

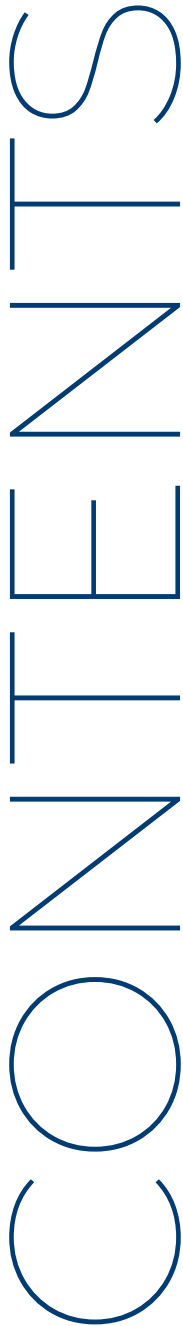
UHS Health Promotion Office

STRATEGIC FRAMEWORK

2023-2027



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Truth and acknowledgement are critical to building mutual respect and connection.

We begin by recognizing that the University of Rochester is located on the ancestral and unceded territory of the Onöndowa'ga (pronounced: Oh-n'own-dough-wahgah) or "the people of the Great Hill." In English, they are known as Seneca people. The Onöndowa'ga People are members of the Haudenosaunee (ho-dee-no-SHO-nee) Confederacy, which consist of the Mohawk, Oneida, Onondaga, Cayuga, Seneca, and Tuscarora nations.

We honor and pay our respects to elders both past and present who have stewarded this land throughout the generations, and whose practices and spiritualities are tied to this land. Please take a moment to consider the many legacies of violence, displacement, migration, and genocide that have occurred on this land.

Land acknowledgement alone is not enough. It is a starting point that blossoms when partnered with reflection, intentional action, and collaborative relationship building. We recognize that academia has a long history of harming Indigenous communities, and although we are one small office within a large academic institution, we commit to taking action, both personally and professionally, in the following ways:

- Offering land acknowledgements thoughtfully and intentionally at events and presentations we host.
- Acknowledge Indigenous Peoples' Day on our social media platforms.
- Celebrate Indigenous Peoples' Day by sharing community events with Health Promotion staff and encouraging them to attend.
- Encourage staff to use the #HonorNativeLand virtual backgrounds on Zoom.
- Post signs within the Health Promotion office area acknowledging the native lands on which our building resides.
- Continue to understand and address the unique health and well-being needs of our Indigenous students.
- Advocate for University land acknowledgement resources, continuing education, and policy development.
- Continue to learn and discover deeper possibilities for decolonizing relationships with people and place.

Content for this land acknowledgement was developed with gratitude to the following resources: <https://usdac.us/nativeland> and <https://nativegov.org/>.

OUR COMMITMENT TO DEI

The UHS Health Promotion Office is committed to fostering a culture which values diversity, equity, and inclusion. We strive to cultivate sustainable and impactful health promotion and well-being action that can be embedded into our campus community. Our work values the uniqueness of each student's ethnic/indigenous/racial identity, nationality and citizenship, religious beliefs, sexual orientation, gender and gender expression, age, ability, body shape / size, and socio-economic status, veteran status, as well as the intersectionality of these social identities. Furthermore, we acknowledge that possessing these identities within environments where those identities are not fully appreciated, respected, or are actively undermined may have a significant impact on a student's well-being and capacity to thrive.

We understand that we cannot effectively cultivate impactful health promotion without also recognizing the socio-ecological factors which impact access and outcome for individuals with marginalized identities. We play a critical role in addressing systemic and structural issues that perpetuate inequities on campus and prevent students from achieving optimal well-being. Our health promotion efforts center around a community development approach that is strengths-based and student-centered, so that our programs, services, and initiatives best meet the needs of our diverse student body. We commit to lifting up the voices of students with historically marginalized identities and engaging in shared decision-making practices within our office. We collaborate with students, colleagues, and outside organizations with expertise that we lack, and remain humble through recognition that we are a resource, rather than the key to solving issues of student well-being.

We are committed to always serving students to the best of our ability. We acknowledge that this important work is a continual cycle of learning and action, of recognizing and dismantling our biases, and of identifying needs and closing gaps. We promise to be relentless in our critical self-reflection, and will gracefully acknowledge when mistakes are made, recognizing that intent does not equal impact. This commitment is ongoing. We promise to maintain a consistent focus on the interdependence between diversity, equity, and inclusion issues which are necessary to achieve a campus culture of well-being for all students.

LETTER FROM THE DIRECTOR

At the UHS Health Promotion Office, we know that promoting positive well-being is fundamental to students' academic success and can create deeper learning experiences and meaningful engagement.

While students ultimately have an individual responsibility for their own health, they will be significantly more successful if the environments which they live and learn in are centered around well-being. Rather than self-care, I believe we need to emphasize community oriented and compassion centered care. This approach will begin to create a culture where our living environments, classrooms, programs, services, policies, and people all work together to support student well-being.

Our approach to health promotion is systems- and settings-based. Rather than solely focusing on individual level programs and interventions, we will investigate how various systems (policies, social norms, allocation of resources) and settings (classrooms, residence halls, student spaces) either help or hinder student flourishing. We intend to work collaboratively, understanding this work is far greater than our reach, to engage stakeholders and colleagues across campus to jointly plan, coordinate efforts, share information and lessons learned, and identify new and innovative ways to embed well-being into university systems and settings.

The development of this inaugural Health Promotion Strategic Framework represents an intentional shift in how health promotion is practiced at the University of Rochester. Our goal is to create a thriving culture of well-being for our campus community, leading a collaborative and integrated initiative. Addressing the needs of a diverse student population, we aim to advance a comprehensive, inclusive, and progressive student wellness model which creates the conditions for all students to flourish.

Amy McDonald

Director, UHS Health Promotion Office



I believe we have a responsibility to cultivate student flourishing, connectedness, mindfulness, resilience, grit, purpose, belonging, and self-compassion so that our students can become ever better.

MISSION & GUIDING PRINCIPLES

MISSION STATEMENT

The UHS Health Promotion Office leads campus-wide health promotion action to advance a culture of well-being, cultivate student flourishing, and positively influence student health.

GUIDING PRINCIPLES

01

Always be Student Centered

Put students at the center of our work, using participatory approaches to engage and amplify their voices.

- Involve students in all steps of our processes, from assessing needs and collecting data to creating, implementing, and evaluating our programs and services.
- Identify student strengths and competencies rather than problems and deficits.
- Consider the whole student, their intersecting identities, and how their cultural filters shape their understanding and quest for health and well-being.

02

Pursue Ever Better Well-being

Define *Meliora* through the lens of student flourishing.

- Help students develop the skills of awareness, mindfulness, resilience, equanimity, acceptance, and self-compassion.
- Emphasize community-oriented and compassion-centered care, rather than assuming students have the individual resources necessary for self-care.
- Create opportunities for students to experience connectedness, belonging, and purpose.

03

Prioritize Evidence-Informed Interventions

Prioritize evidence-informed interventions, utilizing UR specific and national data, published research, and best practices.

- Take part in ongoing data collection through quantitative and qualitative measures to best understand the needs of our students.
- Disaggregate data sets whenever possible to recognize the various socio-ecological factors which impact access and outcome for individuals with marginalized identities.
- Engage in continuing exploration of current research and best practices.

04

Use Collective Engagement

Be collaborative, with the understanding that this work is far greater than our individual reach.

- Recognize that cultivating a culture of well-being will be most successful with intentional collaboration.
- Continually develop and foster cross-sector partnerships with campus colleagues, key stakeholders, and community organizations.
- Partner with others to jointly plan, coordinate efforts, share information and lessons learned, create a shared vision, and identify new and innovative ways to embed well-being into university systems and settings.

05

Think Wholistically

Use settings and whole-system approaches to embed well-being into campus culture.

- Investigate how various settings (classrooms, residence halls, student spaces) and systems (policies, social norms, allocation of resources) either help or hinder student flourishing.
- Move beyond individual level interventions to achieve population and systems level change.
- Commit to a comprehensive, inclusive, and progressive wellness model of college health promotion.

1985 - 2017

The UHS Health Promotion Office was founded in 1985 and charged by Dr. Clifford Reifler, Director of University Health Service, to provide health education programs to University of Rochester students. Originally called the Health Education Unit, the department was led by the Chief of Health Education and included one health educator and a secretary. A year after its formation, the Health Education Unit created a peer health education team which lived in the residence halls and provided education and support to students on their floors, although this program was short-lived due to the administrative demand it entailed.

The Unit expanded in 1988 with the award of a two-year Fund for the Improvement of Postsecondary Education (FIPSE) Grant that the Counseling and Mental Health Section obtained. The grant enabled the unit to add an additional health educator and increase their work in alcohol and other drugs (AOD). In 1989, focus once again expanded to include health communication, and was renamed the Health Education and Communications Unit.

In the early 90s the Peer Health Advocacy course began, which was taught by the health educator and was part of the undergraduate public health program. This class was 2-credits and taught students how to be effective advocates for health among their peers. Topics included AOD, sexual health, sleep, physical activity, and healthy eating. The course eventually became a 4-credit class.

Throughout the 2000s, the health educator focused primarily on sexual health, sexual misconduct, and AOD. A Brief Alcohol Screening and Intervention for College Students, or BASICS program, was created in partnership with the Office of the Dean of Students and Residential Life to support students who need to explore their alcohol and other substance use. During this time the office was once again renamed to the UHS Health Promotion Office and relocated from Anderson Hall to the newly constructed UHS building. This move brought together primary care, health promotion, and the counseling center for a more integrated approach to college health. The health promotion office continued to provide health education on the topics of AOD, sexual health, and sexual misconduct, as well as some general health education, for the next decade.

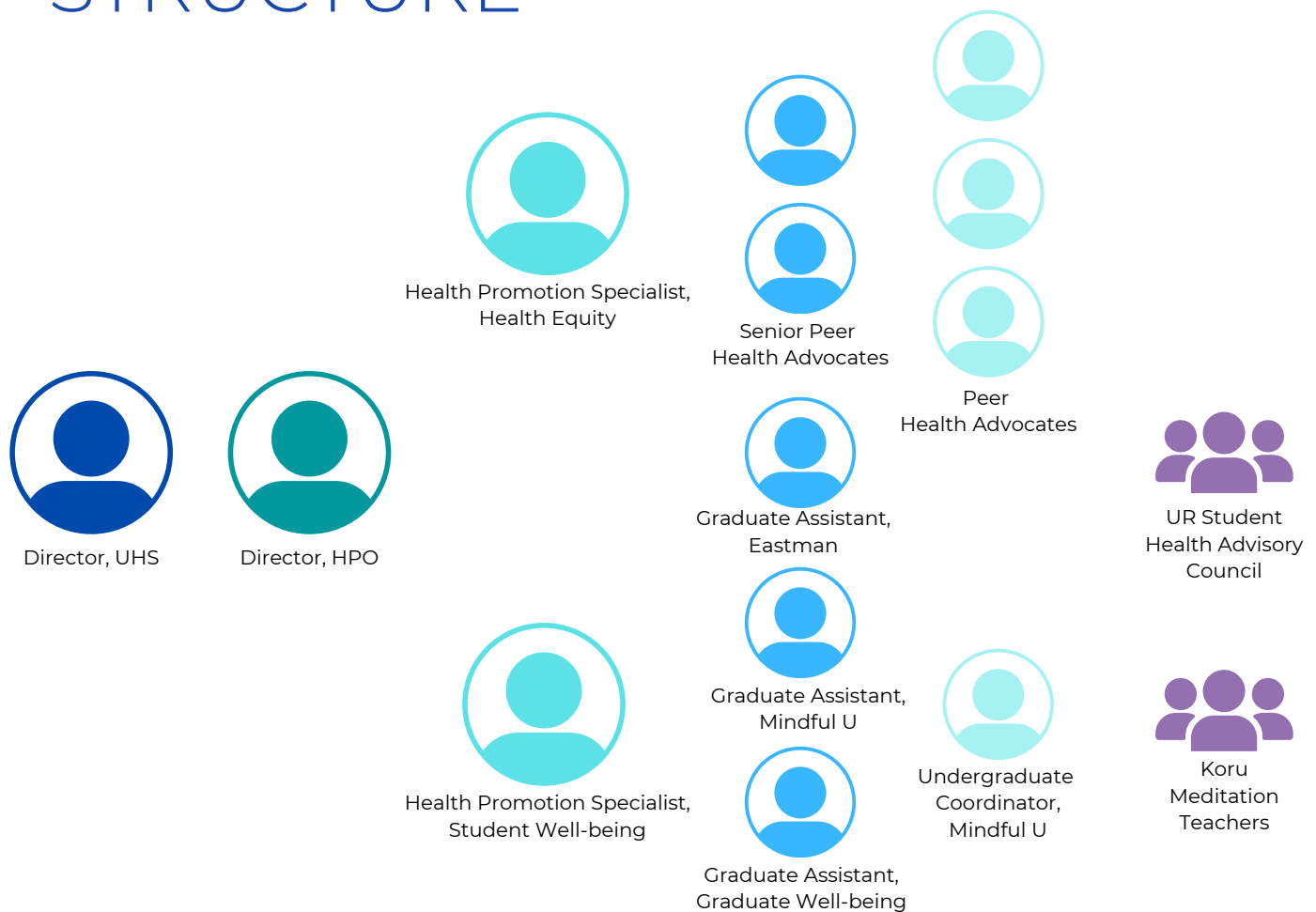
2018 - 2022

During the last five years, the work of the Health Promotion Office was organized into three main categories.

- **Health Education:** Health education programming has been the primary focus, aiming to increase knowledge, build skills, and influence students' motivation to adopt healthy habits. Health education programming included wellness fairs, workshops, online programs, outreach, and social marketing.

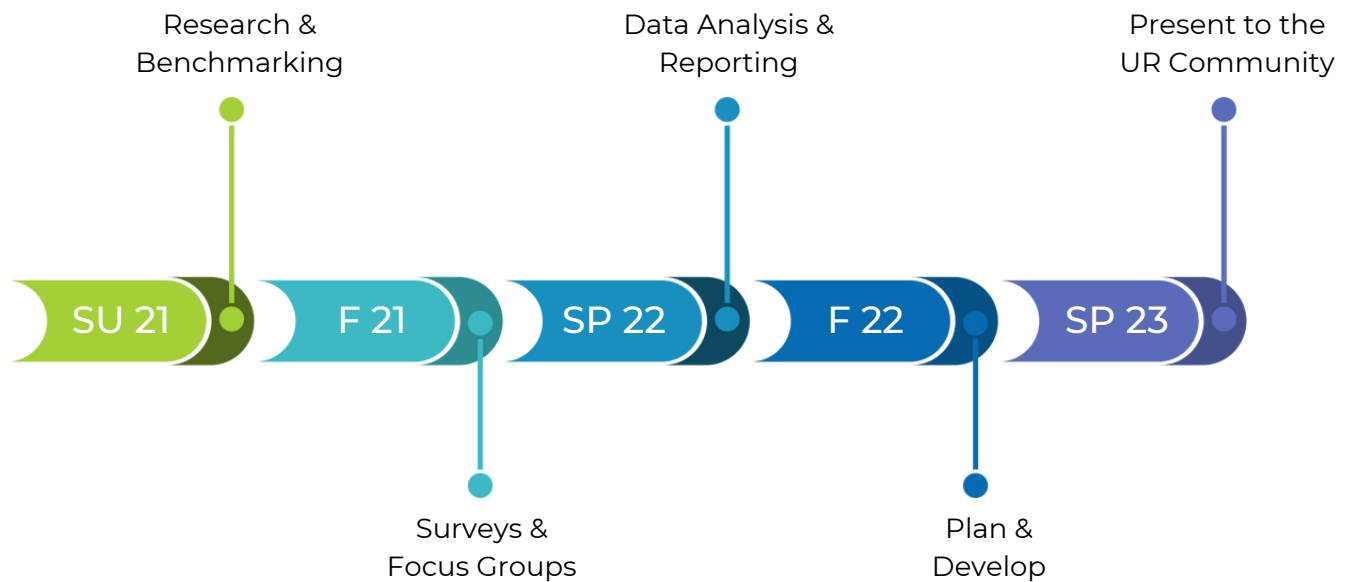
- **Prevention:** The HPO also focused on disease and injury prevention, offering opportunities for students to engage in practices which reduce their health risks. This included STI and HIV testing clinics, HPV vaccination clinics, and the Safe Sex Express program.
- **Peer Health Advocacy Internship:** Additionally, the HPO has been the academic home of the Peer Health Advocate (PHA) internship program which provided robust training and fieldwork experiences for undergraduate students. The program included the 4-credit Peer Health Advocate course along with a new 2-credit internship class where students completed 60 hours of fieldwork with the HPO each semester. Since 2018, almost thirty students have completed the PHA internship program.

ORGANIZATIONAL STRUCTURE



DEVELOPMENT PROCESS

The process for developing the Well-being Strategic Framework was collaborative, drawing upon support, expertise, and diversity of opinion from multiple areas of the University. This document reflects hundreds of hours of thoughtful development, constantly evolving through each of the following phases:



We would like to acknowledge our co-workers, colleagues, students, stakeholders, and content experts who contributed their time and perspectives to help us define our strategy. For you we are grateful. This document truly reflects the shared vision of the Health Promotion Office.

THE UNIVERSITY HEALTH SERVICE LEADERSHIP TEAM:

- Ralph Manchester, MD – *Vice Provost and Director of University Health Service*
- Ethan Beaudett, DO – *Medical Chief*
- Cara Dean – *Executive Assistant to the Vice Provost and Director*
- Brigid Cahill, PhD – *Director, University Counseling Center (UCC)*
- Dagmar Kaufmann, PhD – *Associate Director for Clinical Services, UCC*
- Cheryl Kodjo, MD – *Associate Director for Diversity & Inclusion*
- Chris LeStorti, MBA – *Director, Administration and Finance*
- Michelle Livingston - *Scheduling Coordinator*
- Mary Madsen, RN-C – *Associate Director, Clinical Operations*

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HPO GRADUATE ASSISTANTS:

- Ian Briffa – *Health Promotion Coordinator, Eastman School of Music*
- Kaylen Furr – *Health Promotion Coordinator, Mindful University Project*

PEER HEALTH ADVOCATES:

- Irene Choi – *Peer Health Advocate Intern (Class of 2024)*
- Zoe Hynes – *Senior Peer Health Advocate Intern (Class of 2023)*
- Summer Koltay – *Peer Health Advocate Intern (Class of 2025)*
- Jenny Lee – *Senior Peer Health Advocate (Class of 2022)*
- Michelle Shuai – *Senior Peer Health Advocate (Class of 2023)*

UHS STUDENT HEALTH ADVISORY COMMITTEE (URSHAC):

- Elianna Dunster - *Executive Chair*
- Lindsey DeSplinter - *Administrative Chair*
- Anjali Blow - *Diversity, Equity, and Inclusion Chair*
- Antoinette Nguyen - *Graduate Student Diversity, Equity, and Inclusion Chair*
- Brooke Jones - *Graduate Student Chair*
- 25+ general members

PRIORITY ACTION AREAS AND KEY PERFORMANCE INDICATORS

2023 - 2027

The priority action areas and key performance indicators outlined in the following pages describes the work of the Health Promotion Office over the next four academic years, from the beginning of the 2023-24 academic year through the end of the 2026-27 academic year. Their creation occurred after significant consideration and were intentionally guided by:

- 8 surveys of undergraduate and graduate students across all schools (2020 – 21)
- Survey of faculty and student support staff (fall 2021)
- 6 community forums / focus group sessions (spring 2022)
- Interviews with multiple national content experts (fall 2021)

- Review of over 30 journal articles, white papers, and reports
- Assessment of multiple evidence-based and evidence-informed practices

The Okanagan Charter was also influential in the development of our priority action areas, particularly as it pertains to being an advocate for well-being focused policy changes, creating supportive living and learning environments, supporting students' personal development through health education programming, and cultivating a campus culture of well-being where students can truly thrive.

We recognize that our priority areas of action will continue to evolve and change over the next four academic years. What we are presenting today may end up being quite different than what we accomplish by 2027. As we monitor our progress through our key performance indicators and as student needs and priorities shift, we will need to be flexible with our expected outcomes.

We commit to revisiting our priorities often and making changes to our implementation strategy in ways that best support our students' well-being.

Priority Action Areas:



Create Supportive
Campus Environments



Advocate for Health
Equity



Cultivate Student
Flourishing



Inspire Personal
Well-Being

CREATE SUPPORTIVE CAMPUS ENVIRONMENTS

The well-being of a student does not exist in isolation. There is an undeniable link between campus environments and the students who live in them. The spaces where a student sleeps, eats, learns, and connects all influence their capacity to flourish. Therefore, we must consider how we can create campus environments that support students, rather than ones which create barriers to and hinder their well-being.

An ongoing and systematic assessment of the campus viewed through the lens of health promotion is an important component in the creation of supportive environments. The Health Promotion Office will focus on six primary environments, assessing ways in which we have the capacity to infuse well-being into them via our programs, services, or other interventions.

1. **Built Environment** – residential buildings, dining halls, athletic centers
2. **Natural Environment** – outdoor spaces, connection to nature
3. **Learning Environment** – classrooms and other academic spaces
4. **Economic Environment** – connections to support for basic needs
5. **Cultural Environment** – welcoming diversity in all UHS spaces
6. **Social Environment** – spaces where students can connect

HOW WILL WE ACCOMPLISH THIS?

What we're already doing:

- **Well-being for Life and Learning Training (Phase 1 – Faculty and Staff Instructors)** – This training program will teach faculty and staff instructors how to center their academic environment around student well-being. Through a series of required and elective educational workshops, participants will learn skills like having difficult conversations with students, trauma-informed pedagogy, and supporting students in distress. Upon completion of the training program, participants will gain access to a comprehensive guidebook with tips, resources, and suggested practices to implement.
- **UHS building** – a number of projects have been implemented over the past two years to help our students feel welcome in our building, including an installation of student artwork called “Diversity and Wellness” in the UCC waiting room.
- **Welles-Brown Oasis** - Collaboration with Rush Rhees Library to hold space where students can engage in self-care activities such as a labyrinth walk, meditation, stretching, and yoga. Programs and events to support student well-being are also held in this space throughout the semester.
- **Yoga / contemplative spaces** – Investigating opportunities to create spaces across campus which can be dedicated to yoga and other contemplative practices.

- [Student feedback / advocacy](#) – We offer multiple avenues for students to have their voice heard, including our online feedback form, suggestion box in UHS, surveys, focus groups, community forums, and participation in the UR Student Health Advisory Committee (URSHAC).

Next on our to-do list:

- [Student survey & environmental assessment](#) – Create tools to measure student needs relating to environments which support student well-being and assist the Health Promotion Office in the prioritization of future initiatives.
- [Well-being for Life and Learning Training \(Phase 2 – Student Support Staff / Phase 3 – Student Leaders\)](#) – This training is similar to the above, although designed for student support staff and student leaders.
- [Training](#) - Improved communication and additional training for UHS providers about referring students in need to the UR Food Pantry and the Basic Needs Hub.

Future Aspirations:

- [Nature therapy](#) – A referral program for medical and mental health providers to “prescribe” students to spend time in nature.
- [Well-being spaces grant](#) – Available for student organizations and University departments who seek funding to create a well-being space on campus.

MEASURING PROGRESS: KEY PERFORMANCE INDICATORS
Create Supportive Campus Environments

Key Indicator	Baseline / Tool	Target Outcome
Percentage of students who agree or strongly agree that health and well-being are prioritized at UR	Baseline = 34.4% UG / 52.6% G (spring 2022) ACHA-NCHA question 2B	10% absolute increase in students who believe UR prioritizes well-being by June 2027
Percent of students who feel campus environments support their well-being	TBD New survey tool to be developed	To be developed based on 2023 baseline data
Percent of students who agree or strongly agree that the academic environment at UR supports their well-being	TBD New survey tool to be developed	To be developed based on 2023 baseline data

*UG - Undergraduate Students
G - Graduate Students*

CULTIVATE STUDENT FLOURISHING

Like college students from across the country, many at the University of Rochester have been struggling with their mental health, especially in the wake of the COVID-19 Pandemic. According to the National College Health Assessment (2022), a substantial number of UR student respondents (81% undergraduate / 70% graduate) report experiencing moderate to severe psychological distress in the last 12 months. Mental health struggles have also negatively impacted their academic performance, including depression (31% UG / 56% G), anxiety (35% UG / 46% G), and stress (51% UG / 47% G).

We aim to take a whole student approach when addressing student mental health, identifying ways in which we can cultivate student flourishing, rather than solely focusing on the absence of depression, anxiety, or stress. Flourishing can be defined as “a state in which all aspects of a person’s life are good” and includes features such as happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, and close social relationships (Vanderweele, 2017).

We will utilize the evidence-based practice of social-emotional learning as a foundation to create supportive programming for students. Building on that, our initiatives to cultivate flourishing will also teach students how to achieve psychological flexibility, incorporating mindfulness, acceptance, equanimity, gratitude, and valued engagement.

HOW WILL WE ACCOMPLISH THIS?

What we’re already doing:

- **Mindful University Project** - The Mindful University Project is a campus-wide initiative offered by the Health Promotion Office with a mission to empower our campus community to build a culture of mindful presence and compassion. This will allow our students to improve mental well-being; boost academic flourishing; increase resiliency to stress; and reduce levels of anxiety and depression. Students can learn the practice of meditation through our 4-week learn-to-meditate workshops, attend a 4-hour silent meditation retreat, participate in peer-led meditation and yoga classes, and attend educational trainings on mindfulness.
- **Mindful Professor** - The Mindful University Project is offering a Mindful Professor Training Pilot study for faculty at the University during the Spring and Fall 2023 semesters as a part of an innovative research study. This study is rooted in cutting-edge research and practices and aims to offer participants a variety of tools to access ways to return to calm, be present with themselves and others, utilize mindful leadership skills, enhance teaching effectiveness, as well as learn what actions they can take to support students’ well-being. This study will last three months, including seven workshops and 2 mentorship coaching sessions.

Next on our to-do list:

- **Flourish Festival** – This full-day event provides students with a variety of wellness and mindfulness sessions. Students are invited to drop by anytime of the day for a yoga or forest bathing class, attend a meditation session, sit in on a musical performance, learn about mindful eating, attend a DeStress Fest, and explore the different well-being resources that U of R has to offer at our resource fair.

Future Aspirations:

- **Thriving at UR** – This program which will teach social-emotional learning principals to first year students remains in the early stages of development.
- **Targeted interventions** - Expansion of new interventions to support student flourishing among specific populations of students such as student athletes, first-generation students, and international students.

MEASURING PROGRESS: KEY PERFORMANCE INDICATORS
Cultivate Student Flourishing

Key Indicator	Baseline / Tool	Target Outcome
Number of hours in a typical week (7 days) participating in meditation or meditation activities	Baseline = 17% UG / 27% G (spring 2022) ACHA-NCHA question 3P	10% absolute increase in students engaging in meditation for more than one hour in a typical week by June 2027
Mean score on the Diener Flourishing Scale – Psychological Well-Being (PWB)	Baseline = 42.62 UG / 45.67 G * (spring 2022) ACHA-NCHA question 41A-H	5% absolute increase in student flourishing by June 2027
Mean score on the Connor-Davis Resilience Scale (CD-RISC2)	Baseline = 5.72 UG / 6.18 G ** (spring 2022) ACHA-NCHA question 41A-B	5% absolute increase in student resilience by June 2027

* The scoring range for this tool is 8-56. Higher scores reflect a higher level of psychological well-being.

** The scoring range for this tool is 0-8. Higher scores reflect a higher level of psychological well-being.

ADVOCATE FOR HEALTH EQUITY

According to the Robert Wood Johnson Foundation, health equity occurs when “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” Creating conditions that improve health and addressing the social determinants of health are fundamental to health equity.

To successfully advocate for health equity, we must first identify important health disparities within our student population. Starting with a robust data set and then disaggregating the data will allow us to better understand the needs of students with marginalized identities. Then we will be able to explore ways to change and implement policies, programs, services, and practices to reduce inequities in the opportunities and resources needed to achieve optimal well-being (Braveman et al., 2017).

We recognize that future initiatives must be designed and delivered to encourage uptake and overcome barriers to access, eliminating unfair and institutional social conditions that give rise to these inequities. We also recognize that equity is not the same as equality. To achieve equity, those students with worse health and fewer resources need more efforts expended to improve their health (Braveman et al., 2017). And finally, we recognize that in this work we need to be mindful of our own privileges and biases and commit to doing our part to create an ethic of care at UHS through continual learning and growth.

HOW WILL WE ACCOMPLISH THIS?

What we’re already doing:

- **Inclusive health programming** – the HPO offers a variety of programming and services to support inclusive health including the LGBTQ+ Resource Fair, LGBTQ+ health webpage and resource guide, as well as mindfulness classes such as Out Breath for LGBTQ+ individuals, Mindful Men of Color, Peaceful Warrior: Meditation for Women of Color, and Stay Woke and Meditate: Learn-to-Meditate Workshop for POC.
- **First-generation student support** – the HPO collaborates with the David T. Kearns Center to offer well-being programming to the University’s first-generation students. Additionally, the HPO Health Promotion Specialist for Health Equity is a member of the First-Generation Student and Parent Committee and provides the committee with data on the well-being of this student population.
- **Create an ethic of care at UHS** – As members of the UHS Diversity, Equity, and Inclusion (DEI) committee, staff of the Health Promotion Office help to coordinate and participate in comprehensive trainings for UHS staff. Past educational opportunities include anti-racism training, queer-inclusive university workshop series, biases and microaggressions workshop, spirituality and the Muslim community reflections, and presentations on trauma-informed care.

- **Safe Zone training** – The HPO Health Promotion Specialist for Health Equity is a certified Safe Zone trainer and provides regular sessions for UHS staff throughout the year.
- **DEI Advisory Council** – a sub-committee of the UR Student Health Advisory Committee, this group of students works with the HPO Health Promotion Specialist for Health Equity on ways to make UHS more inclusive. Previous initiatives include updating medical intake forms to be more inclusive of our trans and non-binary patients, including patient’s pronouns and chosen name at the top of their electronic medical record, and providing pronoun tags to UHS staff.
- **Inclusive recruitment and hiring** – in collaboration with the DEI committee members, a new inclusive recruitment and hiring process was created for all UHS hiring managers to follow when filling open positions at UHS.

Next on our to-do list:

- **Well-being mentors for first-generation students** – Beginning as a pilot program in the spring 2023 semester, this program will address the disparity in health service utilization between first-gen students and continuing-generation students.
- **Focus groups** - A series of focus groups will be held to better understand the needs of specific populations of students, particularly those who our data have demonstrated to have the greatest health disparities. Future initiatives will include tailored programs and services for priority groups such as first-generation students, students of the LGBTQ+ community, BIPOC students, and international students.
- **Accessibility guide** - Creation of a communication accessibility guide for UHS staff.
- **Disaggregate data** - Seek data analysis support to help disaggregate survey data so we can have a better understanding of the health inequities of our students.

Future Aspirations:

- **Cultural study** - Gain a better understanding of how cultural filters shape the way our students understand and pursue health and well-being.
- **Food insecurity** - Explore our data on student food insecurity and determine ways to address this need.
- **Equitable mental health access** - Investigate equitable access to mental health care including language barriers, transportation issues, financial barriers, and cultural stigmas.

MEASURING PROGRESS: KEY PERFORMANCE INDICATORS

Advocate for Health Equity

Key Indicator	Baseline / Tool	Target Outcome
Percent of first-generation students visiting a medical provider in the last 12 months	Baseline = 59% UG (spring 2022) ACHA-NCHA question 55A	10% absolute increase in medical care access for first-generation students by June 2027
Number of targeted programs and services offered by the HPO	To be calculated in May 2023 for the 2022-23 academic year HPO Program Log	25% absolute increase in programming targeted to populations in need by June 2027
Percent of students who believe the HPO supports the needs of our diverse student body	TBD UHS Consumer Attitudes Survey	To be developed based on 2023 baseline data

SUPPORT PERSONAL DEVELOPMENT

Health education and disease prevention programming has been the primary focus of the Health Promotion Office for decades, and it will continue to be an integral part of our work moving forward. We aim to develop and create opportunities to build competence and personal capacity so students can reach their full potential.

Data from our bi-annual Consumer Attitudes Survey helps to focus our programming on areas that are most salient to our students. Topics such as sleep, managing stress, intuitive eating, self-care, and sexual health were among the top areas of interest identified in the fall 2021 survey. Students also indicated pet therapy, fitness classes, study breaks, sexual health screenings, and wellness fairs as programs they would find most beneficial and supportive.

Through our health education initiatives, we increase knowledge, build skills, and influence students' motivation to adopt healthy habits, as evidenced on our program evaluation surveys. Through our prevention programming, we offer opportunities for students to engage in practices which reduce their health risks. The foundation of our work is centered around a community development approach, recognizing the robust strengths and competencies of our students. We must look to our students to identify and define their struggles and understand that we as professionals are resources rather than problem solvers, as each student is ultimately responsible for their own health and well-being.

HOW WILL WE ACCOMPLISH THIS?

What we're already doing:

- **Annual health education programming** – Our main programs and events include the Sex & Chocolate Carnival, Masturbation 101, Sex Ed 101, Ask the Sexpert, Paws for Stress Relief, DeStress Fest, and the Zzzs to As Sleep Challenge. Additionally, we offer residential hall programs, educational workshops to student organizations, and social marketing campaigns through our social media channels.
- **Eastman School of Music Wellness** – A dedicated Graduate Assistant who is embedded in the culture at Eastman works with the Health Promotion Office to bring health education and prevention programming to students including Paws @ Eastman, Hearing Health Outreach and Screening, Yoga for Musicians, and Practice Room Stretches.
- **Graduate Student Wellness** – The Graduate Student Wellness Committee includes graduate school faculty, staff, and students who work collaboratively to understand the needs of students and co-create wellness events to reach all UR's graduate students in a more systematic way. A dedicated Graduate Assistant for Graduate Student Well-being was also recently added to the team.

- **Ongoing prevention programming:** The Health Promotion Office currently leads two ongoing prevention programs which include partnerships with the Monroe County Health Department and Trillium Health to offer regular, free, and accessible STI and HIV testing on campus as well as free safe sex supplies delivered through the Safe Sex Express Program.

Next on our to-do list:

- **Physical Activity** - Increase access to recreational opportunities across campus by partnering with Athletics & Recreation and Wilson Common Student Activities.
- **Centralization of Well-Being Resources** - Build an effective and comprehensive communication network to encourage students to engage in health and wellness programs and events.

Future Aspirations:

- **Well-Being Grants** – Generate funding to support well-being initiatives created by students, for students.
- **Well-Being Student Awards** – Recognize students who demonstrate Meliora through personal well-being by creating an annual student well-being recognition award.

MEASURING PROGRESS: KEY PERFORMANCE INDICATORS

Advocate for Health Equity

Key Indicator	Baseline / Tool	Target Outcome
Percent of students rating their overall health as very good or excellent	Baseline = 56% UG / 67% G (spring 2022) ACHA-NCHA question 1	5% absolute increase in overall student health by June 2027
Of students who report having oral sex, or vaginal or anal intercourse in the last 30 days, percent who use a condom or barrier method most of the time or always.	UG = 9% oral / 52% vaginal / 100% anal UG and G = 3% oral / 33% vaginal / 20% anal Spring 2022	5% absolute increase in students practicing safe sex by June 2027
Participation in HPO STI testing clinics and the number of STI appointments scheduled with UHS providers	To be calculated for 2022-2023 in May 2023 The number of appointments completes at STI testing clinics and data collected through PyRAMED	10% absolute increase in STI testing by June 2027
Participation in all programs offered by the HPO	To be calculated for 2022-2023 in May 2023 Spring 2022 HPO Program Log	15% absolute increase in student engagement by June 2027

SURVEYS & ASSESSMENTS

The ongoing utilization of survey, assessment, and evaluation data is a critical component in determining the success of the Health Promotion Office. Below is a listing of the tools we use:

01

Surveys Conducted by UHS

National College Health Assessment (NCHA) – Hosted by the American College Health Association, the NCHA is a nationally recognized research survey that provides data about students' health habits, behaviors, and perceptions. The survey also includes several embedded established scales including the Connor-Davidson Resiliency Scale, the Kessler 6 screening for serious mental illness, the Suicide Behaviors Questionnaire – Revised, among others. This survey is offered to a random selection of full-time undergraduate and graduate students every other spring semester. (www.ACHA.org/NCHA)

UHS Consumer Attitudes Survey – The Consumer Attitudes Survey gathers information about students' knowledge and perception of UHS Primary Care, the University Counseling Center, and the Health Promotion Office. It also assesses students' interest and needs to assist with the development of future programs and services. This survey is offered to a random selection of full-time undergraduate and graduate students every other fall semester.

Programmatic Evaluations – Program evaluations are utilized to assess the success of the health education programs, prevention services, and health promotion interventions offered by the Health Promotion Office. Typical evaluations assess participant gains in knowledge, development of skills, increases in motivation, and overall satisfaction.

02

Surveys Conducted Outside UHS

A variety of other surveys are conducted throughout the University, including surveys of incoming first year students, all enrolled students, and seniors at the College of Arts, Sciences, and Engineering. Surveys are also frequently conducted within each of the University's graduate schools. When possible, the Health Promotion Office is provided data from these tools which refer to student mental health and well-being.

03

Qualitative Data

There are times when it is important to gain a deeper understanding of student experiences and opinions on a specific topic area or within a specific student population. When this occurs, the HPO conducts peer-led focus groups or community talking sessions. These sessions are led by our team of Peer Health Advocates or members of the University of Rochester Student Health Advisory Committee (URSHAC) and are held on an ad hoc basis throughout the academic year.

04

Future Surveys

New survey tools are currently under evaluation by the Health Promotion Office. In the future we aim to collaborate with university leadership to launch a comprehensive assessment of whole campus well-being which includes students at all schools as well as faculty and student support staff. This survey would be visibly supported by University administration, include a centralized communication plan, and be well incentivized, thus resulting in the highest response rate possible.

The survey tools under evaluation currently include:

- American College Health Foundation's Emotional Well-Being Survey
- Healthy Minds Study
- ACHA National Faculty & Staff Health Assessment
- Wake Forest Well-being Assessment
- Student Well-being Institutional Support Survey

In addition to the above, instituting a well-being culture audit would allow us to assess how the university's systems and settings are impacting and influencing the well-being of our campus community. It is our hope that the University's leadership would consider this type of audit in the future.

INSPIRING COLLECTIVE ENGAGEMENT

Our long-term aspiration is for the University of Rochester to become a Health Promoting University, and for our President to officially adopt the Okanagan Charter to join other progressive institutions prioritizing well-being such as Cornell University, University of Michigan, and University at Albany. However, we recognize this may take some time to achieve. In the meantime, the Health Promotion Office strives to bring together other campus partners who are passionate about the well-being of our campus community, and inspire collective engagement so that we may work in partnership towards our common goals.

WELL-BEING COLLECTIVE

According to the Okanagan Charter (2015), an important principle for mobilizing systemic and whole campus action around student well-being is to inspire collective engagement with others across the institution. The Health Promotion Office often collaborates with campus partners on a variety of programs and initiatives. Additionally, our staff participates actively in committees which promote student health throughout the campus environment including the Standing Committee on Alcohol Policy and Education (SCAPE), Student Support Network (SSN), Graduate Student Wellness Committee, and the Title IX Sexual Misconduct Prevention and Education (SMPEA) Committee.

In the near future, we would like to move beyond programmatic collaborations and committee engagement, recognizing that true collective engagement is integral to the success of this strategic framework. Therefore, we aim to convene a Well-being Collective to bring together stakeholders from across the University, including student, faculty, and staff representation. This collective will offer the opportunity to share information and resources, to work together rather than duplicating efforts, and to think strategically about how to best meet the needs of our students.

We envision that members of the Well-being Collective will represent the following areas:

Admissions	International Services Office
Alcohol and Other Drug Education	The Learning Center
Athletics / Athletic Training	Office for Student Activities at Eastman
Basic Needs Hub	Office of Advancement & Alumni Relations
CARE	Office of Disability Resources
Center for Community Engagement	Office of Equity & Inclusion
Center for Education Abroad	Office of Minority Student Affairs
College Center for Advising Services	Office of the Dean of Students
College Dean's Office	Office of the Provost
The David T. Kearns Center	Office of Residential Life & Housing Services
Dining Services	Orientation and First-Year Programs
Faculty Senate	Parent and Family Relations
Financial Aid	Paul J. Burgett Intercultural Center
Food Pantry	Public Health Related Programs
Fraternity & Sorority Affairs	Residential Life
Interfaith Chapel	University Communications

University Counseling Center
University Facilities and Services
University Health Service
Wilson Commons Student Activities

AS&E Graduate Education and Postdoctoral Affairs
Office of Academic Affairs, Eastman School of Music
Office of Student Services, Warner School of Education
School of Nursing Office of Student Affairs
Simon Business School Office of Student Engagement
URSMD Wellness and Resilience Committee

STUDENT ORGANIZATIONS:

Students' Association Government
International Students' Association
Eastman Students' Association
Eastman Graduate Students' Association
Graduate Student Association

Multicultural Greek Council
Panhellenic Association

Asian American Student Union
Black Students' Union
Douglass Leadership House
11st Gen Society
Active Minds
Campus Times
Pride Network
Residence Hall Association
Society of UG Public Health Students
Varsity Student Athlete Advisory Committee

Any others who express interest are welcome to join.

COLLECTIVE ENGAGEMENT WITH STUDENTS

In addition to the Well-being Collective, we will also continue to lead two student initiatives:

Peer Health Advocates - PHAs are student leaders who advocate for health and wellness, working to infuse well-being into all aspects of the student life experience on campus. They are an active participant in the student community and support the promotion and well-being of its students. They collaborate with Health Promotion Office staff to implement health promotion and well-being programs, champion for change in structures that affect student's well-being, and listen and engage with their peers. Their responsibilities include:

- Assist with planning, implementing, and evaluating theory- and evidence-based health promotion strategies, programs, and services for University of Rochester Students.
- Assist in the coordination, planning, and implementation of major HPO programming including the Sex and Chocolate Carnival, Masturbation 101, Flourish Festival, Destress Fest, PAWS, and the LGBTQ+ Resource Fair.
- Assess programming needs and develop strategies to meet those needs in the areas of health equity, mental wellbeing, nourishment / body image, sexual health, and sleep.
- Engage, listen, and gather feedback from peers through various means of communication, including listening sessions, focus groups, or town hall gatherings with the assistance of the Senior PHA.
- Analyze data collected during listening sessions, focus groups, or town hall gatherings.
- Serve on the Well-being Collective.

UR Student Health Advisory Committee (URSHAC) – URSHAC members are passionate about elevating the voices of the student body. They will listen to and engage with the student community, communicating their stories and lived experiences to inform UHS administration and the Well-being Collective about the perspectives of students and their well-being. Their responsibilities include:

- Community engaged qualitative data gathering through community talking sessions on topics specifically relevant to University Health Service
- Identify trends, problems, barriers, etc. which impact student well-being
- Develop of questions, recruit student participants, and facilitate community talking sessions
- Create various communication and marketing materials to promote the services of UHS
- Advocate for changes with UHS administration
- Serve on the Well-being Collective

GUIDING FRAMEWORKS

The work of the Health Promotion Office is guided and informed by research and best practices. The following are a selection of the key foundational frameworks which have shaped our direction and continue to be instrumental in the creation of future programs, services, and initiatives.

ACHA Healthy Campus Framework

Since 1985, American College Health Association's Healthy Campus initiative has offered a foundation for campuses working toward health and well-being. The Healthy Campus Framework provides a structure for campuses to advance holistic well-being of their students, faculty, and staff. This aspirational framework helps campuses determine where they are by using an institutional inventory, then outline a path to where they want to be, and how to get there. It is focused on providing tools and resources to help campuses progress toward becoming health-promoting colleges and universities.

Collective Impact Framework

Collective impact is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change.

The Five Conditions of Collective Impact:

- It starts with a common agenda
- It establishes shared measurement
- It fosters mutually reinforcing activities
- It encourages continuous communications
- And it has a strong backbone

Okanagan Charter:

An International Charter for Health Promoting Universities and Colleges. The Okanagan Charter was created in June 2015 at the International Conference on Health Promoting Universities and Colleges at the Okanagan campus of the University of British Columbia. It is an international action framework for Health Promoting Universities that reflects the latest concepts, processes, and principles relevant to health promotion. It is a guide to inspire comprehensive and campus-wide, settings and whole system approaches to create campus cultures of compassion, well-being, and equity. *(Continued on next page).*

The Charter has two Calls to Action for higher education institutions:

1. Embed health into all aspects of campus culture, across the administration, operations and academic mandates.
2. Embed health in campus policies.
 - a. Create supportive campus environments
 - b. Generate thriving communities and a culture of well-being
 - c. Support personal development
 - d. Create or re-orient campus services to center around prevention
3. Lead health promotion action and collaboration locally and globally.
 - a. Integrate health, well-being and sustainability in multiple disciplines to develop change agents.
 - b. Advance research, teaching and training for health promotion knowledge and action.
 - c. Lead and partner towards local and global action for health promotion.

Ottawa Charter for Health Promotion

This seminal work resulted from the World Health Organization's first International Conference on Health Promotion, held in Ottawa in 1986.

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy life-styles to well-being (WHO, 1986).

The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity.

Five action areas for health promotion:

1. Building healthy public policy
2. Creating supportive environments
3. Strengthening community actions
4. Developing personal skills
5. Re-orienting health care toward prevention of illness and promotion of health

Salutogenic Model:

The Salutogenic Model is centered around the idea that health results from continuous everyday life interactions between the individual and inevitable social, economic, cultural, physical, mental and biochemical stressors. It is an asset-based approach that focuses on factors that support health and well-being, as opposed to a more traditional, 'pathogenic' focus on risk and problems (Antonovsky, 1996).

Social Ecological Model

The social-ecological model is a useful framework for understanding the range of factors that influence health and well-being. An ecological approach focuses on both population-level and individual-level determinants of health and interventions. “This model proposes that individual, interpersonal, community, organizational, and societal factors should be taken into account when planning and implementing health promotion interventions, because they have direct and indirect influences on lifestyle, behavior choices, and health” (Glanz, Rimer, and Viswanath, 2008).

Standards of Practice for Health Promotion in Higher Education

The Standards of Practice for Health Promotion in Higher Education (Standards of Practice) serve as a guiding document for professionals who conduct, support, supervise, or have oversight over departments facilitating health promotion processes on their respective campuses. The standards serve as a framework for the practice of health promotion in higher education in order to support student success and well-being (American College Health Association, 2012).

GLOSSARY

Having a common understanding of the key words used throughout this strategic framework is important. The following definitions can be found in the World Health Organization's Health Promotion Glossary of Terms (2021).

Health Education - Health education is any combination of learning experiences designed to help individuals and communities improve their health by increasing knowledge, influencing motivation, and improving health literacy.

Health Equity- The absence of unfair, avoidable or remediable differences in health status among population groups defined socially, economically, demographically, or geographically.

Health Promoting University - Health promoting universities (HPU) infuse health into all that they do. By doing so, health promoting universities enhance the success of our institutions; create campus cultures of compassion, well-being, equity, and social justice; improve the health of the people who live, learn, work, play, and love on our campuses; and strengthen the ecological, social, and economic sustainability of our communities and wider society. (Okanagan Charter, 2015)

Health Promotion - The process of enabling people to increase control over, and to improve their health.

Okanagan Charter - The Okanagan Charter is an action framework for HPUs that reflects the latest concepts, processes, and principles relevant to health promotion. It is a guide to inspire comprehensive and campus-wide, settings and whole system approaches to create campus cultures of compassion, well-being, and equity. Each HPU develops its own strategic plan for how it lives out and implements health promotion on its campus and in its community. (Okanagan Charter, 2015)

GLOSSARY

Prevention - Disease prevention describes measures to reduce the occurrence of risk factors, prevent the occurrence of disease, to arrest its progress, and reduce its consequences once established. Additionally, it can inhibit environmental, economic and social conditions known to increase these risks.

Salutogenesis - Salutogenesis describes how social and individual resources, including the sense of coherence, help people to manage stress and to thrive.

Social Determinants of Health - The social determinants of health are the social, cultural, political, economic and environmental conditions in which people are born, grow up, live, work and age, and their access to power, decision-making, money, and resources that give rise to these conditions of daily life.

Social Marketing - Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for the greater social good.

Well-Being - A positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions.

SEVEN RESEARCH

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UNIVERSITY HEALTH SERVICE

Health Promotion Office

University of Rochester
Box 270472
Rochester, NY 14627

[@rochester.edu/uhs/healthpromotion](https://rochester.edu/uhs/healthpromotion)
[@urhpo](https://twitter.com/urhpo)

UHS Building, 4th Floor

Amy McDonald, MS, CHWP
Director, UHS Health Promotion Office
amcdonald@uhs.rochester.edu
585-273-5770

Zoe Black
Health Promotion Specialist, Health Equity
zblack@uhs.rochester.edu
585-273-5775

Rebecca Block, MS, CHES®, CHWP
Health Promotion Specialist, Student Well-being
rblock@uhs.rochester.edu
585-273-5772

CONTACT US