

## Student Affairs Learning Improvement Application

Please complete the application below to apply for the learning improvement initiative with Student Affairs Support Services ([SASS](#)) within the Center for Assessment and Research Studies ([CARS](#)). This initiative is a partnership between SASS and the Division of Student Affairs to focus on the improvement of student learning and development.

At Madison, we value improvement of learning and development, which can be accomplished by well-thought-out programming and assessment. In turn, a complete and coherent application is a first step to making such initiatives successful. **Applications are due May 15<sup>th</sup>.**

There are two options for when programs may begin the project: Summer or Fall. In the application, you will be asked to indicate whether you plan to begin the project in the Summer or Fall. Please select a starting date that best aligns with your office schedule. **Selected programs will be notified by May 31<sup>st</sup>.**

Please select one starting date:  Summer  
 Fall Semester

Although several application questions will ask you to describe previous assessment results and previous improvement efforts, programs will not be selected based on the number of years they have conducted assessment or demonstrated improvement. **Rather, programs will be selected based on readiness and commitment to a long-term improvement process.** Up to 2 programs will be selected per year based on their readiness and commitment.

Should any questions arise while completing this application, you may contact SASS ([SASS@jmu.edu](mailto:SASS@jmu.edu)). Once completed, submit your application to the co-chairs (Sarah Sunde, [sundesa@jmu.edu](mailto:sundesa@jmu.edu); Kathleen Campbell, [campbekl@jmu.edu](mailto:campbekl@jmu.edu)) of the [Student Affairs Assessment Advisory Council](#) for review.

## I.

### Program Overview

In this section, please provide general information about your program. Responses are meant to be **short**, as you will have the opportunity to provide more detail in the sections below.

a. Name of applicant's office:

Health Promotion and Well-Being in the University Health Center

b. Name of program of interest:

Be STI Free Campaign

c. Purpose of the program (1 paragraph max):

The Be STI Free Campaign was created to motivate students to engage in safe sexual behaviors. The Be STI Free Campaign utilizes multiple small interventions to engage students through various formats. Through educating students on safe-sex methods and helping students change their perceptions of the benefits and risks of sexual behaviors, we aim for fewer students to contract STIs or transmit them to others.

d. Number of students who complete the program:

About 400 students attend at least one of the programs in the Be STI Free Campaign

e. Number of staff members who facilitate the program:

Each of the 6 programs that contribute to the Be STI Free Campaign has a combination of 1 to 3 professional staff members and 1 to 5 student staff members.

f. Point person/primary overseer of the program:

Chris Patterson, Student Health Specialist

## II.

### Current Assessment of Student Learning Outcomes

The goal of this section is to ensure your office is well acquainted with the assessment process. We find that offices that have carefully thought about programming and assessment are in a better position to make improvements. In the space below, please provide a **brief** summary of the program of interest. In your summary, please include 1) your student learning and development outcomes; 2) a **general/broad** description of the programming in which students are provided the opportunity to learn or develop; and 3) the procedures used to assess whether the desired outcomes are actually being met. Careful consideration of these questions is crucial to the success of a learning improvement project. Please address 1, 2, and 3 within 1 to 2 pages maximum:

## OUTCOMES

For this campaign, our student learning and development outcomes are as follows:

By participating in the Be STI Free Campaign...

### KNOWLEDGE

- K1. Students will be able to state the rates of certain STIs at JMU
- K2. Students will be able to name the places on the body where one can contract an STI
- K3. Students will be able to describe the short- and long- term effects of STIs.
- K4. Students will be able to describe the benefits of using a condom when having sex
- K5. Students will be able to compare high- and low- risk sexual behaviors
- K6. Students will be able to list at least 2 sexual health resources on campus
- K7. Students will be able to name at least 2 places on campus where they can get safe-sex supplies

### SKILLS

- S1. Students will be able to put on a condom
- S2. Students will be able to confidently communicate sexual boundaries with partners

### PERCEPTIONS

- P1. Students will report an increased perception of susceptibility to contracting an STI
- P2. Students will report an increased perception of the severity of STIs when they are contracted and untreated
- P3. Students will report an increased perception of the benefits to using safe-sex methods
- P4. Students will report an increase in ease of accessing free or cheap safe-sex supplies and information
- P5. Students will report an increase in self-efficacy to carry out safe-sex behaviors

### LONG TERM OUTCOMES

- LT1. Students will engage in sexually-safer behaviors

## PROGRAMMING

The Be STI Free Campaign involves 6 different programs, both passive and active, that employ various formats and target different short-term outcomes that link to the long-term outcome of sexually-safer behaviors. Although JMU's Health Center oversees all of the Be STI Free programming on campus, each program is a separate entity. These programs are described below. Notably, all Be STI Free programs are optional (students attend voluntarily), with the exception of the presentation that all incoming students receive at New Student Orientation. Moreover, the *Safer Sex Centers (SSC)*, which are physical places around campus (6 locations) where students can find information on safe sex and pick up condoms and other safe-sex supplies, are not tracked for utilization; thus, currently it is not possible to assess the impact of SSCs.

- *New Student Orientation*: At New Student Orientation, a professional staff member gives a 15-minute presentation on safe sex, STIs at JMU, and where students can find condoms or request sexual health coaching. This program is the only required intervention for all students.
- *STIs 101*: STIs 101 is a 1.5 hour workshop offered two times per semester. Students learn about various types, symptoms, and effects of STIs via lecture, then participate in discussion about high- and low-risk sex behaviors and safe-sex supplies. At the end of the program, we challenge students to spot resources on campus related to sexual health. About 20 students attend each workshop.
- *Relationships 101*: This hour-long workshop is offered a few times throughout the academic year. Students discuss the various aspects of healthy relationships. One of the things we teach and practice with participants is how to talk about sex with a partner, including boundaries and condom use. Each workshop averages an attendance of 15 people.
- *Sextacular*: Sextacular occurs once per semester, and it is one of our biggest public events. We have many tables and activities for students to engage with and learn more about healthy

relationships, safe sex, and sexual violence. The event lasts 4 hours. Last semester, we saw our highest attendance count, with just over 200 students swiping into the program.

- *Sexual Health Coaching*: Health Services offers one-on-one sexual health coaching for students who are 1) interested in learning more about sexual health, 2) want to change their sexual behaviors, or 3) have already acquired an STI and are not sure what to do next. Coaching is one of the most comprehensive forms of safe sex education for students, as we go over a variety of topics during multiple sessions. Sexual health coaching was utilized by 12 students in the past year.
- *Testing Event*: This past year, we obtained a grant to put on a yearly, university-wide testing event. During the event, students are able to do various STI screenings for free. When students get tested, they also have a short discussion with professional staff about what STIs they are being tested for, when to get STI testing, and where they can go for more information and further treatment. Additionally, they are given condoms and/or other safe sex supplies. The event itself lasts for a week, and each student spends about a half hour with a professional staff member between testing and the follow-up conversation. In total, we had 350 students test for STIs last year.

#### ASSESSMENT AND CURRENT FINDINGS

Our current assessment efforts involve working with the Health Center to examine STI rates for students who get tested on campus. Since the campaign started, there has not been a decrease in STI rates, which suggests our programs may not be working as intended or we are not reaching the population in need. Also, thus far, there hasn't been an effort to understand if students who get tested/test positive for STIs are the students who experienced at least one of our programs in the Be STI Campaign.

Most programs have a pre-program assessment that evaluates participants' knowledge about different types of STIs and how they can be transmitted, as well as their knowledge regarding where to find resources on campus that relate to safe-sex. In the past, we did not have any post-program assessment, but we want a post-program assessment that will mirror the pre-program assessment.

### III.

### Focus of Partnership with SASS

You may want to improve learning/development related to all outcomes. However, for this partnership, you will need to **select 1 or 2** learning/development outcomes on which to focus. These outcomes should be sufficiently important to warrant the ample resources that will be devoted to improving all related programming and assessment activities.

The most crucial information you will provide in this section concerns the **program theory** that guides your program. In other words, how was your programming *intentionally designed* to achieve the student learning and development outcomes you've decided to focus on for this partnership? Programs that have not given this considerable thought will find it difficult to engage in a learning improvement initiative.

- a. Student learning/development outcome(s) **selected** for the improvement initiative (1 or 2):

P3. Students will report an increased perception of the benefits to using safe-sex methods

- b. Description of **why** these outcomes were selected for the learning improvement initiative. Why are these outcomes important to your department? (1-2 paragraphs):

Given Outcome P3 is necessary for sexually-safer behaviors, the P3 outcome is a major focus of the Be STI Free Campaign. Be STI Free programs are believed to impact P3 via their impact on the knowledge outcomes (K1-K7). Moreover, outcomes P1 and P2 are also believed to impact outcome P3. If we measure the P3 outcome, it will give us insight into both the overall success of the Be STI Free Campaign, and the programming mapped to P3 that needs improvement.

- c. Description of why these outcomes are important to JMU (1 paragraph):

As STIs are considered a public health crisis within the young adult population, institutions could be considered a hub of STI transmissions. If we can help a large population of JMU students

achieve outcome P3, STIs will not just be considered a threat to students but will be mitigated due to increased perceptions of the benefits of safer-sex behaviors.

- d. Description of the specific programming (curriculum, pedagogy, intervention, etc.) used to provide students with an opportunity to meet the **selected outcome(s) only**. An objective-to-curriculum map should be included as part of this description (may be attached as an appendix):

*Programming-to-Outcome Map for Outcome P3*

Program	Activity	Coverage of P3 (1=slight coverage, 3=major coverage)
Sextacular	1. STI Testing	1
	2. Tables describing condom usages & benefits	2
	3. "Ask a sexpert" table	1
	4. Condom Quiz (Students quizzed on types & benefits of condoms)	2
STIs 101	1. STI transmission & susceptibility discussion	3
	2. Condom Jeopardy	2
Coaching	Personalized Program	3
Testing Event	1. Discuss sexual health testing with a staff member	2
	2. Discuss condom use with staff member	1
Relationships 101	Condom Use Conversations	1
New Student Orientation	1. Slide Presentation on benefits of condom use related to STIs	1
	2. STI statistics for JMU population	2

Each program is different in its approach to engaging students. Here we describe programming related to P3, whereas below we explain *why/how* programming should influence P3.

- In the Sextacular program, students receive a "bingo board" when they first enter the room. Students are encouraged to visit every table to get a door prize and be entered into a larger raffle. Because of the external motivation, students are more likely to visit all tables and learn about safe sex. Regarding P3, Sextacular should increase the perceived benefits to using safe-sex methods via 4 potentially weak activities listed in the table above.
- STIs 101 is an in-depth lecture and discussion-based program that focuses on STI transmission and how to prevent it by condom use and other methods. Regarding P3, STIs 101 should increase perceived benefits of safer-sex methods via 2 activities believed to be fairly powerful.
- Sexual health coaching is a personalized program. Regarding P3, coaches should increase the perceived benefits of safer-sex methods by facilitating conversations with students about sexual behavior topics in-depth.
- The annual testing event is an interactive learning experience. Experiencing the testing process will expose students to the amount of time it may take to receive results. In the meantime, students are prompted to think about how not knowing your sexual health status can be nerve-wracking and how utilizing safe-sex methods may relieve that stress. Regarding P3, participating in STI testing should increase perceived benefits of safe-sex behaviors

through 2 relatively weak activities: actually testing for STIs and a brief conversation around STI acquisition and its relation to STI testing.

- Relationships 101 lightly touches on condom use, but is mostly comprised of a lecture and a short activity regarding how to talk to your sexual partner about condom use. Regarding P3, Relationships 101 should increase perceived benefits of safer-sex behavior through sharing information about condoms.
- New Student Orientation touches on the benefits to using safe-sex methods while talking about STI rates and how easy it is to contract an STI. Regarding P3, the New Student Orientation presentation should increase the perceived benefits to using safe-sex methods via a brief, relatively weak intervention.

- e. Describe *how* this programming is expected to result in the desired student learning/development outcome(s). In other words, please explain the logic behind why certain program features were chosen to achieve the selected outcomes. This is often referred to as program theory or logic. If you are unfamiliar with these terms, please watch [this short introductory video](#) before constructing your response (1 page max). If you need support using program logic to develop curriculum/programming, please visit JMU's Center for Faculty Innovation (CFI):

The Be STI Free Campaign programming is informed by three theories: the *Health Belief Model* (HBM), *Self-Efficacy Theory*, and the *Action-Knowledge Principle*.

The Health Belief Model (Champion & Skinner, 2008) is an approach to changing behaviors considered public health crises. As people know more about a crisis, there are 4 perceptions that a person must have to change their behavior.

1. They must have a heightened sense of perceived susceptibility of experiencing a risk or getting a condition/disease.
2. They must have a heightened sense of perceived severity of the risk, condition, or disease once it is acquired.
3. They must perceive that the benefits of taking preventative measures include reduced risk or severity of impact. **Outcome P3 aligns with this perception.**
4. They must believe those preventative measures can be easily accessed.

As stated in the HBM, when a person holds these four perceptions, they are driven to change their behavior on both an individual and collective level. Since STIs are considered a public health crisis among young adults (Kaltwasser, 2019), and millions of students enroll in college every year (National Center for Education Statistics), the HBM can be used to help decrease STI transmission on college campuses.

*Self-Efficacy Theory* (Bandura, 1997) works well with the HBM. Self-Efficacy theory posits that individuals will perform a task or behavior when they are confident in their ability to successfully complete the task or behavior. Confidence is built through practicing the behavior and receiving feedback. The Be STI Free Campaign programming helps students raise their confidence by practicing safe-sex behaviors, such as practicing applying condoms and practicing discussing sexual boundaries. Together, both theories (HBM and Self-Efficacy) articulate how to inspire positive change in sexual behaviors.

The *Action-Knowledge Principle* (Hawthorne & Stanley, 2008) states that in the intermediary stage between knowing something and performing an action, perception change must take place. Regarding our program, through increasing knowledge, students will change their perceptions (four Health Belief Model perceptions above), which will change their behavior to be safer when sexually engaging with others.

### **Logic Model Visualizing Program Theory**

The theories above were used to create a programmatic structure, shown as a logic model in Appendix A. Note, the short-term outcomes of programming are all knowledge-related outcomes. In life, students will be faced with situations that require them to use knowledge to engage in sexually-safe behaviors (the ultimate long-term outcome). The knowledge will lead to changes in perceptions of susceptibility, severity, and the benefits of performing safer-sex behaviors (i.e., intermediate outcomes in logic model). To gain the knowledge needed to change perceptions, theories of cognition and learning were used to create high-quality programming (Halpern & Hakel, 2003). Each programming activity that is ultimately expected to impact P3 via the short-term knowledge outcomes is detailed below. Note, these activities may be incorporated into multiple Be STI Free programs. For example, students get tested for STIs (Activity 5) during Sextacular and the Annual Testing Event. Furthermore, one activity may map to multiple short-term outcomes.

### **Activities to Short-Term Outcomes**

To help students reach outcome P3, there are 5 types of activities that span the 6 programs in the Be STI Free Campaign. Each activity utilizes theories of cognition and internalization of knowledge through various teaching techniques.

- **Activity 1: Students will learn about risks for STI transmission to various areas of the body:** This activity, incorporated into both STI 101 and Sextacular, begins by addressing misconceptions and myths about STIs and their transmissions. Program facilitators then use active lecturing techniques such as peer discussion (Gregory, 2013) to facilitate construction of knowledge (Emerson, 2013; Halpern & Hakel, 2003) of the ways STIs can be transferred between sexual partners, the consequences of not treating STIs, and how to prevent acquisition of STIs. The pre-assessment given before the program allows facilitators to meet students where they are with respect to STI knowledge. Meeting students at their knowledge level helps to enhance cognition (Halpern & Hakel, 2003).
  - Maps to Outcome K2: Students will be able to name the places on the body where one can contract an STI
  - Maps to Outcome K3: Students will be able to describe the short- and long-term effects of untreated STIs
  - Maps to Outcome K4: Students will be able to describe the benefits of using a condom when having sex
  - Maps to Outcome K5: Students will be able to compare high- and low- risk sexual behaviors
- **Activity 2: Students will see STI statistics at JMU:** This activity, incorporated into New Student Orientation, will alert students to the prevalence of STIs on campus by revealing how many students at the university have some sort of STI. Internalization of this information through both explanations and visuals of the statistics (Emerson, 2013; Gregory, 2013) will help students state the rates of STIs at JMU.
  - Maps to Outcome K1: Students will be able to state the rates of certain STIs at JMU
- **Activity 3: Students will learn about the different kinds and uses of condoms:** This activity is incorporated into New Student Orientation, STIs 101, Relationships 101, Sextacular, and the Testing Event. The activity begins by addressing misconceptions and myths about condoms and sexual behaviors. Program facilitators then use active lecturing techniques like interactive group quizzes and peer discussions to help students construct knowledge around the types, uses, and benefits of condoms (Emerson, 2013). The pre-assessment targeting knowledge of condoms helps facilitators tailor the content of the activity to enhance construction of knowledge (Halpern & Hakel, 2003).

- Maps to Outcome K4: Students will be able to describe the benefits of using a condom when having sex
- Maps to Outcome K5: Students will be able to compare high- and low-risk sexual behaviors
- **Activity 4: Students meet with professional staff member to discuss sexual health behaviors:** Activity 4 can be seen in Sextacular, Coaching, and the Testing Event. Developmental conversations allow students to co-construct knowledge with a more knowledgeable other (Healy & Liddell, 2002). Through conversing with a professional staff member one-on-one, the student has the opportunity to discuss a variety of sexual health behaviors. The conversations are pointed and go in-depth into one or two area, rather than covering a broad range of topics. Going in-depth into one or two areas versus broad coverage leads to higher information retention rates (Halpern & Hakel, 2003). As the student retains information, knowledge regarding the short-term outcomes is gained.
  - Maps to Outcome K1: Students will be able to state the rates of certain STIs at JMU
  - Maps to Outcome K2: Students will be able to name the places on the body where one can contract an STI
  - Maps to Outcome K3: Students will be able to describe the short- and long-term effects of untreated STIs
  - Maps to Outcome K4: Students will be able to describe the benefits of using a condom when having sex
  - Maps to Outcome K5: Students will be able to compare high- and low-risk sexual behaviors
- **Activity 5: Students will get tested for STIs:** While undergoing STI testing (seen in Sextacular and the STI testing event), students meet with a professional while awaiting results. Meeting with the professional, the students will have a facilitated conversation surrounding STI testing. Pairing the activity of STI testing with a conversation around STI testing will facilitate the student's cognitive encoding of how STI testing relates to having sex (Halpern & Hakel, 2003).
  - Maps to Outcome K2: Students will be able to name the places on the body where one can contract an STI
  - Maps to Outcome P3: Students will report an increased perception of the benefits to using safe-sex methods.

### **Short-Term to Intermediate Outcomes**

The activities mentioned above are linked to outcomes P1 (Students will report an increased perception of susceptibility to contracting an STI), P2 (Students will report an increased perception of the severity of STIs when they are contracted and untreated), and/or P3 (Students will report an increased perception of the benefits to using safe-sex methods) via the Health Belief Model and the Knowledge-Action Principle. Although outcomes P1 and P2 are not the selected outcomes for the learning improvement initiative, P1 and P2 influence P3. In targeting outcome P3, students must 1) know the benefits of performing safe-sex behaviors (e.g. condoms help prevent STIs, and using one can increase stamina), and 2) believe that STIs are a threat to their health (Champion & Skinner, 2008). The latter condition of P3 (perceived threat) is done through raising perceptions within outcomes P1 and P2. The way P1 and P2 link to P3 is through the decisional balance approach (Prochaska et al., 1994). The decisional balance approach outlines how internal conflict between two competing ideas (i.e., I don't want to use a condom when having sex, but condoms prevent me from getting an STI) is resolved through the evidence present in one's internal repository. When the internal repository consists of knowledge that has increased one's perceptions of threat (P1 and P2) and knowledge that outlines the benefits of safe-sex behaviors (P3), students will be more likely to perform safe-sex behaviors



- **P1: Students will increase their perception of susceptibility to contracting an STI**
  - *K1. Knowledge of STI rates at JMU:* By defining the population at-risk for getting STIs (each individual student), students will be able to mentally question their own susceptibility to getting an STI in an STI-dense population. By mentally questioning their susceptibility, students will perceive themselves to be at greater risk of getting an STI (Champion & Skinner, 2008).
  - *K2. Name places on the body that can contract an STI:* With the knowledge that certain areas of their body have the highest risk of STI acquisition during a sexual encounter, students will gain a heightened perception of susceptibility to STI infection (Champion & Skinner, 2008).
  - *K5. Compare high- and low-risk sexual behaviors:* High-risk behaviors increase susceptibility to getting an STI (Vasilenko, Kugler, Butera, & Lanza, 2014); thus, by knowing what constitutes high-risk behaviors and reflecting on their own behaviors, students update their perceived susceptibility (Champion & Skinner, 2008).
- **P2: Students will increase their perception of the severity of STIs**
  - *K2. Name places on the body that can contract an STI & K3. Describe effects of untreated STIs:* In addition to knowing where on the body they can get an STI, students must also know how to recognize the symptoms and effects of STIs in various places. Through knowing the effects of STIs on various parts of the body, both K2 and K3 work together to address P2 (Champion & Skinner, 2008). Learning how STIs affect a student both medically and socially underscores how STIs can impact one's life.
- **P3: Students will increase their perception of benefits to using safe-sex methods**
  - *Activity 4. Students will get tested for STIs:* Internalization of “knowing your status” through both testing for STIs and discussing sexual health with a professional will help students to keep their “STI free” status by taking preventative measures (Bouydeuwyns & Paquin, 2011). Utilizing this idea along with the decisional balance approach (Prochaska et al., 1994), students will be able to equate ease of mind after sexual encounters and confidence during STI testing with using safe-sex methods.
  - *K4. Describe benefits of using a condom:* Knowing the benefits of condom use or other safe-sex behaviors will change perceptions of benefits of safe-sex behaviors (Hiltabiddle, 1996). The decisional balance approach (Prochaska et al., 1994) indicates students will reflect on this information and increase positive perceptions of condom use.
  - *K5. Compare high- and low-risk behaviors:* When students know the difference between high- and low-risk sexual behaviors, they can recognize ways to avoid getting an STI while still engaging in their definition of successful sex (Champion & Skinner, 2008). Through acquisition of knowledge and through engaging in sex, they will adopt more favorable perceptions related to the act of being sexually safe (Hawthorne & Stanley, 2008). At the same time, according to the decisional balance approach (Prochaska et al., 1994) students will internalize low-risk sexual behaviors as more beneficial than high-risk behaviors.

f. Summarize the results of previous assessment related to the selected outcomes (1 page max):

Currently, we lack information on Outcome P3, which is one reason we wish to focus on this outcome. Given the lack of information, along with the fact that STI rates are not decreasing, we have two hypotheses: 1) the population that tests positive for STIs is not the same population that experiences our programming, or 2) our programming is ineffective, which we want to assess.

## IV.

## Action Plan

In this section, you will be asked to consider why the student learning/development outcomes you selected are not being met and propose possible strategies for addressing these obstacles.

- a. For each selected outcome, provide an explanation/hypothesis about why current programming is not supporting student learning/development to the degree you desire (1 page max):

As stated above, there is no data that pertains to outcome P3, of which led to our two hypotheses. Considering STI rates are static, we have discussed the possibility that our theoretical approach may not be entirely applicable to our student population. The studies and theoretical models we applied to develop our programming Although public health phenomena has not changed much over the years, the way to address public health crises has changed, especially when it comes to teaching and learning about STIs. It could be our theory-based programming is ineffective.

We attract the same students to each of our programs. In other words, the audience is static in terms of who attends. This leads us to believe every program in the campaign attracts the same population of students, and we need to somehow appeal to other groups. It could be our program is effective but reaches only a select group of students who may not be at greatest risk.

- b. Prior to this new partnership with SASS, have you tried to **improve** student learning/development related to these outcomes? If so, please describe the improvement initiatives. Have those initiatives been successful? (1 page max):

After talking to our peer leaders and professional staff two years ago, we decided this past year to let our student leaders lead the program with the professional staff assisting. We implemented this change based on research stating that students better internalize information presented to them by peers/fellow students than if presented by a staff member or “authority figure” (Mellanby, Rees, & Tripp, 2000).

We also added new programming to New Student Orientation this academic year. Because of the prevalence of STIs on campus, we were able to get a 15-minute slot at New Student Orientation to talk to students (and their parents) about STIs at JMU and how to avoid contracting them. This summer was the first time we have been able to present, so we currently have no data on program effectiveness. We would like to create an assessment to gather baseline knowledge for incoming students. Understanding the “knowledge” students hold about STIs when coming to campus will allow us to cater programming to enhance STI knowledge.

- c. Based on your answers to the questions above, what changes to a) your programming and b) your assessment processes do you believe are necessary to demonstrate improvements in student learning/development?

Given the issues above, we would like to make the following changes to our programs. Before the changes are made, we would like to collect outcomes data to ensure our changes are based in both theory and data evidence:

- We are advocating for a 45 minutes at New Student Orientation. JMU has a high rate of STIs and this programming is currently the only mechanism to reach all incoming students. Our 15-minute program does not provide enough time to explain STIs and prevention to make an impact on how students conceptualize STI transmission and safe sex. Students are not likely to internalize the knowledge needed to be more aware of STI risk. More time would facilitate the encoding of information, as we would be able to discuss both consequences and preventative actions in that time.

- We would like more interactive activities. Currently, many of our programs utilize teaching/learning through a lecture/discussion paradigm. Active and interactive activities help internalization of knowledge through discovery and application of new knowledge (Chi, 2009; Halpern & Hakel, 2003).
- Utilizing peer leaders has been good so far, but sometimes we cannot get a student to lead the presentation due to time constraints. With that, we would like to hire more student staff to help lead programs. Since there are only two professional staff in the Health Services office that oversee the Be STI Free Campaign, hiring more student staff will ensure every program in the campaign can be led by students. Because student-led programs can help students encode knowledge better than professional-led programs surrounding STIs (Mellanby, Rees, & Tripp, 2000), having a student staff who can cover all presentation opportunities is important.
- We would like to do the testing event twice a year instead of once per year. Part of increasing perceptions of easy access to good STI healthcare means we need to offer our services more often. Having the testing event once per semester instead of once per year may reach more students, as well as allow students to see we are an accessible service and that STI testing is a common aspect of practicing good sexual behavior.
- We want to work with Residence Life to do programming in the residence halls. Teaching students early on about sexual behavior may help when they move off-campus.

We do have concerns with the current assessment measures, and we think the following would be best to improve our assessment process.

- We would like to administer an assessment of perceptions of STIs and sexual health to all incoming students. If we know incoming students knowledge and perceptions, we can cater our programming to align with their needs.
- We would like to look for existing measures of Outcome P3. If measures already exist, we do not need to create our own measure.
- As the perception objectives are change-oriented (we want to see if students have a positive change in perceptions over time through attending our programs), we are considering conducting a pre- and post-assessment to see how our programs are affecting students. We would like to implement the pre-test when a student arrives on campus (see the first bullet point), and a post-test a few weeks after a student participates in a program. We are open to brainstorming other ways to implement the post-test, since programs are going on throughout the year and the same person may go to multiple programs. We do not want to send the same survey to a student multiple times.

- d. Provide a detailed timeline that articulates your plan to improve student learning/development to the degree you desire. This timeline should include 1) whether you plan to begin this work in Summer or Fall, 2) plans to initially assess the program, 3) plans to make programmatic changes, and 4) plans to re-assess the program:

The following timeline is plausible for what we would like to accomplish:

**Fall 2019:** Continue with our current programming model, and work with SASS to find an assessment measure for objective P3. Work with IR to include questions about sexual health on the first-year survey.

**Spring 2020:** If a measure has not been found, we will work with SASS to create a measure. Work with on- and off-campus services to see how we can deliver our program to more students. Work with CFI to evaluate the logic underlying our programs and find more relevant research to inform possible programmatic changes.

**Summer 2020:** Modifications to each of the programs in accordance with the logic model will take place (e.g., changing presentations, creating activities, creating lesson plans to help with implementation).

**Fall 2020:** Continue to create and finalize the assessment measure we create for objective P3. Continue to find more relevant research to help with the logic of our programming, which will help us structure our programming in ways that align with outcome P3.

**Spring 2021:** After the measure is created and programs have been changed to be informed with more relevant theory and logic, we will implement our new programs. Evaluate our other objectives internally, utilizing SASS for consulting support when needed.

## V.

## Commitment to Partnership

One of the most important resources needed to evidence student learning improvement is time. As such, **each program will commit 10 hours per week to the initiative.** This amount of time is necessary to think critically about the program, collect evidence regarding student learning and development, and engage in evidence-based, intentional program redesign. By committing this time up front, programs will be able to distribute other responsibilities accordingly.

a. Weekly Time Commitment (10 hours/week)

Please select a Lead Coordinator who will serve as the primary contact and chief overseer of the initiative. This person may choose to commit all ten hours each week, or assemble a team to share the workload. *Note: Graduate assistants may lend support where needed, but most decisions/discussions will require extensive familiarity with the program over several years, an understanding of the program theory/logic behind the program, knowledge of departmental resources, and a level of authority beyond what most graduate students possess. As such, graduate assistants may not serve as lead coordinators and should contribute less than 1/3 of the total hours spent on the initiative each week.*

b. Support from Direct Supervisor (1 hour/week)

Regular contributions from upper-level administrators are crucial to the long-term success of a learning improvement initiative and, in turn, the future of the program. Direct Supervisor, please sign below to indicate **a commitment of 1 hour per week** to the learning improvement project detailed in this application. This time may be spent in whatever manner is most helpful to program.

Lead Coordinator:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Other Team Members (names only; no signatures required):

\_\_\_\_\_

\_\_\_\_\_

Direct Supervisor (1 hour commitment each week):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Director:

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(Name)

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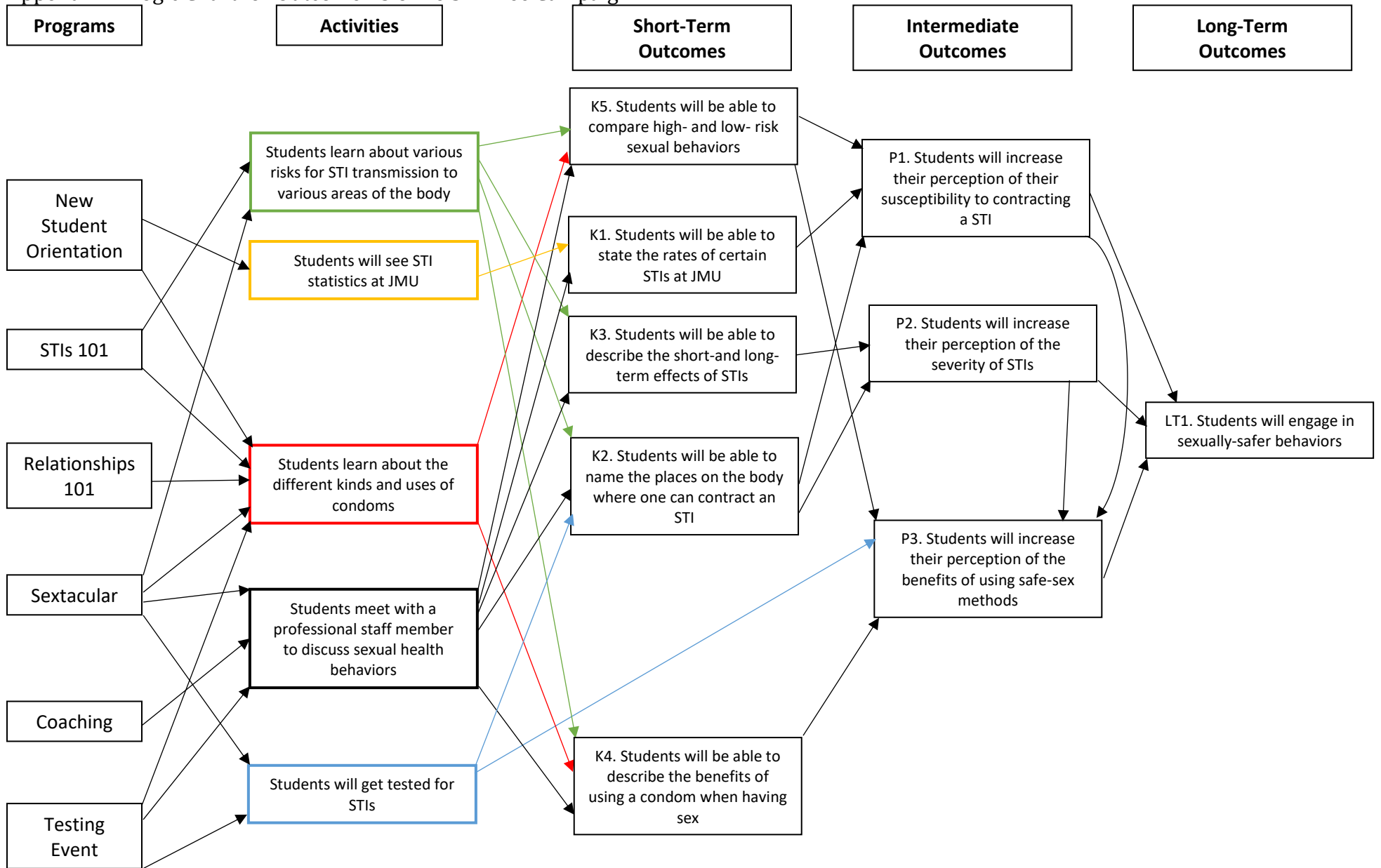
(Signature)  
References

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(Date)

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# Appendix A: Logic Chart for Outcome P3 of Be STI Free Campaign



## Appendix B: Short, Intermediate, and Long-Term Outcomes Logic Chart for Be STI Free Campaign

