PREVENTION

Cultivating the health and well-being of the campus community and beyond.

University Health Services
The mission of University Health Services (UHS) is to enhance learning and student success by promoting, protecting, and restoring health and well-being. As the comprehensive campus health organization of UW-Madison, UHS has supported the educational, research, and service mission of the University for over 100 years. Grounded in the values behind the “Wisconsin Idea,” UHS embraces a broader definition of health. Although the optimum health of people and community are strongly valued ends in their own right, we are focused on promoting health essential to a campus environment that facilitates learning, growth, and contribution. Our five-year plan lays the groundwork for current work and future aims with an approach towards a robust and comprehensive prevention effort.

The vision of UHS is to be a national campus health leader in the 21st century, providing the highest quality of care in a fully integrated medical, mental health, and prevention service model. We strive to improve the health of our campus community through direct service, population health measures, and support for a healthy physical and social environment. Through leadership, service, and engagement on campus and beyond, UHS contributes to the health of the larger community and the state of Wisconsin.
Integrating customer voices, quality health services, prevention initiatives, and environmental approaches to promote health calls for a comprehensive plan to incorporate and support prevention across all aspects of the UHS enterprise. We seek to leverage our unique opportunity in campus health to innovatively depart from a model of health care that focuses primarily on treating problems after they arise.

The focus of innovation at UHS is to ensure collaboration and integration. We seek to incorporate prevention into medical and mental health services, and design complimentary prevention initiatives that are informed by the needs that arise through our services, research and evidence, customer surveys, and other data.

Integration of a range of prevention, clinical, and policy strategies is critical to the health of our campus community, especially to the success of efforts to promote mental health and well-being for individuals and at the community level. Data consistently shows (National College Health Association Survey for UW–Madison, Spring 2011) that concerns about anxiety, depression, relationships, and stress rise to the top as issues affecting academic success. Traditional models of healthcare emphasizing the treatment of illness often neglect mental health, and focus primarily on individual responsibility for maintaining good health. In order to promote individual well-being and promote a campus environment that facilitates academic success, UHS focuses on service delivery models that integrate prevention with medical and mental health services.

Our business model incorporates significant support from student health fees and a Student Health Insurance Plan (SHIP) that helps ensure that all students have access to high-quality, affordable health services. In addition, the work of the Wisconsin Clearinghouse, which has a statewide reach, is 100 percent funded by state and federal grants. This funding model gives those we serve a significant voice in prioritizing and shaping our work, while ensuring that we sustain our attention to quality services for ongoing needs, and remain flexible in response to new opportunities and challenges.
WHAT WE DO

From Immunization to Participatory Democracy, Prevention is a “Big Tent”

UHS integrates individual and population level approaches to ensure that all students can be healthy members of a safe, robust, and resilient University community. Our approach acknowledges that behaviors such as smoking, overeating, alcohol and drug use, and wearing seat belts and bicycle helmets (not to mention condoms) greatly influence health. While these behaviors are partially influenced by personal choice, they are also heavily influenced by the environment; by product marketing, cultural norms, ease of choice, cost, peer expectations, and other factors. An environmental approach to prevention seeks to promote policies that create a physical and social environment that supports healthy lifestyles and personal choices. This calls for a multifaceted and collaborative approach.

In addition to providing high-quality care which incorporates best practices for prevention and early intervention, we work on a range of important campus health issues including violence prevention, sexual health, alcohol culture, environmental health and safety, and communicable disease. UHS collaborates with educators to promote learning opportunities for faculty, staff, students and community residents that enrich understanding of social, economic, and societal factors influencing health. We contribute to campus initiatives that promote an inclusive community, collaborative leadership, and promote participatory democracy. We embrace the belief that the ability to contribute is a measure of optimal health of individuals and our community. In line with the “Wisconsin Idea,” UHS partners with Wisconsin communities to obtain resources and provide technical support for evidence-based practices to advance community prevention initiatives on campus, in our local community, and across Wisconsin.

The Wisconsin Idea is the principle that the University should improve people’s lives beyond the classroom.
It spans UW’s teaching, research, outreach, and public service.
An integrated approach to prevention requires a shared paradigm and coordinated work among clinicians and prevention specialists. UHS employs an innovative organizational model that makes a dedicated investment in prevention expertise and partnership capacity, as well as expertise in health communications and social marketing.

Our prevention specialists work on a range of important campus health issues such as sexual assault and dating violence prevention, sexual health, and alcohol risk reduction, as well as promoting diversity and social justice, civic and academic engagement, and a sense of belonging and connection to others. Our health communications team provides support in strategic communications, media relations, and print and electronic writing, editing, and design.

UHS clinicians provide direct services to students who are grappling with issues that can be harmful to their health. Clinicians incorporate prevention messages, and screening and referral into their practice, assist in the design of prevention initiatives, and participate in campus and community prevention coalitions and collaborative efforts.

Our Prevention Partnerships (UHS leaders, clinicians, and prevention staff) works closely with our internal UHS colleagues, our campus partners, (Residence Life, Student Life, UW Police, Academic staff, etc.), as well as community organizations to advocate and deliver effective programs and policies, and promote campus community health.
PREVENTION PARTNERSHIPS
Wellness initiatives assist students in pursuing optimal health of mind, body, and spirit.

In addition to offering medical and mental health services, UHS both provides and supports programs and services that help students thrive. Wellness initiatives assist students in pursuing optimal health of mind, body, and spirit.

WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?
- Wellness interventions target top health concerns of students, including stress, anxiety, sleep difficulties, and depression.
- Health behaviors are shaped and established during the college years and influence health status over the lifespan.

WHAT IS UHS CURRENTLY DOING?
- UHS provides partial leadership to the campus-wide wellness initiative “UWell” that aims to improve the well-being of students, faculty, and staff at UW-Madison.
- UHS offers a wide range of wellness programs, including nutritional counseling, exercise consultation, yoga classes, mindfulness and meditation training, positive psychology programs, massage, and stress and sleep management.
- UHS’s Wellness Committee focuses on strengthening and aligning UHS services in four target areas: physical activity and fitness, healthy eating and weight, stress, and sleep. The group gathers prevalence and usage data, tracks and evaluates current activities, addresses needs based on evidence and capacity, and uses an ecological, evidence-based approach to wellness promotion.
- Wellness opportunities for UHS staff are incorporated into daily operations and special events.

WELLNESS PREVENTION PLAN
UHS is committed to influencing student wellness by encouraging individual behavior change as well as promoting an environment that facilitates student well-being.

2012-2016 GOAL
1. Improve and align the resources necessary to support wellness in four key areas: physical activity and fitness, healthy eating and weight, stress, and sleep.

STRATEGIES
1. Evaluate current services in the four wellness areas to ensure that student demand is met by UHS or campus partners.
2. Increase number of students receiving information and/or services in the four target areas.
3. Develop and implement elements of a workplace wellness program for staff.
4. Establish new cross-campus collaborations related to student health and wellness.
5. Use a strategic, whole-system perspective to guide collaboration with other campus units to maximize resources, increase effectiveness, and improve quality of interventions.
6. Use evidence-based practices and existing student health data to drive priorities and decisions.
7. Employ principles of social marketing and promising practices in using social media for communications and engagement purposes.
8. Align with the American College Health Association’s (ACHA) Healthy Campus 2020 goals.

HOW CAN OUR CAMPUS AND COMMUNITY PARTNERS HELP?
In order to be effective, wellness initiatives need to be valued and supported by units across campus. We can work together on collaborative research and programming, data gathering, assessment, and evaluation; and by contributing expertise and access to target populations.

HOW WILL WE BE MEASURING OUR PROGRESS?
UHS will review the extent of collaborative engagement related to wellness across campus as part of the UWell initiative and assist in providing evaluative data as appropriate. Internally, participation and engagement, research and evidence, and resource management will guide decision-making about initiating, continuing, and improving wellness services offered by UHS.
Evaluation data will be derived from local usage rates, participant reports, aggregate electronic medical record tracking, and the National College Health Association student health survey.
Environmental Health

Harmful environments can increase the risk of many health conditions such as asthma, heart disease, cancer, neurological disease, infections, endocrine dysfunction, and injuries.

The Environmental Health Program is responsible for coordinating programs aimed at maintaining and improving the health of our campus community. Harmful environments can increase the risk of many health conditions such as asthma, heart disease, cancer, neurological disease, infections, endocrine dysfunction, and injuries. Our Environmental Health Program promotes a healthy environment by preventing premature death, avoidable illness, and disability caused by environmental and related factors. By applying prevention tools, such as inspections, risk assessments, and intervention actions, we can ensure healthy food, recreational and residential facilities, as well as safe classroom and research facilities for the campus community.

WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?

- Maintaining a healthy environment is vital to increasing quality of life and years of healthy life. Globally, nearly 25 percent of all deaths and the total disease burden can be attributed to environmental factors.1

- Creating a health-promoting environment for our campus is complex and relies on continuing research to understand more fully the effects of exposure to environmental hazards on students’ health.

WHAT IS UHS CURRENTLY DOING?

- Comprehensive inspections and maintenance services throughout campus including campus pools, housing, food-service operations, bio-hazard containment systems, UW Hospital and Clinics operating rooms, and fume hoods.

- Immediate responses to water quality concerns as well as regular inspections of bacteriological quality of water.

- Providing regulation of campus youth camps, food sales, industrial hygiene services, new construction plans, and training as needed such as with food-service employees.

2012-2016 GOALS

1. Concentrate more resources on evaluating engineering control and personal protection devices on campus. Particular emphasis will be on student laboratories, classrooms, and studios.

2. Improve the campus food safety issues with regard to temporary foods, potlucks, and communal kitchens in academic buildings. Ensure food consumed in food science laboratories is prepared and handled in a safe and sanitary manner.

3. Develop a uniform program for campus to assure the health and safety of youth visiting campus for various programs.

4. Provide staff training so that all biological safety cabinet certifications are done according to NSF-49 performance standards.

5. Complete an administrative process re-design project between the Facilities Planning and Management (FP&M) Environment, Health, and Safety Program and the UHS Environmental Health Program to improve the delivery of environmental/occupational health and safety services on campus.

6. Conduct a campus-wide, non-point pollution source survey of storm water systems.

HOW CAN OUR CAMPUS AND COMMUNITY PARTNERS HELP?

A better understanding of the critical roles of environmental quality in health protection, together with increasingly more complex research and learning facilities, requires UW-Madison to maintain world-class environmental and occupational health and safety programs.

Staff from the UHS Environmental Health Program and FP&M’s Environment, Health, and Safety Program will complete an APR project to examine both organizations and reorganize programs, responsibilities, and staff resources in a timely manner that improves both the quality and access to services for the campus community.

HOW WILL WE BE MEASURING OUR PROGRESS?

Feedback surveys will be used to gauge customer satisfaction with services. Comprehensive metrics will be maintained to measure trends and identify opportunities for continuous improvement in the areas of food, facility safety, engineering control performance, and environmental quality.

References

CIVIC & COMMUNITY ENGAGEMENT

UHS addresses not only the health of students as individuals, but also the communities in which they live, learn, work, and play.

UHS is committed to advancing the health of the campus and greater community. With a broad approach to prevention and health promotion, UHS addresses not only the health of students as individuals, but also the well-being of the communities in which they live, learn, work, and play. This broad approach to health and well-being extends the vision of the Wisconsin Idea, which calls for UW-Madison to engage with citizens to address pressing public issues.

WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?

- Student engagement in civic and community issues affects student mental health and psychological well-being by strengthening social supports and networks, increasing social participation and resiliency, and instilling a sense of purpose, self-esteem, psychological empowerment, and sociopolitical control.

- At the community level, civic and community engagement contributes to the development of social capital, social cohesion, a collective sense of empowerment, and can produce changes that improve the quality of life and health in our communities, on campus, and beyond.

- Civic and community engagement promotes personal health and healthy communities through connecting students to opportunities and pathways for engagement, building their leadership capacity and skills, promoting the development of civic values and attitudes, and providing students experience and practice in democratic engagement.

- Addressing the social conditions that influence health requires community transformation. Civic and community engagement positions students as agents of social and behavioral change, and universities as engines of community transformation.

WHAT IS UHS CURRENTLY DOING?

- Preparing healthy environments for and with students, and supporting civic engagement experiences that build their capacity to be leaders in creating healthy communities.

- Building campus capacity to offer opportunities for students to develop and apply the attitudes and aptitudes of democratic engagement by:
  - addressing the quality, scope, and impact of current civic engagement opportunities;
  - catalyzing and developing new programs and models, and pursuing emerging and promising practices for effective civic engagement;
  - matching community assets and needs with University resources and interests;
  - addressing gaps in programming and opportunity that compromise student development;
  - assisting campus community in defining and adhering to quality standards for student civic engagement opportunities.

- Using public issues as a venue and vehicle for fostering applied critical thinking, practicing real-world problem solving, finding meaning and purpose, and fostering a sense of belonging and self-efficacy.

CIVIC AND COMMUNITY ENGAGEMENT PREVENTION PLAN

While the evidence base for the link between community engagement and health is well-documented, UHS is working to establish baseline measures and outcome evaluation tools for use in examining the impact of promising practices in civic engagement on students and communities.

2012-2016 GOAL

1. Document the impact of UHS civic engagement initiatives on the health and well-being of students and communities.

2. Engage the campus community in strategic consideration of democratic engagement and its definition at UW-Madison, identify shared goals among campus units, and expand the integration of civic engagement in academic programs.

3. Document, describe, and evaluate efforts to strengthen the practice of outreach and community engagement with University staff members who connect students and faculty with public issues.

4. Involve campus units in examining institutional strategies for advancing engaged scholarship.

HOW CAN OUR CAMPUS AND COMMUNITY PARTNERS HELP?

The Wisconsin Idea began as the principle that knowledge and education should be used to ensure that the people of the State could retain and exercise power in their government and economy. Today, civic and community engagement initiatives across campus help prepare students to be community leaders. Campus partners with a stake in student leadership can collaborate with UHS to ensure that UW-Madison community programs and opportunities promote civic learning outcomes.

HOW WILL WE BE MEASURING OUR PROGRESS?

Civic engagement in higher education is subject to the challenge of measuring what is happening as a result of our efforts, not just documenting what we are doing. Our success will depend on our ability to identify common goals among campus units, implement tools to benchmark the status and impact of civic engagement, and respond to this data to pursue an evidence-based approach to promoting civic engagement and health.

“The smallest unit of health is a community.” —Wendell Berry

References


INCLUSIVE COMMUNITY

Developing the capacity to live, work, and learn in diverse and pluralistic contexts is a skill set that benefits everyone.

Embracing UW–Madison as an inclusive community means that we’re committed to creating an environment that is welcoming, respectful, and supportive of all students, regardless of their backgrounds or perspectives, and that nurtures diversity and individuality.

Educational research over the past two decades has clearly established that issues of race/ethnicity, socioeconomic class, gender, and sexual identity have a profound impact on the holistic health and wellness of college students. Within this same body of research, there is near-unanimous agreement that inclusive community building initiatives based on social justice theories and frameworks, represent the most promising practices for impacting and affecting higher education campus climate issues.1, 2

WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?

• Surveys from UW-Madison students and reported incidents of overt harassment and micro-aggressions clearly indicate that with respect to issues of race/ethnicity, socioeconomic class, gender and sexual identity, non-majority students perceive the UW-Madison campus climate as negative.3

• The recruitment and retention of students, and faculty and staff of color, continues to be a challenging goal for UW-Madison. Exit interviews conducted and collected by the Plan 2008 Diversity Oversight Committee reveal that students of color leave our campus not for academic reasons, but because of campus climate issues.4

• Developing the capacity to live, work, and learn in diverse and pluralistic contexts is a skill set that benefits everyone. While not formally instituted, our campus has long articulated cultural competence as a mission goal in the education of all UW-Madison students.5

WHAT IS UHS CURRENTLY DOING?

• Since 2003, UHS has collaborated with the Office for Equity and Diversity, University Housing, the Department of Counseling Psychology (and many other campus partners) in the offering of the Student SEED Social Justice seminars (SCP 325)—the only academic course centered on developing the capacity of students to live inclusively.

• The position of Inclusive Community Building Coordinator serves as an important campus resource for campus units and departments and students organizations committed to building more inclusive and healthy communities.

• UHS, with its Equity and Diversity Committee serving in an important advisory role, is fully committed to the challenge of evolving into a truly inclusive organization and modeling “the change we wish to see in the world” (Mohandas Karamchand Gandhi).

INCLUSIVE COMMUNITY PREVENTION PLAN

UHS plans to continue to address and promote a more inclusive campus community and a healthier campus climate by using integrated and evidence-based approaches that are targeted at both our majority and non-majority student populations.

2012–2016 GOALS

1. Reduce the proportion of UW-Madison students who report that based on their targeted social identity, their campus lives—including the ability to succeed academically—are adversely impacted.

2. Increase the number of students, especially majority students, who identify building the capacity to live, work, and learn in diverse and pluralistic contexts as a major educational goal at UW-Madison.

STRATEGIES

1. Work to expand the network of collaborative Student SEED partners and thus increase the number of seminar offerings. Work to expand the recruitment and training of Student SEED faculty, staff, and student facilitators.

2. Collaborate with campus partners to develop and implement a social marketing effort around critical aspects of our campus climate and the benefits to all when individuals and organizations work to build the capacity to live, work, and learn in diverse and pluralistic contexts.

3. Through direct (e.g., developing and facilitating workshops and trainings) and indirect (e.g., consultations and mentoring) services, increase the number of partnerships with campus units and departments, and student organizations committed to building more inclusive and healthy communities.

HOW WILL WE BE MEASURING OUR PROGRESS?

We are presently working with our collaborative campus partners to develop assessment instruments that measures and describes the complexities of the multilayered dimensions of individual-social change, underscoring the work of inclusive community building.

In addition, we will use Student SEED course evaluations, former SEED participant testimonials, and on-going campus surveys on campus climate done through the Office of the Vice Provost for Diversity and Climate.

References


3. Campus climate surveys, assessment stored in the Office of the Vice Provost for Diversity and Climate under Dr. Ruby Paredes, Assistant Vice Chancellor for Diversity and Climate.
Imagine if students who came to UW-Madison were healthier. Imagine if students arrived physically active, eating healthy food, and didn’t use tobacco. Imagine the impact on academic success.

In the spirit of the Wisconsin Idea, the Clearinghouse partners with communities and organizations throughout Wisconsin to create healthy physical and social environments for all K–12 students and their families.

**WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?**
- Children are increasingly being diagnosed with obesity-related chronic diseases.1
- Tobacco addiction often starts before college. Many kids start using tobacco by age 11, and are addicted by age 14.2
- Good nutrition fosters healthy growth and development.
- Physical activity improves concentration, memory, and classroom behavior.3

**WHAT IS UW/UCHE CURRENTLY DOING?**
- Strengthening the infrastructure of the statewide obesity and tobacco prevention movement.
- Bringing significant financial resources focused on prevention to Wisconsin.
- Funding local communities to create healthier environments for Wisconsin residents.
- Building capacity of prevention professionals to use stories as a tool to create healthy changes in their communities.
- Focusing on population-level strategies to create broader, longer lasting impact.

**2012–2016 GOAL**
1. Increase the number of Wisconsinites who have access to fresh fruits and vegetables, opportunities for physical activity, and smoke-free homes.

**STRATEGIES**
1. Convene and connect over 300 partners at the annual Wisconsin State Prevention Conference focusing on policy, systems, and environmental change.
2. Use the collective impact model to lead state prevention efforts, create a shared vision, bring diverse partners to the table, and leverage resources.
3. Continue to seek diversified funding to strengthen prevention efforts in Wisconsin.
4. Provide access to evidence-based prevention and communication resources through technical assistance and training, and online resource centers.
5. Create communities of practice to facilitate knowledge transfer between communities.

**HOW CAN OUR CAMPUS AND COMMUNITY PARTNERS HELP?**
We are looking to partner on research, funding, and field work. We will be exploring collaboration with faculty and departments with expertise in communication, civic engagement, social technology, adult learning, group process, and evaluation.

**HOW WILL WE BE MEASURING OUR PROGRESS?**
Our evaluation team includes Clearinghouse staff, and other UW and state partners. This team is in the process of creating an evaluation plan that will guide our efforts. We are also utilizing surveys, including the Youth Risk Behavior Factor Survey and the Survey of the Health of Wisconsin.

**References**
2. Obesity, Nutrition, and Physical Activity in Wisconsin Executive Summary, Wisconsin Department of Health Services, 2008

Using stories to increase awareness, educate key stakeholders, strengthen coalitions, create and sustain partnerships

In Farm to Keiki, a preschool in Hawaii follows a wellness curriculum where the children plant, harvest, and eat the food they’ve grown.
HIGH-RISK DRINKING

College students are more likely than their non-college peers to engage in heavy episodic drinking.

More than half of UW-Madison students tend to drink moderately or not at all. But for those that do fall into the habit of high-risk (binge) drinking, the consequences can be severe and even result in tragedy. To address this negative alcohol culture on campus, UHS is building momentum for a well-coordinated and comprehensive approach that blends social marketing campaigns, traditional education programs, and population-level strategies.

WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?
• College students are more likely than their non-college peers to engage in heavy episodic drinking.¹
• In 2011, 42 percent of UW-Madison students reported binge drinking in the last two weeks.¹
• Heavy drinking harms students. 28 percent of students reported missing a class, 25 percent were behind on classwork, and 23 percent engaged in unplanned sex due to high-risk drinking.²
• Nationally, 75 percent of men and 55 percent of women involved in acquaintance rape had been drinking.³

The harm experienced by our student population due to alcohol consumption is significant in terms of negative impacts to academic studies, risk of sexual assault, unintentional injury, unprotected sex, and other negative consequences.

— Tom Sieger, UHS Director of Prevention Services

Excessive alcohol use by college students can lead to a cascade of consequences³

In 2011, the percentage of UW-Madison students reporting these consequences as a result of their own drinking was:

- ...got in trouble with the police: 3%
- ...had unprotected sex: 14%
- ...physically injured themselves: 17%

HIGH-RISK DRINKING PREVENTION PLAN

The University will continue a comprehensive effort to counter high-risk drinking within our campus community. This will require taking an integrated approach to implementing evidence-based policy at the community, campus, and individual level.

2012–2016 GOAL
1. Reduce the proportion of UW students who report harm related to their use of alcohol.

STRATEGIES
1. Continue with the implementation of BASICS as an evidence-based intervention for students who have received an underage drinking citation or violate the UW Housing Code of Conduct with respect to alcohol use.
2. Implement BASICS as an educational intervention for Registered Student Organizations and UW fraternities and sororities.
3. Investigate options for prevention and education at the level of the entire student body, and oversee implementation of the strategy by the end of the planning period.
4. Initiate a comprehensive campus/community social marketing campaign with messaging to counter the campus culture of high-risk drinking during the 2012/2013 academic year.

HOW CAN OUR CAMPUS AND COMMUNITY PARTNERS HELP?
Continuing the implementation of BASICS will require the sustained collaboration of many campus partners (ASM, UW Housing, Division of Student Life, UW Police Department) as well as community partners such as the Municipal and District Courts and the Madison Police Department.

Additionally, UHS will need the support and guidance of the academic community within UW-Madison to move toward a campus-wide education and prevention strategy.

HOW WILL WE BE MEASURING OUR PROGRESS?
UW-Madison participates in a UW System Alcohol and Other Drug Assessment Survey every two years and the National College Health Assessment every five years; both provide a rich data source by which to measure progress.

References
¹ National Institute on Alcohol Abuse and Alcoholism. 2007 What Colleges Need to Know Now: An Update on College Drinking Research.
³ 2011 PACE Survey, UW-Madison.
College-age students are among the most sexually active people in the US, and yet many students have never received comprehensive, medically-accurate information on sexuality and sexual health in their schools or at home. In addition, most first-year college students at UW–Madison are experiencing independence from their parents and other hometown resources (e.g., high school teachers, counselors, and peer groups) for the first time in their lives, and can make independent decisions about their behaviors.

WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?
- Just 66 percent of incoming female students and only nine percent of incoming male students have been vaccinated against the Human Papillomavirus/HPV3, while UHS recommends that both men and women should get this vaccine.
- When asked if they had used a condom or other protective barrier within the past 30 days when having oral sex, only 3.8 percent of UW–Madison students said they had done so, and when having anal intercourse in the past 30 days, only 26.4 percent of students said that they had used a condom or other protective barrier.
- When having vaginal intercourse in the past 30 days, only 51.5 percent of UW–Madison students used a condom.

WHAT IS UHS CURRENTLY DOING?
- UHS has a sexual health clinic staffed by a physician assistant and a nurse clinician.
- Staff in UHS’s women’s clinic and primary care are also expected to provide sexual health services to their patients as needed.
- UHS provides staff support to Sex Out Loud, an independent student organization which provides virtually all of the group-based, peer-to-peer extracurricular sexual health education on campus.

2012–2016 GOAL
1. Improve UHS’ staff’s capacity to provide accurate and effective sexual health services to UW–Madison students through training, increased communications with the student peer educators in Sex Out Loud, and increased availability of safer sex supplies.

STRATEGIES
1. Increase annual chlamydia screenings for all women under the age of 26, institute annual HIV testing for all men who have sex with men, and promote immunization with the HPV vaccine for all men seen at UHS.
2. Provide training on sexuality and sexual health to the UHS staff that are expected to advise students on these issues, and ensure that this is an ongoing part of orientation for all new clinical staff.
3. Provide multiple opportunities through the academic year for Sex Out Loud staff and UHS staff to discuss their different perspectives on student needs in the area of sexuality education as well as the kinds of sexual health issues students are presenting to each group.

4. Challenge SOL staff to increase their sexuality education programs (Safer Sex, Relationships, Pleasure I and II, and Kink I and II) for UW–Madison students by 10 percent each year, until five years from now, the staff is reaching at least 50 percent more students than they did in 2010–2011.
5. To increase students’ use of condoms or other barriers during all forms of partnered sex (especially oral and anal sex), develop a collaborative program involving UHS communications, medical services, counseling and consultation services, and prevention services. Aim these programs at all sexually active students, regardless of their sexual orientation, with a goal of increasing students use of barriers by 50 percent between now and the completion of the next UW–Madison NCHA. Use traditional media (advertising in student newspapers, posters in high-traffic areas used by students) as well as social media, including Facebook and Twitter.

Education of safe sex practices helps prevent the spread of STIs

<table>
<thead>
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</tr>
<tr>
<td>Anal</td>
<td>37.9%</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

In 2011, the percentage of UW-Madison students reporting that they used a condom or other contraceptive mostly or always during these sexual activities was:

References
National data indicates that one in five UW–Madison women will experience sexual victimization prior to graduation.

**UW–Madison is committed to the prevention of sexual assault and dating violence** through education, increasing access to victim services, and holding perpetrators accountable.

**WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?**
- Of the 29,000 UW–Madison undergraduate students, approximately 15,000 are women. National data indicates that one in five UW–Madison women will experience sexual victimization prior to graduation.\(^1\)
- Victims of sexual assault and dating violence experience barriers to academic success and are more likely to have negative long-term health outcomes.
- The 2010 UW–Madison victim services needs assessment indicated that students still experience substantial barriers to getting help after victimization.
- Research indicates that educational interventions among college students can prevent perpetration through increased empathy for victims and skills in pro-social bystander intervention.

**WHAT IS UHS CURRENTLY DOING?**
- Providing prevention education for first-year students.
- Supporting student leadership in violence prevention through PAVE: Promoting Awareness, Victim Empowerment, and Greek Men for Violence Prevention (GMVP).
- Ensuring training for law enforcement, judicial affairs officers, and University employees.
- Convening the End Violence on Campus initiative coordinating council, charged with addressing violence against women on campus.

**WHY IS TONIGHT IMPORTANT?**

**EVOC**
A initiative at UW-Madison to prevent sexual assault, dating violence, and stalking.

**2012–2016 GOALS AND STRATEGIES**
1. UW–Madison will implement mandatory violence prevention education for all first-year students.
2. The EVOC initiative will address barriers that keep victims from seeking help.
3. UHS violence prevention staff will strengthen training services on sexual assault, dating violence, and stalking for UW–Madison employees.
4. UW–Madison will ensure that services for dating violence and stalking victims are provided on campus.
5. UHS and the Division of Student Life will continue to charge and support the EVOC Coordinating Council to advance campus policies on and in response to sexual assault, dating violence, and stalking.

**References**
Survey results from UW students indicate that issues related to mental health have significant negative impacts on their academic performance.

While UHS is committed to providing accessible and high-quality mental health services, there is also a growing awareness that more can be done to prevent the mental health concerns that seem to be increasingly common among college students, such as depression, anxiety and loneliness.

WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?

• The prevalence of depression among college students may be as high as 25 percent.
• Suicide is the second leading cause of death among college students.
• Disparities exist among students who identify as lesbian, gay, bisexual or transgender (LGBT); American Indian/Alaskan Native students; and military service members and veterans with regard to greater mental health concerns and also higher suicide rates. Some ethnic groups are also less likely to seek help.
• Survey results from UV students indicate that issues related to mental health have significant negative impacts on their academic performance.

WHAT IS UHS CURRENTLY DOING?

• UHS provides integrated and comprehensive mental health resources to UV students and served 4,631 students in 2011.
• UHS mental health services promote immediate and easy access to counseling services through a triage system and holding “Let’s Talk” sessions around campus.
• UHS prevention staff works to promote healthy social networks through civic engagement initiatives and also to sustain a culture of respect on campus through projects such as Student SEED.

MENTAL HEALTH PREVENTION PLAN

UHS plans to address and promote mental health and emotional well-being by using integrated and evidence-based approaches that are targeted at the campus community and identifiable at-risk populations.

2012–2016 GOAL

1. Reduce the proportion of UW-Madison students who report that their academic performance is adversely affected by mental health concerns.

STRATEGIES

1. Supplement UHS’s capacity to work on prevention of mental and emotional health concerns by successfully competing for federal grant funds from the US Substance Abuse and Mental Health Services Administration.
2. Convene a campus/community mental health coalition to develop a five-year plan to address gaps in promoting mental health and well-being on campus.
3. Implement an effective approach to gatekeeper training to assist residence life and academic advisors in recognizing students at risk of depression so that they can be referred to appropriate care.
4. Support student groups on campus whose focus is on mental and emotional well-being.
5. Initiate a social marketing effort to address mental health stigma and increase help-seeking behaviors among student populations that may be at an increased risk of mental health concerns.

HOW CAN OUR CAMPUS AND COMMUNITY PARTNERS HELP?

Critical campus and community partners such as the LGBT Campus Center, Division of Student Life, UW Housing, Center for the First-Year Experience, Connections Counseling, and others can join the planning and evaluation efforts of the coalition.

HOW WILL WE BE MEASURING OUR PROGRESS?

The National College Health Assessment is administered on campus every five years. We will be looking for a decrease in the proportion of UW students who report that mental health concerns adversely affect academic performance.

In 2017, the percentage of UW-Madison students reporting that these factors contributed to an incomplete, class drop or a lower grade was:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>31%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>22%</td>
</tr>
<tr>
<td>Sleep difficulties</td>
<td>18%</td>
</tr>
<tr>
<td>Depression</td>
<td>12%</td>
</tr>
</tbody>
</table>

References

For every three young adults who become smokers, only one will quit and another will die of tobacco-related causes.

A comparison of the percentage of UW–Madison students reporting that they had smoked cigarettes in the last 30 days in 2011 and 2006:

<table>
<thead>
<tr>
<th></th>
<th>Male 2006</th>
<th>Male 2011</th>
<th>Female 2006</th>
<th>Female 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15%</td>
<td>17%</td>
<td>15%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Tobacco use continues to be the leading cause of preventable and premature death in the US and in Wisconsin. Nearly all addicted adult smokers started their smoking as youth or young adults.

WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?
- Sadly, tobacco use is the number one preventable cause of death in Wisconsin—nearly 8,000 Wisconsinites die each year from illnesses directly or indirectly related to smoking.  
- For every three young adults who become smokers, only one will quit and another will die of tobacco-related causes.  
- In 2011, a sample of UW-Madison students indicated that 10 percent of current students are smokers.  
- Tobacco companies spend billions of dollars on cigarette and tobacco advertising, much of it aimed at young adults.  
- Despite years of significant decline in the smoking prevalence of young adults, declines in the use of tobacco have slowed for this age group.

- College students who smoke also have a higher average of instances related to problem drinking.  
- WHAT IS UHS CURRENTLY DOING?
  - UHS offers individual counseling at no cost for students who would like to assess their current tobacco use and discuss personal strategies for quitting.
  - UHS clinicians help students quit and stay off tobacco through behavioral strategies and/or prescription nicotine replacement products.
  - The University maintains a smoke-free policy for all buildings, facilities and vehicles. In addition, UW-Madison Health Science facilities and grounds are completely smoke-free.

TOBACCO-FREE LIVING PREVENTION PLAN
UHS plans to use evidence-based practices to reduce the number of students who initiate tobacco use during their time at UW-Madison and help those using tobacco to quit. Smoke-free policies will be extended to decrease exposure to secondhand smoke.

WHY SHOULD YOU QUIT?
- Materials were designed to encourage UW students to take advantage of the tobacco cessation services at UHS.

2012-2016 GOAL
1. Reduce the proportion of students who report cigarette and tobacco use within the last 30 days. Increase the proportion of campus that is both facility and grounds tobacco-free.

STRATEGIES
1. Increase the number of UW-Madison units who choose to adopt tobacco-free facility and grounds policies.
2. Work toward a tobacco-free campus by 2016.
3. Initiate a social marketing campaign to encourage students who use tobacco to access cessation services available to them.

HOW CAN OUR CAMPUS AND COMMUNITY PARTNERS HELP?
By investigating and ultimately adopting a policy of tobacco-free facilities and grounds within their unit.

HOW WILL WE BE MEASURING OUR PROGRESS?
The National College Health Assessment is administered every five years on campus. We will be looking for a decrease in the proportion of UW students who report having used tobacco within the last 30 days.

REFERENCES
1. The Burden of Tobacco in Wisconsin. 2010. The University of Wisconsin Carbone Cancer Center’s Tobacco Surveillance and Evaluation Program. Madison, WI.
Vaccines protect more than disease within the population. They prevent the spread of the individual immunized; and respond to communicable disease within our community.

Communicable diseases continue to be some of the most prevalent health problems reported by UW-Madison students. Some of the most effective public health prevention measures, such as immunizations for infectious disease, are largely under-utilized by students. UHS and campus partners can take additional steps to prevent, control, and respond to communicable disease within our community.

**WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?**

- Students report that second to stress, experiencing colds/flu/sore throat had the greatest impact on their academic performance.
- UW students who are non-US citizens have lower vaccination rates than their US citizen counterparts.
- Insuring that UHS healthcare providers have immunity to high-risk communicable diseases is a critical infection control practice.
- Significant food or waterborne disease outbreaks, in addition to causing great personal suffering, can result in severe dislocation of University services and programs.

**WHAT IS UHS CURRENTLY DOING?**

- UHS medical operations provided healthcare to more than 69,000 student visits in the 2010–2011 academic year.
- UHS provides approximately 11,000 doses of seasonal influenza vaccine to campus students and staff each year.
- The UHS community health program maintains an active, infectious-disease tracking system and an effective infection control program.
- UHS environmental health staff use best practices for prevention of disease outbreaks on campus associated with food and facility safety.

**COMMUNICABLE DISEASE PREVENTION PLAN**

UHS plans a coordinated intervention involving educational outreach, increased communication efforts, and improved access to service to increase the percentage of students entering UW that are protected from vaccine-preventable diseases.

**REFERENCES**

2. SY 2011 Immunization Analysis of Current UW-Madison Students as reported on the entry medical form by the UHS epidemiologist.
In Wisconsin, unintentional injury is the leading cause of death in the 15–24 age group.

Unintentional injuries are so common that we often accept them as just part of life. But they can be prevented, and their consequences reduced. We know prevention works.

— Centers for Disease Control and Prevention

It’s likely you’ve heard the messages: don’t text or drink and drive, wear a seatbelt, put on a bike helmet, don’t walk alone. When followed, these prevention messages work.

But with unintentional injuries from these types of activities being the leading cause of death among college-age students in Wisconsin, these messages aren’t getting through to everyone.

An enhanced focus on injury prevention is needed to bring these numbers down and help keep our campus community safe, healthy, and productive.

WHY IS THIS IMPORTANT FOR OUR CAMPUS COMMUNITY?

1. In Wisconsin, unintentional injury is the leading cause of death in the 15–24 age group.1
2. Motor vehicle injuries and deaths are largely preventable. Motor vehicle crashes are the leading contributor to unintentional injury and death among college-age individuals.2
3. Annually, approximately 2.1 million college students drive while alcohol impaired.3

WHAT IS UHS CURRENTLY DOING?

1. UW-Madison is working to comprehensively address high-risk drinking through such efforts as the implementation of BASICS.
2. The campus provides free, late-night escorts and buses to allow students to travel safely at night.
3. UHS partners with Transportation Services to offer reduced-rate bicycle and moped helmets for UW students.

INJURY PREVENTION PLAN

UHS plans to continue using effective prevention strategies to reduce the consequences of bicycle and moped accidents, and also reduce the number of students who get behind the wheel of an automobile after drinking alcohol.

2012–2016 GOALS

1. Increase the proportion of students who report wearing a helmet always or most of the time when riding a bicycle.
2. Increase the proportion of students who report wearing a helmet always or most of the time when riding a motorcycle.
3. Reduce the proportion of students who report driving after consuming any alcohol.

STRATEGIES

1. Increase the number of students who use the existing bicycle helmet program to purchase and use discounted helmets.
2. Use the bicycle helmet program as a focal point around which to mount a multimedia communications effort addressing bicycle and moped safety.
3. With community partners, initiate a comprehensive, multimedia effort to reduce impaired driving among UW-Madison students.

HOW CAN OUR CAMPUS AND COMMUNITY PARTNERS HELP?

Campus can work with additional bicycle stores and moped dealers to promote discounted helmets and emphasize rider safety.

UHS can collaborate with the Dane County Coalition to Address Alcohol Abuse to initiate a campus and community mobilization to reduce alcohol-impaired driving.

HOW WILL WE BE MEASURING OUR PROGRESS?

The National College Health Assessment is administered on campus every five years. We will be looking for increases in the proportion of students who wear helmets while on bicycles or mopeds. We will also be looking for a decrease in students who drive after consuming alcohol.

References

1. WISQARS™, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
... The primary purpose of the University of Wisconsin–Madison is to provide a learning environment in which faculty, staff, and students can discover, examine critically, preserve and transmit the knowledge, wisdom, and values that will help ensure the survival of this and future generations, and improve the quality of life for all. The University seeks to help students to develop an understanding and appreciation for the complex cultural and physical worlds in which they live, and to realize their highest potential of intellectual, physical, and human development. ...