EVIDENCE-BASED SEXUAL HEALTH PROGRAMS

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<table>
<thead>
<tr>
<th>Behavioral Objective</th>
<th>Content</th>
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</thead>
</table>
| Describe the current research published on evidence-based sexual health programming. | • Overview of published research  
• Overview on current evidence-based programs                                                                                     |
| Identify the gaps in the sexual health literature surrounding standards of practice. | • Discuss what areas we need research on to help with providing evidence-based programs                                               |
| Discuss the future of sexual health within the college student population.           | • Work with each other to determine where the sexual health field is going on college campuses.                                      |
HOW WE STARTED WORKING TOGETHER

• During the fall 2007 New England College Health Annual Meeting, a discussion was started among the Health Educators/Promotion Staff on the topic of Evidence Based programming

• This conversation continued outside of the meeting especially around the topic of Sexual Health

• When researched further several names of people came up that were already communicating on this topic

• The University of Connecticut took the lead and got the parties together for monthly conference calls

• Conference calls turned into research interest & IRB approved study

• Here we are at ACHA
A literature review was conducted during the spring semester of 2008.

While some studies and findings were interesting there were gaps in the college student population.

Findings that were interesting:

• DEBIs-CDC

• Science & Success-Advocates for Youth

• Popular Opinion Leader similar to peer educators implemented in community settings with specific populations—J A Kelly

• The Program Archive on Sexuality, Health and Adolescence (PASHA)-NICHD

• The Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs(TAC)—Douglas Kirby
HEALTHY CAMPUS 2010

Health Objectives

Healthy Campus 2010 has planning guidelines and over 200 health objectives with baselines and targets for the nation's colleges and universities to achieve over the next decade. The Leading Health Indicators reflect the major public health concerns in the United States and were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues.

The Leading Health Indicators are:

1. Physical Activity
2. Overweight and Obesity
3. Tobacco Use
4. Substance Abuse
5. Responsible Sexual Behavior
6. Mental Health
7. Injury and Violence
8. Environmental Quality
9. Immunization
10. Access to Health Care
Standard 1. Integration with the Learning Mission of Higher Education
Effective practice of health promotion in higher education requires professionals to incorporate individual and community health promotion initiatives into the learning mission of higher education.

Standard 2. Collaborative Practice
Effective practice of health promotion in higher education requires professionals to support campus and community partnerships to advance health promotion initiatives.

Standard 3. Cultural Competence
Effective practice of health promotion in higher education requires professionals to demonstrate cultural competency and inclusiveness in advancing the health of individuals and communities.

Standard 4. Theory-Based Practice
Effective practice of health promotion in higher education requires professionals to understand and apply professionally recognized and tested theoretical approaches that address individual and community health.

Standard 5. Evidence-Based Practice
Effective practice of health promotion in higher education requires professionals to understand and apply evidence-based approaches to health promotion.

Standard 6. Continuing Professional Development and Service
Effective practice of health promotion in higher education requires professionals to engage in on-going professional development and service to the field.
CDC’S TIERS OF EVIDENCE FRAMEWORK

- Tier I: Evidence-based Interventions
- Tier II: Theory-based Interventions
- Tier III
- Tier IV
- Unevaluated Interventions

More rigorously evaluated
FACT SHEET

Introduction

In 1999, the Centers for Disease Control and Prevention (CDC) published a Compendium of HIV Prevention Interventions with evidence of effectiveness, in response to prevention service providers requesting science-based interventions that work. The Division of HIV/AIDS Prevention (DHAP), Capacity Building Branch is committed to enhancing the capacity of individuals, organizations, and communities to conduct more effective and efficient HIV prevention services.

Diffusion of Effective Behavioral Interventions Project

Under the guidance of CDC/DHAP, the Academy for Educational Development’s Center on AIDS & Community Health coordinates the Diffusion of Effective Behavioral Interventions (DEBI) project, a national-level strategy to provide training and on-going TA on selected evidence-based HIV/STD interventions to state and community HIV/STD program staff.
THEORETICAL FRAMEWORK: DEFINING “SEX” AND “SEXUALITY”

• For the purposes of our survey and for Health Education and Promotion, what do we mean by “sex” and “sexuality”?

• Sexuality Information and Education Council of the United States (SIECUS) publishes Guidelines for Comprehensive Sexuality Education, Kindergarten through 12th Grade, 3rd Edition (aka “the Guidelines”)
NATIONAL GUIDELINES TASK FORCE

- American Medical Association*
- American School Health Association*
- Center for Health Training+
- Centers for Disease Control and Prevention*
- Independent consultants+
- Indiana University*
- March of Dimes Birth Defects Foundation*
- Montclair State University+
- National Education Association*
- National School Boards Association*
- New Jersey Medical School New York University*
- Planned Parenthood Federation and affiliates**
- Public school systems in various locations*
- Rutgers University+
- SIECUS**

*1991 Original Review Panel Member
+2004 Third Edition Review Panel Member
Guidelines for Comprehensive Sexuality Education

3rd Edition

Kindergarten through 12th Grade

National Guidelines Task Force
**GUIDELINES - ORGANIZATION**

1: **Human Development**
Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

- **Topic 1**: Reproductive and Sexual Anatomy and Physiology
- **Topic 2**: Puberty
- **Topic 3**: Reproduction
- **Topic 4**: Body Image
- **Topic 5**: Sexual Orientation
- **Topic 6**: Gender Identity

2: **Relationships**
Relationships play a central role throughout our lives.

- **Topic 1**: Families
- **Topic 2**: Friendship
- **Topic 3**: Love
- **Topic 4**: Romantic Relationships and Dating
- **Topic 5**: Marriage and Lifetime Commitments
- **Topic 6**: Raising Children
**3: Personal Skills**
Healthy sexuality requires the development and use of specific personal and interpersonal skills.

**4: Sexual Behavior**
Sexuality is a central part of being human, and individuals express their sexuality in a variety of ways.

**GUIDELINES - ORGANIZATION**

- Topic 1: Values
- Topic 2: Decision-making
- Topic 3: Communication
- Topic 4: Assertiveness
- Topic 5: Negotiation
- Topic 6: Looking for Help
- Topic 1: Sexuality Throughout Life
- Topic 2: Masturbation
- Topic 3: Shared Sexual Behavior
- Topic 4: Sexual Abstinence
- Topic 5: Human Sexual Response
- Topic 6: Sexual Fantasy
- Topic 7: Sexual Dysfunction
GUIDELINES - ORGANIZATION

5: Sexual Health  The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

- Topic 1: Reproductive Health
- Topic 2: Contraception
- Topic 3: Pregnancy and Prenatal Care
- Topic 4: Abortion
- Topic 5: Sexually Transmitted Diseases
- Topic 6: HIV and AIDS
- Topic 7: Sexual Abuse, Assault, Violence, and Harassment

6: Society and Culture  Social and cultural environments shape the way individuals learn about and express their sexuality.

- Topic 1: Sexuality and Society
- Topic 2: Gender Roles
- Topic 3: Sexuality and the Law
- Topic 4: Sexuality and Religion
- Topic 5: Diversity
- Topic 6: Sexuality and the Media
- Topic 7: Sexuality and the Arts
METHODOLOGY

- Requested 1 person per institution complete the survey
- Survey took approximately 15 minutes to complete
- IRB approval from UConn
- Letter of request to complete the survey was sent the week of 2 March 2009 to the following:
  - SHS list serve (n=3405 subscribers)
  - hlthprom@lists.wisc.edu (n=658 members)
  - College-Health-LGBT@WUVMD.WUSTL.EDU
  - HEDIR
  - CCHA
  - NEHEN (n=56)
  - ACTWELL (n=31)
  - NYSCHA
  - BACCHUS (n=300)
• Reminder letter was sent the week of 16 March to:
  – SHS list serve
  – hlthprom@lists.wisc.edu
  – CCHA
  – NECHA
  – ACTWELL
  – BACCHUS

• Email sent the week of 23 March:
  – California directors (n=39); 1 was returned as undeliverable

• Email sent on 3 April:
  – Partners in Prevention list serve sent to all members, n=100;
  – Network (Network Addressing Collegiate Alcohol and other Drug Issues), n=80 members on the listserv but overall membership to organization n=1500
What demographic factors were the most frequently reported by the participants?
### INSTITUTIONAL TYPE
**N=157**

<table>
<thead>
<tr>
<th>Types of Institution</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>97</td>
</tr>
<tr>
<td>Private</td>
<td>58</td>
</tr>
<tr>
<td>Religious</td>
<td>16</td>
</tr>
<tr>
<td>Certificate Program</td>
<td>9</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>16</td>
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<tr>
<td>Baccalaureate Degree</td>
<td>100</td>
</tr>
<tr>
<td>Masters Degree</td>
<td>91</td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td>58</td>
</tr>
<tr>
<td>Research (very high)</td>
<td>19</td>
</tr>
<tr>
<td>Research (high)</td>
<td>16</td>
</tr>
<tr>
<td>Doctoral/Research Universities</td>
<td>21</td>
</tr>
<tr>
<td>Special Focus Institution</td>
<td>5</td>
</tr>
<tr>
<td>Serve Specific Demographics</td>
<td>5</td>
</tr>
</tbody>
</table>
LOCATION BY REGION

- Midwest: 29%
- Northeast: 24%
- South: 17%
- West: 1%
- Other: 1%
INSTITUTIONAL SIZE

- <600: 1%
- 600-2,999: 12%
- 3,000-9,999: 26%
- 10,000-19,999: 25%
- 20,000-29,999: 17%
- >30,000: 19%
DEPARTMENT REPORT TO STUDENT AFFAIRS
N=133

- Student Health Services: 84
- Dean of Students: 20
- Report Directly to Executive Leadership: 13
- Counseling Center: 10
- Recreation Center: 3
- Combined: 2
- Residential Life: 1
STAFF ALLOCATION TO SEXUAL HEALTH PROGRAM

- **Primary Focus** (n=17)
  - 77.88% 0-60 hours
  - 20.51% 61-80 hours
  - 1.70% 81-121+ hours

- **Supervisory Focus** (n=9)
  - 33.33% 0-20 hours
  - 55.56% 21-60 hours
  - 11.11% 61-80 hours

- **Colleague** (n=4)
  - 75.7% 0-20 hours
  - 25% 21-60 hours

- **Don’t Have** (n=28)
  - 100% 0-20 hours
TOP 5 MOST FREQUENTLY REPORTED TYPES OF SEXUAL HEALTH PROGRAMS IMPLEMENTED

- Residence Hall Presentations: 112
- Guest Lecture: 100
- Individual Consultations: 99
- Peer Educators: 97
- Flyer Distribution: 93
<table>
<thead>
<tr>
<th>Topic</th>
<th>Most Covered</th>
<th>Least Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Health</td>
<td>STD</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>Skills</td>
<td>Communication</td>
<td>Assertiveness</td>
</tr>
<tr>
<td>Relationships</td>
<td>Romantic</td>
<td>Kids</td>
</tr>
<tr>
<td>Behavior</td>
<td>Abstinence</td>
<td>Dysfunction</td>
</tr>
<tr>
<td>Human Development</td>
<td>Reproduction</td>
<td>Puberty</td>
</tr>
<tr>
<td>Society &amp; Culture</td>
<td>Sexuality &amp; Society</td>
<td>Arts</td>
</tr>
</tbody>
</table>
TOP 5 THEORETICAL FRAMEWORKS USED IN STRATEGIC PLANNING/PROGRAMMING

- Social Norms: 75
- HBM: 69
- Social Marketing: 58
- Bystander Intervention: 49
- Transtheoretical Model: 48
TOP 5 TYPES OF EVALUATIONS CONDUCTED

- Satisfaction: 88%
- Behavioral Trends: 44%
- Process: 37%
- Impact: 35%
- Outcome: 31%
TOP 5 DEBIS USED IN SEXUAL HEALTH STRATEGIC PLANNING/PROGRAMMING

- Safe in the City: 5
- POL: 3
- Respect: 2
- Many Men, Many Voices: 1
- Mpowerment: 1
- SISTA: 1
# EVALUATION AND REASONS

<table>
<thead>
<tr>
<th>Types of Evaluations</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Satisfaction Surveys</strong></td>
<td>Program Refinement (77.27%)</td>
<td>Use New Strategy (63.64%)</td>
<td>Annual Reporting (54.55%)</td>
<td>Current (41%)</td>
<td>Department Justification (37.5%)</td>
</tr>
<tr>
<td><strong>Outcome Evaluations</strong></td>
<td>Program Refinement (83.87%)</td>
<td>Annual Reporting (70.97%)</td>
<td>Use New Strategy (70.96%)</td>
<td>Program Justification (61.3%)</td>
<td>Stakeholders (48.39%)</td>
</tr>
<tr>
<td><strong>Process Evaluations</strong></td>
<td>Program Refinement (89.19%)</td>
<td>Program Justification (83.78%)</td>
<td>Annual Reporting (70.27%)</td>
<td>Current (54.05%)</td>
<td>Department Justification (48.65%)</td>
</tr>
<tr>
<td><strong>Impact Evaluations</strong></td>
<td>Program Refinement (91.43%)</td>
<td>Use New Strategy (71.43%)</td>
<td>Program Justification (68.57%)</td>
<td>Stakeholders (57.14%)</td>
<td>Department Justification (51.43%)</td>
</tr>
<tr>
<td><strong>Judicial Recidivism</strong></td>
<td>Use New Strategy (71.43%)</td>
<td>Stakeholders (64.29%)</td>
<td>Current (57.14%)</td>
<td>Department Justification (50%)</td>
<td>Grant (35.71%)</td>
</tr>
<tr>
<td><strong>Behavioral Trends</strong></td>
<td>Annual Reporting (84.09%)</td>
<td>Current (59.1%)</td>
<td>Stakeholders (50%)</td>
<td>Research (13.64%)</td>
<td>Newsletter (13.64%)</td>
</tr>
</tbody>
</table>
• Of those who used DEBIs, what type of evaluation was conducted?
• 77% evaluated satisfaction
  • \( X^2 = 16.70, \ df = 1, \ p < .01 \)
• 52.53% used outcome evaluations
  • \( X^2 = 61.62, \ p < .01 \)
• 45.61% used impact evaluations
  • \( X^2 = 28.46, \ p < .01 \)
  • 33.33% used process evaluations
  • \( X^2 = 4.89, \ p < .01 \)
• 15.70% used judicial recidivism
  • \( X^2 = 5.30, \ p < .05 \)
RESEARCH QUESTION 3

Are there any differences in mean level of feelings between those who are concerned with job-related issues as opposed to those who are unconcerned?
FEELINGS AND CONCERNS ABOUT EBS

<table>
<thead>
<tr>
<th>Variables</th>
<th>Lack of Training Concerned</th>
<th>Not Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Feel Unprepared</td>
<td>2.97</td>
<td>1.13</td>
</tr>
<tr>
<td>Worried</td>
<td>2.34</td>
<td>0.97</td>
</tr>
<tr>
<td>Pressure Outside HP</td>
<td>2.45</td>
<td>1.07</td>
</tr>
<tr>
<td>Pressure Inside HP</td>
<td>2.77</td>
<td>1.23</td>
</tr>
<tr>
<td>No Encouragement Outside HP</td>
<td>3.23</td>
<td>0.84</td>
</tr>
<tr>
<td>No Encouragement Other Health</td>
<td>3.30</td>
<td>0.81</td>
</tr>
<tr>
<td>Anxious</td>
<td>2.53</td>
<td>1.08</td>
</tr>
</tbody>
</table>

*p<.05.  **p<.01.
# FEELINGS AND CONCERNS ABOUT EBS

<table>
<thead>
<tr>
<th>Variables</th>
<th>Concerned</th>
<th>Not Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
</tr>
<tr>
<td>Overwhelmed Staff Time</td>
<td>3.09</td>
<td>1.22</td>
</tr>
<tr>
<td>Worried Job Security</td>
<td>2.75</td>
<td>0.97</td>
</tr>
<tr>
<td>Pressure Outside HP</td>
<td>3.09</td>
<td>0.94</td>
</tr>
<tr>
<td>Pressure Inside HP</td>
<td>3.50</td>
<td>1.09</td>
</tr>
<tr>
<td>Pressure Other Health</td>
<td>3.08</td>
<td>0.79</td>
</tr>
<tr>
<td>Anxious</td>
<td>3.00</td>
<td>0.95</td>
</tr>
</tbody>
</table>

*p<.05. **p<.01.
Themes and Significance

- What stands out for us
- Why is this important
  - Communication
  - Shared resources

Study Limitations

- Psychometrics (check all that apply-coding/reliability)
- Cannot generalize (response rate unclear)
As discussed, evidence-based strategies are available, but their effectiveness on college campuses is not fully understood.

- How can we increase impact and outcome evaluations of “evidence-based” strategies in college sexual health programs?
- What are ways to effectively implement EB sexual health strategies on college campuses?
WHAT UCONN IS IMPLEMENTING

Health Education Mission, Goals and Objectives

Health Education Mission: University of Connecticut’s Health Education Office provides prevention, harm reduction and public health promotion services to the campus community which includes data collection and analysis, educational programs and workshops, program evaluation, health awareness events and campaigns, academic lectures, training, and consultations. UConn’s Health Education Office provides students with information and resources to make healthy decisions in the area of sexuality, stress management, body art and other areas of wellness.

Health Education Goals:

- Target health needs through ACHA standards, Healthy People 2010 and student assessment
- Provide accurate and up-to-date health information to the UConn student body
- Engage students in outreach activities, group facilitation and one-on-one interactions
- Provide tools to allow students make healthy decisions

Health Education Objectives:

- Review and update program materials and handouts each semester or annually as appropriate
- Staff will conduct literature reviews and/or web-based research using appropriate database or search engines for each topic reviewed
- Write/establish goals for each program in accordance with ACHA and Healthy People 2010 recommendations
- Collect measurable data and feedback to make necessary program changes
- Review feedback for continuous improvement and growth
- Offer at least 7 program options per semester to the campus community
- Provide at least 5 awareness weeks or days per semester
- Provide weekly office hours and appointments as needed for consultations with and questions from students
- Provide health handouts, pamphlets, posters and web resources to students
- Watch for indicators or trends and measure where appropriate

Sexuality Education Goals and Objectives

Goals for Sexuality Education:

- Increase students’ knowledge of prevalence of Sexually Transmitted Disease transmission in the college population
- Increase students’ awareness of what sex is (oral, anal and vaginal as well as other)
- Increase students’ knowledge of methods to reduce risk of pregnancy
- Increase students’ knowledge of safer sex tools and how they are used
- Increase students’ awareness of resources on campus for sexuality issues including: STD prevention, pregnancy prevention options, abstinence, GLBTQ issues, and others.
- Increase students’ utilization of resources on campus
WHAT EMORY IS IMPLEMENTING

Emory University Student Health and Counseling Services
Health Education and Promotion Department
1525 Clifton Road, Atlanta, Georgia 30322
404.727.1736 • http://studenthealth.emory.edu

Strategic Plan 2008-2009

Mission of the Health Promotion Department
Health Education and Promotion at Emory University Student Health and Counseling Services contributes to success in and out of the classroom by encouraging students to take responsibility for their lifelong wellness. Using strategies that are student-oriented, evidence-based, and dynamic, we challenge students to develop beliefs and habits that advance personal and community health.

Purpose of this Strategic Plan
This Strategic Plan is designed to guide department staff in goal setting and program development, implementation, and evaluation. Furthermore, it provides transparency to our stakeholders.

Notice of Revision
The department developed their first strategic plan in summer 2006. In summer 2008, we revised the plan to reflect thematic groupings consistent with the strategic plan of the University and of the Division of Campus Life while continuing to reflect the American College Health Association’s Standards of Practice for Health Promotion in Higher Education. The revised plan encompasses a one-year timeframe so that it will be reviewed each year to stay current with available personnel and responsive to students’ changing needs. In addition, Emory Human Resources revised their performance management expectations in 2008 to more intentionally link individual staff performance evaluations to the strategic plan of the department, unit and University. Thus, a one-year strategic plan timeline is better matched to each employee’s annual review goals and can be modified annually based on areas of strength and opportunity.

Contemplation
Our Health Promotion strategic plan is consistent with the vision, mission, and strategic goals and initiatives of the Division of Campus Life and Emory University.

Emory’s Mission
Emory University’s mission is:
To create, preserve, teach, and apply knowledge in the service of humanity.

Emory’s Vision
Emory: A distinguished university internationally recognized as an inquiry-driven, actively engaged, and diverse community, whose members work collaboratively for positive transformation in the world through courageous leadership in teaching, research, scholarship, health care and social action.

University Strategic Goals
1. Emory has a world-class, diverse faculty that establishes and sustains preeminent learning, research, scholarship, and service programs.
2. Emory enrolls the best and the brightest undergraduate and graduate students and provides exemplary support for them to achieve success.
Health Issue 1: The majority of sexually active MU students do not use any type of barrier protection.

- Seventy-five percent (n=663) of MU students sampled described themselves as sexually active (defined as had sex in the last 30 days). Sixty percent of MU students had engaged in sexual activity prior to entering the University of Missouri. However, 42.4% (n=270) of these sexually active individuals did not use a condom.
- Of all the students who had engaged in sexual activity (n=639), 77% (n=494) had occurred in the last 30 days. Thirty-six percent (n=180) of MU sexually active respondents, did not use a barrier method in the last 30 days.
- The last time they engaged in sexual activity, 48% (n=304) of students living in the res halls did not use any barrier method.


Goal 1: To increase the proportion of sexually active students at MU who use barrier protection consistently.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Steps</th>
<th>Evaluation Measures</th>
<th>Responsible Staff</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| 1. Increase student knowledge of the benefits of consistently using barrier protection. | 1. Provide CA, HC, PAs information about online program requests/training opportunities for their residents  
1.2 Create safety products demonstration videos and place on the SHAPE website (FC, OD, MC)  
1.3 Continue to explore innovative ways to educate students on how to use barrier protection (facebook, texting, itunes U)  
1.4 Normalize safety products use through social norms marketing plan  
1.5 Develop quarter sheet handouts re: online program requests/barrier use | Qualitative data from S. Affairs professionals/staff | Heather, GA, peer educators | Ongoing |
| 2. Improve access to barrier protection to students. | 2.1 Assign two SHAPE peer educators per residence hall (that houses a machine) to meet with each HC at least once a month i.e, improve access/SHSP program  
2.2/3.1 Meet at least once a month with Res Life professionals staff to discuss the SHSP program (SHSP Task Force) | Longitudinal SHSP Assessment NCHA Master inventory of SHSP utilized Number of Safety Products programs requested | | |
| 3. Create a fiscal sustainability plan that supports the SHSP Initiative | 3.2 Research a variety of methods for funding potential for sustainability of the SHSP program | | | |
| 4. Conduct a longitudinal study of SHSP annually | 4.1 Continue to report to IRB findings/gain approval  
4.2 Inform stakeholders of research findings  
4.3 Refine survey methodology with research team | | | |
## WHAT OSU IS IMPLEMENTING

### Sexual Wellness Action Plan (SWAP)
**HIV Testing & Counseling**

<table>
<thead>
<tr>
<th>GOAL</th>
<th>OBJECTIVES</th>
<th>ACTIONS</th>
<th>PERSON(S) RESPONSIBLE</th>
<th>PLAN</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL 2:</strong> Increase HIV testing at the SWC among medium- to high-risk students from 41.8% in 2006-2007 to 50% by June 30, 2009.</td>
<td>G2:A: Target the Greek Life population as areas for possible outreach and information distribution.</td>
<td>A. Conduct outreaches in accessible areas (i.e. Planned Parenthood – tentative).</td>
<td>A1. Katye</td>
<td>a1. Evaluate upcoming PP outreach to determine if another would be successful.</td>
<td>Spring 2008 - Spring 2009</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A. Conduct outreaches in accessible areas (i.e. Planned Parenthood – tentative).</td>
<td>A2. Katye</td>
<td>a2. Contact PP to set up future outreach dates and times.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>G2:B: Target the African American female population as areas for possible outreaches and information distribution.</td>
<td>A. Conduct outreaches in accessible areas through collaboration with campus groups (i.e. Hale Center, Black Student Association, Fraternities and Sororities, African American Support Services, Women's Services, and the Heritage Festival).</td>
<td>A1. Katye</td>
<td>a1. Contact possible outreach sites to coordinate outreach.</td>
<td>Spring 2008 - Spring 2009</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A. Conduct outreaches in accessible areas through collaboration with campus groups (i.e. Hale Center, Black Student Association, Fraternities and Sororities, African American Support Services, Women's Services, and the Heritage Festival).</td>
<td>A2. Katye &amp; HIV Test Counselors</td>
<td>a2. Conduct outreach</td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONS?

CONTACTS:

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