Risky Business on Campus:
10 Key Considerations for Identifying Risk Behaviors of College Students
College aged youth (18-24) are more likely to engage in high-risk behaviors that affect their health and negatively impact their academic performance.

The consequences of these risk behaviors can also have a significant financial impact on your institution. Students who are not identified as at risk and therefore are not provided necessary counseling and resources are at greater risk for drop out, costing institutions $15-$20,000 annually for each student who drops out.
University Health Centers (UHCs) face a unique challenge – caring for the physical and mental health of students and providing a safe environment that supports academic achievement, all with limited time and budgets.

And at a time when those same students are engaging in risky behaviors – consider that:

• 3 out of 4 are sexually active, with higher risk for STDs, unplanned pregnancy, and sexual assault
• Alcohol (35%) and marijuana (27%) use and binge drinking behaviors more prominent in this age group (20%)
• Depression is a critical issue, with 31% of young adults in this age group screening positive for depression

Addressing these risk behaviors improves student health and quality-of-life, and also help to improve academic performance (mitigating attrition), and contributes to a safer campus environment.

However, when it comes to screening to identify these risk behaviors there are several key considerations that may seem obvious – but are often overlooked.

This eBook presents these top 10 considerations for identifying and reducing risk behaviors in college students.
1. Three-quarters (75%) of illness and death in young adults is preventable. According to CDC data, risky behaviors are the primary cause of morbidity and mortality among adolescents and young adults. This is especially relevant for college students – experiencing a new freedom and engaging in developmentally appropriate (but often risky) experimental behavior. The need is clear: effective preventive care for this age group must include accurate and consistent risk identification and behavior change counseling.

2. De-identified Campus Surveys Fail to Help Individual Students at Risk. Many institutions launch annual campus-wide surveys (e.g., the NCHA) to broadly assess student health or related issues (such as Title IX sexual violence “climate” surveys). These surveys play a critical role in understanding the overall health risks of students, and help to direct programming funds. However, for the individual student who has self-identified as struggling with a specific issue such as depression, substance use or sexual assault there is no opportunity for intervention or follow-up with an anonymous survey – a missed opportunity with the potential for significant impact on the student’s health, quality of life, and academic success. Anonymous campus-wide surveys provide insight for the institution – individual assessment allows actionable intervention for the student. Does your survey meet the needs of individual students?

3. Risk Screening During Routine Office Visits is Critical. With the majority of day-to-day UHC visits focused on minor illness and injury, it might seem that risk screening would be more appropriate for a preventive visit, a sports physical or a student presenting with mental health concerns. However, young adults are among the lowest utilizers of healthcare in the U.S. today. That walk-in for a sprained ankle or the flu, may be the only healthcare visit made by the student that year – and the only opportunity to identify the risky behaviors that contribute much more significantly to their long-term well-being. We need to identify the risk while they are in the UHC.

4. Mental Health is as Important in the UHC as in the Behavioral Health Clinic. Most campuses offer behavioral health services in a dedicated, stand-alone department and students can initiate service directly or with a referral from the UHC. Even when (or especially when) a student presents with a mental health complaint, a comprehensive risk screening should be provided in order to assess all of the behaviors that are often co-morbid with behavioral concerns – such as substance use, binging, and unsafe sexual behaviors. Screening in the UHC is the appropriate first step to ensure a more comprehensive, coordinated care approach between the UHC and behavioral health clinic. Don’t pass this off as not an issue for the UHC.
5. Current Medical Practice Doesn’t Match Evidence Based Criteria.
While guidelines for risk screening using a standardized, validated approach are well established by the leading health organizations (see chart below) available data indicates it is not yet common practice. A recent survey of UHCs by Possibilities for Change revealed as few as 20% of centers were consistently screening with a standardized, validated approach – leaving the mass majority of UHCs with gaps-in-care and the opportunity for practice improvement.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Screening Recommendations</th>
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<tbody>
<tr>
<td>American Academy of Family Physicians</td>
<td>Screening for sexual activity, depression, tobacco use</td>
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<tr>
<td>American College of Preventive Medicine</td>
<td>Annual comprehensive screening for risk behaviors – across all visit types</td>
</tr>
<tr>
<td>American Medical Association</td>
<td>Annual comprehensive screening for risky behaviors</td>
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<tr>
<td>Centers for Disease Control</td>
<td>Screening for risky behaviors (e.g., sexual activity) and potential consequences of these behaviors (e.g., STI, pregnancy)</td>
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<tr>
<td>US Preventive Service Task Force: AHRQ</td>
<td>Screening for depression, tobacco use/prevention, and sexual activity</td>
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6. **Oral Interviews Are Not As Effective for Risk Assessment in College Students.** We’re all human, and despite our best efforts, we can occasionally be forgetful or may have subconscious biases that affect the way a question is asked. (And the way a question is asked, absolutely affects the way it is answered.) In addition, it’s human nature to immediately address any risks as they are identified – rather than completing the entire assessment before beginning counseling. This approach often ends in key risks being skipped, never identified, or hurriedly addressed due to time constraints. We can’t afford to miss any risks with any students.

7. **Standardization and Validation Matter.** A standardized assessment ensures that all of the right questions are asked, and in the same way, every time. Validation ensures that the questions on the assessment are scientifically proven to effectively identify risks. Consistency is essential to maximizing effectiveness.

8. **Students Will Be More Comfortable and Honest with Technology Than With You.** Research shows that young adults are more honest when using a technology-based interface to complete a risk assessment than with a paper based survey or face-to-face interview. And more than that – with everything from tablet-based textbooks to online class registration – students have an expectation for technology in their day-to-day interactions. Technology is more popular and improves effectiveness and efficiency.
9. **Telling Students They Need to Change Their Behavior is Not Effective.** As healthcare practitioners it’s natural to apply a clinical approach to counseling. However with young adults, effective behavior change requires a different approach – because the more you tell young adults why they need to change, the less likely they are to do it. Employing counseling techniques like motivational interviewing can help to guide students towards healthier decisions.

10. **Risk Screening is a Cornerstone to the Fight Against Sexual Violence on Campus.** While experimentation with new behaviors is a normal part of development for college students, some of those same behaviors (such as drinking and substance use) can also put students at higher risk for sexual, physical and relationship-based abuse. When combined with a previous history of abuse, this risk is even higher.

And while all of these risk behaviors impact student retention, engagement, and academic success, identifying the triad combination of emotional issues, substance use and a history of sexual abuse can help you *proactively intervene with your students at higher risk for sexual violence.*
While the problem is clear, there are high impact, low-cost ways to deal with this issue that can positively impact student lives, student health and the bottom line of the institution.

A cloud-based risk screening, data capture and reporting system provides an affordable approach for accurately and consistently identifying risk, while enhancing your workflow by providing counselors with a complete, consistent and accurate snapshot of each student and support for their counseling efforts.

**Solution components should include:**

- A cloud-based technology platform (such as RAAPS-College Age system) to ensure risks can be identified quickly and easily before a student walks into your exam room – allowing you to focus your limited visit time on their greatest needs
- Evidence-based messaging to ensure consistency in risk reduction counseling across the continuum of potential risks
- Robust reporting that measures the specific types of behaviors being reported by students and can help you identify what prevention programs need to be implemented
- Outcomes measurement to determine the effectiveness of screening and counseling
- Improved compliance with regulations regarding student health and safety
- No hardware or software to install or maintain - keeping costs down
Benefits of Improved Screening & Reporting

- Greater engagement and honesty on the part of the student
- More accurate information on individual and aggregate risks
- Enhance your ability to screen and counsel individual student risks
- Improve referrals to support services (mental health and substance abuse)
- Lower cost and less effort in data capture and aggregation
- Better and easier overall reporting for administration
- Better compliance with regulations involving student health and security
- Lower student attrition rates and better financial performance
A Call-to-Action

Overwhelmed….you should be.

Not sure where to start…let us help you.

These are serious issues. We hope you will join us in working together to ensure that all of the students in your population are screened for risky behaviors that impact their health and academic success.

Don’t grapple with these issues alone. You have the opportunity to make a real and lasting positive change in your student’s health and your institution’s financial bottom line!
About the Author

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Dr. Jennifer Salerno is a Nurse Practitioner with more than 20 years of experience in health care. She has practiced in busy primary care offices as well as in school-based health centers. It was in her former role as the Director of the School Based Health Center Program and the Adolescent Health Initiative at the University of Michigan, that she developed the Rapid Assessment for Adolescent Preventive Services (RAAPS) risk screening system.

About Possibilities for Change

Possibilities for Change delivers practical, evidence-based tools and communication strategies to help providers more effectively identify and reduce risk behaviors in adolescents and young adults – while simultaneously addressing the day-to-day realities of your practice (including limited time, resources, and outcome reporting requirements).

About RAAPS

RAAPS for UHCs is a validated risk assessment & counseling system designed especially for professionals working with 18-24 year olds. RAAPS cloud-based system offers unique and practical features for busy offices, including:

• A tablet based survey interface and short-form surveys that can be completed in just 5-7 minutes
• Workflow that notifies the provider of identified risks before the student even enters the exam or counseling room
• A counseling support platform with evidence-based messaging for providers across diverse risk topics
• Outcomes and risk-trend reporting
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To learn more, please visit www.possibilitiesforchange.com
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