Introduction

I publish this journal at the end of each semester to recognize and illustrate examples of student practice in Community Health Education. I authored a short Reader's Guide to help less-experienced students look for important elements in the other program report articles that appear in each issue of this journal.

Students enrolled in CHE 440-Program Development in Community Health Education collaborate in small groups to develop programs in concert with one or more community organizations. Each collaborative group must focus on a recognized public health priority. They review related professional literature, assess needs and capacities, identify and choose priority population segments, plan a scope and sequence of activities for each priority population segment, implement part of the plan with at least one priority population segment, and evaluate the influence of their program.

Student groups report their efforts to develop, implement and evaluate their programs using a poster, an oral report, and a journal article. We have shared the journal articles on the following pages.

Student authors will remember these projects as their early work, and they will undoubtedly continue improving with each subsequent project in their practice of community health education. I look at these articles as a summative evaluation for each semester, but I also look at these reports as formative evaluation to help guide how the course should be improved in subsequent semesters.

I encourage students to read these pages before starting their own service learning in Community Health Education 440, and each of you are encouraged to match and surpass the efforts reported in this issue. Professionals do not organize and publicize journals to stop progress; instead, we publish journals as an invitation to build on past efforts in both research and practice.

I encourage all students to think more about the importance of reporting their work.

Forward,

Robert Jecklin, M.P.H., Ph.D.
Editor

About the cover: This was a challenging semester and the picture on the cover is evidence of one challenge---snow during the first week in May. Despite weather distractions, students continued to transform through learning both in their classes and in La Crosse-area communities.
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Reader's Guide:

What should preprofessionals look for in these pages?

Robert Jecklin, M.P.H, Ph.D., Assistant Professor, Coordinator of Undergraduate Preceptorships, Department of Health Education and Health Promotion, University of Wisconsin-La Crosse

Abstract: Reader's Guide appears in each issue and suggests what preprofessionals should look for when they are reading the articles in this journal. This guide varies from one issue to another, while it is not intended to be a complete text on program development, the guide always emphasizes something important about the process of program development in community health education. This edition emphasizes the areas of responsibility recognized by the National Commission for Health Education Credentialing, Inc.

Key Words: Assessing Needs/Assets/Capacities, Planning, Implementing, Evaluating and Researching, Administering and Managing, Resource Person, Communicating and Advocating

Introduction

The National Commission for Health Education Credentialing, Inc. recognized seven areas of responsibility for Certified Health Education Specialist (CHES) and Master Certified Health Education Specialist (MCHES). Preprofessionals in an undergraduate program are encouraged to look for the seven areas of responsibility when they read the articles in this journal. Look for how the authors explained their work assessing, planning, implementing, researching-and-evaluating, communicating-and-advocating, and serving as a resource person.

Assessing

When you read an article, look for how the authors described their assessment work. Were any theories or models used to guide the authors assessment? Did the authors use existing sources of information or did they develop instruments to collect information? What kinds of information did the authors collect about needs, assets, or capacities? What was the population of interest for the authors? Did the authors define important terms?

How many people were in the population of interest and what were their demographic and social characteristics? What health concerns were identified? What kinds of rates were used to measure morbidity, disability, fertility, and/or mortality in the population of interest? What genetic, behavioral, and environmental factors were identified in the causation, mediation, and/or prevention of the health concern(s) in the population(s) of interest? What knowledge, skills, attitudes, and/or beliefs were assessed in the population?

Did the authors look for what fostered or hindered important learning? Did the authors describe the influence of existing resources and programs on the health concern(s)? Did the authors identify priority segments in the population? How did the authors summarize and prioritize needs based on assessment findings?

Planning

When you read an article, look for how the authors described their planning work. Who did they involve in making decisions about a plan to promote...
health? How were members of the population(s) being served involved in the planning decisions? Who and how were other stakeholders involved in planning decisions?

What goals, objectives, or other forms of direction were established through planning? What resources were identified as necessary for progress in the directions identified in the plan?

What strategies and interventions were described in the plan? How was the selection of strategies and interventions influenced by legal, ethical, and cultural considerations? What pilots were conducted to assess the viability of strategies and interventions? Did the plan describe a scope, sequence, and overall logic that was consistent with assessment findings and the results of pilot interventions and/or strategies?

**Implementing**

When you read an article, look for how the authors described their implementation work. As part of their implementation, did the authors write about collecting baseline data and then initiate implementation of their plan? Did they describe monitoring their plan and making modifications that were responsive to emergent conditions? Did implementation involve training others to assume important roles in implementation?

**Evaluating and Researching**

When you read an article, look for how the authors described their evaluation and research work. Did they describe a plan for evaluation or research? What instruments did they use to collect data? How did they analyze and interpret their data?

How did they explain their findings? What relevance did their findings have for future program efforts or further research? What conclusions were made and did the findings support those conclusions?

**Administering and Managing**

When you read an article, look for how the authors described their administrative and management work. What financial, personnel and other resources were managed and/or administered by the authors? How much time and how much money were required to do this program?

What actions did the authors perform to assure acceptance and support for the program? Did the authors describe collaboration with one or more community organizations?

**Communicating and Advocating**

When you read an article, look for how the authors described their communication and advocacy work. What marketing analysis and planning did the authors describe to assure sufficient participation and support for their program? Did their program include promoting the use of health care or other related services? Did the authors advocate for changes to the physical or social environment?

What messages were important? What theories were used to understand populations of interest, tailor important messages, and select important channels for communication?

**Serving as a Resource Person**

When you read an article, look for how the authors discuss the use of health-related information to guide assessment, planning, implementation, evaluation, and managing resources. What sources of health information were used, and were those sources credible, current, and complete for the type of program being described in the article? In addition to providing health-related information to the public, how do the authors describe the sharing their health education expertise with other workers and professionals through consultation and training.

**Summary**

Become a critical reader of literature about health education practice and research. Read what was written and identify how the narrative describes
different areas of responsibility in health education. Notice what appears to be missing and compose questions you would ask the authors. Take advantage of the author's experience and think about how you would do this differently based on the author's experience.

The following resources may be helpful.


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## 1. Freshman/Sophomore Years

### A. General Education Requirements

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<th>Prerequisites</th>
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<tr>
<td>4</td>
<td>BIO 103/105</td>
<td>Introductory/General Biology</td>
<td>*</td>
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<tr>
<td>3</td>
<td>CHE 240</td>
<td>Community Health Education Foundations</td>
<td>*</td>
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<tr>
<td>4-5</td>
<td>CHM 100</td>
<td>Contemporary Chemistry (4 credits)</td>
<td>* or, MTH 150 or placement into MTH 151 or higher</td>
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<tr>
<td></td>
<td>Or CHM 103</td>
<td>General Chemistry I (5 credits)</td>
<td>*</td>
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<tr>
<td>3</td>
<td>HED 205</td>
<td>Introduction to Health</td>
<td>*</td>
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<tr>
<td>3</td>
<td>HPR 105</td>
<td>Creating a Healthy, Active Lifestyle</td>
<td>*</td>
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<tr>
<td>4</td>
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<td>Elementary Statistics</td>
<td>Math placement level</td>
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<tr>
<td>4</td>
<td>MIC 100</td>
<td>Microbes and Society</td>
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</tr>
<tr>
<td>3</td>
<td>ESS 205</td>
<td>Human Anatomy (or Bio 312)</td>
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<td>ESS 206</td>
<td>Human Physiology (or Bio 313)</td>
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<td></td>
<td>CST 365</td>
<td>Communication in Teams</td>
<td>* or, CST 110</td>
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<td>3</td>
<td></td>
<td>Social Behavioral Science course—PSY, SOC, etc.</td>
<td>* check Catalog for possible prerequisites for class you select</td>
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*Grade of "C" or better required in the courses listed above.

### II. APPLY FOR ADMISSION TO COMMUNITY HEALTH EDUCATION PROGRAM

- Please contact Department of Health Education Health Promotion for details
- Must be admitted to CHE program in order to enroll in core courses

### III. AFTER ADMISSION TO COMMUNITY HEALTH EDUCATION MAJOR PROGRAM

#### A. CORE COURSE SEQUENCE

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<td>Epidemiology &amp; Community Health Problems</td>
<td>HED 205, CHE 240;</td>
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<td>ESS 205 and 206 or BIO 312 and 313</td>
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<td>HED 205, CHE 240, 340, 350</td>
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<td>2</td>
<td>CHE 491(F/SP)</td>
<td>Senior Seminar in CHE</td>
<td>Final Semester on Campus, b/4 CHE 498</td>
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#### B. CONTENT COURSES

**Offered Fall Only**

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<td>HED 345 (F)</td>
<td>Mental and Emotional Health</td>
<td>HED 205</td>
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<tr>
<td>3</td>
<td>HED 425 (F)</td>
<td>Violence and Injury Prevention</td>
<td>Junior Standing</td>
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**Offered Spring Only**

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<tr>
<td>3</td>
<td>HED 469 (SP)</td>
<td>Drugs, Society, and Human Behavior</td>
<td>Junior Standing, BIO 103 or 105</td>
</tr>
<tr>
<td>3</td>
<td>HED 472 (SP)</td>
<td>Sexual Health Promotion</td>
<td>Junior Standing, ESS 205 and 206 or BIO 312 and 313</td>
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<tr>
<td>3</td>
<td>HED 473 (SP)</td>
<td>Health Aspects of Aging</td>
<td>Junior Standing, HED 205 and CHE 240*</td>
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<tr>
<td>3</td>
<td>HED 474 (SP)</td>
<td>Nutrition Education</td>
<td>Junior Standing</td>
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#### C. Electives (6 credits total from HED, CHE, SHE, or Advisor Approved Courses Outside the Department)

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<th>Course Title</th>
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<td>3</td>
<td>HED 412 (SP)</td>
<td>Women’s Health Issues</td>
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<tr>
<td>3</td>
<td>Elective</td>
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#### D. FINAL SEMESTER-Fall or Spring (15 credits)

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<th>Prerequisites</th>
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<tbody>
<tr>
<td>15</td>
<td>CHE 498</td>
<td>Preceptorship**</td>
<td>2.75 MGPA &amp; CGPA, Apply for and receive recommendation from HED faculty, Successful Completion of ALL CHE/HED Requirements IA &amp; B; II A-C</td>
</tr>
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</table>

*See HEHP Dept., room 203 Mitchell, for override if you have not satisfied these course prerequisites.*
Food Insecurity Intervention: LaCrosse County

Rachel Gruen, Nicole Mayer, Bethany Reel, Gina Schilz, Candidates for the Undergraduate Degree in Community Health Education

Abstract: According to the United States Department of Agriculture (2012), food insecurity rates across the United States are steadily rising. In 1999, they found that “31 million people, including 12 million children, lived in households that were ‘food insecure,’” - those with limited ability to acquire enough food to meet their basic needs in socially acceptable ways; that amounted to 10.1 percent of all U.S. households. The study also found that more than 7.5 million people lived in homes where someone in the household went without food involuntarily. The same statistical findings are found to be prevalent in the state of Wisconsin. In 2010, 11.8% of households were food insecure in Wisconsin (Food, Research, and Action Center, 2011).

Affects of being food insecure complicates all areas of a person’s life from physical health to social relationships to work performance. While many may envision food insecurity to mean starving or underweight, this may not always be the case. Instead, food insecurity can lead to nutritional deficiencies while also promoting the cheapest, most convenient and also caloric foods available, thus leading to higher risk of developing disease and early death.

Our program is focused on empowering individuals and the communities in La Crosse County to be more food secure by providing education, support, and awareness.

The La Crosse County Health Department states, “A household is considered food insecure if at least one person in that home has limited access to safe, nutritious food. Hunger is a growing concern in La Crosse County (2012). According to the Wisconsin Women, Infants and Children Nutrition program (WIC), 53 percent of WIC participants in La Crosse County have food insecurities. This has risen 5% from a decade ago.

Activities:
1. Farmers’ market gift bag
2. Attend Farm2School with local chef, Thom J. Sacksteder
3. A Market Table will be displayed in the WIC waiting area with various education topics. April-November.
4. Tours of the Farmers’ Market
5. Farmers’ market budgeting techniques

While food insecurity is a valid health concern in the United States, the scope of the concern was too board for a semester of programming. It is the belief that the activities of the program would be useful, because of unforeseen events the program was not implemented and an evaluation was not conducted.

Keywords: Food insecurity, farmer’s market, nutrition program, nutrition education, WIC
Introduction

This program was created to fulfill an academic requirement in a course at the conclusion of an undergraduate degree Community Health Education at the University of Wisconsin-LaCrosse, Spring 2013.

Rationale: Food Insecurity

According to the United States Department of Agriculture (2012), food insecurity rates across the United States are steadily rising. In 1999, they found that 31 million people, including 12 million children, lived in households that were “food insecure,” those with limited ability to acquire enough food to meet their basic needs in socially acceptable ways; that amounted to 10.1 percent of all U.S. households. The study also found that more than 7.5 million people lived in homes where someone in the household went without food involuntarily. The same statistical findings are found to be prevalent in the state of Wisconsin. In 2010, 11.8% of households were food insecure in Wisconsin (Food, Research, and Action Center, 2011).

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Affects of being food insecure complicates all areas of a person’s life from physical health to social relationships to work performance. While many may envision food insecurity to mean starving or underweight, this may not always be the case. Instead, food insecurity can lead to nutritional deficiencies while also promoting the cheapest, most convenient and also caloric foods available, thus leading to higher risk of developing disease and early death.

According to Jennifer Loging, the Nutrition Division Supervisor for La Crosse County, many food insecure families in La Crosse have money, and are working – but their jobs may not pay real well. Due to poverty ridden, families resort to skipping meals. This raises risks for malnourished individuals, lowered immunity, and vulnerability to develop disease. As many consumers know, nutritious food often does have a higher price tag compared to what a person pays for less healthy items. Poverty ridden individuals respond to this by buying cheap and less nutritious alternatives.

Community initiatives have adopted specific programs to fight food insecurity; one of being the Women, Infants, and Children (WIC) program. Total WIC participants for La Crosse County nearly double the participants of surrounding counties (FIG 2).

Jennifer Loging and colleagues at the La Crosse County WIC department focus on educating and providing WIC dollars to supplement food insecure households. Jennifer suggests more needs to be done by WIC in response to the rising issues of food insecure individuals in La Crosse County. In response to this issue, a program will be developed and implemented for WIC participants with efforts to decrease food insecurity.

After reviewing national, state, and local data it is clear to see there is a significant need to reduce food insecurity among the WIC population. The specific program to be implemented to reduce food insecurity will be based off the national program, Farmers’ Market Nutrition Program (FMNP). The Farmers Market Nutrition Program (FMNP) allows local farmers to sell directly to community members of low income status. WIC participants will be given WIC fruit and vegetable vouchers, worth $18.00, to use at local farmers’ markets. This opportunity provides WIC participants to consume fresh and local fruits and vegetables which may otherwise not have been affordable for purchase. According to research, providing WIC participants with vouchers to spend at the market, not only improves diets in the short-term, but diets are affected in the long term. According to a study published by the American Journal of Public Health (2008), WIC participants who received supplemental vouchers to be spent at the farmers’ market showed an overall increase of 1.4 servings per 1000 kcal of consumed fruits and vegetables 6 months after voucher incentives were given. A comparison group, was given money to spend at the
Figure 1

Food Insecurity Rates, 1996—2010

Source: Economic Research Service, U.S. Department of Agriculture

Figure 2

WIC TOTAL Participants
supermarket, and six months later they only showed an increase of 0.8 servings per 1000 kcal of consumed fruits and vegetables. This research shows that farmers’ markets may have the potential to create long term preferences for fruits and vegetables. Overall, this study demonstrates how environmental change allowed participants’ ideal fruit and vegetable preferences to be revealed. Additional insight into the research demonstrates that nutrition education is a highly recommended component to include with vouchers. This will increase familiarity of fresh produce and stimulate a sense of awareness in preparing and cooking techniques which so often seem intimidating.

Development of Farmers’ Market Nutrition Program (FMNP) is in its initial stages for La Crosse area WIC participants. Currently 50% of WIC participants use available farmers’ market vouchers, but nutrition education and promotion needs to occur in order to stimulate more involvement. Ultimately, by increasing involvement in this program, the lives of many WIC participants as well as their families would be significantly improved.

Organizations The La Crosse County Women, Infants, and Children represented by Jennifer Loging, RD, CD, CLC collaborated with our group. The WIC program and our program share common goals in providing tools and resources that make families and individuals food secure. Jennifer Loging at WIC has offered to provide our literature to WIC participants as well as promote any other possible, relevant programs.

Program Plan

Mission, Vision, Goals

Statement of Program Mission

Our program is focused on empowering individuals and the communities in La Crosse County to be more food secure by providing education, support, and awareness.

Program Vision

Every person a food secure person in La Crosse County.

Program Goals

Food Insecurity

- Participants will have the tools to budget their funds and subsidies more effectively.
- There will be awareness of the health concern in the community
- Participants will be able to locate food banks and free or nominal cost food services
- Participants will be have the knowledge which foods are healthiest for their family and themselves
- Participants will be able to overcome barriers to accessing nutrient rich foods.
- Participants will be able explain the benefits of going to the farmer’s market and buying local
- Participants will be able to demonstrate the knowledge and skills needed to sustain a garden or container garden.
- Participants will employ mindfulness about diet and budget to create self efficacy.

Population Segments

- LaCrosse County WIC families
- LaCrosse County Hmong
- LaCrosse County Elderly

Activities There are three activities that have been developed and are able to be tailored to each population.

Farmer’s Market Nutrition Program Example: Each participant will be given a farmers’ market gift bag. Each bag will include:
- A kid’s activity booklet with crayons
- Recipe cards suggesting ways to prepare and cook fruits and vegetables purchased from the farmers’ market. Each card will have a section, “How Your Child Can Help”, promoting the concept that children are more likely to eat the foods they help prepare. Cards will be designed by Community Health students, WIC dietitians, Gunderson Lutheran 500 club, Mayo Healthcare.
- A brochure featuring “what’s in season”, featured recipes, local farmers’ markets, and a section on “Meet your farmer”
- A Farmers Market Scavenger Hunt to complete with the kids and turn in for an opportunity to be

CHENET-The Journal Fall 2012-8
Activity 2 Participants will receive a special invitation to attend Farm2School with local chef, Thom J. Sacksteder, from Gundersen Lutheran. Parents can attend with their children and afterwards attend an informational question and answer session with Thom. Recipe cards will be handed out with foods that can be purchased at the Farmers Market.

Activity 3 A Market Table will be displayed in the WIC waiting area with various education topics. April—November. The poster board will be developed by a nutrition intern from the University of Wisconsin-La Crosse, under the supervision of Sarah Nicklay (UWL Dietitian).

- April: Quick tips on farmer’s market produce
- May: How to Spend WIC vouchers at the Market
- June: Teaching Your Kids About Nutrition at the Market
- July: What’s in Season When? And How to Prepare Nutritious Meals From the Market
- August: Healthy New Ways to Cook Our Produce: baking, steaming, canning, and boiling.
- September: Meet Thom J Sacksteder: Featuring Farm2School
- October: Harvest Cooking
- November: Winter produce

Activity 4) Tours of the Farmers’ Market will be given by WIC dietitians and/or Community Health Students upon request. WIC participants will be given materials on farmers’ market budgeting techniques:

- Using your WIC checks handout
- WIC Authorized Food List Shopping Guide
- Smart Shopping List
- Meal Planner
- See appendix for La Crosse Employee Health “Savvy Farmers’ Market Tips”

Budgeting/Cooking Classes Example:

- This will be an education seminar for the La Crosse County WIC population. The purpose of the seminar is to provide mother’s with tools and skills to make their money, WIC funds and any other aid stretch through planning, preparation, and mindfulness.
- During the program participants will be given hands on activities, mock budgeting and mock grocery store visits in order to prepare them for real life activities.
- Bring home the messages of: Buying in season, Farmer’s Markets, Coupons, Generic Brands, Grocery list, Meal planning
- Participants will also be provided knowledge on how to plan weekly meals and why this technique is vital when wanting to save money (less waste, less “extra” foods around the house, less likely to buy unhealthy convenience foods as well).
- Participants will be sent home with a cook book with budgeting tips and grocery lists, blank budgets for them to use at home, a dry erase magnetic menu for the refrigerator, and a free cooking demonstration at the People’s Food Co-Op in La Crosse!
- This program will be taught by one or more Community Health Educators trained for the event. Participants will be able to make a healthy meal on their own. Participants will be able to identify and select healthy foods. (Social Interaction, Nutrition Education, Cooking Education, Learn New Foods)
- There would need to be an instructor to teach the cooking lessons, hand out and directions for each meal prepared
- Data on nutrition information and the importance of preparing healthy meals for low cost

Container Garden Example:

- A marketing analysis and plan for container gardening in the elderly population.
- Product—Each participant will learn how to plant and why at home gardens are beneficial. They will have a container garden that they can take with them home and use in their cooking. Health educators will lead the program. They will instruct the participants on how to conduct the activity, health benefits, cost benefits, and how to use the items planted. Each participant
will plant seeds in a container that can be taken home. This program will be beneficial for these individuals and have a high attendance rate because to the need and want to save money and time. The participants will notice that home gardens are beneficial and convenient.

- Place- This activity will take place at the La Crosse Area Hmong Mutual Assistance Association. The location is a center gathering space that is culturally sensitive. There are also gardens on site.

**B-C.** The La Crosse County Health Department states, “A household is considered food insecure if at least one person in that home has limited access to safe, nutritious food. Hunger is a growing concern in La Crosse County (2012).” According to the Wisconsin Women, Infants and Children Nutrition program (WIC), 53 percent of WIC participants in La Crosse County have food insecurities. This has risen 5% from a decade ago.

**Implementation**

Implementation was not able to be successfully executed for many reasons, one major barrier was group cohesion. See final page for scheduled activity.

**Evaluation**

**Methods and Procedures**
1. We would intend to collect qualitative data.
2. Data would be collected through time-series surveys disturbed by WIC personal monthly.
3. Searching for trends and patterns to see if any behavior change is sustained over time.
4. A table would be created to evaluate trends and patterns
5. N/A

**Results** Program was unable to be implemented. Results not available

**Conclusions and Recommendations**

Program rationale was appropriate for promoting health because its primary goal was to encourage those that are food insecure to overcome barriers in order to provide themselves and their families with nutrient rich foods.

The program logic was also appropriate for promoting health for the same reasons. What would be improved with the rationale changing the health concern itself.

1. Though food insecurity is a health concern is a secondary cause to more major health concerns. If done over again, it may have been a better option to pick one of the health concerns associated with food insecurity such as obesity or diabetes.

2. The populations of the elderly and WIC populations were very accurately accessed in regards to being affected by this health concern. While the Hmong population is effected by one of the contributing factors of food insecurity, priority, there wasn’t a lot of literature that linked them to food insecurity.

3. The program activities that were chosen were well thought out and reasoned based on assessments of literature and research.

The program did access the correct population. During the preliminary research it was discovered the WIC population of LaCrosse County suffered disproportionate amounts of food insecurity compared to the general population.

**Five recommendations**

Include the priority population early in the program planning process.

Food insecurity is a broad subject and maybe be better to plan when broken down more.

Find a program focus early and stick with it.

Do not reinvent programs, borrow and steal when possible.

Find best practices and if there aren’t any for that particular focus find a similar health concern program to get ideas from.
# Implementation Schedule

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WIC (2013). La Crosse Area Food and Nutrition Resources.

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Editor's note: This article was submitted with both appropriate narrative text and less appropriate outlined text. The picture of Centennial Hall was included to emphasize that this project was not implemented due to a lack of group cohesion (as indicated in the text of the article). It is important to note that group work can be both a powerful contributor to good practice and a powerful obstacle. We should all reflect and learn from this.

In other ways this article identifies a vital health need, some creative potential activities, and a great source of collaboration in the Nutrition Division of the La Crosse County Health Department.
Community Health Education
Admission to the Undergraduate Program

1. **Know yourself and your interests.**
   A career in Community Health Education is not for everyone, but almost everyone can find interesting knowledge and experience in this major.

2. **Make a decision.**
   If you want to major in Community Health Education, contact the advising assistants to the Dean in the College of Science and Health to declare your major as Community Health Education. Once you declare, you will be assigned an advisor and you will receive important information about the major.

3. **Follow through on your commitment.**
   Do your best in all classes to assure that you have a high grade point (2.75 is required for admission, and higher grade points are required by most graduate programs). Prioritize successfully ("C" or better) completing all interdisciplinary requirements. You may take Content Courses before completing your interdisciplinary requirements, but Core Courses are reserved for those who are admitted to the major when they successfully completed all interdisciplinary requirements with an overall UWL cumulative grade point of 2.5 or higher. Interdisciplinary requirements and Core Courses are detailed on the Advising Sheet which appears in this manual.

4. **Develop your interests.**
   Be aware that your interests may change and you should reflect on this as you start to think about "where you want your education to take you". If you are interested in graduate or professional schools, what will best prepare you for those challenges? If you are focused on work, what health concerns interest you most? What populations do you want to serve? What coursework or minors will help you be successful? See your advisor, talk to other faculty and other knowledgeable persons, volunteer, and do unassigned reading about your interests.

5. **Bridge to work and continuing education.**
   Align yourself with a preceptorship that is consistent with your interests.
HOPES: Help on Preventing Every Suicide

Laura Henkel, Elizabeth Hitzel, Nicole Reinhardt, and Abigail Stokka
Undergraduate candidates in Community Health Education Program at the University of Wisconsin-La Crosse

Abstract: HOPES, which stands for “Help On Preventing Every Suicide” was developed to educate UWL students about the need for advocacy and support against violent behavior oriented towards the LGBT population. This health concern is important because it is currently causing widespread mortality but is also very preventable. To go about solving this problem our first major activity was to partner with students on the UWL campus in an anti-LGBT violence campaign aligning with the Day of Silence. We also had a station where UWL students could show their support as well as view a compilation of information emphasizing the need for anti-violence resources and advocacy.

Introduction

Suicide is currently a tremendous health concern in the US. According to the Center for Disease Control and Prevention, in 2010 there were an estimated 105 deaths per day in the US due to suicide, with 38,364 reported suicides for that year ("Suicide: Facts at," 2012). Suicide was the tenth leading cause of death that year too, which is astounding if you consider how preventable it can be, if given the appropriate attention ("Suicide: Facts at," 2012). Suicide ranks high among cause of death for certain age groups, "Suicide is the second leading cause of death for persons aged 25–34 years, the third leading cause for persons aged 10–14 years and 15–24 years, and the fourth leading cause for persons aged 35–44 and 45–54 years" (Karch, Logan, Mcdaniel, Parks, & Patel, 2012). This health concern is important because it is currently causing widespread mortality but is much
more preventable than many other diseases and causes of death.

In determining what has worked in past practices, there are several programs already in place that can be looked at as models. One program that currently exists is the Sources of Strength Prevention Program delivered by adolescent leaders in high schools, as described by the American Journal of Public Health. This program included a three-phase intervention described as School and Community Preparation, Peer Leader Training, and School Wide Messaging. Results were increased help-seeking from adults, increased number of strength coping sources, increased school engagement in cause, and increased number of trusted adults from which students could seek help. Another successful program was the Alive and Kicking Goals! program, as described by Tighe, J., & McKay, K. (2012). This program was implemented using a football club to engage and educate indigenous youth through skill-building, confidence and esteem building through peer education and leadership training. Results showed increased engagement of the community, reduced stigma for suicide and help-seeking, creation of healing space for students, and students trained as peer educators. A third program that serves as a model of successful prevention programs is the Department-Based Brief Intervention for Veterans at Risk for Suicide (SAFE VET) as described by Knox, et al. (2012). This intervention taught four risk reduction strategies: (1) Means restriction, (2) Teaching brief problem-solving and coping skills (including distraction), (3) Enhancing social support and identifying emergency contacts, and (4) Motivational enhancement for further treatment. Results showed stress reduction and increase in the average number of outpatient mental health visits. To generalize, analysis of these models helps to develop new suicide prevention programs because they all have in common a theme of raising awareness about suicide and advocating for prevention both within the target population and in supporting populations that can contribute to the program cause.

Methods

In order to determine what populations to focus on and which types of programming would be most beneficial a literature review was conducted that assessed genetic, social, and physical environment factors. After conducting the review we determined the populations to be at risk of suicide to include LGBT Youth, College-Aged Students, and High Risk Occupations. Out of these populations we decided to primarily focus on implementing a program that addresses suicide among LGBT youth.

To spread awareness about the prevalence of suicide among LGBT youth we hosted an event called “Day of Silence” on the UW-L campus. This event was held on April 19, 2013 and was part of the National Day of Silence hosted by GLSEN, Gay, Lesbian, and Straight Education Network. Marketing for the program included creating a Facebook event and hanging a large banner on campus. On the day of our program, we set up an informational table in Whitney Center. At the information table we conducted a number of activities. Activities included interacting with students by showing videos explaining the prevalence of bullying of LGBT youth in schools, providing an activity called "Selfies for Silence" where people could write out a statement explaining how they support the LGBT community and post them to a social network, passing out kiss candies with statistics about suicide, and displaying a trifold with information about Day of Silence.

In order to evaluate the program, we attempted to contact the director of the UW-L Pride Center, Willem VanRoosenbeek in order to set up an interview with him. We also created a short survey and asked him to send it to LGBT students at UW-L, but we never received a response. In addition, we posted a short online survey on our online facebook event page for the Day of Silence, but we received very limited responses. If we had more time, we would try to contact members of the Rainbow Unity group at UW-L and conduct short key informant interviews with them regarding their experiences as a LGBT student at UW-L and their experience with Day of Silence.

Program Results

Due to time constraints we were unable to access and evaluate our program as we had hoped. Some of...
the direct outputs of the program include: students received information about suicide and bullying, students committed to take a vow of silence to advocate for LGBT victims of bullying and suicide, and students received information about resources available concerning bullying and suicide. Upon completion of the program we expect to see an increased awareness in suicide prevention. Because of time constraints we are unable to evaluate the long-term effects of our program. However, as a group we were able to learn a lot about the program planning process.

**Discussion of Results/Efforts**

In summary, our program was effective in spreading awareness of the issue of bullying and suicide among LGBT youth. We implemented our program on April 19th, 2013 in the Whitney Dining Center on the University of Wisconsin-La Crosse campus. The goals of our program were to increase awareness of LGBT suicide and to advocate for the LGBT youth population. Due to time and financial limitations, we were unable to complete a formal evaluation of the program. If we would have had more time, we would have conducted an evaluation using a brief survey with the participants of our program to evaluate the impact of the program on the knowledge, attitudes, and behaviors of the participants in relation to LGBT bullying and suicide. In addition, we also would have implemented a follow-up program on the UW-L campus to train students and faculty on how to recognize the warning signs of a suicide crisis and what steps to take to respond to the crisis through QPR (Question, Persuade, and Respond) training (Quinnett, 2007).

**Reference List**


MISSION OF ESG

The mission of the honorary is promotion of the discipline by elevating the standards, ideals, competence and ethics of professionally prepared men and women in Health Education.

GOALS

The goals of the honorary include:

• Supporting the planning, implementation and evaluation of health education programs and resources
• Stimulating and disseminating scientific research;
• Motivating and providing health education services
• Recognizing academic achievement
• Supporting health education advocacy initiatives
• Promoting professional standards and ethics
• Promoting networking activities among health educators and related professionals

To learn more about joining the Eta Sigma Gamma chapter at University of Wisconsin-La Crosse, you may contact a student member or Drs. Rees or Caravella in the Department of Health Education and Health Promotion.
Oral Health Care Program

Erin Canadeo, Sarah Fabich, Natalie Haupt, Sarah Trentadue, Jacqueline Urban
Candidates for the Undergraduate Degree in Community Health Education

Abstract: Oral health care is recognized as a public health concern in Healthy People 2020. We chose to implement our program at the Benedictine Villa, an assisted living facility in La Crosse, WI. Of the 34 residents at the Benedictine Villa, we had up to 25 participants. Our focus was to improve oral healthcare knowledge, skills, and behavior of the residents at the Benedictine Villa. We implemented three activities which included a presentation on dry mouth given by dentist Dr. Joe Kotnour, a presentation pertaining to the importance of oral care and techniques on how to improve it, and oral health bingo. We distributed pre and post-tests to all participants to evaluate the effectiveness of our program. Our data showed that our program helped increase the knowledge of the participants regarding oral health care and also showed that participants found our program to be helpful.

Key Words: Older Adults, Oral Health

Introduction

The 2010 U.S. Census revealed that about 40 million individuals in America are 65 years or older. This census also predicted that this number is expected to increase to 48 million by 2050 (Howden & Meyer, 2011). Along with the ever-increasing number of older adults in America is the rising amount of care they will need. Oral health care is just one facet of the many forms of care older adults will need. Oral health care is vital due to its correlation with other serious illnesses and its relationship to health-related disabilities. According to the CDC, about 25% of adults 60 years and older no longer have any natural teeth and 23% of 65 to 74 year olds have severe periodontal disease (CDC, 2006). These oral health diseases and oral-related disabilities contribute to the development of other debilitating chronic diseases and a lower in the quality of life. If actions are taken to increase awareness and educate older adults on the importance of oral health care, there is sufficient evidence that leads us to believe there will be a decrease in the number of chronic disease cases seen in the older adult population.

At the conclusion of an undergraduate degree in Community Health Education at the University of Wisconsin-La Crosse in the Spring of 2013, a collaborative effort was made to implement a program addressing oral health care in older adults. The rationale for this program is derived from The Burden of Oral Disease in Wisconsin. It is a comprehensive review of available oral health data that examines Wisconsin’s status regarding oral health care. It concluded that Wisconsin has had some success, but there is a definite need for improvement in the adult population. Strikingly, the report notes that there is an absolute lack of...
collected data on the oral health status of residents in long-term care facilities in Wisconsin. Due to this limited data, we were able to infer a need for health education. Focusing on La Crosse County, three priority populations were determined who could have an impact on the oral health of older adults. Competent older adults in long-term care facilities, dental professionals, and caregivers were all considered while developing an oral health care program. As a group, our focus was on competent older adults residing at the Benedictine Villa in La Crosse. Using a logic model we created, shown in Figure 1, we determined a program designed to implement an oral health education program into the Benedictine Villa Assisted Living Facility. This model allowed us to link program inputs and activities to program outputs, and also helped us to see the difference this could make on the overall community. In collaboration with Dr. Kotnour, a local dentist who volunteers his time to educating the elderly, and provides dental care to residents of Benedictine Villas, we were able to successfully implement our Oral Health Care for Older Adults program.

Program Plan

Oral Health Care for Older Adults was designed to provide adults over the age of 65 with knowledge, skills, and resources that will lead to healthy oral care behavior changes that will be sustained throughout the rest of the program participants lives. Our Mission was to engage older adults in the learning process and to stress the importance of a clean mouth especially as it can lead to other chronic and serious diseases. We wanted to teach them as well as show them useful skills that can be applied to their everyday life.

Going into this project, none of us were all that sure about what to expect or what the outcome of this program would be; however, after 14 weeks of research, planning, preparation, implementation and evaluation we all have seen what a remarkable difference an oral health care program can make. We hope to encourage all of our older adults within our priority population as well as their health care professionals, families, and care providers to be an advocate for their clean and healthy mouths.

One goal for the Oral Health Care program was to incorporate and involve as many older adults as possible so that more people are engaged and understand the importance of this health concern. Some other goals were to complete the program before the start of May. With end of the year project and exams, we had hoped to be done with the implementation portion before the last two weeks of school. Another common goal we all shared was to increase awareness and curiosity within the older adults we served about their oral health. A fourth goal we had was to create a positive learning environment where the older adults felt comfortable enough to engage, share, reflect, and communicate with our group members as well as the Dentist, Joseph Kotnour. We also wanted to make sure that we were having fun and connecting with the older adults to hopefully make a longer impression and ensure that they are following through with taking care of their oral health. Lastly we wanted the older adults to, without a doubt, increase the frequency and effectiveness of their teeth brushing on a daily basis.

We chose to select older adults for our program because of the need to represent this population. There are not many programs that are aimed at older adults and so there is a high demand and need for this type of focus. We also learned through our research that Medicare – health care insurance that many older Americans rely on does not cover dental care.

We planned a total of nine different activities and actually implemented three of them at the Benedictine Villa assisted living facilities. The implemented activities were based on our priority population segment of competent older adults. The first activity was a dental presentation on dry mouth put on by Dr. Joseph Kotnour. The participants were very excited and eager to learn new information about dry mouth. The second activity was a presentation put on by us, Community Health Educators, explaining the importance of oral health care and proper maintenance of their oral health. With this presentation we also provided a handout which had tips on oral care. Lastly, the third activity was an oral health care bingo game that was played with the older adults to incorporate some fun, as well as educational facts about oral health.
Figure 1: Oral Health Care for Older Adults Program Logic Model
The second priority population that was chosen and programs were planned for were caregivers, such as CNA’s and family members. The three different activities that we planned and would have implemented had time allowed, were to hand out fact sheets/handouts on how to clean the teeth of someone else – particularly older adults. The second activity was a demonstration on how to clean dentures and properly brush teeth. Lastly, we would have provided training on how to use effective communication when providing oral care for older adults.

The third segment of our priority population was dental professionals. The first activity planned was an information session on how to effectively communicate and work with older adults. The second activity was to create an understanding and appreciation for the importance of volunteering one’s time to reach underserved populations such as older adults. Lastly, the third activity was how to collaborate with other organizations to serve older adults.

Implementation

The activities that were planned and implemented were for a population of older adults living at Benedictine Villa Assisted Living in La Crosse. The first activity was an information session with Dr. Joseph Kotnour about dry mouth and other common diseases associated with that particular priority population. He also talked a lot about treatment plans and ideas for older adults. The second activity we did was give out important handouts related to the importance of brushing, proper oral care techniques, as well as recommendations for oral health care instruments (toothbrushes) and products (floss and toothpaste). The third activity we did was a PowerPoint talking more about the importance of a healthy mouth and other diseases that may arise due to poor oral health. We also demonstrated proper oral care techniques as well as aids that older adults may use to ease the tension of tooth brushing, flossing and other cleaning activities dealing with the mouth. The last activity we did was an oral health care bingo. We designed the board to have oral health care related words instead of numbers and thought it would be a fun way to leave a lasting impression on the older adults. We also handed out prizes consisting of toothbrushes, toothpastes, different types of floss, as well as a puzzle, and word find.

We chose older adults because this way we could easily reach this population because they are highly accessible. They also are a population that is often neglected in terms of preventing health concerns. There is a high need for this oral health education for this particular population because of the number of diseases, lack of knowledge, and lack of motivation within older adults.

In addition to assessing the older adults we also chose to implement our activities with this priority population because of similar reasons. There are many older adults within La Crosse County which makes them easily accessible. Also, it is very hard to get a hold of dentists and professionals because they are very busy with their work and personal lives. Since many older adults are retired, they also have a lot of free time and thus time to commit to our program.

Our implementation efforts took a lot of collaborating with Benedictine Villa as well as Dr. Joseph Kotnour and our implementing group members. Communication and coordination were the two most important things in making sure our program turned out to be a success. Between emails, phone calls, and visits to Benedictine Villa, our group felt as though everything went as planned. No changes were necessarily needed because we knew the need of our priority population and carefully planned accordingly to address those needs in efforts to help the oral health of the older adults at Benedictine Villa.

The first activity with Dr. Joseph Kotnour went really well. We had about 25 participants who showed up. Each one of them seemed very eager and willing to learn. Dr. Joseph Kotnour talked about dry mouth and other related health concern as well as treatments to prevent this and how to control this health concern. The second activity we did was a presentation on the importance of oral health. We addressed issues like diabetes, cardiovascular disease, stroke, malnutrition, and other serious illnesses that could arise because of a poor oral health. There were about 10 people who showed up for this program and activity. Most of the participants seemed engaged and willing to learn.

CHENET-The Journal Fall 2012-21
The last activity was oral health care bingo. We had about 10 participants and they enjoyed this because it was a fun activity however we still incorporated oral health.

Evaluation

Methods and Procedures To collect data, a pre-assessment and post-assessment were both developed. The pre-assessment collected data on the knowledge that the older adults in Benedictine Villa previously had regarding oral health care. Questions covered oral health habits such as flossing, brushing, and denture care, to name a few. The pre-assessment was handed out on Thursday April 18th, 2013, the first day of implementation. Roughly half of the 25 participants filled out and handed in the pre-assessment questionnaire. To organize and analyze the data retrieved from the pre-assessment, the data was gathered and then observed for trends and patterns in the responses. The overall trend of the data recorded was that the participants at Benedictine Villa had some oral hygiene knowledge but some important aspect of oral health such as flossing daily were not being met. Based on this data and conclusion, we determined that our program would focus on reinforcing the importance of daily oral health care.

Our activities began with a presentation regarding dry mouth from Dr. Kotnour on Thursday April 18th, 2013. The older adults were intrigued and involved. The second day of implementation landed on Thursday April 25th, 2013. Only two participants attended so we did not give our planned presentation on basic oral health care but instead provided all residents with a handout on tips for oral care. This led us into a short discussion about oral health care with a couple of the residents while we also played cards and got to know them. Our third and final day of implementation landed on Thursday May 2nd, 2013. A presentation on basic oral care and the importance of oral care was given to a group of seniors at Benedictine Villa. This final session also involved “Oral Health Bingo”. To really drive our message into the seniors, we tried to use a method of communication that was familiar to the seniors. At the end of our bingo activity, we handed out a post-assessment questionnaire to the seniors. After the collection and organization of the data, we were able to analyze and interpret the findings to determine if our program had created a knowledge or behavior change in the older adults.

Results At the start of the program, prior to the presentation that we gave on the last week, we used the following assessment results to guide us in the information that we needed for our educational session with the residents:

1. Of the twelve respondents, 25% claimed they brushed their teeth one time each day.
2. Of the eleven respondents, 27% brushed their teeth for less than a two minute period of time each time they brushed.
3. Of the twelve respondents, 58% do not floss daily.
4. Of the eleven respondents, 36% have dentures.
5. Of the twelve respondents, 50% drink more than one soda or coffee per day.

We found that these pieces of evidence were most influential in deciding what we needed to discuss in our presentation. Originally we planned to spend the majority of the time talking about dentures because we believed dentures to be prevalent in many older adults. However, after the pre-assessment, we discovered that many of the residents still had all or most of their natural teeth. We also predicted that many of the residents drank many cups of coffee per day, but only about half of them drank more than one cup per day. Knowing these details allowed us to tailor our presentation to fit the specific needs of the residents, instead of the needs of just older adults in general.

After the presentation was given we did another evaluation that measured process and impact evaluation. The results related to process evaluation are as follows:

1. Of the 8 respondents, 100% reported that they felt our presentation and program were helpful.
2. Of the 8 respondents, some suggestions to make our presentation and program better could have been by having more time, and by being a little louder.
3. Other comments were that we “covered it all”, we “did fine”, and it was “very good”.

These process evaluation results lead us to believe that the implementation of the program overall went
well. We can measure process evaluation based on the attendance of participants. The first week of the program had twenty five participants. We noticed that the residents seemed more apt to listen to a dental professional. We also knew that the dentist who we invited to come in to speak was the residents’ dentist who regularly visits the assisted living facility to give dental care. The mother of the dentist was also a resident. She was of great assistance in recruiting participants to come to our program for all three weeks.

However, the second week had only two participants show up. This was due to a large error in communication. After our first program had ended we communicated with Marge, the director at the assisted living facility that we may be dedicating next week’s session mainly to denture care but we would get back to her later in the week with what we were for sure going to speak about. (A few of the residents indicated that they wanted to know the topic of our presentation prior to coming.)

However, later in the week when we discovered that dentures did not pertain to the majority of the residents according to the pre-assessment, we decided it would be most beneficial for the residents if we gave our presentation on basic dental care since many of them indicated that they didn’t brush and floss their teeth as frequently as the American Dental Association and other trusted sources recommend. We reported this to Marge but she was out of town for the week and failed to put up a flyer on the activities bulletin board indicating the information about our program. We tried to recruit participants by visiting them in the dining hall and in a couple of the rooms of residents who left their doors open. However, this did not seem to work. The staff indicated that most of the residents go to their rooms after dinner and stay there the rest of the night. Since we only had two participants show up, we decided to hold off on our presentation until the next week because we felt that we had vital information that more people could benefit from. Instead we played cards with a few of the residents who attended and got to know them. We also had brought dental health care handouts with us so before playing cards we discussed them with the couple of residents who were interested. They mentioned that they found the information on the handout to be very helpful and asked us about other concerns they had such as bad breath and what type of motion you are supposed to use when brushing your teeth. One of the residents said she would hand out the rest of our handouts to residents who did not attend. We felt that if we could not give our presentation, giving them our handouts was the next best thing. We also felt that getting to know some of the residents before our presentation during the third week would be helpful so that they would know and trust us and want to come back next week and hopefully bring some of their spouses or friends.

The third week turned out to be a huge success in our eyes in terms of participation. We switched up our marketing technique to make the presentation sound more like a party or social gathering. We indicated that there would be a short presentation and then we would have lots of fun playing bingo and giving away prizes. We ended up having nine participants, which was a lot more than the week before. All of the participants also were people who seemed to be proactive and generally interested in their oral health and learning how to improve it. We got a lot of positive verbal feedback from the residents after the third program day. The residents participated in the presentation by asking questions and making comments when we taught them something new. They also really seemed to enjoy our oral health bingo game and loved that they could win prizes. Some verbal feedback we received on the bingo game was that our game was “cute”, “creative”, and “fun”.

Since we had many participants (twenty five) during the first presentation but only had about a fifty percent response rate on the pre-assessment, we decided that the post-evaluation needed to be shorter and easier to answer. We developed a five question written survey that had four multiple choice questions and one short answer. Of the nine participants we gathered the following results on impact evaluation from the eight respondents:

1. After the program, 100% of participant respondents knew they should brush their teeth two or more times a day.
2. After the program, 100% of participant respondents knew they should floss their teeth at least once per day.
3. After the program, 100% of respondents reported that they learned at least one new thing from our presentation.
The most effective ways to maintain good oral health are to brush and floss daily so we feel that the participants knowing how frequently this should be done is a good indicator that the knowledge and awareness of participants has been increased and our impact goals have been met. In retrospect we probably would have asked more questions in general and re-worded the last impact evaluation question. We are not sure exactly what the respondents learned in terms of “one new thing from the presentation”. Next time we would be more specific.

We were unable to measure outcome evaluation because it is too soon in the process and outside the scope of this class. Ideally we would have done physical dental exams before the program and six months after. We also would track the participants after the program and compare when program participants are admitted to a nursing home the age that non-program participants within the same facility are admitted to a nursing home.

Conclusions and Recommendations

Our program rationale was appropriate for promoting the health of older adults at Benedictine Villa because many of them were unaware of how important oral health is to their overall health. They also had misinformation on how to care for their teeth and mouths. Our rationale for our program was that there is not a lot of oral health programs going on for older adults so nothing is being done about this issue. The amount of older adults is predicted to dramatically increase in the future so it is important that this issue is addressed now because the problem is going to only get larger. In order to improve the rationale we could find more best-practice programs that are specific to our population although this has been difficult because as stated before, not much is being done. Information on the cost of dental care could also be added to the rationale because our preventative program is much cheaper than the price of oral care from professional dentists.

The logic model we used to plan and implement our program proved to be useful. It allowed us to plan out our inputs, activities, outputs, and outcomes in order to appropriately implement our program.

What was the most helpful was seeing the activities we had planned out and the outputs and the outcomes we expected to see from the activities. One area of our logic model that could be improved is the inputs; our program could have been better with more resources. There were many inputs that helped us to plan and implement this program, yet we did not recognize them. Inputs are an extremely important part of planning and implementing a program, they are what assist in preparing activities. Overall, the logic model was an excellent model to utilize in planning our program.

The health concern we chose to address was oral health care for older adults. Due to the lack of efforts and support that address this concern, we wanted to focus on the importance of oral health as it relates to older adults. It is often forgotten about even though it is a major contributor to other more serious diseases. Because of the severity of the issue and lack of awareness, we feel that we did choose the right health concern. Many older adults struggle with their oral health and by creating a program that focuses on education and awareness to this issue was a benefit to everyone involved.

We believe we chose the right population segment because older adults are an important part of our community but are often forgotten about in terms of preventative programs. It is also important that older adults maintain their proper health because even though they are getting older and starting to have increasing problems with their body’s, maintaining proper health, especially oral health, is crucial to having a high quality of life.

After implementation and observations based on our program activities for the older adults of Benedictine Villa, we believe we chose the right activities with the openness of knowing that we could improve on many activities as well. The residents were very pleased with hearing from a dentist, who knows firsthand and deals with these health concerns on a day to day basis. The older adults also enjoyed bingo and creating a fun and positive learning environment.

The priority population we implemented our program for at the Benedictine Villa turned out to be great participants. The older adults were 65 and older, the ages we were striving for, and were

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interested in learning about oral health. Initially, we were unsure of how this priority population would react to our presentations and activities, as they can sometimes be a difficult group to connect with. Fortunately, they ended up being friendly and involved in our program and really appreciated our program.

Overall, we felt our program was successful. According to our results, we believe we made a difference in the lives of the older adults at the Benedictine Villa. In the future, it may be beneficial to implement at a location where we could access a larger portion of older adults considering that the Benedictine Villa currently only has 34 residents. We also would like to collaborate with more dentists, other organizations, and caregivers to help educate the older adults on the importance of oral care and how to properly care for one’s mouth. We feel if we were given more than a semester to implement our program we would have been more organized. Having more time would have allowed us to spend more time on planning and organizing the events. Ideally, we would have also liked to include physical dental assessments for our participants, but that was not realistic for the purpose of this class. Lastly, we would have liked to have incorporate more marketing into our program and recruit more participants. We would like to see this program be expanded to a larger scale and implemented in the future. Older adults often give up on oral health care; we cannot forget about this topic!

References


Get Involved in a Professional Organization

Public Health

Visit their website for information on membership and their annual meeting which convenes the many professionals who care about public health in Wisconsin.
http://www.wpha.org/

Health Education

Society for Public Health Education
Visit their website for information on membership and their meetings which convene primarily health education professionals who practice in an unlimited variety of settings where they educate and promote health.
http://www.sophe.org
“Reduce Your Risk, Not Your Health”

STI Prevention Program

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Abstract: Sexually transmitted infections have been on the rise in La Crosse County over the past decade ("La crosse medical," 2012). In 2007, there were 334 total cases of Chlamydia and 61 cases of Gonorrhea in La Crosse County, with over 50% of these cases being males and females aged 20-24 (Wisconsin STD Program Data, 2007). Because of this large prevalence it was important to our group and studies that we further examine this topic. As a team we collaborated with Options Clinic and UWL’s Pride Center to implement a STI Prevention Program title, “Reduce your Risk, Not your Health.” This program was aimed for participants at The Pride Center’s Drag Show event to promote safe sexual health among this population. We focused on four contraceptive measures including male and female condom, luv glove, and dental dams. Information and activities on education, skills, and resources were provided throughout the program. We monitored the number of participants that were successful and unsuccessful in our topics, education, skills, and resources. By the end of the program we had recorded that we had reached over 800 participants and marked over 400 participant learning hours. Though current data has not been collected and released, we hope to see a reduction in the number of STI in La Crosse County by a minimum of 50% and also resources being used to their potential. We hope to see the discussion of safe sexual health increase and further action be taken in educating and advocating.

Keywords: Sexual Transmitted Diseases, Prevention Program, Contraceptive Measures

Introduction

The several detailed and time consuming tasks completed for this assignment to include a literature review, a program rationale, a preliminary analysis, and a program plan were done in order for our collaborative to plan and implement a successful program of the topic and to the population of our choice. This was a final course assignment for our collaborative to complete before earning an undergraduate degree in Community Health Education at the University of Wisconsin-La Crosse. We feel the knowledge and skills we have learned and applied throughout this course and specific assignment are good indications of our readiness to enter the workforce as successful and driven Community Health Educators. This course assignment as well as the implementation of our program took place during the spring semester of the 2012-2013 academic year.
It is estimated that there are approximately 125 million new cases of sexually transmitted infections each year worldwide. This includes data from developing countries as well as industrialized countries (DeSchryver & Meheus, 1990). From a national standpoint, one in two sexually active persons will contact an STI by age 25 and an estimated sixty-five billion people are living with a viral STI (“American sexual health”, 2011). Costs in the US spent on testing and treatment for STIs average eight-billion-dollars (“American sexual health”, 2011).

STIs are not only a global and national public health issue. In fact, STIs have been a growing problem here in La Crosse where most students and faculty attending UW-L call their home. In La Crosse County, chlamydia and other STDs are more prevalent, most likely due to the high concentration of college students who participate in risky sexual behavior (COMPASS NOW, 2012). Numbers in STD rates do show higher in communities with a significant number of LGBTQQAA members as well. According to the CDC, many gay and bisexual men lack key information about syphilis in particular to include how to identify signs and symptoms of STIs (CDC, 2003).

“A considerable gap exists between contraceptive awareness and use” (Islam, M. A., 2006). By providing resources as well as accurate and up to date information on contraceptive use and STI awareness, we aim to significantly decrease the prevalence of STIs by 50%. A study done showing the effects of an intervention focusing on proper use of a condom revealed that, “Compared to controls, patients exposed to the intervention were approximately half as likely to return within the subsequent 12 months with a new sexually transmitted disease.” Cohen, D., Dent, C., & Mackinnon, D. (2010, January 11). We felt that our program would be the most effective by implementing it on campus at an event where highly susceptible populations were expected to attend (LGBT, college students).

Program Logic Model (see Figure 1) The primary focus of our program was to educate and create awareness about STIs and how to prevent them to students like us who attend the University of Wisconsin-La Crosse. We chose to team up and align with Options Clinic located in La Crosse not only because they have such a similar mission regarding STIs to our own, but they also serve as a great resource that we were able to refer participants of our program to. Working with Options Clinic was nothing but a wonderful experience that each of the members of our collaborative can take a lot from while going into our professions as Community Health Educators. Options Clinic not only provided us with resources to include brochures, information sheets, condoms, and activity material to use at our program, but two representatives actually attended our program and were able to answer any questions participants had regarding their services. Our collaborative was able to gain a lot of knowledge and skills related to educating people about STIs and their presence at our program made us that much more confident in ourselves and made our program that much more successful.

The second organization our collaborative worked with was the Pride Center. The Pride Center is an organization on campus that puts on the Drag Show each year and where we chose to implement our program outside of. The Pride Center was great about helping us get the word out about our program in addition to their event and was also able to provide us with resources to include the 4 barrier methods that we chose to focus on. Both the material presented and the contraceptives focused on were LGBT friendly to make for a diverse group of people that we were able to positively influence.

This course assignment as well as the implementation of our program took place during the spring semester of the 2012-2013 academic year. This was a final course assignment for our collaborative to complete before earning an undergraduate degree in Community Health
Figure 1: Logic Model for a STI Prevention Program: “Reduce Your Risk, Not Your Health”

**Inputs**
- Resources and supplies from Options clinic to include condoms, other barrier methods, and brochures
- Resources and information gained from the Drag Show students and staff
- Donations Jade Café, 4 sisters Restaurant, Howies Restaurant, and Kwik Trip
- Space allotted in Cartwright Center by Drag Show staff

**Activities**
- Provide Resources and Handouts about how to get tested, different barrier methods, and about Options Clinic.
- “Guess that barrier” activity through touch alone
- “Put a Condom on a Banana” activity
- Include a drawing for participants for a chance to win a prize given by donors/sponsors

**Short-term Outcomes**
- Testing sites established.
- Resource knowledge gained.
- Change in awareness, knowledge, and attitude related to prevalence, risk, and prevention of STIs in several populations
- Increased awareness of preventative methods
- Skills gained pertaining to how to properly put a condom on in order to effectively prevent STIs.
- Encourages participation and results in increased interest in topic

**Mid-term Outcomes**
- Increased number of scheduled screenings at Options Clinic, the Health Center, etc.
- Increased usage of barrier methods
- Referral and “spreading the word” by participants to their peers about STI prevention to include how to properly use a condom
- Encourages participation and results in increased interest in topic

**Long-term Outcomes**
- Decreased number of STI cases in La Crosse County
- Improvement of the overall quality of life of individuals
- Practice and maintenance of safe sex and healthy relationships

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Education at the University of Wisconsin-La Crosse. The growing prevalence of STIs on a global, national, and local level particularly in college-aged students lead our group to plan and implement a program held on the UW-L campus with the overall mission of reducing the prevalence of STIs in La Crosse County by 50%. Our collaborative chose to team up with Options Clinic located in La Crosse, WI as well as the Pride Center Organization located on campus in order to successfully achieve our mission. Both organizations were kind enough to offer their time and many resources that made our program that much more effective. We attribute the success of our program to the help of our partnering organizations as well as the knowledge, attitude, and skills that we gained and were able to teach the hundreds of participants that we reached.

Program Plan

As community health educators, it is our job to promote and encourage the highest quality of life to those who we educate through a variety of knowledge and awareness-based programs and interventions. It is our mission through our STI Prevention program to be implemented before, during, and after the Drag Show held on campus to educate people of all ages, sexual orientations, and genders about ways to prevent themselves from contracting and transmitting a Sexually Transmitted Infection. We hope for our participants to not only walk away from our program with the knowledge and awareness of STIs, how they happen, and the best means of preventing them, but also to take action in practicing safe sexual behavior with their current and future partners.

Our vision is that in the future, the prevalence of STIs in La Crosse County will significantly decrease, particularly in the age groups that we are choosing to target, as a result of knowing the most effective ways to protect themselves as well as the best resources to receive the most reliable products and services.

The goals of our program include the following:

1.) To increase the knowledge base of participants about the most common types of STIs affecting La Crosse County.

2.) To enhance participant’s understanding of why prevention is important

3.) To provide a positive and comfortable environment for participants to come into where they can express their sexual questions and/or concerns.

4.) For participants to confront their feelings, attitudes, and behaviors toward sex and take action accordingly.

5.) To make an overall positive impact on participants to the point where our collaborative feels like we made a difference

6.) To effectively evaluate each participant in order to assess what we did well and what we could have done better.

7.) To encourage as much open discussion by the participants about the information and resources we provide and share.

8.) To appropriately define what “safe sex” means and promote “safe” sexual behavior among participants, ultimately decreasing the incidence and prevalence of STIs on UW-L campus and in La Crosse County.

We selected our priority population segments based upon data we found during our research and literature review. Sexually transmitted infections have been on the rise in La Crosse County over the past decade ("La crosse medical," 2012). In 2007, there were 334 total cases of Chlamydia and 61 cases of Gonorrhea in La Crosse County, with over 50% of these cases being males and females aged 20-24 (Wisconsin STD Program Data, 2007). In 2011, the La Crosse Tribune published an article about the increasing cases of Chlamydia through the years, with 415 cases being reported in 2010 (Rindfleisch, 2011). It is important to consider how underreported STIs are and that these numbers only reveal cases that were physically reported.

Individuals ages 15 to 24 are most likely to contract sexually transmitted infections (2011). The University of Wisconsin-La Crosse is home to approximately 10,000 individuals that fall directly into this age group. “The most common STDs on campuses include chlamydia, genital herpes, genital warts, gonorrhea, and syphilis. Most college students are sexually active and therefore can get or
transmit an STD,” (University of Wisconsin- La Crosse, 2008). It has been proved that “One of two sexually active persons will contract an STI by age 25,” (“American sexual health”, 2011).

Because we found that STDs were highly prevalent among individuals ages 14 to 25, we chose the University of Wisconsin- La Crosse as the means of our priority population segments. Our first priority population segment included individuals who attended the Drag Show on April 20th, 2013. The Drag Show is put on by the University of Wisconsin- La Crosse Pride Center, and it takes place in Valhalla Hall in the Cartwright Center. Therefore, this segment included any or all individuals that were present for the Drag Show. Individuals who did not attend the Drag Show were not included in this population segment.

Our second priority population segment was freshmen students at the University of Wisconsin – La Crosse. Freshmen students are students that have academic standing of ‘freshmen status’ and who are living on or off of campus. UW-L sophomores, juniors or seniors who live on or off of campus were not included in this population segment.

Our third priority population segment was the individuals in the LGBT community at the University of Wisconsin- La Crosse. These individuals may identify as Lesbian, Gay, Bisexual, Transgender, Queer Questioning, and Asexual Alliance. However, those individuals do not have to be identified as any of the above mentioned to be a member of the LGBT community. Therefore they may still be identified with the group, but are not part of the segment numbers for our program.

Priority Population 1: The first activity for this segment was Guess the Contraceptive Method. The program objective fulfilled by this activity included: After attending the Drag Show, participants with demonstrate the knowledge of contraceptive/barrier methods. This activity will be used to assist in educating participants in the four types of barrier methods– male condom, female condom, luv glove, and dental dam. After participating in this activity, participants were able to correctly identify these contraceptive measures and distinguish among them.

The second activity for this segment was Place Condom on a Banana. The program objective fulfilled by this activity included: after attending the Drag Show, participant will have the skills to correctly use contraceptive measures. This activity was a “hands on” activity, in the sense that individuals were tested on their skill of properly putting a condom on a banana while blindfolded. This activity worked to recreate an real life situation one may be in while engaging in sexual activity. This activity was designed for the purpose of skill building.

The final activity for this segment was the distribution of Information. The program objective fulfilled by this activity included: After attending the Drag Show, participants will demonstrate the knowledge of STI risk. This activity educated participants on sexual transmitted infections. We provided participants with a “take home” sheet to allow for reinforcement and future education once our program was completed. This activity included: Information emailed to Health Education department, information session at event, participation before/after drag show (total), take home information/resources, information provided during sale of drag show tickets.

Priority Population 2: (not implemented) The first activity for this segment is a Fact sheet about STI prevention, barrier methods and local resources including the health and science center and Options Clinic. This fact sheet will be placed in all of the residence halls on campus. This fact sheet will be up in the bathroom stalls and also on the bulletin boards when you walk into every dorm by the front desk.

The second activity for this segment is Guess the Barrier Method. This game will be available to all freshmen students who attending an information session on STI prevention. This game is interactive and will educate freshmen students on barrier methods – what they are and how to use them.

The final activity for this segment is Place the condom on a banana. This game will be interactive and will be at the same information session as the
barrier method above. This game will teach freshmen students how to properly put a condom on using a banana has an example.

**Priority Population 3: (not implemented)** The first activity for this segment is STD Information. STD information, although a general activity, can pose major benefits to participants especially if they do not have access to such information or services. For our activity, we have gathered information from our collaborative organization; Options Clinic, and researched barrier methods for individuals especially in the LGBT population. We would provide information on barrier methods, preventative measures, and also resources and bus schedules easy for accessibility.

The second activity for this segment is Guess the Contraceptive Method. The second activity would involve physical examples of Contraceptive/ barrier methods that the individual would not be able to see but only touch. While participants put their hands in a bag they will have to identify what contraceptive method it is and regardless of the guess correct or incorrect, there will be information provided with each item.

The final activity for this segment is putting a condom on a banana. This activity addresses not only a barrier method, but also behavior that might be present in a lot of situations. A lot of sexual partners whether how they identify, have sexual intercourse in the dark or where vision is impaired. Therefore we will put a blindfold on the participant and have them apply a condom to the banana. The participant will take the condom out of the wrapper and also apply the condom without the use of vision. If done correctly this will show some knowledge on the usage.

**Implementation**

The three activities we implemented included: playing “Guess the Method”, distributing educational information handouts, and placing a condom on a banana. “Guess the Method” was a game in which participants had to feel and touch bags which contained various barrier methods. The four barrier methods we utilized for this game were the male condom, the female condom, a love glove and a dental dam. Participants were unable to see the barrier methods but the four methods were out on the table for individuals to see. Educational information contributed to a large portion of our participant learning hours. We had various pamphlets on STD facts, Options Clinic Resource, how to effectively put on a condom and a condom self-test. The fact sheets we distributed included: female condom use, female condom info, male condom and the dental dam. Promotional materials we used were bracelets and pens. We handed out an STI image and word search for participants to play. We provided resources including: resources Guide, male condoms, female condoms and a contact e-mail. The third activity, which attracted the most attention, was having participants place a condom on a banana. Participants had the option of being blindfolded or not for this activity. We spun the individuals around a few times to represent being under the influence of alcohol. Then the participant had to put the condom on the banana correctly – leaving space at the tip of the condom.

The population segment we assessed was attendants who attended the drag show. We assessed this population due to their openness with sexuality. We figured that the individuals would be willing to participate and enjoy our activities – such as putting a condom on a banana. Individuals who attended the Drag Show on campus also comprised of many college students. Since STIs are prevalent among individuals from age 18-24, we knew that our message would reach the priority population of people 18-24 years old.

As stated above, we assessed individuals who attended the Drag Show. Our activities were also implemented to people who attended the Drag Show. Most of the people who attended the drag show were college students. We felt it was necessary to reach this population due to their risk to STIs and their access to our program. The willingness to participate in our activities was high, and we feel this is because we implemented activities to those who attended the drag show.

The Drag Show started at 7:00 on April 20, 2013 and we began setting up at 5:30. We were not expecting people to be lined up waiting to get in the doors of the Drag Show. Consequently some of us began asking people to participate in some of the activities and games while they waited outside the
doors. We distributed the STI image and word search and Options Clinic pens as well as some fact sheets to those waiting in line. We were not prepared to begin our activities so quickly. However, we were excited to see the responses of individuals waiting in line to have something to do. As people filed through the doors of the drag show, we tried to attract attention to our program by handing out Options Clinic pamphlets, bracelets and STI fact sheets. Some people stopped by our booth before entering the doors to the Drag Show, and others told us they would be back during intermission. During intermission, we reached a large number of people. We implemented “Guess the Method”, putting a condom on a banana and distributed barrier methods as well as information sheets. During intermission, some of us stood behind the booth and others went out into the crowd. A lot of participants wanted to race each other with putting a condom on a banana; this created a fun twist to the activity. After the Drag Show was over, we handed out more educational materials as people were leaving.

Of the three activities, the educational information handed out contributed to the majority of our participant learning hours. People were receptive of the information we handed out – in total we handed out 350 condoms and all of our Options Clinic bracelets and pens. College students love free stuff, so it was easy to get them to participate in our informational education activities. Pamphlets and fact sheets were also easy to hand out to people as they entered or left the auditorium. We were also impressed with participants’ receptiveness to taking female condoms in addition to male condoms and fact sheets. Our group felt excited to reach an individual who came up and asked us for a dental dam. This showed that our program had reached individuals of our priority population and impacted participants’ willingness to try new barrier methods. Placing a condom on a banana was well received among participants. As stated earlier, some participants wanted to make the activity into a game and race their friends. This increased participants and made the activity fun for everyone. We were surprised with how many of the participants were willing to wear blindfold to represent being under the influence of alcohol. The highest participation for this activity was during intermission of the Drag Show.

“Guess the Method” was our activity that was not participated in as much as the other two. This could be because of the distraction from the condom and banana activity or from not understanding what they were to do. I think some individuals were afraid of guessing incorrectly in front of their peers. We felt that this activity was extremely educational since it exposed participants to different barrier methods that they may not be used to.

**Evaluation**

We collected data for our three activities that we implemented at the Drag Show on April 20th. We collected data for the ‘Guess the Contraceptive’ ‘Place the Condom on the Banana’ interactive activities along with educational pamphlets that we handed out to participants. We collected our data before the Drag Show on April 20th and then after the Drag Show was finished. In order to collect the data we handed out educational materials from Options Clinic to participants. We counted how many pamphlets we had before the Drag Show and how many we had after. We subtracted the total and that gave us a number of how many people took the pamphlets and read the educational material that Options Clinic provided for us. We also collected data for the two interactive activities. We had a tally sheet and if the participants placed the condom on the banana correctly a tally went in the correct column, if they didn’t place the condom on the banana correctly, a tally went into the incorrect column. The same went for the ‘Guess the Contraceptive Measure,’ if the participant guessed the measure correctly, they received a correct tally, if they didn’t guess the measure correctly they received an incorrect tally.

In order to organize and analyze the data we collected we had a tally sheet for each activity and each activity had its own column. For the two interactive games we analyzed the correct tallies as participants who knew how to properly use a condom and the incorrect tallies were from participants who need more education on how to properly use a condom. Guess the contraceptive game worked the same way; if a participant received a correct tally, they were able to identify the contraceptive measure and if they didn’t receive the correct tally, more educational programming needs to be implemented in order for participants to
correctly identify contraceptive measures. It was hard to analyze the data we received from the pamphlets, but if participants took the pamphlets we interpreted that they would read the information and if they had any questions they could contact Options Clinic or our group members.

We found that 75% of participants were able to correctly identify measures during the ‘Guess the Contraceptive Measure Game.’ The female condom was correctly identified the least, while the male condom was identified correctly almost 100% of the time. This means that most of our participants were able to identify contraceptive measures but 75% is not 100% and we would like to see 100% of participants be able to identify contraceptive measures. More educational STI prevention programming needs to be done. We handed out over 700 educational materials at the Drag Show and concluded that we reached between 750 - 800 participants just by handing out materials. Finally, ‘Place the Condom on the Banana’ was our biggest hit. 65% of the participants placed the condom on the banana correctly. Our biggest issue was making sure that the participants were “pinching the inch” to leave room for semen. More STI prevention programming needs to be done to address correct condom usage. Most of our participants were placing the condom on the banana but forgot to “pinch the inch” if this isn’t done, the condom may break leading to pregnancy and STI’s.

Conclusion and Recommendations

Our program’s rationale was to improve quality of life by providing education to the population at the UW-La Crosse Drag show with contraceptive barrier methods. Our rationale was very appropriate for promoting health because STI cases in the La Crosse community are rising and a large population of that group is those in the LGBT community. We took the highest prevalence of STI’s in a population and made it our priority. Our program rationale could be improved by having more programs than just the one that was administered at one time during one event. The event was targeted towards the priority population; however, there was most likely individuals that could not attend that missed our program.

Our program logic was to achieve as much of the priority population as we could with any form of education or activity. We were able to reach over 75% of attendees of the Drag Show. The ways that we were able to do so was simply handing out Options Clinic brochures, Steps on how to effectively put on a condom, Options Clinic information slips, and activities that pertained to the four barrier methods; male condom, female condom, dental dams and luv gloves. Our logic was very successful and proved to be effective. The only ways that it could be improved is there is no real way of knowing whether a year from now, the attendees were still performing safe sex methods in which we educated during our program. A follow up may have been given by having the participants write their email on a slip and then a year from now a follow up would have been sent. However, with a post evaluation like that, it is less likely that participants will reply if their names are given.

Our plan was very appropriate for promoting health, because there was a need for STI prevention in the La Crosse community. Because of the high rates of STI’s in the community we provided individuals with the knowledge and tools to decrease their chances of contracting an STI. Contraceptive measures are an effective way to prevent the transmission or contraction of sexually transmitted infections. Some common contraceptive measures include male condoms, female condoms, dental dams, and luv gloves. “You can receive treatment for sexually transmitted infections— and you can reduce your risk by protecting yourself,” (University of Wisconsin-La Crosse, 2008). "Consistent condom use provides substantial protection against the acquisition of many STDs, including statistically significant reduction of risk against HIV, chlamydia, gonorrhea, herpes, and syphilis," (“American sexual health”, 2011). “Condoms can be expected to provide different levels of protection for various STDs, depending on differences in how the diseases are transmitted. Condoms block transmission and acquisition of STDs by preventing contact between the condom wearer’s penis and a sex partner's skin, mucosa, and genital secretions,” (CDC, 2012).

Sexually transmitted infections have been on the rise in La Crosse County over the past decade ("La crosse medical," 2012). In 2007, there were 334
total cases of Chlamydia and 61 cases of Gonorrhea in La Crosse County, with over 50% of these cases being males and females aged 20-24 (Wisconsin STD Program Data, 2007). In 2011, the La Crosse Tribune published an article about the increasing cases of Chlamydia through the years, with 415 cases being reported in 2010 (Rindfleisch, 2011). It is important to consider how underreported STIs are and that these numbers only reveal cases that were physically reported.

Individuals ages 15 to 24 are most likely to contract sexually transmitted infections (2011). The University of Wisconsin-La Crosse is home to approximately 10,000 individuals that fall directly into this age group. “The most common STDs on campuses include chlamydia, genital herpes, genital warts, gonorrhea, and syphilis. Most college students are sexually active and therefore can get or transmit an STD,” (University of Wisconsin-La Crosse, 2008). It has been proved that “One of two sexually active persons will contract an STI by age 25,” (“American sexual health”, 2011). So from the data, it is clearly a public health issue for the La Crosse area, and especially for UW-La Crosse students. So according to the data, STI’s are a serious public health concern and issue for the La Crosse community.

Based on the research in La Crosse County, college aged individual and homosexual individuals had the highest prevalence rates. “Sexually active young adults in the small college town of La Crosse, Wisconsin, were evaluated for conventional sexually transmitted pathogens and tested for infections with mycoplasmas” (Schlicht, 2004). There are several reasons for the high rate of STD’s in La Crosse community alone. With high binge drinking rates as well as the large number of college students there are higher chances for risky behavior. Numbers in STD rates do show higher in communities with a significant number of LGBTQQAA members. “Many gay and bisexual men lack key information about syphilis, including how to identify signs and symptoms of the sexually transmitted disease” (CDC, 2003).

For our program, we collaborated with Options Clinic, a reproductive health care facility and aimed our activities to educate the most knowledge in a brief amount of time. Our activities included; putting a condom on a banana, guessing what four barrier methods were in closed bags and lastly, education. The activity with the banana and condom was performed blindfolded to portray that in most cases, individuals perform sexual activities in the dark where their vision is impaired. By doing so, the individuals learned how to correctly put on a condom. The guess the contraceptive barrier methods activity really helped educate individuals on barrier methods that they might not be very familiar with or ever heard of. This activity increased knowledge on barrier methods as well as introduced how to use each barrier method which then decreases chances that they will use it incorrectly. The final activity, the informative activity was to help as an aid in resources and any questions that a participant might have. A major problem in the La Crosse community is that there is a very small amount of publicity for resources. A large portion of individuals had never heard of Options Clinic. Therefore this informed those individuals on correct procedures and then also gave them the resources on where to find more information and testing sites.

Yes, we did assess and implement with the right population segment because the population segment we used was the one that expressed the most need for education in our research. Our assessment was shown in the research that we found on LGBT populations as well as those attending UW-La Crosse. Because of the research that we found in those populations we were able to find a perfect implementation site. The Drag show catered to both the LGBT population as well as students who attend UW-La Crosse.

**Recommendations**

1. For the activities, make sure that even if there is a lot of participants to fully explain what they may have gotten wrong and why.
2. Demographics may have been a lot more females than males. Which may have been because it is expected of them to know how to put on a condom, which isn’t true. Perhaps having more incentives for males.
3. For activities, we should have gotten everyone’s email even if they picked up a brochure so we could implement a post assessment perhaps a year from now.
Although the location was perfect for the program, perhaps implementing the program another night would have been more beneficial for our priority population. However, the Drag show was only hosted one night. Therefore it was not in our control.

Our program did a great job marketing the program, however, maybe we could have advertised more for the residence halls to spread the word and for longer periods of time.

References


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Important texting for you...

**BTW U NEED 2 KNOW...**

About Undergraduate Preceptorship in Community Health Education
Watch for an email inviting you to a revised Department website with special pages all about the preceptorship.

**GET MANUAL...**

The Preceptorship Manual is emailed to every CHE major each September and January and will be available on the revised Department website.

**GET ADVICE...**

Academic advisors, other faculty, professionals in field, and other students...they all have it.

**EXPLORE...WHOA!**

Volunteer, summer work, internships, job shadowing, travel, and the revised Department website all offer ways to explore your interests.

**SHARING SESSIONS...OMG**

3 times a year students return and tell about their preceptorship experience all majors receive announcements about sessions.
The revised Department website will provide access to recorded Sharing Sessions and Final Written Reports from past students.

**f1...f2...f3?**

Prepare and submit forms on time to maximize the value of your required preceptorship.

<table>
<thead>
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<th>Form 2 due to Academic Adviser</th>
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Form 3 is the Proposal of Involvement and it is something you prepare with a faculty adviser and the faculty adviser submits your proposal to the preceptorship site for acceptance.
Stress Management in College Students

D’Lacy Ballschmieder, Grant Dvorak, Bryan Trainor, and Tanya Van Risseghem
Candidates for the Undergraduate Degree in Community Health Education

Abstract: Stress, as defined by the Mayo Clinic is “a normal psychological and physical reaction to the ever increasing demands of life.” Because of the nature of stress, it can have many different definitions to individuals. Everyone experiences stress, and the way people react to stress varies from individual to individual. Stress can be both good (eustress), and bad (distress). An example of eustress is the thrill that comes with winning a competition, while an example of distress would be discovering a flat tire on your car. Stress is an important topic to address because of the negative consequences it can have on our health. The American Institute of Stress estimates that 75 to 90 percent of all visits to primary care physicians are for stress-related complaints or disorders. Stress has also been linked to all of the major causes of death including heart disease, cancer, and suicide (Seaward, 2011).

Everyone experiences stress at some point in their lives, and most individuals experience it on a daily basis. Perhaps one population most affected adversely by stress is that of college students. College students experience stress for many reasons: adjusting to life away from home, maintaining high levels of academic achievement, and adjusting to a new social environment to name a few (Ross, Neibling & Heckert, 1999). A sub population that is subject to even greater amounts of stress include freshman (first-year students) and students who have declared a “pre-medicine” major. Due to the elevated and often more chronic levels of stressors experienced by college students, learning about and developing effective stress coping strategies would greatly benefit this population.

Keywords: Stress, Stressor, Freshman, College, Dormitories, Stress Management, Coping, Coping Mechanisms, Art Therapy, Humor Therapy, Yoga
Introduction

Stress is something that every person will encounter at some point in his or her life. The first year of college living in the dormitories can be a particularly stressful time for a lot of individuals, and often times students default to negative stress management techniques such as binge drinking or tobacco use to deal with that stress. As a collaborative, we wanted to make students living in the first year experience halls aware of positive stress management techniques that they can continue to use in the future to manage stress while also promoting a healthy lifestyle.

For the concluding project for CHE-440: Program Development in Community Health Education, we conducted research and evaluations to implement a stress management program in coordination with the University of Wisconsin-La Crosse Office of Residence Life and the Coulee Region Humane Society during the spring semester of 2013. The University of Wisconsin-La Crosse Office of Residence Life contributed by allowing our group to come into the residence halls Coate, White, and Laux to implement our stress management program. The Coulee Region Humane Society was very generous in bringing in five different Pet Therapy dogs for the students to interact with.

Program Plan

The program implemented had the following mission, vision, and program goals:

Mission The purpose of this program is to educate college students residing on the University of Wisconsin – La Crosse campus about techniques to effectively manage stress, using techniques that promote good health. Specifically, the program will focus on a population especially vulnerable to engaging in behaviors that may negatively affect health- first year (freshman) students. This is to be accomplished by implementing a short program in each first year experience residence hall focusing on the learning and application of stress-reducing breathing techniques.

Vision Graduating from La Crosse means committing to lifelong learning and an ability to cope with change, especially stress-related health concerns.

Program Goals

1. Increase awareness among students living on campus about potential harmful effects to health when means such as tobacco use and binge drinking are used to deal with stress.
2. Improve understanding of how to perform and apply breathing techniques to reduce stress.
3. Promote the use of stress management techniques among students living on campus that have a positive influence on health.
4. To assist students living on campus in reducing their overall perceived level of stress.
5. Reduce the use of stress management means such as tobacco use, binge drinking and other stress coping means that may negatively influence health.

Selection of Priority Population Segments The three priority populations, freshman students, international students, and female students living in the dormitories at the University of Wisconsin-La Crosse, were indicated by the literature and data as being the most at-risk populations for stress. Freshman or first year, international, and female students enrolled in college are subjected to widely different environments than they are typically used to; this stress is different from what other students would experience at the university which is why these three groups were selected as a priority populations. These three groups were indicated by the literature as higher-risk populations that other populations at the university level. This indicated to our group as health educators, there was a need for intervention strategies pertaining to stress management.

Activities That Were Planned for Each Segment Activities that were planned for each segment included 4-7-8 breathing techniques, pet therapy, humor therapy, and also art therapy. These activities were chosen and implemented because they fit the college student population best while at the same time addressing the need. College students have extremely busy schedules and this population’s schedules rarely align with others. This means activities needed to be correlated with college student’s busy lives which is why our collaborative
planned activities which did not call for large amounts of time out of these students schedules. We arranged out activities so students who could only attend the program for minimal time could still reap the benefits of our program. This included handouts and take-home activities for students to perform in their dorm rooms when their own personal time permitted. Activities for each segment were the same but the deliveries of the activities were widely different to accommodate and be mindful of each segment’s preferences, culture, wants, and needs.

**Implementation**

Our collaborative taught three health-centered stress management techniques, which were: the use of Art Therapy, Pet Therapy, and the use of the 4-7-8 Breathing technique. The population segments we assessed were those identified in our literature review to be the most vulnerable to stress and its potential negative health outcomes. Those three priority populations were college freshman, those of the minority regarding race and ethnicity specifically international students, and also females. College freshmen experience colossal changes within their life regarding independence. This can be very different from what they have experienced in the past when living with their guardians.

Adjusting to a new social environment, along with the greater expectations bestowed upon them concerning academic performance is where stress arises. Like freshman entering the University of Wisconsin La Crosse, those of the minority regarding race and ethnicity specifically international students are also undergoing a transitional period within their lives and on top of that, they are expected to conform to a society which may be much different from the one they are originally from; because of this, stress arises.

Lastly, females experience immense negative health outcomes due to greater social pressures among peers, media, and academic success, which cause stress to arise. The population we implemented our program with was first year college students (freshmen) living in the dorms of Coate, White, and Laux at the University of Wisconsin La Crosse. We chose this population due to the research shown for the high rate of either suicide or unintentional injury, which can be indirectly caused by the ways this population deals with the stress brought on by their first year of experiencing college life.

The implementation occurred at each of the freshmen dormitories on the UW-L campus: Coate, White, and Laux. Our collaborative had set up time for the Humane Society to bring in pet therapy dogs as well as have Mandala’s available for art therapy and handouts to teach the students about the 4-7-8 Breath technique. We were in the main basement area of each dormitory on three separate nights from 7:00pm to 8:30pm. Due to the way the area was set-up it was a very open flowing atmosphere. Participants flowed through with the Pet Therapy Dogs were the biggest draw. We were unable to teach in a classroom type atmosphere and just talked to people one on one. The last night of implementation we actually had one of us coloring Mandala’s which seemed to draw more attention to them. We talked a bit to those who were interested about the 4-7-8 Breath technique but mostly the pets and the Mandala’s were the focus. The participation was high for the Pet Therapy but not so much for the other portions of implementation until the last night. In order to reach our PLH hours we would have had to implement at least three to four more times. We definitely found that there were defects to or implementation and changes that we could make in the future in order to effectively reach more of the population.

**Evaluation**

**Methods and Procedures** Data collected by our collaborative was in the form of primary, quantitative and qualitative data. This data was collected upon implementation of the program in the form of a pre-program survey and also a post-program survey. The survey measured freshmen student’s current perceived level of stress on a one to ten scale, with ten equating to feeling a “high” amount of stress. The survey then measured student’s perceived capacity to handle their stress, whether or not the experience of coming to college has created stress in their lives, and whether or not they had preferred ways of dealing with stress. Additionally, the survey also asked the student’s age, gender, and to list two to four of their preferred ways of dealing with stress.

Data was organized by date corresponding to each of the three nights, and which hall the stress program was implemented in. The program was

CHENET-The Journal Fall 2012-40
implemented once per night in each of the three “First Year Experience” halls on campus during the week of April 28th, 2013. Data from the surveys was analyzed by comparing pre-program survey results with post-program survey results. The meaning of the data was interpreted by looking for trends in the data that indicated a decline in perceived stress levels.

Results Results from surveys indicated the following: Out of a total of 90 students reached through the three implementation nights of the program, 82 (91%) indicated that they use some form of physical activity to deal with stress. The top three other responses that listed means of dealing with stress included reading, socializing with friends/peers, and making a list of priorities. Results from surveys also indicated that 95% (86/90) students found the program helpful. The two most helpful elements of the program included the coloring of Mandalas (art therapy) and pet therapy.

Conclusion and Recommendations

In conclusion, the rationale of our program was appropriate for promoting health. Focusing less on stress as a health concern, and focusing instead focusing on the types of negative health-behaviors that occur as a result of stress could improve our rationale. (Binge drinking, malnutrition, sleep deprivation, not getting enough exercise, etc). Our program logic was also appropriate for promoting health.

Our program plan was appropriate for promoting health, but could also benefit from improvement. First, our group did not choose the right health concern. Stress can be viewed more appropriately as a determinant of health, not a stand-alone health priority. Our collaborative did however choose first-year (freshmen) students as the right priority segment. Since freshman are particularly vulnerable to negative health consequences of stress, it made sense to focus on them as our priority population. We also chose the right activities- like mandalas, pet therapy animals, as well as breathing exercises to help freshmen learn how to cope with stress in ways that would enhance their health in a positive manner. Alluding to the fact that freshmen are more vulnerable to experiencing high stress, we believe we assessed and implemented with the right priority segment.

Future Recommendations

1. Focus on health related behaviors that are outcomes of stress, not stress as the primary health concern.

2. If implementation is to occur within the freshman population, heavily advertise within the residence halls at least 3 weeks prior to implementation.

3. Consider focusing on faculty/staff, not just students.

4. Consider focusing an intervention on education the population segment about how stress adversely effects health.

5. Make sure your collaborative is able to coordinate effectively- do as much of the work together as you can. Dividing the work separately makes it much harder to accomplish the work to implement the program successfully.

Sources


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**FORM I – Community Health Education Preceptorship Site Request Form**

<table>
<thead>
<tr>
<th>Intended Preceptorship Period: Year ______ Semester(\ one) fall ___ spring ___ summer ____</th>
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<tbody>
<tr>
<td>Submit this form and the required background documents so that your advisor may submit them to the Preceptorship Coordinator by October 1 for summer or fall, OR by February 14 for spring preceptorships.</td>
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<thead>
<tr>
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<th>Advisor name:</th>
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<td>Home mailing address:</td>
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<tr>
<td>Campus mailing address (if different than above):</td>
<td>Campus or cell phone:</td>
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</table>

| Email: | Majors: Community Health Education, |
| Minor(s): | |

**Required Background Documents**

1. Obtain a written graduation Check-Out Summary from the Assistant to the Dean in room 205 Graf Main Hall. Call ahead for an appointment (785-8156) for this “credit check.” The completed credit check must be attached to this form when you submit it to your academic advisor.

2. Prepare a typed document describing your rationale for your preceptorship. Your rationale must clearly label and include the following elements:
   a. Your professional goals.
   b. Your interest in specific health issues, special practice settings, and particular population segments.
   c. Identify three preceptorship sites by name and location; number these from 1 to 3 indicating your first through third most preferred sites for your preceptorship. Tell how these sites would help you meet your professionals goals and specific interests.
   d. Tell about any personal connections, communications, or experiences you have with the sites you have prioritized.
   e. If you are requesting a summer preceptorship, you must include your reasoning for choosing summer over spring or fall semesters.

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<td>Undergraduate Preceptorship Coordinator</td>
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Revised 09/05/2012
FORM 2 - Community Health Education Preceptorship
APPLICATION FOR ADMISSION
Department of Health Education and Health Promotion

Name: ________________________________________________________________________

Last          First          Middle

I. To be completed by the student:
A. Total credit hours to be competed at the end of this semester (or the following
   Summer session, 90 credits needed for senior standing)
B. Fields of study and grade point average:
   Major  ______ Community Health Education  ________ GPA
   Second Major ___________________________ GPA
   (do not list minors here)
   Cumulative grade point average ________________
   (see your transcript)
C. Semester for which application is being made:
   I (Fall) _______         II (Spring) _______   *(Summer) _______ 20___

   This form is due March 1 for summer and fall and October 14 for spring preceptorships.

II. Student Understanding:
A. To the best of my knowledge, I have no medical deficiencies which might limit
   my effectiveness as a Preceptee or I have discussed any potential medical
   deficiencies with my Preceptorship Advisor.
B. I understand all the requirements for admission to the CHE Preceptorship.
   1. 2.75 minimum cumulative GPA
   2. 2.75 minimum major GPA
   3. completion of all required course work
   4. advisor’s recommendation

   ___________________________  _______________________
   Signature of Student        Date

III. Faculty Recommendations:
Based on my knowledge, and pending final completion of all requirements within the
Community Health Education professional preparation program, I recommend this
student for admission to the Community Health Education Preceptorship Program.

   ___________________________  _______________________
   Academic Advisor            Date

   ___________________________  _______________________
   Preceptorship Advisor       Date

IV. To be completed by the Dean of the College:
This student has met all the requirements for admission to the Community Health
Education Preceptorship.

   ___________________________  _______________________
   Signature of the Dean of the College  Date
Community Health Education Major: Computation of Major GPA

1. Number of grade points per credit: A=4, AB=3.5, B=3, BC=2.5, C=2, D=1, F=0

2. To compute the grade point average in the major: For each course, multiply the number of credits times the grade points and place total and place total in “Grade Points” column. Then divide the total grade points by the total credits.

3. Only grades earned at UW-L are figured in the grade point average.

4. The following courses** should be used:

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<td>HED 469</td>
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Electives (6 credits)
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7.

Total credits = ____  Total grade points = _____

Total grade points / Total credits = Major Grade Point Average

Revised 08/20/2009
Both of the following distinctive graduate programs will be of interest to the graduates in Community Health Education just after their graduation or following additional work experience. The graduate coursework (700-level) enables candidates from many different states and nations to experience unique cultural perspectives while learning advanced health skills from graduate faculty mentors.

The Master of Public Health (MPH) degree in Community Health Education was the first MPH program in the University of Wisconsin System. The program is designed to prepare professionals who will address quality of life enhancement through health education and health promotion, educational, policy, and partnership-based activity. The 44-45 credit program addresses advanced health education competencies, knowledge and concepts in community health education, public health standards, and many of the emerging content areas identified by the Institute of Medicine for the preparation of public health practitioners. The program has been offered since 1991, and nationally-accredited by the Council on Education for Public Health since 1992. It attracts candidates from throughout the world, and in 2004 the program was ranked 6th in the nation among all Graduate Community Health Programs by U.S. News and World Report. Two program tracks provide the candidates with a choice between conducting thesis research or developing a graduate project based upon a defined need. For additional information, contact the Program Director: Dr. Gary D. Gilmore at ggilmore@uwlax.edu or call 608-785-8163.

The Master of Science in Community Health Education (MS-CHE) focuses on preparing the candidate for employment as a health educator and/or health promotion specialist in a health-related, educational, or community-based setting. This 43-credit program, offered since 1974, has its groundings in advanced health education and health promotion foundations, focused principles of research design and evaluation, and a community health practicum, leading into the development of a graduate project based on the candidate’s area of interest and emerging expertise. Additional coursework is selected by the candidate (during scheduled advising sessions) in the areas of administration and program development, health education processes and concepts, and health content and skills. Coursework options are guided by the advanced-level competencies for health educators. This approach provides flexibility for the candidate to derive maximum benefit from the program based on assessed interests and needs. For additional information, contact the Program Director: Dr. Gary D. Gilmore at ggilmore@uwlax.edu or call 608-785-8163.