,</td>
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<td>and recipes.</td>
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<td>12. Create a policy to establish incentives for employees who exercise 30 minutes at</td>
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<td>least three days a week.</td>
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### Sexual Health and Healthy Relationships

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<td>4. Promote the Women’s Transitional Care Services and the Rape Victim’s Survivor Services to remove stigma and increase use for survivors of sexual assault needing assistance.</td>
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<td>5. Make the Sexual Assault Coordinator a full-time staff position.</td>
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<td>6. Change the Men’s Outreach coordinator position in the Emily Taylor Women’s Resource Center from an undergraduate to a graduate position or internship.</td>
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<td>7. Provide additional sections of Human Sexuality courses.</td>
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<td>8. Incorporate sexual health/healthy relationship programs into Hawk Week activities.</td>
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<td>9. Secure funding to pay Peer Health Educators.</td>
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<td>10. Educate University staff members on the response plan for victims of sexual assault, issues of sexual harassment, and available campus and community resources.</td>
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<td>11. Implement a Rape Aggression Defense program within the University.</td>
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<td>12. Develop a condom education and distribution program on campus, and educate students on sexually transmitted infections not prevented by condom use and on the benefits of abstinence.</td>
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<td>13. Create procedures for availability and use of date rape drug testing at local health/medical facilities.</td>
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<td>14. Strengthen university policies on investigating and instituting penalties against perpetrators of sexual assault.</td>
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<td>15. Develop a media campaign that shares accurate information about students’ sexual behaviors, sexual assault, and sexual health protective behaviors.</td>
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**Alcohol**

1. Administer an annual student and employee alcohol survey and develop an observational system to better understand student drinking for development of prevention programming.

2. Provide incentives to departments that implement alcohol prevention programs.

3. Collect data and publicize results that more accurately reflect true designated driver practices and institute an “incentive” program to heighten use of SafeRide program.

4. Update current birthday card and send to all students prior to their 21\textsuperscript{st} birthday, offer alternative 21\textsuperscript{st} birthday activities, and widely publicize consequences of 21-shot tradition.

5. Implement stricter penalties for student organizations and clubs that allow alcohol use among minors and educate students on what constitutes as hazing and other unsafe initiation practices.

6. Increase number of dry chapters and dry alternative functions, and require KU Public Safety Office or paid-security to enforce alcohol policies and laws at their functions.

7. Develop alcohol skills training programs for students to increase responsible alcohol use.

8. Work with Athletics Department to encourage responsible drinking among athletes, particularly on non-training nights, and to provide alternative after-hours activities.

9. Encourage students to set health and academic-related goals with health, advising, and others who could provide motivation for goal attainment during student interactions.

10. Provide responsible alcohol use information to incoming students and parents with clear expectations of conduct for students (e.g., admissions materials, Making Smart Choices presentation)

11. Collaborate with faculty to establish guidelines for Friday tests, Saturday classes, and/or mandatory attendance, and establish curriculum components that give faculty creative ways to incorporate alcohol prevention activities into their course assignments.

12. Develop an “incentive” program for self-monitored non-binge drinking and supply students with tools to set limits and monitor drinking.

13. Implement interactive internet and CD ROM systems that collect information on students’ drinking behaviors, provide motivating feedback on healthy choices and consequences, and implement through all appropriate classes and campus departments.

14. Develop a campus/community coalition to work solely on the alcohol issues related to policies that address alcohol advertisements and drink specials, illegal sales of alcohol to minors, fake ID’s, vendor responsible sales training, and city policies related to alcohol sales and penalties.

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FACULTY/STAFF

1. Would the proposed changes listed collectively under each health area be sufficient to improve KU Community health in that area?  
   86% YES  
   14% NO

2. Would all of the recommendations, taken together, contribute to improved overall KU Community health?  
   100% YES  
   0% NO

STUDENTS

1. Would the proposed changes listed collectively under each health area be sufficient to improve KU Community health in that area?  
   63% YES  
   37% NO

2. Would all of the recommendations, taken together, contribute to improved overall KU Community health?  
   79% YES  
   21% NO

FACULTY SURVEY COMMENTS

SMOKING SUBSTANCES:
- The feasibility area is difficult to score (i.e., “no sales of cigarettes in Union c-stores.” This would be very easy to accomplish with virtually not cost; however, the c-stores would lose sales, which affects their bottom line.
- Related to all four areas-I have little idea how feasible some of these ideas are, but most are very good ideas. Regarding smoking -- I question whether it’s “our” role (as a university) to try to impact community laws or taxes.
- Not much to address marijuana but decrease in tobacco use will likely decrease marijuana use.
- For each area, the only reasons I put having difficulty in getting things approved either are based upon securing funding for the projects that are presented, the local/state governments will make it hard to change current policies, and policy regarding KU classes will have a hard time getting changed by the administration/professors. All of these suggestions are needed, and well worth it. The trick is can you persuade the administration and the powers that be that these are important endeavors?
- Important to educate vs. punish
- More on marijuana, less emphasis on staff needs

FITNESS AND NUTRITION:
- Feasibility, once again, is difficult to judge (i.e., “allow more time over lunch breaks for exercise” – This maybe very simple for some departments; however, for other departments, it could be difficult. Such as DSH Dining is in continual service from 7am to 7:30pm everyday. It would be difficult to have staff away from their shifts for an extended amount of time.)
- Need to provide assistance for faculty/staff with distorted eating practices. Need campus-wide approach to greater body acceptance. Need more comprehensive education for students, faculty and staff on obesity and its implications.
- Make changes to identify mileage post on campus
- Anything to promote self-wellness would be brilliant. Many students eat poorly -- a big parental concern-and this enhances the effects of alcohol.
- Intervention plan desperately needed for eating disorders

SEXUAL HEALTH AND HEALTHY RELATIONSHIPS:
- Important to emphasize self-esteem throughout.
- I would recommend adding to the list, “Incorporate sexual health/healthy relationships programs into Fraternity and Sorority recruitment week activities.” This programming, along with Hawk Week, is helpful in targeting activities during the first two weeks of the beginning of the fall semester, as it can be a “vulnerable” time for female students. The Greek community is also of significant concern, as research illustrates the connection between alcohol abuse and sexual assault (and the Greek community’s social environment). I would also consider adding an educational component about alcohol abuse and sexual violence to question #F15 or #3.

ALCOHOL:
- We really need a campus-wide effort to address issues of students’ use of alcohol, as suggested in question #14.
- Need to focus on link between drinking and issues related to sexual behaviors (i.e., STD’s, assaults, date rape, pregnancies…)
- Improving this area will likely improve smoking substances and sexual health.
- I think emphasizing regulations, rules, etc. is less effective than helping students learn how to drink responsibly.
- We need to get the community on board (reduction in access to under age, marketing - particularly stop day events) but it will be a challenge.

OTHER:
- I believe health education is necessary; however, with past experience, a small percentage of students participate with the activities or read the promotional/educational materials. The above questions should be asked of the student body as well to get a better picture of how they prefer to learn about health and or healthier lifestyles. “You can lead a horse to water…”
- Many of the activities above will increase many departments’ budgets. If the activity or promotional materials are not utilized, then the time and money spent are wasted. Once again, surveying the students or conducting focus groups maybe the best way to start putting together a plan so resources are not wasted.
- For all these categories, it might be beneficial for students to hear directly from individuals adversely impacted in these areas (cancer/smoking, someone recovering from an eating disorder, a person who has contracted an STD, a rape victim, etc.) If real life situations/experiences were communicated before student groups (dorms, fraternities/sororities, in the Union, etc.), it may have a greater impact than providing statistics or information through other non-personal avenues.
- Great ideas in all areas. Very realistic goals and strategies! You both did a fabulous job with this committee.
- Implement via “Helping Hands/Passport to Wellness” program using a deck of cards that highlights different areas of wellness- see email I sent.
- Overall, I think we need to go beyond programming and approach this as a total cultural makeover! That means a great deal of individual involvement throughout all levels of the institution promoting new attitudes and I don’t know how we can do that!

STUDENT SURVEY COMMENTS

SMOKING SUBSTANCES:
- Seems like emphasis is put on punishment and making smokers into outcasts when what they are doing is still legal- more focus on helping them quit/rehabilitation.
- The set rules/limitations are acceptable. People can choose not to place themselves near a smoker outside (referral to on campus)
- Too much pot in Lawrence and everyone smoke cigarettes. You guys are trying the impossible; you know that don’t you?
- People have the right to smoke cigarettes when they come of legal age. Sufficient information via television, radio, parents and teachers have reminded students of the danger of smoking. It is still their right. It is not the right of the university to make that choice for them.
- Maybe make certain areas on campus smoke-free.

FITNESS AND NUTRITION:
- Excellent idea to encourage exercise among employees- bad idea to reward them. A person’s personal choice should not affect their status at work.
- Making a buddy system available would be a nice option, but the options we have now are good too.
- Let fat people be fat.
- While information on nutrition is always helpful, as is putting in healthier foods, coercion is not the answer.
- Make seeing a nutritionist cheaper.

SEXUAL HEALTH AND HEALTHY RELATIONSHIPS:
- Focus on what kinds of rape actually happen on campus, rapes involving drugs and alcohol and rapes in which the rapist and the victim know each other. Incorporate rape prevention (for both sexes) into drug and alcohol use programs. Make women feel safe when coming forward, to pressure to identify attacker.
- There need to be more Human Sexuality courses made available and absolutely no abstinence only education!
- I tip my hat to your efforts on rape and condom use, but if a college student doesn’t know about STD’s they have more problems than you can fix.
- Have free condoms dispersed in multiple buildings
- Provide free, confidential STD testing for students. Make it easier to ask a partner to get tested basically.

ALCOHOL:
- Less emphasis on prevention and punishment, college students will always drink; focus on safe use of alcohol and alternative activities
- People will make their own choices, but making safe ride more known and extending the hours of availability past bar closing time would be very useful.
- Ha, Ha, prevent under-age drinking in a college town, good joke.