

History of Cal Poly Pomona's The Wellness Center

Jim Grizzell, MBA, MA, CHES

This paper includes historical information in terms of health topics and participation by students in health promotion programs since 1990. These do show the breadth and depth of health promotion services. These tasks were primarily done by peer health educators in the 740 sq ft facility in Union Plaza (half the size of the current facility in the Bronco Student Center).

Visits

- Fall 1996: an average of 17 per week
- 99-00, 00-01 & 01-02: an average of over 200 per week (6,800 per year)
- ~2.5 visits per student (therefore, about 2,700 distinct students per year)
- ~80% of visits were due to Curricular Infusion - Faculty sending students to TWC most often were MHR, HRM, KHP, BHS professors of general education classes so a wide variety of majors used TWC. They gave extra credit or required use of TWC as incorporated into their syllabi.

Peer Health Educators (PHEs)

10 to 15 working at least two 3- to 4-hour shifts per week (see The Wellness Card article and budgets for past years)

Qualifications and Pay

- Majors Hired: Health Promotion, Nutrition and Behavioral Science
- Education: have taken at least an upper division course in major (therefore usually at least juniors)
- Desire to work in the health professions
- \$8 to \$9.50 / hr (\$12 to teach CPR and as certified CPR instructor)

TWC staffing

- Provide services to an average of 5.5 student clients per hour plus other tasks
- One professional staff (SHS health educator) in TWC (same as policy of University Housing office which did not allow student staff to work with out a professional staff in the office)
- Two to three peer health educators per hour (37 open hours per week, 10-6 pm Monday -Thursday and 10-3 Friday)
- One PHE 2 to 6 hours per week during closed hours to clean up TWC, data analysis, planning and evaluation.

SHS Clinical Education

- Nutrition majors working about 8 hours per week in SHS
 - Some appointments were taken in TWC but chart notes still needed to be entered at SHS

Presentations

- As requested, about 1 or 2 times per quarter
 - One of about a dozen QMI studies of health promotion found these to be high cost / low impact (\$70 per 1-hour presentation for <10 students). Presentation are Tier 3 and 4 strategies.
 - Recommendation was to be proactive encouraging and assisting requestor get more than 10 and close to 18 attendees
- 21st Birthday Card
 - Cards were prepared to arrive 2 to 4 days prior to each of the ~2,300 students' 21st birthdays annually
 - PHEs prepared these when not helping student clients to TWC
 - Effectiveness of the cards is shown at:
 - <http://www.csupomona.edu/~jvgrizzell/eval/outcomes.htm>

Brief Health Screenings and Interventions

These were theory- and evidence-based screenings that combined cognitive-behavioral skills with norms clarification and motivational enhancement interventions, brief motivational enhancement and challenging expectancies.

Study Well Health Assessments (SWHA)

- Every first time TWC user was asked to complete an SWHA
- SWHA was used by PHEs to guide students to:
 - appropriate Wellness Card assessments to meet the student's needs
 - Needs were both the behavior they wanted to improve in the next six months and
 - Those indicated as higher risk from SWHA (e.g., many sex partners, high risk drinking, smoking, stress, lack of insurance)
 - remind students of SHS services (77% were reminded of SHS services – based on responses to a question on the SWHA in which they indicated not having used SHS in past 12 months)

- This fulfilled the marketing of SHS clinical services function of the health promotion department
- referred ~3 students per month to CAPS for stress related health impediments to learning (stress/sleep/relationship difficulties; suicide/depression risk)
- completed SWHAs were anonymous or confidential (if student provided name and email for email health reminder).
- SWHA information was stored in an SPSS data base for program evaluation purposes.

Wellness Card Assessments

- Leading self-selected Study Well Health Assessments were related to nutrition and stress management
- 150 to over 400 of each of the 20+ WebCT and paper assessments were completed per year
- The on-line versions of assessments on WebCT were used most. These provided tailored feedback for each question. They allow PHE TWC time more effective since PHEs scanned the results of all assessments on-line when the student visited TWC after completing assessments. They discussed priority health issues and student concerns instead of reviewing all of each assessment. Over 95% of the assessments were completed on-line and reviewed in TWC with a PHE. Paper assessments were rarely used.

Comprehensive Body Composition (Percent Fat, BMI, Lean BMI, Healthy Ranges of Weight)

- >1,400 per year (~40% of TWC users)
- About 15% were second measurements an average of 3-months apart
- Outcomes: At 3-months were decreased percent fat, increased lean weight and decreased Body Mass Index. These result in decreased risk for diabetes, overweight, heart disease and high blood pressure.

Fitness Assessments (Aerobic Capacity, Flexibility, Abdominal Strength)

- >400 per year

On-line Screenings

- **Mental Health**
 - Implemented as the result of suggestion from AAAHCA surveyor Dr. Dale Bowen. He said depression and mental health was a major college health issue needing to be addressed by SHS.
 - 320 completed in 01-02 (detailed reports available)

- Resources for student at end of screening provided by Counseling and Psychological Services
- <https://www.mentalhealthscreening.org/screening/welcome.asp>
- **E-CHUG**
 - <http://interwork.sdsu.edu/echug/cppu/index.html>

Email Health Reminders

- ~1,300 students were on the close listserv email to be reminded to do the self-selected health behavior
- Email Health Reminder was sent twice per quarter. Email was very brief with only two or three sentences. It was generic covering the leading requests of stress management, fitness and nutrition. It asked them to try to recall what they specifically wanted to do to improve their health when they completed the SWHA.
- TWC email signature stated that TWC was operated by SHS and had contact information

Keys to success were:

1. providing health education services students wanted,
 - but, priority health issues found were also addressed
2. advertised by signs and literature display cart in high walking traffic areas near TWC,
3. use of curricular infusion and
4. **“Cream of the crop”** (description used by their professors) student peer health educators who were juniors and seniors in Nutrition, KHP and Behavioral Science.

The college health programs could have been much more successful. Barriers to success were “clinical” and “office” barriers described by the US Prevention Services Task Force, an Institute of Medicine report on promoting health and an article by McGinnis, et al.

Three programs were in the planning stages in Summer 2002. These were college-specific programs requested of all Student Affairs offices by then Vice-President of Student Affairs Tomás Morales (now VP Academic Affairs). These were group programs such as the “Take Charge Challenge” for physical activity, and 5-a-day fruits and vegetable which included group participation and behavior tracking (each for the College of Letters, Arts and Science whose majors were, based on **Study Well Health Assessment** data more likely to be overweight, not exercise and not eat fruits and vegetables). Another program based on SWHA was on stress management focusing on relationship problems causing low grades for business majors. A third program to be implemented was alcohol

abuse prevention for women in the Hotel/Restaurant Management major. These women students were significantly more likely to do high risk drinking than males in that major and students in other colleges.

References

1. McGinnis, J., Williams-Russo, P. and Knickman, J. The case for more active policy attention to health promotion. *Health Affairs*. 2002;21:2. 78-93.
2. Smedley, B. and Syme, S. Promoting health: intervention strategies from social and behavioral research. 2000. Washington: National Academy Press. Available at <http://www.nap.edu/books/0309071755/html/>
3. US Department of Health and Human Services' Office of Disease Prevention and Health Promotion. Put Prevention Into Practice, May 2000. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/ppip/ppipabou.htm>