<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Health Promotion</th>
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<tbody>
<tr>
<td>Program or Service:</td>
<td>Group Health Education Programs [iHealth]</td>
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<td><strong>Brief description of program or service:</strong></td>
<td>Health Coaches are trained to facilitate group health education specialty areas within our iHealth menu: iChill, iPlan, iChoose, iNourish, and iStrive. Each of these programs have a dedicated curriculum and each Health Coach is encouraged to add their own personality and creativity when presenting to a group of students. Through these group settings our Health Coaches help students to manage stress and time, understand and develop healthy relationships, learn and discuss decision-making around alcohol and drugs, and learn about healthy eating.</td>
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<td><strong>Date:</strong></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 who participate in a group health education program will have an opportunity to reflect on their current health.
   - Group health education programs will increase students' knowledge specific to each specialty area (health topic) covered.
   - Group health education programs will increase students' readiness to change (in the direction of adopting healthier behaviors).
   - Students who participate in group health education programs will be able to identify at least one strategy they learned to improve their health as it relates to the subject covered.
   - Students who participate in a group health education program will be able to articulate at least one resource available to support them in improving their health.
   - Students who participate in a group health education program, will rate their Health Coaches as knowledgeable, competent in presentation and group facilitation skills, and effective in creating a non-judgmental learning environment.

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?):**

   - Health Coach Playbook (for Health Coaches), event publicity materials, and reviewed with program participants at the beginning of group health education programs

3. **What data/evidence is used to determine whether participants have achieved the stated outcomes? (What method did you use)?**

   - After a program is completed, Health Coaches disseminate paper program evaluation forms to attendees for quick assessments which asks for program rating, subject comprehension, practicality, material delivery, health coach rating, what they learned, and what they would like more information about. All data is tracked through our program tracking system and analyzed at the conclusion of each semester.
   - Surveys were administered in November 2015 through campus lab for the iChill program to measure program effectiveness amongst three audiences: program
you use? What were you measuring?):

participants, program requestors, and Health Coaches. Follow up phone interviews with participants were also conducted. The following was measured:
1. Participants satisfaction, knowledge gains, and behavior change
2. Program requestors satisfaction and publicity
3. Health Coaches preparation, facilitation skills, and impact on personal behaviors

4. Who collects and interprets the evidence? When and how often does this occur? Who assists in interpreting and analyzing the data:

Student Health Coaches collect the data through paper and pencil evaluation forms at the end of each group program. The Office of Health Promotion staff and Graduate Assistant interprets the evidence. Recommendations are made to staff advisers and team managers during their Continuing Education meetings based on program feedback. At the conclusion of every semester, the Graduate Assistant and Administrative Assistant write a summary describing group program participation, outlining topics to be covered and practiced during upcoming meetings.

The Director and Administrative Assistant collected and interpreted the quick assessments, surveys, and phone interviews for the purpose of the iChill assessment.

- Participants filled out a quick paper evaluation upon program completion measuring material delivery, practicality, subject comprehension, and overall satisfaction
- All program participants, requestors, and Health Coaches were emailed a link to fill out a short survey on campus labs
- Several program participants who filled out the survey agreed to participate in the incentivized follow up phone interview with a staff member about their behavior change.

This was phase three of the Health Coach Institute Assessment Plan to measure the effectiveness of the iChill Program. Completed assessments include Health Coach Training & Individual Health Plans (iHP’s). Future assessments will include other Health Education programs each year until all 5 areas are assessed to decide which programs we want to continue, collapse into others, change or discontinue.

5. Individuals with whom the data is shared (list primary and secondary stakeholders and narrative as to why):

Data is shared internally with OHP staff, health coaches, and program requesters (RA's, professors, etc) for program improvements.

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:

Based on the data we received from the assessment, we are in the process of making changes. Based on the findings, the iHealth program, iChill, provides an opportunity for requestors to request a packaged program with flexibility in scheduling and format based on audiences. Student participants have an opportunity to reflect on their current health, learn coping strategies, follow-up with a Health Coach during an iHP, and utilize various campus resources to assist in meeting their health goals. Health Coaches are also positively impacted by the program, increasing their content knowledge and facilitation skills; improving their personal health behaviors, and having a positive impact on their friends and roommates

Most learning outcomes were met:

- **Quick Assessments:**
- Between 83 and 97% of participants rated the program as good/excellent,
and said they had a better understanding of the subject material covered, the program was practical to their life, the material was presented clearly and thoroughly, rated their Health Coach as good/excellent.

- There were 5 residence hall programs requested by Resident Assistants (RAs), 22 faculty and staff requested programs, and 12 different Health coaches who taught the iChill programs.

**Survey Findings:**

**Participants:** 96% and above agreed/strongly agreed that the iChill program said it gave them an opportunity to reflect on their current health, increased their knowledge about the definition of stress, helped them to identify one sign/symptom of stress, one coping strategy and one campus resource, and would recommend this program to a friend. As a result of the program, 48% of students reported making a change in their life regarding stress, saying they exercise more, have better time management, sleep more, and make time for reflection and meditation.

**Requestors:** All respondents said the OHP staff was available and easy to work with to schedule programs--the office was “super flexible with dates, times, and format,” were satisfied with the program, appreciated the “multiple modes of learning including discussion, fact-based evidence, videos, and handouts,” students engaged in meaningful conversations, and the Health Coaches were informative and friendly. They would request another iHealth program and would recommend the program to a colleague or peer, saying it was useful and fun for students, especially for first years.

**Health Coaches:** said they all agree/strongly agreed they felt competent to facilitate the program content learned, confident in their group facilitation skills, able to handle questions posed by attendees, and knowledgeable about making campus referrals during the program.

**Interview Findings**

The iChill program allowed program participants to reflect on their current health by taking time to think, reflect, and figure out what to do about stressors. The most helpful parts of the iChill program included the Checklist (stress Inventory) and iHP requirement to develop personal plan and go through each aspect of health and evaluate current health

**Areas of improvement:**

- Some expressed that the program could be improved by being more quickly paced and less repetitive with more efficient activities.
- Least helpful parts of the iChill program was talking in the group because their stressors were different from others' stressors

**Changes to be made:**

- A few logistical changes will be made this coming year. Program evaluation forms and website will be revised to include specialty area-specific learning outcomes (to measure knowledge gains) and to more directly measure students' ability to list strategies, resources, and readiness to change based on topic. Additionally the Graduate Assistant will create a program tracking system to make sure this information is accurately and continuously recorded.
- We hope to increase individual stress (time and sleep) management and general health appointments from program referrals, schedule more programs with faculty and staff through strategic outreach, develop ways to motivate students to attend residence hall programs, keep a uniform tracking system of all programs and attendees through OrgSync, and increase upper class and male participation by targeting senior living areas and male campus groups.
- We plan to add three experiential program offerings to each specialty area
to increase the opportunity to request more tailored programs specific to audience needs. These programs will be 30-40 mins and focus on tangible strategies rather than being purely educational in nature.

- We are working on revising the Health Coach Playbook to reflect the new program plans and all student Health Coaches will be trained in their specific content area and also be trained in a variety of teaching methodologies including staffing a table, facilitating a group program, or having individual conversations.
- Based on the expanded programming offerings we are looking to rebrand our programs to make the requesting system more comprehensive and personalized.
- In order to promote these new programs, we hope to create an outreach tabling/communication plan to push new health topics weekly (Wellness Wednesdays).

| 7. How do you know that the changes have resulted in improved learning outcomes? (continuous improvement evidence): | We intend to implement these changes for the 2016-2017 academic year and re-assess based on operational outcomes of number of requests, program and tabling attendance, and Health Coach training evaluations. |