<table>
<thead>
<tr>
<th>Department Name:</th>
<th>University Health Services</th>
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<tbody>
<tr>
<td>Program or Service:</td>
<td>Brief Alcohol Screening and Intervention</td>
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<td>Brief description of program or service:</td>
<td>Students that present to health services for wellness visits will be screened for high risk drinking behaviors and, when appropriate, receive brief counseling to reduce risks and referred for further counseling as warranted by discussion with provider.</td>
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<td>Date:</td>
<td>6/1/2016</td>
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1. State the formal learning and/or operational outcomes for the program, service, or department:
   - Students will identify their risk category based on the AUDIT score.
   - Students will articulate the risks associated with their personal drinking behaviors.
   - Students will learn to utilize safer behaviors while consuming alcohol.

2. Where are these learning outcomes published? Be specific. (Where are the department’s learning expectations accessible to potential students: on the web or in your department’s handouts?):
   University Health Services Website

3. What data/evidence is used to determine whether participants have achieved the stated outcomes? (What method did you use? What were you measuring?):
   The Alcohol Use Disorders Identification Test (AUDIT) is a screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems. It calculates a score based on answers to a series of 10 questions. A score of 8 or more is considered to indicate hazardous or harmful alcohol use. A follow up survey was emailed to students following intervention and an additional small group took part in a 1 on 1 interview with Robyn Priest in the Office of Health Promotion.

4. Who collects and interprets the evidence? When and how often does this occur? Who assists in interpreting and analyzing the data?:
   The multidisciplinary assessment team comprised of physicians, nurses and medical assistants, collected the data, analyzed it and made recommendations to the departmental leadership team. This assessment took place in the spring 2015 in conjunction with the Office for Health Promotion. Periodic annual review of the program will be conducted.

5. Individuals with whom the data is shared (list primary and UHS Staff, Office of Health Promotion and Division of Student Affairs at annual year end meeting in May 2015.)
| 6. What changes have been made as a result of using the data/evidence? (What was the change? What data led you to make that change?) If no change, indicate why: | Spring 2015 was a pilot study. Based on the results of the assessment the following changes have been made:

- All full time providers were trained in techniques and tools for brief interventions for students screening positive for at risk drinking behaviors in the fall 2015.
- University Health Services will provide brief alcohol screening all students that make an appointment for health wellness exams, and brief intervention will be provided as warranted by screening results.
- Information sheets containing Alcohol Consumption Guidelines and Strategies for Lower Risk drinking will be in the waiting room, posted in the restrooms and distributed to students that have spent time in the Infirmary as a result of alcohol consumption.
- Office of Health Promotion contact information will be provided for those students who wish to have a more in depth conversation about their alcohol use. |
| 7. How do you know that the changes have resulted in improved learning outcomes? (continuous improvement evidence): | To be determined - changes to be implemented in Fall 2015. The follow up assessment spring 2015 demonstrated that more than half of those surveyed admitted to binge drinking. Brief counseling provided students with strategies to lower risk drinking and 75% of the respondents acknowledge they will drink in a safer manner. Students surveyed were able to articulate lower risk drinking strategies they plan on utilizing. Follow-up Assessment Spring 2016:

241 screens were conducted during routine wellness exam. 100% of survey respondents felt the conversation with the health care provider gave them an opportunity to reflect on their alcohol usage. 50% of the respondents were able to recall their AUDIT score. 43% of respondents made changes in drinking habits to reduce the harmful effects of alcohol. |