PROGRAM EVALUATION:
HUNTER-WHITE HEALTH ADVOCATE PROGRAM

By

LEENA PATEL

A Thesis Submitted to The Honors College
In Partial Fulfillment of the Bachelors degree
With Honors in
Public Health
THE UNIVERSITY OF ARIZONA
MAY 2013

Approved by:

[Signature]
Dr. Douglas Taren
College of Public Health
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Abstract

The Hunter-White Health Advocate Program is a unique peer-education program at the University of Arizona for Greek chapters and is facilitated through Fraternity and Sorority Programs. This program trains health advocates whom then educate their respective chapters on a number of health topics through presentations. Other requirements include attendance to health events, providing resources, and self-reflection. This evaluation compiled and analyzed three surveys using STATA and Microsoft Excel: pre-evaluations prior to the start of health advocates’ term, presentation evaluations completed by Greek members after presentations were completed by health advocates, and Campus Health Services’ Health and Wellness Survey from 2007 to 2012. The results of the evaluation show that little behavior change has taken place. Greek members participate in more risky behaviors than non-Greek members and negative behaviors have not decrease significantly. Health advocates equally chose or were chosen for the position, but did not believe the intended 20-30 minute time frame was necessary to teach material. Members did find topics to be relevant and useful and planned to use it in the future. Recommendations for improvement of the program and further evaluation were provided based on data analysis, observation, and use of the integrated theory of evaluation.
Executive Summary

The Hunter-White Health Advocate Program is a part of the Olympian Wellness program of the University of Arizona’s Fraternity and Sorority Programs. As stated on the program’s website, “the goal of the program is to ensure that students are being provided with resources and information regarding health and empowering the individual to make healthy life choices.” This program began in 2007 and currently trains Health Advocates as a requirement for all Greek chapters at the University of Arizona. In evaluating this program, a number of aspects of the program will be analyzed.

Health advocates’ placement into the position as well as their perceptions of presentation time and year in school were compared to understand the demographic of health advocates as well as presentation timeframes and perceived needed presentation time which was compared to the expectations of the program. Also, presentation evaluations completed by peers were analyzed in order to see how relevant the topics were and whether Greek members believed they would use the information learned in the future. Additionally, in order to understand if there have been health behavior changes, in this high-risk population, whether by the HWHA program or through a combination of other factors, a campus-wide Health and Wellness Survey will be analyzed for trend changes in a number of health topics such as alcohol and drug usage, protective behaviors, and sexual activity. Trends from the start of the program to the most recent survey data will be included to view trends in risk behaviors in Greek males and females and compare risk behaviors between Greek males and females and non-Greek males and females.

If the health advocates show an interest and commitment to the program, then effective knowledge sharing to chapters will take place, and health behavior change can be influenced. If Greek members show a lack of interest or relevance in particular health topics, then they will not likely use the information in the future to make behavior change.

Information was compiled retrospective data and analyzed using STATA. Furthermore, Microsoft Excel was used to create graphs to view trends. Program protocols and requirements were also viewed and used to interpret results and make recommendations for program improvement.

Results of the data analysis showed some trends, though statistical significance wasn’t strong, partially because of the low sample size. The form in which data was provided from the Health and Wellness Survey provided an additional challenge, limiting statistical analysis. Results showed similar trends in all risk behaviors with little change in behaviors, but a difference in behaviors of Greeks and non-Greeks. In fact, Greek males had considerably stronger risk behaviors. In terms of the program, health advocates typically present for less time than the expected 20-30 minutes of the program and desire to present for less than 20 minutes as well. Most presentations were found to be relevant with helpful information and most students believed they would use the information in the future.

Students may find that presentations are expected to be too long as chapter members will not pay attention or that the information provided does not last the 20-30 minute timeframes. Students found that topics were relevant and helpful, and also believed they would use the information in the future. Health advocates that chose to be in their position sometimes showed an increased desire to abide by the expectations of the program and desired to present for longer lengths of time. There has been little behavior change in all groups compared, but Greek members have higher risk behaviors.

Recommendations on program improvement and further evaluation are provided.
Literature Background

College-Age Students

More than twelve million students attend college in one of the United States’ 3,600 colleges and universities (Douglas et al, 1997). College-aged students most commonly die from unintentional injuries, homicide, suicide, cancer and heart disease (Kung, Hoyert, Xu, & Murphy, 2007). These students engage in risky health behaviors that lead to negative consequences on their bodies and have serious effects (Snyder and Misera, 2008). As Sloane & Zimmer (1993) explain, “many students take risks, succumb to peer pressure, deny health-related problems, and feel ‘immortal’” (pp 244). Risky behaviors, such as criminal activity, sexual behavior, smoking, heavy drinking, drug use, and unsafe driving, may have negative long-term consequences (Gonzalez et al., 1994; Resnick et al., 1997).

Older data shows the most common risk behaviors associated with college students. According to the National College Health Risk Behavior Survey, in 1995, health risk behaviors include driving after drinking alcohol (27.8%), participating in physical fights (13.2%), cigarette and marijuana use (28.8 and 17.3%, respectively), episodic heavy drinking (41.8%), having six or more sex partners (25.7%), sexual intercourse (79.5%), lack of eating necessary servings of fruits and vegetables (75%), and lack of participation in vigorous or moderate physical activity (Douglas et al, 1997). Furthermore, one in five females had been raped in their lifetime, only 29.6% of students having sexual intercourse used a condom in the past 3 months, 10.3% of students considered attempting suicide, and 21.8% of students had eaten three or more high-fat foods in the last day. Male students were more likely to report behaviors contributing to unintentional injuries, alcohol and drug use and risky sexual behavior. Females were more likely to report current sexual activity and experience and dieting to lose weight.

According to the Core Alcohol and Drug Survey, between 2006-2008, 83.9% of students had consumed alcohol in the past year, 71.2% had consumed alcohol in the past 30 days and 46.1% of students reported binge drinking in the past 2 weeks (Presley & Meilman, 2010). About 30% of students had used marijuana in the past year, with almost 17% being current users. Additionally, 84.3% of students had used alcohol in the last year and 37.4% had used tobacco in the last year. Of consequences of alcohol and drug use, 37.1% reported public misconduct at least once in the past year as a result of drug or alcohol use. The national average number of drinks was 5.2. Interestingly, 71.7% of respondents saw drinking as central to the social life of sororities and 77.8% answered this as true of fraternities.

Greek Life

Greek societies have existed on university campuses for an extensive time and have continued to grow with over 725,000 student members by 1990 (Cashin et al, 1996). Almost half of postsecondary education institutions in the U.S. and Canada have a Greek system. Research has shown, “Greek house residents drank more, engaged in heavy drinking more often, and experienced more negative consequences than the general population” (pp. 63). According to a study by Presley et al. (1993), fraternity house residents averaged 20.3 drinks per week compared to 7.5 drinks for the general male population, and sorority women averaged 6.2 drinks compared to the 3.2 drinks for the general female population. Almost 75% of Greeks reported binge drinking in the previous two weeks opposed to the 42% of the general student body. Heavy drinking and
participating in other risky behavior has wrought negative consequences more frequently in Greek members than in the general student population (Cashin et al., 1996). A study by Capone et al (2007) believed that there were three overall manners that Greek members especially are influenced to drink extensively by: selection socialization and reciprocal social influences, active and passive social influences, and individual-difference factors. Selection finds that those who drink more seek out similar peers, socialization proposes that college seems to be an environment where misconduct and extensive drinking are accepted, and reciprocal influence shows the interplay of these. Active social influence provides direct offers to alcohol while passive social influence is based on observation and interpretation. On another note, some national surveys have found an association between illicit drug use and fraternity and sorority membership, showing that there are higher prevalence rates of marijuana and ecstasy use among these populations (McCabe et al, 2005). A study by McCabe et al (2005) found that sorority and fraternity members reported higher rates of cigarette, marijuana and illicit drug use than their non-member counterparts. A study by Scott-Sheldon et al (2008) found that Greek members were more likely to smoke and do so daily, as well as use marijuana and other drugs in the last month.

**Peer Health Education**

Peer health education is an effective means to promote healthy behaviors among college students. It is defined as “the teaching or sharing of health information, attitudes, values and behaviors by members of groups who are similar in age and or experiences” (White, 1994, pp 2). Peer education programs are effective because peer educators understand their peers, know their language and needs, are accessible, and are likely trusted confidants (United Nations Office on Drugs and Crime [UNODC], n.d.). Moreover, peer educators have the ability to educate in circumstances that are inaccessible to professionals and the informal and personal relationships allow educators to empathize with students more successfully. In fact, peer educators are one of the main sources of health information used by students (American College Health Association [ACHA], 2007). It is crucial, therefore, that peers have the ability to serve as teachers, role models and facilitators. Posavac and Kattapong (1999) found through a meta-analysis of almost 50 peer health education programs that peer-based interventions stimulated healthy lifestyle behaviors for young adults. Additionally, peer educators perceive themselves as growing, have higher self-esteem, and benefit from the experience extensively (Damon, 1984). Lastly, differences between genders, peer influences and fraternity and sorority involvement have particular relevance. According to Damon (1984), young people are influenced by peers because they speak on a level that is easily understood, speak directly without hedging and take feedback seriously and are therefore motivated to reconcile differences. Interestingly, the Piagetian theory concludes that peer education works to be a trigger for change as opposed to an information or knowledge source the individual mainly does this part (Damon, 1984).

A number of health behavior theories support the strategies associated with peer education. The Health Belief Model contains six constructs in order to avoid sickness and carries the belief that specific actions will help this (The Health Belief Model, 2013). Perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action and self-efficacy are the constructs. Peer education mainly assists to reduce perceived barriers but can inform people of severity, susceptibility, and benefits and
provide cues to action and increase self-efficacy. The Theory of Reasoned Action assumes that given behaviors are based on the person’s intention to do this and that the intention is based on both subjective and normative beliefs (The Theory of Reasoned Action, 2013). This is especially true in peer education for young adults who are highly influenced by the perception of what they believe their peers do and also the expectations of these peers.

**Peer Education Programs in the College Setting**

Peer education programs are especially effective in college settings as peer acceptance is important in the social environment and because peers can provide communication channels that administrators cannot (Wawrzynski et al, 2011). In fact, over 78% of secondary institutions have created peer education programs for students’ needs. “In an analysis of 143 adolescent drug prevention programs, it was clearly found that peer programs are dramatically more effective in decreasing drug use than all the other programs, even at the lowest level of intensity” (Tobler, 1986). Successful peer educators provide counseling, extend outreach programs, chair on peer advisory boards, reach audiences through a number of pathways, staff resource centers, and model skills and good behaviors (Sloane & Zimmer, 1993). The BACCHUS Network provides training through its CPE program and uses the National Peer Educator Survey for evaluation purposes. This program provides a 12-hour foundation training for health and safety education that provides skills such as basics of prevention, awareness of risk, helping, making referrals, conducting programs and events, leadership skills, and team building to peer educators (BACCHUS, 2012). In fact, 30,000 students have been CPE certified (Wawrzynski et al, 2011). Additionally, smaller and less extensive peer education programs exist and some have been evaluated for effectiveness. Relationships between peer AIDS education and safer sex, immunization for rubella, and nutrition education and perceived healthier eating were found through evaluated programs around the country (Sloane & Zimmer, 1993).

**Peer Health Education Programs in Greek Life**

Based on research on Greek-based peer health education programs, little could be found about Greek-specific programs. According to an article by Cody Siewert (2010) of the BACCHUS Network (which has a popular evaluated peer health education program), of the one thousand peer education groups through the BACCHUS Network, only 42 are Greek peer education groups, less than 5% of BACCHUS groups. However, because these organizations usually are required to have risk management programs, health education should be an expected part of the community. Some programs do participate in GAMMA (Greeks Advocating for Mature Management of Alcohol), which is a part of the BACCHUS Network (Siewert, 2010). This program is specifically geared towards Greek life to teach health education topics mainly in alcohol and drug awareness and education to reduce risk behaviors. Some ideas for peer education include topics like sexual behaviors and awareness of national and international awareness weeks. This program trains peer educators on how to be resources, provides presentation and programming training, and outlines ideas for programming and educational activities. Furthermore, according to a study by Larimer et al (2001), brief motivating alcohol interventions caused fraternity members to have reductions in alcohol use and blood-alcohol concentration levels. The authors explain that peer educators “seem to be a promising strategy for delivering prevention programming in college populations” (Larimer et al, 2001, pp 378). While some
Peer education programming has taken place around the country teaching about specific singular topics such as alcohol, sexual behavior and HIV/AIDS, few programs were found to educate comprehensively on health and wellness topics. Additionally, few programs were evaluated as many advisors did not believe they had the resources, funding, or expertise to properly evaluate their health education programs (Siewert, 2010).
Background of Hunter-White Health Advocate Program

Greek Life at the University of Arizona

The University of Arizona contains a strong Greek community with a substantial presence in the overall campus community. In fact, Greeks make up 13% of the campus. The Greek program contains 51 chapters aiming to provide “growth and excellence in academic, leadership, service learning, and social arenas” (Fraternity and Sorority Programs [FSP], 2009). The community is governed by 4 councils - the Interfraternity Council (IFC), the National Pan-Hellenic Council (NPHC), the Panhellenic Council (PHC), and the United Sorority and Fraternity Council (USFC). Each council governs a number of chapters and acts as a link between chapters and the Fraternity and Sorority Programs coordinators. IFC represents 19 fraternities, NPHC represents 7 African-American fraternities, PHC governs 14 sororities and USFC governs 11 cultural fraternities and sororities. The Greek community also works with Fraternity and Sorority Programs Office, made up of 6 staff members including an Assistant Dean of Students, a Senior Coordinator, 2 Coordinators and 2 Graduate Assistants. The Greek community puts on a number of events including Greek Week, Up ‘till Dawn, and Great Greek Weekend, and also has a number of academic, leadership, and health and wellness programming. The office also helps to coordinate standards and regulations for the Greek chapters through a Standards Board, Standards of Excellence, and Greeks Advocating the Mature Management of Alcohol (GAMMA).

Greek programs at the University of Arizona strive to follow the pillars of Scholarship, Leadership, Brotherhood/Sisterhood, Service and Networking (FSP, 2009). The FSP office partners with a number of University of Arizona entities to provide Greek-focused services. Aristotle helps new members create academic plans and learning strategies with the SALT Center. Parthenon partners with the Blue Chip Program to create a leadership curriculum. The Oracle program provides advising through the Dean of Students Office, and the Olympian Program, which includes the Hunter-White Health Advocate Program, partners with Campus Health Services to provide health and wellness education to Greeks. Other health and wellness programs include the Reflections Body Image Academy, BASICS, QPR, and GreekLifeEDU.

Hunter-White Health Advocate Program

The Hunter-White Health Advocate Program is a part of the Olympian Wellness program of the University of Arizona’s Fraternity and Sorority Programs (University of Arizona [UA], n.d.). As stated on the program’s website, “the goal of the program is to ensure that students are being provided with resources and information regarding health and empowering the individual to make healthy life choices” (UA, n.d.). This program began in 2008 and is still currently trains Health Advocates and is a requirement for all Greek chapters at the University of Arizona “to provide advocacy, support, & information regarding general health issues to their peers” (UA, n.d.). Fully utilization of the program is a requirement of the Chapter Assessment Tool (CAT) that each chapter must complete each semester to stay in good standing and be recognized.

The Health Advocates are being trained on facilitation skills, being a peer leader/educator and are trained on resources around campus (Nirh, 2013). They are also given additional trainings to help them understand a variety of issues so that they know better when to intervene and refer others to campus resources or health professionals. The
health advocates are chosen by their chapters and are different in skill level, experiences and their interest in being a peer educator. Students are appointed, elected or volunteered to the position (Fraternity and Sorority Programs [FSP], 2009). Health advocates hold their positions typically for 1-2 semesters (Nirh, 2013).

The program is made up of a number of requirements for the health advocates and chapters. Health advocates are required to attend a number of training meetings as well as three educational meetings, which discuss different subjects each meeting (UA. n.d.). Health advocates then present the information they learned at the educational meetings to their Greek chapters using presentations, prepared games, and other materials provided to them. After the presentation, a number of chapter members are asked to fill out a presentation evaluation concerning the information and presenter. Additionally, the health advocate must participate in health events with his or her chapter and must reflect on his or her experience. Previously, health advocates also held office hours to be accessible to members. Advocates are asked to complete surveys before and after participation as a peer educator of the program (Nirh, 2013). The Fraternity and Sorority Programs Office, and specifically a graduate assistant in charge of the Olympian program, facilitate the program. This assistant is the point of contact and educator, and evaluates the program each semester for necessary changes.

The presentations and programs provide knowledge of health and wellness issues to the community. The program includes 7-8 educational meetings each semester, TIPS training about alcohol use, and provide advocates with opportunities for further training, such as CPR/first aid, Reflections, BASICS, or QPR trainings. Chapters are also encouraged to participate in health awareness weeks with their chapters. Furthermore, supplies and media are provided to health advocates to promote health education in many forms. The program has a multi-pronged approach as to how to educate the students on health and wellness related topics to see risk reduction over time as a result of the programming efforts (Nirh, 2013).
**Goals and Aims of Project**

This thesis aims to evaluate the Hunter-White Health Advocate program. Evaluation is a crucial part of programs, especially health education programs, to improve them and understand their impact on their audience. Evaluation collects and analyzes information about a program whether it is compliance, activities, outcome, worth or a combination of these (Renger & Hurley, 2006). The Hunter-White family has previously funded the Hunter-White Health Advocate Program with a $20,000 grant, but at this time, the money has depleted and supplementary funding is necessary (Nirh, 2013). As the Fraternity and Sorority Programs looks for alternative funding options, evaluation information is necessary to show the impact that the program has had on the community. Additionally, evaluation is necessary to make improvements and to if the program should be continued.

In order to broadly understand the program’s effectiveness, a number of activities and surveys will be analyzed for the past 3 years (2010-2012), which will be made up of 6 cycles of the program. Advocates are asked to fill out a pre-evaluation at the start of each semester including demographic information and how they obtained the position. Analysis of this information will help to understand what motivates health advocates to have this position and to understand how the different grades view the program differently. Furthermore, analysis of this survey will give light about presentation time that health advocates have and desire to have, and how this compares to the program’s expectations. Additionally, evaluations filled out by the health advocates’ peers after each health presentation contained important information about the Greek community’s perspective on the health topics. Understanding peers’ insight on topics and information learned is crucial, as the peer education program must interest and educate its audience. Lastly, Campus Health Services distributes a Health and Wellness Survey each spring to about 2,000 students to gain insight on the students’ health behaviors and viewpoints. By comparing Greek behavior to non-Greek behavior, one can understand the most important health problems for this high-risk group and how it has changed. These changes may be the result of more than the Health Advocate Program, and may be influenced by societal and cultural changes, governing and standards changes, and many other weights.

This range of analysis will provide information of health advocates’ and their peers’ perceptions, changes in advocates’ take on the program, and show overall trends in this group. Are health advocates who choose to be in their positions more likely to be better peer educators? Are those who choose to be in their position more likely to want to present for longer periods of time and therefore share more information? Are Greek members finding topics relevant and will they use the information they learn? Are Greek members and non-Greek students differing in negative health behaviors and have these changed? Are Greek members a high-risk population and are they are risk of more negative health effects based on their behaviors? Has the Hunter-White Health Advocate program helped to create any behavior changes in this group?

If the university provides health promotion and preventions programs, including the Health Advocate Program, then trends will show decreases in risk behaviors. Also, if research shows Greek members participate in more risky behavior, then data will show that Greek members at the University of Arizona participate in more risky behavior compared to non-Greek students. I would like to learn about the Greek community as an at-risk population, and about the program’s effectiveness and recommend further improvements.
Methods

Three surveys will be compiled and analyzed during this evaluation: pre-evaluations, presentation evaluations and the Campus Health Services’ Health and Wellness Survey.

Subjects and Population

The subjects of this evaluation are the Greek community at the University of Arizona. Additionally, non-Greek students at the university are used for comparison in behaviors of the Health and Wellness Survey. Specifically, health advocates are asked to fill out certain surveys that are analyzed as well. A subset of students is used in all sections of the analysis, though all health advocates are required to fill out their surveys (there may be some missing with changes in positions).

Surveys

The pre-evaluations (Study 1) are filled out by each health advocate at the start of each semester and the program’s initiation (please see Appendix A). While the evaluation is quite lengthy, specific questions were analyzed. Data on the health advocate’s year in school, method of obtaining the position, and perceptions of presentation time and desired presentation time was collected.

Presentation evaluations (Study 2) are completed by 3-5 members of each chapter after the health advocate presents on a specific topic (please see Appendix B). This evaluation includes questions about the location of the presentation, about the information presented and how and if it will be used, and about the presenter’s performance.

Finally, Campus Health Services’ Health and Wellness Survey (Study 3) is administered yearly in the spring semester to better understand student behavior and perceptions related to health and services (please see Appendix C). Dr. Peggy Glider, coordinator of evaluation and research for Campus Health, kindly compiled and analyzed data based on Greek or non-Greek status.

Data Management and Analysis

Study 1

After compiling pre-evaluation data into a database, it will be analyzed using Stata statistical software. The school year of the health advocates will be analyzed to understand the overall demographics of the program. Class will also be analyzed with how advocates are chosen to serve in the position. The time that health advocates believe they have for presentations will be compared to how long they wish to present to see if desired presentation time is similar to the actual presentation time and also to compare to the program’s expectations. The selection process will also be compared against desired presentation time to understand which types of advocates believed longer presentations with more thorough information are necessary. The selection process will also be compared against actual presentation time to understand if advocates who chose their position took the position more seriously and educated their peers for longer periods. The Pearson correlation will be used to see how well the variables are related in each of the above instances.
**Study 2**

Analysis of presentation evaluations will be conducted using the Stata statistical software to better understand Greek members usage of the health education. Because of the small sample size, presentations that contained large numbers of responses were only used. This also assumes that these are the most popular presentations by health advocates. The presentations that will be analyzed include mental health, HIV/AIDS, STI’s, nutrition, alcohol and tobacco and hookah usage. Questions that will be used for this evaluation include relevance of the topic, if it was helpful the information learned was, and whether it would be used. Analysis of each question as well as comparisons will take place to find relationships.

**Study 3**

Using the information of the Health and Wellness Survey, graphs will be made in order to see trends or patterns in changes in the last few years based on a number of factors. While the Hunter-White Health Advocate program may not be the result of such changes in behavior, increased health education will continue to be helpful. Finding the upcoming health behavior problems will assist the program in creating and preparing education for both peers and advocates. Furthermore, by comparing Greeks to non-Greeks, one can see what the predominant problems for each population are and may address these separately.

**Additional Review for Data Interpretation**

Review of program materials assisted in interpreting results of the data analysis. Materials provided to health advocates throughout the past 6 semesters was reviewed, as well as protocols of the program and how these may have changed. Review of materials created by Fraternity and Sorority Programs and received by the Greek community was also studied. A further understanding of the background and happenings of the program allowed the writer to interpret the results in the context of the program and how it was, has changed, and is today. By having a stronger understanding of the culture and nature of the program in the context of both the University of Arizona and Greek community, the writer is able to further interpret results and understand why trends have taken place in the community. Additional review of materials also assisted in creating recommendations about the program based on the innovative theory of evaluation.
Results
For all analysis, data was combined and not stratified by year because there was little difference found between the classes. Furthermore, because of the small number of health advocates and surveys completed, the combined number of surveys provided more precision when determining if relationships exist. While all participants (i.e. all health advocates or all Greek members) did not fill out the surveys, the results of this evaluation are based on a subset of the overall population. Also, the values “elected” and “volunteered” were combined in all surveys because of their related definitions and to provide more precision in the statistical analysis with larger sample sizes.

Study 1: Pre-Evaluations
There were a total of 109 pre-evaluations filled out between the fall and spring semesters of 2011 and 2012. Between 23 and 34 evaluations were filled out at the beginning of each semester by the health advocates. Of the 101 responses to the class of each advocate, 2 defined themselves as freshmen, 39 defined themselves as sophomores, 39 defined themselves as juniors and 21 defined themselves as seniors. Half of the advocates were appointed (n=23) while the other half were either elected or volunteered (n=24) for the position (though there are 62 missing values).

A relatively similar distribution of freshmen, sophomores, juniors and seniors can be seen between the two years of data analyzed. (Table 1)

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Most health advocates are given 10 minutes or less to present on each health topic. Almost half of the health advocates are given between 5-10 minutes, but few are given between 10-30 minutes to present, which is the recommended time frame for the presentations. (Table 2)

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Most health advocates (around 75%) would prefer to have presentations between 5-20 minutes. A very small percent believe that less than 5 minutes is necessary for the presentations and slightly over 10% would like to have 20-30 minutes to present on the topic. (Table 3)

Table 3: Desired time to present

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<td>5-10</td>
<td>29</td>
<td>49%</td>
</tr>
<tr>
<td>10-20</td>
<td>20</td>
<td>34%</td>
</tr>
<tr>
<td>20-30</td>
<td>7</td>
<td>12%</td>
</tr>
</tbody>
</table>

All classes desired similar amounts of time (between 5-10 and 10-20 minutes) and few desired less than 5 or more than 20 minutes. The highest percentage of students desired to have 5-10 minute long presentations. (Table 4)

Table 4: Desired time to present by class

<table>
<thead>
<tr>
<th>Class</th>
<th>&lt;5</th>
<th>5-10</th>
<th>10-20</th>
<th>20-30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophomore</td>
<td>Number</td>
<td>1</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>4%</td>
<td>44%</td>
<td>40%</td>
</tr>
<tr>
<td>Junior</td>
<td>Number</td>
<td>1</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>5%</td>
<td>52%</td>
<td>29%</td>
</tr>
<tr>
<td>Senior</td>
<td>Number</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>11%</td>
<td>44%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Most advocates preferred to have the amount of time they are currently presenting in the future as well, though some advocates preferred to have more time. This was significantly different where P<0.0002 and Pearson chi-square was 63.92. Most advocates did not feel that 20-30 minutes was necessary for future presentations other than those who already were presenting for this length of time. (Table 5)

Table 5: Time to present compared to desired time

<table>
<thead>
<tr>
<th>Minutes to present</th>
<th>How much time would you like</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;5</td>
</tr>
<tr>
<td>&lt;5</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>5-10</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>10-20</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>20-30</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
</tr>
</tbody>
</table>
Most students who chose to become advocates presented for longer timeframes, while most of those who were placed into the position presented for no more than 10 minutes. Exactly 75% of students who were appointed used 10 minutes or less to present, while only 50% of students who chose to be health advocates did so. (Table 6)

Table 6: Placement into position compared to presentation time

<table>
<thead>
<tr>
<th>Presentation Time</th>
<th>&lt;5</th>
<th>5-10</th>
<th>10-20</th>
<th>20-30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chose To</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>2</td>
<td>10</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Percent</td>
<td>8%</td>
<td>42%</td>
<td>21%</td>
<td>29%</td>
</tr>
<tr>
<td><strong>Appointed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>4</td>
<td>11</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Percent</td>
<td>20%</td>
<td>55%</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Most advocates no matter position placement desired the same timeframes for presentations, with most desiring 5-10 minutes or 10-20 minutes. (Table 7)

Table 7: Placement into position compared to desired time to present

<table>
<thead>
<tr>
<th>Presentation Time Desired</th>
<th>&lt;5</th>
<th>5-10</th>
<th>10-20</th>
<th>20-30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chose To</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>1</td>
<td>13</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Percent</td>
<td>4%</td>
<td>57%</td>
<td>30%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Appointed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>1</td>
<td>9</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Percent</td>
<td>6%</td>
<td>56%</td>
<td>25%</td>
<td>13%</td>
</tr>
</tbody>
</table>

These are statistically significantly similar based on the Pearson chi-square of 0.2987 with a p=0.04

**Study 2: Presentation Evaluations**
Three to five members of each chapter filled out presentation evaluations after the health advocate presented on a particular topic. The data below contains evaluations compiled from several semesters in order to look at overall presentation effectiveness and relevance. Between 64 and 168 presentation evaluations were submitted for each presentation. Three questions were selected for analysis: was the topic relevant, was the information helpful, and will you use the information in the future. Not all topics that are presented in the health advocate program are included below, those with the largest number of submissions were chosen. See Appendix B for a sample evaluation.

More than half of the students believed that each topic presented were relevant. Topics such as alcohol awareness and nutrition were the most relevant topics, with mental health and sexually transmitted diseases being the next most relevant topics of those that were analyzed. (Table 8)
Table 8: Student responses to health advocates’ presentations about topic relevance

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Was the topic relevant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Awareness (n=64)</td>
<td>100%</td>
</tr>
<tr>
<td>Nutrition (n=71)</td>
<td>96%</td>
</tr>
<tr>
<td>Mental Health (n=85)</td>
<td>86%</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (n=68)</td>
<td>81%</td>
</tr>
<tr>
<td>Tobacco/Hookah (n=168)</td>
<td>76%</td>
</tr>
<tr>
<td>HIV/AIDS (n=82)</td>
<td>59%</td>
</tr>
</tbody>
</table>

Almost all students believed that each topic presented contained helpful information. Topics such as nutrition, tobacco/hookah and alcohol awareness were the most relevant topics, with the HIV/AIDS presentation containing the least helpful information of those topics that were analyzed. Nonetheless, almost 90% or more of students believed the information presented was helpful. (Table 9)

Table 9: Student responses to health advocates’ presentations about helpfulness of information

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Was the information helpful?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Transmitted Infections (n=68)</td>
<td>N/A</td>
</tr>
<tr>
<td>Nutrition (n=71)</td>
<td>99%</td>
</tr>
<tr>
<td>Mental Health (n=85)</td>
<td>96%</td>
</tr>
<tr>
<td>Tobacco/Hookah (n=168)</td>
<td>95%</td>
</tr>
<tr>
<td>Alcohol Awareness (n=64)</td>
<td>94%</td>
</tr>
<tr>
<td>HIV/AIDS (n=82)</td>
<td>89%</td>
</tr>
</tbody>
</table>

Almost all (over 90%) students believed that they would use the information from the presentation in the future for each presentation topic. Topics such as nutrition, sexually transmitted infections, and tobacco/hookah contained information they would most likely use in the future, with the alcohol awareness, HIV/AIDS, and mental health presentations containing information they were slightly less likely to use in the future. (Table 10)
Table 10: Student responses to health advocates’ presentations about use of information

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Will you use the information in the future?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition (n=71)</td>
<td>97%</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (n=68)</td>
<td>96%</td>
</tr>
<tr>
<td>Tobacco/Hookah (n=168)</td>
<td>96%</td>
</tr>
<tr>
<td>Alcohol Awareness (n=64)</td>
<td>94%</td>
</tr>
<tr>
<td>HIV/AIDS (n=82)</td>
<td>93%</td>
</tr>
<tr>
<td>Mental Health (n=85)</td>
<td>93%</td>
</tr>
</tbody>
</table>

**Study 3: Health and Wellness Survey**

The Health and Wellness Survey is administered by Campus Health Services through randomly chosen classes throughout the university. While a number of questions are asked, topics relating to those taught by health advocates are analyzed as well as those that are most common risk behaviors. The following table shows total surveys received for each year as well as responses for each group, though respondents may not have answered every question. Nonetheless, relative trends can be seen between groups and the time period.

Table 11: Sample Size for Health and Wellness Survey

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greek Males</td>
<td>101</td>
<td>68</td>
<td>70</td>
<td>196</td>
<td>165</td>
<td>158</td>
</tr>
<tr>
<td>Non-Greek Males</td>
<td>915</td>
<td>512</td>
<td>516</td>
<td>1201</td>
<td>1016</td>
<td>975</td>
</tr>
<tr>
<td>Greek Females</td>
<td>114</td>
<td>76</td>
<td>748</td>
<td>214</td>
<td>182</td>
<td>174</td>
</tr>
<tr>
<td>Non-Greek Females</td>
<td>1032</td>
<td>577</td>
<td>575</td>
<td>1320</td>
<td>1209</td>
<td>1071</td>
</tr>
</tbody>
</table>

**Greeks and Non-Greeks**

Greek males and females were the top consumers of alcohol in the past 30 days, with similar percentages having used it. Non-Greek males and females had lower percentages but were similar between the genders. There is little change in alcohol use in the past 30 days through the years by any of the groups. (Figure 1)
Greek males consumed a considerably larger number of drinks usually per week while non-Greek males and Greek females consume around the same number of drinks. Non-Greek females consumed a slightly lower number of drinks per week. Though there was a slight decrease in number of drinks by each group, it did not significantly change. (Figure 2)

Binge drinking is defined as 5 or more drinks in one sitting. Greek males and females had the highest percentages of binge drinking activity in the past 2 weeks. Less than 50% of non-Greek students participating in binge drinking behavior in the past 2 weeks but more than 50% of Greeks had participated in binge-drinking in the past 2 weeks. Non-Greek females, Greek females and non-Greek males tended to be lower than Greek males. There
was a slight decrease in percent participating in binge drinking in the non-Greek males, Greek females, and non-Greek females but not a significant decrease. There was a slight increase in the last two years after a long decrease for non-Greek males and Greek females. (Figure 3)

Figure 3: Percent had 5+ drinks in one sitting in past two weeks

Tobacco use has fluctuated for Greek males between 2007 and 2012, though this group continuously uses it the most. Non-Greek males used tobacco in the past 30 days the next most, though no more than 30% of non-Greek males had used it in the past 30 days, with the highest percentage being in 2009. Greek and non-Greek females fluctuated similarly with the highest year of usage being 2009 like both groups of males. Females of both groups had similarly percentages of use that remained below 25%. Both groups’ fluctuations did not create a changing trend. (Figure 4)

Figure 4: Percent Tobacco Use at Least Once in Past 30 Days
Over 55% of each group had sexual intercourse in the present school year, with both Greek groups having the highest percentages every year. Greek males consistently had the highest percentages, and both non-Greek groups had similar trends and percentages yearly with an ultimate low in 2011. All groups trended upward between 2011 and 2012. (Figure 5)

Figure 5: Percent Who Had Sexual Intercourse in Past School Year

Marijuana use was especially high for Greek males in comparison to other groups, which remained at similar levels below 30% with little fluctuation and increased since 2007. Over 45% of Greek males had used marijuana in the past 30 days and continue to use marijuana in the past 30 days at an increasing rate. Greek females had an increasing trend until 2009 when the trend began to decrease with a slightly increase between 2011 and 2012. Non-Greek groups generally did not change significantly through the years. (Figure 6)
Greeks Only
Alcohol is consistently used by 80% or more Greek females in the last 30 days. Tobacco and marijuana use is low for this group with less than 30% using either substance in the last 30 days. Use of each substance is overall consistent with little change each year, though use of alcohol has decreased slightly. (Figure 7)

Figure 7: Greek Females: Percent Use of Substances at Least Once in the Past 30 Days
Greek females had no more than 7 drinks per week usually with the lowest number of drinks had in 2011 with slightly over 5 drinks. While there are slight fluctuations in the number of drinks had and a slight decrease, there has been an increase between 2011 and 2012. (Figure 8)

Figure 8: Drinks per week usually had by Greek females

![Drinks Per Week Usually Had by Greek Females](image)

Almost every year, over 50% of Greek females had participating in binge drinking (5 or more drinks in one sitting) in the last 2 weeks. There was considerable fluctuation between the years and a range of 47.5%-66.4%. There has been a slight decrease between 2007 and 2011, but an increase between 2011 and 2012. (Figure 9)

Figure 9: Percent of Greek females that had 5 or more drinks in one sitting in past 2 weeks

![Percent of Greek Females that Had 5+ Drinks in One Sitting in Past 2 Weeks](image)
While at least 70% of females were participating in sexual activity in the last school year, at least 60% always or usually use a condom. While the percentages for each category are similar, it is apparent that not all females always or usually use a condom when participating in sexual activity. There has been a slight increase since 2010 in sexual intercourse within the school year, though there was a decrease between 2007 and 2010. Condom use has increase slightly since 2008. While students may have used condoms usually, they are still at risk if they do not always use a condom. (Figure 10)

Figure 10: Sexual activity of Greek females

*Data for condom use is not available for 2009.

85% or more Greek males consistently use alcohol in the last 30 days. Tobacco and marijuana use is lower for this group with at least 35% using either substance in the last 30 days. Use of each substance is overall consistent with little change each year, though use of alcohol has decreased slightly until 2010 and then has increased to slightly more than 90%. Marijuana use has increased since 2007 from 39% to 51% and overall tobacco use has decreased. (Figure 11)
Greek males had at least 12 drinks per week usually with the lowest number of drinks had in 2012. While there are slight fluctuations in the number of drinks had and a slight decrease, there has been an increase between 2011 and 2012. (Figure 12)

Almost every year, over 75% of Greek males had participating in binge drinking (5 or more drinks in one sitting) in the last 2 weeks. There was not considerable fluctuation between the years and a range of 3%. There has been a slight decrease between 2007 and 2010, but an increase in 2011 and a slight decrease in 2012. (Figure 13)
While at least 75% of males were participating in sexual activity in the last school year, at least 70% always or usually use a condom. While the percentages for each category are similar, it is apparent that not all males always or usually use a condom when participating in sexual activity. There has been a slight increase since 2010 in sexual intercourse within the school year, though there was a decrease between 2007 and 2010. Condom use has increased slightly since 2008 but has recently dropped considerably in 2012. While students may have used condoms usually, they are still at risk if they do not always use a condom. (Figure 14)

* Data about condom use is not available for 2009
Discussion

Study 1

The data compiled and analyzed provides preliminary views of the Hunter-White Health Advocate and its effectiveness to the University of Arizona’s Greek community. Most students who played the role of health advocate were in their middles years of their college experience (sophomores and juniors) with similar distributions in the two years analyzed, therefore, we can believe that a similar distribution will be true in the future as well. At this time, most advocates have less than 10 minutes to present about the topic, and this diverges far from the planned 20-30 minutes that the program expects and creates presentations for. With less than half the expected time to present, advocates are unable to convey the information as effectively as expected and may skip over or not emphasize important information. Also, without sufficient time, advocates do not have the attention of their peers for long enough to make an impact. In contrast, most advocates would prefer to have between 5-20 minutes to present, which still does not equal the expectation of the program for 20-30 minute presentations. Health advocates may be pressured by their chapter leaders to keep presentations short, or may not feel that students pay attention for longer lengths of time. Further research must be done on this topic. Interestingly, all classes of students had similar distributions in terms of desired time to present, with most preferring 5-10 or 10-20 minutes (range of 29%-52%). In terms of the time to present as opposed to the time advocates desired to present, those students who had 5 or less minutes to present generally desired to present for a slightly longer range of time while those presenting for 5-10, 10-20, and 20-30 minutes preferred to keep the range of time they were already presenting. Nonetheless, a significant number of students who presented for 20-30 minutes desired a significantly lower presentation time of only 5-10 minutes, potentially because they felt that students were not listening or lost interest in the presentations.

Advocates that were appointed into their positions often only presented for 10 or less minutes, while those who volunteered or were elected to be advocates generally spent longer ranges of time (5-10, 10-20, 20-30 minutes), potentially because they felt that the health education and presentation information was important to present in a longer time frame and felt a stronger sense of need to fulfill requirements and expectations of their role. Additionally, it is possible that their chapters held a higher belief in the program and its importance to the Greek members and made the position desirable. For advocates that chose to apply for the position, most desired to present between 5-20 minutes, with fewer presenting for 20-30 minutes desiring to present for this length of time. Similarly, those appointed to the position did not desire to present for 20-30 and desired to present for between 5-20 minutes as well.

Study 2

While all presentation topics surveyed were relevant per the opinion of the Greek members who filled out the evaluations, topics such as alcohol awareness and nutrition were believed to be most relevant. Topics such as HIV/AIDS were perceived to be less relevant, potentially because research has shown that U.S. students do not feel that they are susceptible to this health problem (Cashin et al, 1998). Nonetheless, because the topics with the highest number of evaluations were evaluated, this may explain why the topic relevance was so high. Similarly, almost 90% of students felt the information of the
presentations was helpful, showing that relevant topics were being discussed. Furthermore, over 90% of students planned to use the information they learned in the presentations in the future, though it is unclear from this analysis what information they were taught by each specific health advocate (though the health advocates were provided with a presentation) and what information would be used in the future.

**Study 3**

In terms of overall trends for this at-risk subset of the college student population, many behaviors have not changed significantly, though this cannot be attributed only to the Hunter-White Health Advocate Program. Students using alcohol at least once in the past 30 days has not changed in the last 6 years and number of drinks usually had per week has only decreased slightly for Greek males. Student rates of binge drinking have also not changed, and tobacco use has evened out though there has been some increased activity in the last few years and marijuana use has stayed the same for all populations except for Greek males, who have had increased use. There have been slight increases in percentages of students having sexual intercourse within the school year. Greek females have slightly decreased in alcohol use in past 30 days and drinks usually had and there have been slight decreases in binge drinking. Most Greek females are having sexual intercourse but not all of these females are usually or always using a condom. For Greek males, use of most substances has remained at similar rates through the last 6 years and binge drinking percentages stayed at similar levels. There has been a significant change in drinks per week usually had by Greek males. Sexual activity has remained similar throughout the last 6 years but there has been a decrease in usual condom use.

While behavior changes may not be directly linked to the Hunter-White Program, it is hoped that the program helps to decrease negative behavior through health education. With more knowledge on the various topics taught by the program, it is hoped that there will be decreases in risk behaviors. While trends that have increased or decreased may not be directly linked to merely the program, it is expected that the program would educate and therefore help to change the behaviors of the Greek community. Information learned in the program (including on those topics evaluated) was found to be relevant and useful for students, but behaviors did not change; in fact, some increased. It is therefore not expected that students truly used this information in the future as they expressed. While the entire Health and Wellness Survey results were not analyzed in this report, topics relevant to the presentation evaluations including alcohol, sexual activity, and smoking were analyzed for student behaviors.

**Effectiveness of the Hunter-White Health Advocate Program**

Based on the data analysis of this report, the Hunter-White Health Advocate is not assisting to change behaviors significantly. While knowledge about topics may be increasing, it is not affecting behavior change as trends have stayed the same, though trend changes could be based on other factors as well. While feedback from presentation evaluations is positive in terms of topics relevance, usefulness of information and use of information, it may be true that information is not taught effectively (something that is not yet asked), that useful information cannot be used regularly, or is forgotten quickly as members are only exposed once a semester if not once in their entire college career depending on the presentations chosen by each health advocate. Health advocates do not
believe that a substantial amount of time needs to be taken to educate their peers, even though a wealth of information is available to them. This lack of agreement with the program expectations may show a lack of interest, an opinion that not enough material is provided, or an understanding of the social desires and attention of the Greek community. These results point to the belief that the program is not effective in creating behavior change. Nonetheless, this lack of behavior change could be based on the youthful thought that students are invincible and that nothing will affect their health. However, based on literature review, it is not impossible to cause behavior change in this population, though it may be difficult.

Health advocates who chose to be in their positions showed interest that related more closely to the program’s expectations in terms of presentation time. Greek members found topics to be relevant and useful. Moreover, Greek members engaged in more risky behavior relating to negative outcomes than non-Greek members and little change in these behaviors has occurred. Greek members, especially Greek males, are a high-risk population based on both literature review and analysis of an annual survey. Hypotheses that trends in risky behavior would change and decrease were not proven correct. While some behaviors have begun to fall, many behaviors have not decreased significantly, have not changed, or have, in fact, risen. Because Greek members did not list that topics were irrelevant and believed they would use the information, it is expected this may cause behavior change.

Limitations

There were several limitations of this study. Because the data were retrospective, significant responses were difficult to find. Moreover, use of the Health and Wellness Survey was based on statistics given by Campus Health Services, so individual responses by students could not be analyzed and compared. Furthermore, the data provided by Campus Health Services did not provide the number of responses for each population for each question, so it must be assumed that all students answered all questions. Because responses were not weighted based on responses between years, data may be slightly different. Additional questions about tobacco use and type of tobacco product used would be helpful, as well as information about sexually transmitted diseases. In terms of presentations, while the presentation evaluations ask for feedback about the program, there is no evaluation done to Greek members about what they have learned and if health advocates are teaching all the expected information so knowledge has not been measured. Moreover, all presentation topics have not been evaluated, and some less popular presentations may have better feedback. Presentation topics are not all taught to each chapter, so there may be discrepancies of types of chapters that choose certain topics or may be more popularity in topics that are presented later in the semester when advocates realize that their requirements have not been fulfilled. Low sample sizes for evaluations, especially pre-evaluations, made it difficult to test for significant statistical evaluation. Furthermore, because different students filled out each evaluation, they may not be as comparable as if the same individual filled out all evaluations. There may be bias.

There were a number of biases that may have taken effect during this study. Recall bias and recency bias as students filled out the Campus Health Services’ Health and Wellness Survey may have caused either under- or over-reporting. While these biases may have taken place, the large sample size would assist in controlling for this. Furthermore, the biases were consistent from year to year so trends are believed to be true, though anchors
may be different without the bias playing a factor. Social desirability bias may have also played a role as students answered what was expected of them in both presentation evaluations and the Health and Wellness Survey. This may have caused under-reporting of behavior, or biased answers of the usefulness, relevance and use of information learned in presentation. Therefore, results may be conservative. There may also have been over-reporting by certain populations based on the social desirability bias, but again trends are believed to be true. There may also be a bandwagon effect, especially in Greek members, who have strong tendencies towards groupthink. Based on observation of the program, there may also be negativity bias by the health advocates as they report about presentation time and other information at the start of the program. There may also be a sampling bias in many parts of this analysis. Because of the Health and Wellness Survey is administered in classes, there may be a bias by the population who do go to class and fill out the survey, while those who do not attend class may have worse behaviors and therefore show more risk behaviors are present. Therefore, the results of this analysis may be conservative. Additionally, a sampling bias may occur for those health advocates who do attend meetings while those who do not may not provide information- though the program attempts to have all advocates fill out this information. Lastly, those Greek members who fill out the surveys may also create a sampling bias by being close to the health advocate and because of the small sample of evaluation data taken. While these biases may have occurred in this study, it is believed that they in fact caused conservative observations and estimates and that results may be higher than reported.
Recommendation Report

The Hunter-White Health Advocate program has progressed and adapted from its implementation. Nonetheless, based on the data collected and analyzed, some changes could take place in order to make the program more effective and impactful.

Recommendations Based on Data Analysis

Only advocates with a sense of responsibility and interest in the program and the position should be named as a health advocate, as those who did not apply for the position were often the ones that did not believe in the importance of time-appropriate presentations. Based on the school year of the health advocates, it can be seen that few were in their freshman year. It is recommended that first-year college students do not participate as health advocates because they will not likely be viewed as a peer to the Greek community. Furthermore, it is important to instill in the mindsets of both chapter leadership and health advocates that 20-30 minute long presentations are critical for the success of the program, or to create more effective presentations for shorter time-frames based on the expectations of health advocates. As most advocates desire to present for between 5-20 minutes, it is critical that the program provides the necessary tools to teach in such a short time frame. Furthermore, presenting topics that students believe to be relevant is crucial as well. Removal of irrelevant topics will streamline the program and allow advocates to concentrate on fewer topics. Advocates may look to their chapter peers to understand topics of interest or ones they or their leaders believe needs further education. Further research could be done to see how information is used in the future since a very large percentage of respondents responded that the information learned would be used in the future. Further analysis by reviewing presentation length desires by Greek members may be helpful to further evaluation necessary presentation time.

Recommendations Based on Innovative Theory of Evaluation

The innovative theory of evaluation notes four stages of evaluation: oversight and compliance, program improvement, merit and worth, and knowledge development. Based on observations of the program both during this evaluation and during the past three years as an intern of the program, some recommendations follow.

In terms of oversight and compliance, it is apparent that many chapters do not fulfill the necessary requirements of the program each semester; in fact, most do not, according to outside review of protocols with FSP staff. Lack of compliance by health advocates reduces the integrity of the program and deprives their peers from learning necessary information and being exposed to proper health and wellness practices. While the Hunter-White Foundation does not have certain standards for the program, Fraternity and Sorority programs should create its own requirements and evaluate these regularly (Nirh, 2013). Further demographic information may be helpful as well, which could be included in an application as a way to screen advocates before the program begins.

Program improvement is another crucial section of the program to evaluate. Looking at the components of the program critically has shown that some improvements can be made. Members need to be taught about the things that they believe is a problem or that they are interested in learning more about. Teaching members about subjects that are not relevant or that they contain no interest in are difficult subjects to retain their attention for. By further evaluating the other topics and learning about their relevance, FSP can
streamline the program and keep relevant topics. By surveying members and their leadership or reviewing past actions (or violations), health advocates can tailor the program to the interests of each chapter. Another option is to do further literature review to better understand the main health concerns for this risk population and concentrate education on these subjects. Additionally, Greek members need to be made more aware of the resources that the University of Arizona and Tucson community have to provide. While this population is often bombarded by resources (including academic, social, and personal as seen on FSP website) finding innovative ways to make members aware of these will help Greek members to take responsibility for their health and wellness. Tied to this, students need to be made more aware of the warning signs and risk factors of their health behaviors and be more knowledgeable about the long-term effects of their health and wellness decisions.

**Recommendations Based on Observation of Program**

Finding different methods to present the information to both the health advocates and their peers is crucial as well. Health advocates need to learn the skills of a peer educator, public speaking skills and about the subjects in depth (more than they may present to their chapters). Slideshow presentations may cause students to “tune out” and do not require participation, and this may not be an effective teaching method. Though the program used game style presentations briefly, these were removed from the curriculum. Games, activities, and other participatory education methods are crucial to keep both small and large groups engaged and learning about this important information. Students should be taught not only the facts, but also how to integrate the knowledge into their lives, and how to make better health and wellness choices a habit. Including professionals in the peer education program, either to present to students or advocates or to assist in creating the presentation materials and educational items, provides more credible information, mentors for the advocates, and a chance to further showcase local resources that are available to the students. Lastly, making health events a more prominent part of curriculum is essential as it provides another method of teaching students serious health and wellness information. Overall, making consistent materials about the program (especially for the benefit of the graduate assistant who oversees the program) and changes to the program are crucial to see what changes are made and how these have helped to improve (or not improve) the program is a necessity.

In terms of the merit and worth of the program, few Greek members respect the program and it is therefore underutilized, per observation of the program and discussion with FSP staff (Nirh, 2013). Because of this, it is sometimes difficult to find advocates who are truly interested in the program and in helping their fellow members to follow better health and wellness habits. Consistency needs to be shown throughout each semester, and better communicated to chapters. If chapter members understand the purpose of the program and fully understand the impact that it can make, it will be more respected by the Greek community. Furthermore, there will be more active and willing advocates who volunteer for the position and show enthusiasm in what they educate their chapter members on. It might also be helpful to review health advocates’ reflections to what they take away from the program and their experiences. Furthermore, it is necessary to look at how positive Greek members are about the program, their respect for their peer as a health advocate, and how they will or have utilized this individual. Assessing Greek members’
knowledge is another deficiency of the program. It may be helpful to do testing of knowledge both before and after the educational session to see what information is retained, what is already known, and what myths students believe to be true.

Further Evaluation of the Program

In order to further evaluate the program, there are a number of methods that need to be implemented into the program to allow for future evaluation. Further evaluation of attendance by advocates to educational meetings, required trainings, and health events is necessary to see where health advocates are lacking. Also, evaluation of demographic data about the health advocates should be analyzed to see what students are being placed into the positions. It is of utmost importance that Fraternity and Sorority Programs set compliance standards and decide on evaluation methods for these standards. Additionally, further analysis of the evaluations for each presentation is critical to knowing how to make changes to the material presented. By looking at the feedback provided by Greek members, Fraternity and Sorority Programs can get feedback on each health advocate’s performance, about the material presented, receive feedback as to adjustments that can be made. While the number of evaluations filled out limits quantitative analysis, descriptive analysis can help to improve the program on a very regular basis. Moreover, regular analysis of health advocate feedback based on both pre-term and post-term evaluations and other surveys should be used to make regular program improvements. Evaluation of Greek members’ knowledge about each subject matter will also be significant both each semester and on a long-term basis. If possible, utilization of health advocates and resources would be helpful by providing times to meet with advocates (or contact information) to Greek members and to survey resource usage. Evaluating the quality of the program through surveys to the health advocates and larger Greek community could provide a baseline for improvements. Fraternity and Sorority Programs must decide on what it would like the Greek community and health advocates to take away from the program and base further evaluation on this. It must ask what kind of evaluation and questions will give them the information they want to adjust the program. FSP may find that there are certain critical elements to the program or certain information it wants to find out and should therefore gear evaluation towards these things. FSP may use the integrated theory of evaluation to decide what kind of evaluation is desired. It is important that FSP decides what it would like to find out and then build an evaluation process around this, and then explores how to find this data and how to analyze it.

Recommendations Based on Literature Review

Based on literature review, a number of recommendations can be made based on other programs and health behavior theories. Based on the principles of the diffusion of innovation theory, people learn through daily activities and observation of their peers or others around them. This is especially true for what are called opinion leaders who act as role models for behavior change by influencing group norms in their community. It would therefore be worthwhile to train leaders of Greek life, such as council members and executive board members of each Greek chapter in the importance of health and wellness and train these individuals as opinion leaders. These leaders are already important role models and peers to other members and influence their communities significantly. Additionally, disturbing research has shown that Greek leaders (based on involvement)
have greater risk behaviors, so this would be a key group to engage in behavior change (Cashin et al, 1998). Research by Cashin et al (1998) shows that leadership participate in setting drinking and drug-use norms and were participating in heavy drinking and negative consequences as high as or in higher levels than others involved in Greek life. Making these leaders more sensitive to risk management and their role-model status is crucial for community-wide behavior change. If leaders of the Greek community are not chosen, juniors and seniors should be prioritized as health advocates. As older students in these organizations, they are peers to the other students and people that the community can look up to. Furthermore, other peer education models in the college setting set a higher standard on training peer educators to have necessary skills for success. By implementing further trainings on presentation and programming, awareness of risk, making referrals, and leadership skills, health advocates may increase confidence in their peer abilities and value to the community. Moreover, proper use of the BACCHUS Network or other evaluated peer education programs may create a more effective approach, though each program must be geared to the specific Greek community of the University of Arizona. Lastly, putting a priority on evaluation (while difficult for many education programs based on research) will help the program to make necessary changes periodically and become most effective quickly.

With the above recommendations on program improvement and evaluation, the Hunter-White Health Advocate Program can become a stronger means for health behavior change in the University of Arizona Greek community.
References:


Appendix A: Pre-Evaluations for Health Advocates

Hunter White Health Advocate Questionnaire

Name: 
Year: 
Major: 
Chapter: 

1. What do you currently know or have been told about the Health Advocate Program?

2. How were you selected to become a health advocate?
   - [ ] Elected
   - [ ] Appointed
   - [ ] Volunteered
   - [ ] Other: ________________________________________________

3. Why did you choose to become a health advocate?

4. What are your expectations of being a health advocate?

5. What do you want to accomplish as a health advocate?

6. If you received enough training on a health topic, would you be comfortable doing a 30 minute presentation in your chapter?
   - [ ] Yes
   - [ ] No
5. If you received all the materials to do a presentation on a health topic (alcohol, STDs, nutrition, etc.) would you be comfortable doing a 30 minute presentation in your chapter?
   □ Yes
   □ No
   5a. If no, what are the reasons why you would not be comfortable giving a presentation in your chapter on health?
   
6. How many minutes does the health advocate have to present health related information at your Chapter’s meeting?
   □ Less than 5 minutes
   □ 5-10 minutes
   □ 10-20 minutes
   □ 20-30 minutes

7. How much time would you like to have to do a health presentation?
   □ Less than 5 minutes
   □ 5-10 minutes
   □ 10-20 minutes
   □ 20-30 minutes

5. Would you feel comfortable creating your own health presentation?
   □ Yes
   □ No

6. What are the best ways to distribute health related information at your Chapter? (ie. Handouts, posters, flyers, videos, presentations, etc.)
7. How knowledgeable are you in these health related topic:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Not knowledgeable</th>
<th>Very knowledgeable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Body image</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Cancer</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Drugs</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Hazing</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Men Health</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Spring Break Safety</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Sun Safety</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>STI</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Stress</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Steroids</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Sleep</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Relationship Violence</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Other health topics you would like to get trained on:

8. How interested is your Chapter in getting more information about:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Not interested</th>
<th>Very interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Body image</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Cancer</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Drugs</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Hazing</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Men Health</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Spring Break Safety</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Sun Safety</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>STI</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Stress</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Sleep</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Steroids</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Smoking/Hookah</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Relationship violence</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Health Topic</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QPR/Suicide Prevention</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other health topics your Chapter is interested in:
Appendix B: Example of Presentation Evaluation for Greek Members

Evaluation- Alcohol Awareness

Page 1

[Required] Single Line Text Field
Health Advocate's name:

[Required] Single Line Text Field
Date

[Required] Single Line Text Field
Location of Presentation:

[Required] Radio Buttons (single item selection)
Was this presentation done with a co-health advocate chapter?
Valid input:
- Select only one choice.

[ ] Yes
[ ] No

Single Line Text Field
If yes, what was the co-Health Advocate Chapter?

[Required] Radio Buttons (single item selection)
Was the information in the presentation helpful to you?
Valid input:
- Select only one choice.

[ ] Yes
[ ] No

[Required] Radio Buttons (single item selection)
Was this topic relevant to you?
Valid input:
- Select only one choice.

[ ] Yes
[ ] No

[Required] Multi Line Text Area
List some information you learned from the presentation:

[Required] Radio Buttons (single item selection)
Will you use the information you learned from this presentation in the future?
Valid input:
- Select only one choice.

[ ] Yes
[ ] No

[Required] Multi Line Text Area
How will you use the information you learned in the future?
Multi Line Text Area
What other information should have been covered in the presentation?

Multi Line Text Area
Please write additional comments and suggestions to help improve presentation (style, format, length, etc.)

[Required] Radio Buttons (single item selection)
Did you receive alcohol safety information such as kits, cab cards, or standard drink cards?
Valid input:
- Select only one choice.
   [ ] Yes
   [ ] No

[Required] Selection Dropdown
Did the Presenter speak clearly?
Valid input:
- Select only one choice.
- must select a value.
   [ ] Disagree
   [ ] Neutral
   [ ] Agree

[Required] Selection Dropdown
Did the presenter have good volume?
Valid input:
- Select only one choice.
- must select a value.
   [ ] Disagree
   [ ] Neutral
   [ ] Agree

[Required] Multi Line Text Area
Please write additional comments/suggestions for the Health Advocate.

[Required] Single Line Text Field
Name of person filling out the evaluation:

[Required] Radio Buttons (single item selection)
Position of person filling out the evaluation
Valid input:
- Select only one choice.
   [ ] President
   [ ] Member
### Appendix C: Campus Health Services' Health and Wellness Survey for All UA Students

#### Health and Wellness 2012

1. **Gender**
   - Male
   - Female
   - Transgender

2. **Living arrangements**
   - House/Apt.
   - Residence Hall
   - Fraternity/Sorority

3. **Ethnic/Racial Origin**
   - African American
   - Asian/Pacific Islander
   - Caucasian
   - Hispanic/Latino
   - Native American/Alaska Native
   - Interracial

4. **Classification**
   - Freshman
   - Sophomore
   - Junior
   - Senior
   - Grad/Professional
   - Fraternity/Sorority Member
   - Sports Club Participant
   - Intercollegiate Athlete
   - Intramural Athlete

6. **Current military status**
   - Not in US military
   - Active duty
   - Discharged
   - U.S. Veteran
   - Reserves

7. **Age**
   - [ ]

8. **Current weight (lbs.)**
   - [ ]

9. **Height (feet)**
   - [ ]

10. **Height (inches)**
    - [ ]

11. **Current GPA**
    - [ ]

12. **Which best describes your current relationship status?**
    - Single (not dating)
    - Casually dating
    - Exclusively dating one person
    - Engaged
    - Married/Partnered

13. **Is this your first semester at the UA (Spring 2012)?**
    - Yes
    - No

14. **During this school year, did you ever visit the following?**
    - Health Services
    - Counseling Center
    - Wellness Center

15. **Average number of drinks**
    - you consume in a typical week:
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]

16. **When you party, how many drinks**
    - do you usually have:
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]

17. **How often, if ever, have you had 5 or more drinks**
    - in one sitting:
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]
      - [ ]

18. **How often do you usually party?**
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]

19. **Have you driven after drinking any amount of alcohol?**
    - [ ]
    - [ ]

20. **When going out with friends, I prefer to be around people who...**
    - [ ]
    - [ ]
    - [ ]

21. **When going out on a date, I prefer to be with someone who...**
    - [ ]
    - [ ]
    - [ ]

22. **How would you describe your weight?**
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]

23. **Within the past 12 months, have you done any of the following to lose weight?**
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]

24. **Within the past 12 months, has either of the following affected your academic performance?**
    - [ ]
    - [ ]
    - [ ]
    - [ ]

25. **Have you ever been diagnosed or treated by a professional for any of the following?**
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]
    - [ ]

---

*Image showing survey questions with options for responses.*
26) How often have you used the following substances?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Used in past 30 days</th>
<th>Used in past year</th>
<th>Not used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco (smoke, chew, hookah)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol (beer, wine, liquor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana (pot, hash)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain pills (codeine, Percocet, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sedatives (Valium, Xanax, sleeping pills)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ritalin/Adderall/Concerta</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other illegal drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27) Are you in support of making the UA campus tobacco-free?

- Yes
- No

28a) How recent was the last time you drank?

- Within the past 30 days
- Within this school year
- More than one year ago

28b) How many drinks did you have?

28c) Over how many hours did you drink?

* I DRINK

12 oz. beer
4-5 oz. wine
1 oz. liquor

29) During this school year, did you see the following Campus Health materials in or around campus buildings?

- SexTalk columns
- Red Cup Q&A columns
- Ads about cold and flu prevention
- Ads about general health and wellness
- Ads related to services at Campus Health

30) During this school year, did you see the following Campus Health media in or around campus buildings?

- "Risk is the Mix" poster
- "Break out of Stress" poster
- "Consent Is Sexy" poster
- LGBTQ "You are not alone" poster
- LGBTQ "Stop the silence" poster
- "Free Yourself from Fat Talk" poster
- Friend 2 Friend (F2F) posters and related media
- "These hands are for Helping, not Hunting" poster
- "Be Kind, Step Up" poster

31) During this school year, did you participate in any of the following?

- Campus Health presentation
- QPR suicide prevention training
- BASICS one-on-one alcohol program
- The Buzz alcohol program
- SHADE alcohol class
- Be Kind, Step Up bracelet exchange
- Oasis Program Presentation

32) When you drink, how often do you do the following?

- Not applicable, I don't drink alcohol
- Always
- Usually
- Rarely
- Never

- Stop drinking at least 1 to 2 hours before I go home
- Alternate with non-alcoholic beverages
- Have a designated driver when I know that I will be drinking
- Set a limit on the number of drinks I have
- Make my own drinks to limit the amount of alcohol that I have
- Limit the amount of money that I bring or spend on alcohol
- Avoid drinking games
- Eat before and during the time I am drinking
- Refuse to ride with a driver who has been drinking
- Avoid pre-gaming/pre-partying
- Avoid shots of hard liquor

33) Have you ever been diagnosed with any of the following?

- Depression
- Anxiety
- Neither

34) How difficult has anxiety or depression made it for you to do your work, study, go to class, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Not applicable

35) Do you feel connected to the UA campus community?

- Yes
- No

36) Is the UA an easy place to make good friends?

- Yes
- No

37) Please indicate your opinions on the following statements:

- Being lesbian, gay, bisexual or transgender (LGBT) is healthy and normal
- The typical UA student thinks being LGBT is healthy and normal
- I would be accepting of a close friend or family member who is LGBT
- The typical UA student would be accepting of a close friend or family member who is LGBT
- LGBT people should have the same rights as heterosexual people
- The typical UA student thinks LGBT people should have the same rights as heterosexual people

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree
<table>
<thead>
<tr>
<th>38) Which types of sexual intercourse have you ever had?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral:</td>
</tr>
<tr>
<td>Vaginal:</td>
</tr>
<tr>
<td>Anal:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>39) How many different people have you had vaginal or anal intercourse with this school year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero:</td>
</tr>
<tr>
<td>One:</td>
</tr>
<tr>
<td>Two:</td>
</tr>
<tr>
<td>Three to five:</td>
</tr>
<tr>
<td>Six or more:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>40) How often have you and your partner(s) used a condom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never:</td>
</tr>
<tr>
<td>Rarely:</td>
</tr>
<tr>
<td>Usually:</td>
</tr>
<tr>
<td>Always:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>41) Did you or your partner use a method of birth control to prevent pregnancy the last time you had vaginal intercourse?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes:</td>
</tr>
<tr>
<td>No, didn't want to prevent pregnancy:</td>
</tr>
<tr>
<td>No, didn't use any birth control method:</td>
</tr>
<tr>
<td>Don't know:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>42a) Have you ever used the Campus Health Service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes:</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>42b) Were you aware that you do not need medical insurance to be seen at Campus Health?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes:</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>42c) Do you have medical insurance that requires you to go somewhere other than Campus Health for your medical care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes:</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>42d) What is your primary form of health insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>My college/university sponsored plan</td>
</tr>
<tr>
<td>My parents' plan</td>
</tr>
<tr>
<td>Another plan</td>
</tr>
<tr>
<td>I don't have health insurance</td>
</tr>
<tr>
<td>I am not sure if I have health insurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>43) If you have experienced any of the following Due To Drinking Alcohol, please indicate the most recent time frame: (mark only one per item)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within this school year</td>
</tr>
<tr>
<td>Within the past 30 days</td>
</tr>
</tbody>
</table>

| Had a hangover: | Yes | No |
| Been sick: | Yes | No |
| Missed a class: | Yes | No |
| Damaged property: | Yes | No |
| Been hurt or injured: | Yes | No |
| Had a memory loss: | Yes | No |
| Experienced threats of physical violence: | Yes | No |
| Performed poorly on a test or important project: | Yes | No |
| Used marijuana or other drugs while drinking: | Yes | No |
| Been in trouble with school authorities: | Yes | No |
| Been left in a potentially dangerous situation: | Yes | No |
| Gotten into a fight or argument: | Yes | No |
| Been in trouble with the police: | Yes | No |
| Experienced forced sexual touching/fondling: | Yes | No |
| Experienced unwanted sexual intercourse: | Yes | No |
| Drove while under the influence of alcohol: | Yes | No |
| Passed out: | Yes | No |
| Received an MIP alcohol citation: | Yes | No |

<table>
<thead>
<tr>
<th>44) How many hours a week do you typically exercise/participate in physical activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one hour:</td>
</tr>
<tr>
<td>One hour:</td>
</tr>
<tr>
<td>2 - 3 hours:</td>
</tr>
<tr>
<td>4 - 5 hours:</td>
</tr>
<tr>
<td>6 - 7 hours:</td>
</tr>
<tr>
<td>8 or more hours:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>45) Within the past school year, how would you rate the overall stress you have experienced?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No stress:</td>
</tr>
<tr>
<td>Less than average stress:</td>
</tr>
<tr>
<td>Average stress:</td>
</tr>
<tr>
<td>More than average stress:</td>
</tr>
<tr>
<td>Tremendous stress:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>46) Have any of the following Campus Health services helped you remain a student at the UA?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical services:</td>
</tr>
<tr>
<td>Counseling and Psych Services (CAPS):</td>
</tr>
<tr>
<td>Health Promotion &amp; Preventive Services (NPPS):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>47) Have you received the following vaccinations/shots?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B:</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV):</td>
</tr>
<tr>
<td>Flu shot:</td>
</tr>
<tr>
<td>Meningococcal disease (meningitis):</td>
</tr>
<tr>
<td>Varicella (chicken pox):</td>
</tr>
</tbody>
</table>
48) During the past 30 days, what percent of UA students do you think have used each of the following?

<table>
<thead>
<tr>
<th></th>
<th>a. Tobacco</th>
<th>b. Alcohol</th>
<th>c. Marijuana</th>
<th>d. Other illegal drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 - 4 times</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5 - 8 times</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>9 or more</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

52) Have you experienced/been the victim of any of the following within the past 3 months?

- Bullying (in-person)
- Cyberbullying
- Emotional/Verbal abuse
- Hate crimes/Discrimination (race/ethnicity, gender, religion, sexual orientation, etc.)
- Hazing
- Physical assault/abuse
- Sexual assault
- Stalking

53) How many times during the past school year have you seriously considered attempting suicide?

- 0 times
- 1 - 4 times
- 5 - 8 times
- 9 or more

54) How many times during the past school year have you attempted suicide?

- 0 times
- 1 time
- 2 times
- 3 or more

55) Have you ever suggested to a friend, classmate, or other student that they seek help for emotional problems from Counseling and Psych Services (CAPS) at Campus Health?

- Yes
- No, I encountered a student with problems, but I did not suggest that they seek help
- No, I have not encountered a student who had emotional problems

56) If you were to encounter a friend at the UA with emotional problems which of the following would you feel comfortable doing, if the circumstances warranted it? (Mark all that apply)

- Offer to listen to their problems
- Offer to find them help
- Offer to accompany them to a counseling appointment
- Speak to an instructor, administrator, RA, or campus staff
- Contact Campus Health/CAPS directly
- Contact the student's family
- Follow up with the student to see how they are doing
- I would not feel comfortable doing any of these

49) How many drinks* do you think the typical UA student has when he/she parties?

50) How many nights a week do you think the typical UA student parties?

- Never
- Once or twice a year
- Once or twice a month
- Once a week
- Twice a week
- Three or more times a week

51) Have you ever used a fake ID?

- No
- Yes

57) Are you familiar with the National Suicide Prevention Lifeline?

- Yes
- No

58) Have you used the National Suicide Prevention Lifeline?

- Yes
- No

59) Are you aware of suicide prevention resources?

- Yes
- No

Thank you for completing this survey