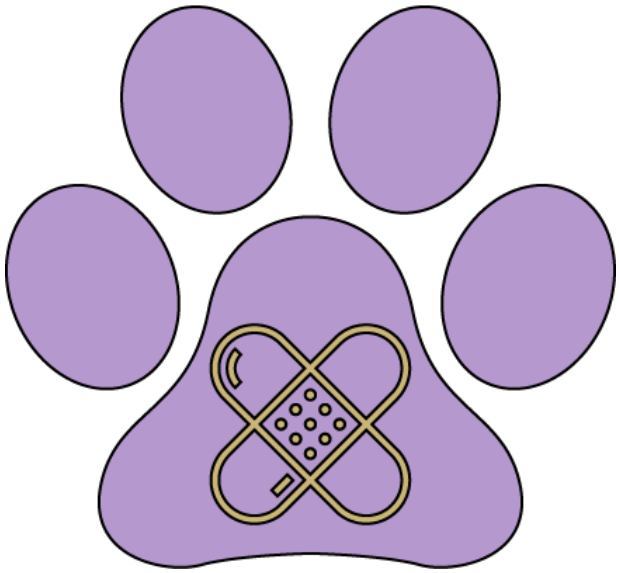
JMU Students' Self-Care Health Campaign Kit



The Best Care Is Self-Care

Morgan Howell, Julie Kovalyak, Colleen Maloney, & Amanda Smith

Table of Contents

Brief Explanation of Self-Care

Health Interaction Satisfaction

When looking at interactions and experiences in healthcare settings, a variety of factors play into the satisfaction and health of the individual(s) at hand. In order to better understand the more specific subset of experiences of college students, we must first understand the variables that are leaving many students feeling dissatisfied regarding the upkeep and treatment of their health. In this research brief, we will examine several principle-contributing factors to satisfaction in health care scenarios, including health literacy, self-efficacy, misconceptions about antibiotics, social support networks, and health thought processes of college students. Finally, we will relay several solutions and other important information that has the potential to improve experiences within university healthcare systems.

Antibiotic Misconceptions

There appears to be a common misbelief about the existence of a "magic pill" that will heal all ailments. What many people don't realize is that many illnesses cannot be treated with antibiotics, as well as that antibiotic resistance is a prevalent issue within the healthcare system. Over-prescribing antibiotics has conditioned patients to always expect an antibiotic prescription. A lack of knowledge in differentiating between bacterial and viral illnesses leads many patients to incorrectly believe that antibiotics are the necessary treatment to whatever health issue they may be having.

While a multitude of patients expect to receive antibiotics, many physicians continue to prescribe despite knowing their uselessness. These unnecessary prescriptions are causing an antibiotic resistance epidemic in the United States. A multitude of common bacteria strains have developed increased resistance in individuals of all ages (Heritage et al., 2010). As antibiotic resistance grows, more potent and expensive antibiotics are necessary, some of which must be taken intravenously (Coleman, 2003). It is crucial that prescription appropriateness is not only improved,

but that preventative behaviors are also taught and encouraged, such as hand washing (Smith, Greenberg, & Parrott, 2014).

Many providers inappropriately prescribe antibiotics when their patient approaches the situation with a prescription as their end goal, as they may question or push the provider (Heritage et al., 2010). Role efficacy is of the upmost importance in being able to successfully educate patients and make decisions that are in the patients' best interest (Coleman, 2003). Similarly, many providers have expressed concern that they are unsure how to educate their patients on correct and incorrect antibiotic usage (Coleman, 2003). In improving role efficacy, providers can efficiently and correctly provide quality, accurate care to their patients.

Attitudes and Perceptions

In young adults', more specifically college students', newfound experience in dealing with their own health, choosing a healthcare provider at their university is a novelty occurrence. Since this is a new locale in which they can't immediately consult the opinions and experiences of parents, etc., many college students turn to the biographical information on providers listed on the health center website (Perrault, Silk, Totzkay, Sheff, Ahn, & Hoffman, 2015). The intelligence, competence, expertise, and qualifications of providers were mentioned by students in their process of finding the ideal university healthcare provider (Perrault et al., 2015). In providing such information, patient-provider communication and relationships will improve significantly, thus enabling university health centers to maintain high retention rates of student patients.

Social Support Networks

The immense benefits of social support networks in navigating one's health oftentimes go unnoticed. Individual's perceptions of social support availability have been positively linked to health outcomes (Hether, Murphy, & Valente, 2014). Social support networks play key roles in individual's decisions, compliance, and responses to their health (Fink, High, & Smith, 2014). These networks serve as "information bridges" in that they oftentimes seek information and then relay it to the patient at hand (Hether et al., 2014). Providing social support not only increases positive health outcomes, but has also been shown to garner a more active information-seeking role by the support provider (Hether et al., 2014).

In today's technological age, information and interactions are becoming increasingly digitized. The Internet is regarded as being a "primary health information source" for young adults (Syn & Kim, 2016). Also, there is a common misconception that health care ends when an appointment does, however this does not hold true. Actively seeking support increases the likelihood of positive health outcomes, while also providing benefits for the support providers as they are essentially educating themselves on the processes at hand (Hether et al., 2014). While social support networks are oftentimes underrated in their effectiveness, positive health decisions and outcomes are positively correlated with the perception of social support in navigating the former.

Health Literacy and Self-Efficacy

While many people in the United States are educated, few are educated in terms of health, or rather are health literate. The realm of health literacy refers to how individuals listen to and communicate health information, as well as how they make health decisions (Aldoory, 2017). While a provider can be qualified and competent, this means nothing if the patient at hand does not have adequate health literacy skills to understand what is going on. This is extremely concerning in that a

multitude of individuals do not understand what is going on in their own health, and therefore make unsatisfactory, or even no, decisions regarding their health.

A lack of health literacy plays into the facet of self-efficacy. When individuals do not have the skills necessary to comprehend health information, they are less likely to be proactive about their health (Britt & Hatten, 2016). Individuals may even take blatantly unsatisfactory advice from other individuals because they are unable to decipher between the two (Britt & Hatten, 2016).

The Internet is a promising way for individuals to retrieve and understand vital health information (Britt & Hatten, 2016). Computer-mediated communication and e-health literature shows promise for increasing self-efficacy (Britt & Hatten, 2016). By providing people with e-health tools, they can make better-informed decisions related to their health. This breakthrough promises better health literacy and self-efficacy than through traditional, interpersonal contexts (Britt & Hatten, 2016).

Addressing Disparities in Health Experiences

By examining the multitude of variables that play into a patients' satisfaction level of their health care experiences, we can better understand the adjustments needed to ensure that the goal of proper health care is met. Improved healthcare-community relationships are necessary for improved overall experiences (Schiavo, 2015). Various factors play into individuals' abilities to make informed health decisions, comply with treatment, and lead health-educated lives (Schiavo, 2015). Furthermore, it is crucial that antibiotic misconceptions be dispelled; While no patient-provider experience is going to be perfect, by addressing the multiple variables that play into health experiences better interactions can be provided, thus improving the health of individuals.

JMU Students' Self-Care and the Health Belief Model

Instead of just asking students to utilize self-care for minor illnesses more often, designing a campaign based on this approach requires us to examine the deeper factors why students do not utilize self-care as much as they should. Do they believe that they don't have the knowledge or resources to heal themselves? Or perhaps it's just easier to go to the doctor and have a medical professional tell the student what's wrong and how to fix it. When we talk to students, we want to identify perceptions of risk, benefits, barriers, perceived susceptibility, and perceived severity. We can potentially implement ways to understand student's perceptions of these risks, benefits, barriers, susceptibility, and severity by asking tailored questions in a focus group. We can ask students if they believe self-treatment of illnesses will lead to recovery, which will explore student's response efficacy and acts at the benefits portion of the HBM. On the other hand, how do students see barriers to self-care? Perhaps self-care poses as an inconvenience, they lack a strong social support system, or they lack the health literacy to treat themselves.

The ultimate goal for behavior change through the Health Belief Model is to persuade students that the perceived benefits outweigh the barriers. We want to communicate to students the drawbacks of overusing the health care center, such as students losing time and money. Personally, as a student, saving time and money are very important to me. Self-treatment allows for students to get on the road to recovery faster (instead of waiting for a doctor's appointment) and is more cost-efficient (over the counter drugs are typically less expensive than prescription drugs). Faster recovery times means more time to get back out there and do what you love. When students overuse the health clinic, they spend more money and time than is necessary for an illness that is self-treatable. Frequent trips to the doctor may result in an over-prescription of antibiotics, which contributes to antibiotic resistance.

The main focus of this campaign is encouraging student self-care. This is not necessarily a high-risk situation, such as a campaign on cardiovascular health. So how do we still motivate students to understand the benefits of self-care, and how by taking part in this action, we can reduce the barriers while at the same time increasing the perceived susceptibility and severity of antibiotic resistance. One avenue for this is increasing student self-efficacy regarding their health and increasing eHealth literacy (being able to find, understand, and apply medical information on the internet). I propose we increase student's self-efficacy regarding self-care by reducing anxiety and uncertainty with recognizing symptoms and steps for treatment, and breaking down these treatment steps into smaller, easier to accomplish steps. We can increase eHealth literacy with James Madison University students by increasing awareness about the online JMU medical portal, MyJMUHealth, (raise students' ability to find relevant health information), which will hopefully lead to application. We can wireframe an app that contains the same information found on the JMU medical portal for students' convenience. The Health Belief Model states that the person must have the efficacy to perform an action (in this case, self-care), and there must be a cue to action to start this process. In our campaign, we will be publishing informational material, which can serve as a catalyst for behavioral change with self-care.

Campaign Aims and Objectives

Overall Campaign Goal: To improve students understanding, knowledge, and ability to care for self when ill, thus reducing unnecessary trips to the University Health Center.

Aim 1: To improve college students' ability to perform self-care when sick.

Objective: Increase students' confidence in their ability to care for themselves when sick to 30 percent of the student population by the end of the Fall 2017 semester.

Aim 2: Improve students' health literacy regarding identifying and self-treating common illnesses.

Objective: Explain the difference between viral vs. bacterial illnesses and the best way to self-treat these illnesses through a survey.

Aim 3: Students are able to apply new information regarding viral vs. bacterial illnesses when deciding whether or not to get a prescription for an antibiotic.

Objective: To decrease student's association of antibiotic use to treat all illnesses by the end of the Fall 2017 semester.

Aim 4: To increase awareness of university Self-Care Station among students.

Objective: Increase understanding of what the Self-Care Station is and the services it provides by 25 percent of the student population by the end of the Fall 2017 semester.

Aim 5: To increase the number of students who visit the university Self-Care Station.

Objective: Increase the number of college students that visit the university Self-Care Station when they're sick by 20 percent, by the end of the Fall 2017 semester.

Explanation of Target Audience

Our campaign aims to target full-time, undergraduate students at James Madison University. The total enrollment of students at James Madison University in the fall of 2016 was 21,270 ("Facts and Figures", n.d.). Of these students, 19,262 individuals constituted the undergraduate population, and the remaining 1,673 students were graduate students. The vast majority of students, totaling at 19,597 individuals, are full-time students, and 75 percent are in-state students. Another strong statistic of regarding the student population at James Madison University is that 60 percent of students are female, and 40 percent of students are male.

Students from James Madison University come from various ethnic backgrounds. The vast majority of students, at 75.44 percent, identify as white. Several other ethnicities are represented at lower percentages: 4.68 percent of students identify as black or African American, 5.65 percent of students identify as Asian, 6.1 percent of students identify as Hispanic, 3.86 percent of students identify as biracial.

Based on this information, collected by the university, we decided that the best audience to target would be white, female, undergraduate students. We targeted this group because females make up the largest gender demographic and those who identify as white are by far the largest racial demographic at JMU. By choosing this group to target and specializing our message to them, we have maximized the number of people that will find our campaign appealing and engage in better self-care practices.

Explanation of Research Processes and Findings

Over the course of this health campaign, our findings have painted a unique picture of JMU student's opinions, beliefs, and knowledge about self-care. We conducted both a Qualtrics survey (Howell, Kovalyak, Maloney, & Smith, "Self-Care", March 27th, 2017) and a focus group to gather information for our campaign. We began our health campaign with a Qualtrics survey (that measured quantitative participant statements. 117 JMU students participated in our Qualtrics survey. We asked quantitative questions regarding the JMU health center, health literacy, self-care, and antibiotics. Our focus group consisted of 8 individuals, 7 of which identified as females and one identified as male. This was an ideal group to interview because our target demographic that we are tailoring our message to is female undergraduate students, so we were getting direct input and feedback from these women. These students primarily answered questions regarding self-care, antibiotic use, health literacy, and providing feedback on some preliminary campaign ideas.

Quantitative

Most students surveyed responded that they were unlikely (33%) to reach out to the health center, with the second largest majority replying that they were likely (30%) to reach out to the health center when they felt sick (Fig. 1, "How Likely Are You to Reach Out…"). Because of the close percentages, students' beliefs were divided on this question. Regarding health literacy, most JMU students reported that they are very likely (80%) to be able to follow the instructions on a medicine bottle, followed by somewhat likely at 11% (Fig. 2, "How Likely Are You to Be Able…"). This invalidates our hypothesis that JMU students sought out prescriptions from providers because they didn't feel they would be able to follow the instructions on medicine bottles. We also asked a question about what factors JMU students felt prohibited them from enacting self-care. 88 students replied that a lack of time was their biggest factor in their decision to not enact self-care, followed by a lack of

information at 56 students (Fig. 3, "What Prevents You From Taking…"). Because of this question's results, we decided to provide a convenient way for students to quickly access JMU health center self-care information through an app. Finally, we found nearly a third of JMU students (27%) did not correctly identify which infections (viral or bacterial) required an antibiotic (Fig. 4, "Can Antibiotics Cure…"). The result of this question leads us to believe there is a percentage of JMU students who use antibiotics when antibiotics are ineffective in the given situation.

Qualitative

Following our Qualtrics survey, we conducted a focus group (Howell, Kovalyak, Maloney, & Smith, "Focus Group for Self-Care", March 23, 2017) to help identify why certain answers in the survey were given. Regarding self-care, most said that if they didn't consider the illness to be too serious then they would "power through" and still attend classes. Additionally, most said they would prefer to treat themselves over a doctor's visit when experiencing an illness. Students had the intention to self-treat, however, paired with the results of our Qualtrics survey, this desire fell flat with a lack of information for self-care.

Regarding antibiotics, most students said they would prefer over-the-counter treatments rather than prescribed antibiotics. We also found that most of our participants did not know what illnesses require antibiotics. They seemed to understand the concept that bacterial infections require antibiotics, but not which specific illnesses are considered bacterial infections. A participant in our focus group specified that she takes antibiotics for, "strep throat, bronchitis, or other severe symptoms." However, this shows that this individual is not fully competent in which illnesses are bacterial and which are viral, because strep throat requires antibiotics, but bronchitis is rarely ever bacterial based.

Most JMU students had never used or heard of the Self-Care Station in SSC, and only one participant had used it. This lack of awareness students exhibited towards campus resources

strengthened our campaign focus of raising awareness and use of the Self-Care Station in our campaign material design. Similarly, most weren't aware of the university's self-care portal online.

We received several interesting responses in our Qualtrics survey and focus groups. Most students from our focus group had a strong support system regarding health issues. Additionally, one student had a parent who worked in the medical field that they consulted for medical advice. We were also surprised to find that most students in the group are unlikely to reach out to the health center when they're not feeling well. Rather than make a trip to the University Health Center, they would prefer to treat themselves with over-the-counter medications and sleep.

Through our campaign survey and focus group, we've been able to validate our message content and design decisions. By tailoring these messages, our hope is to reach our target group with content and materials that strongly resonates with them.

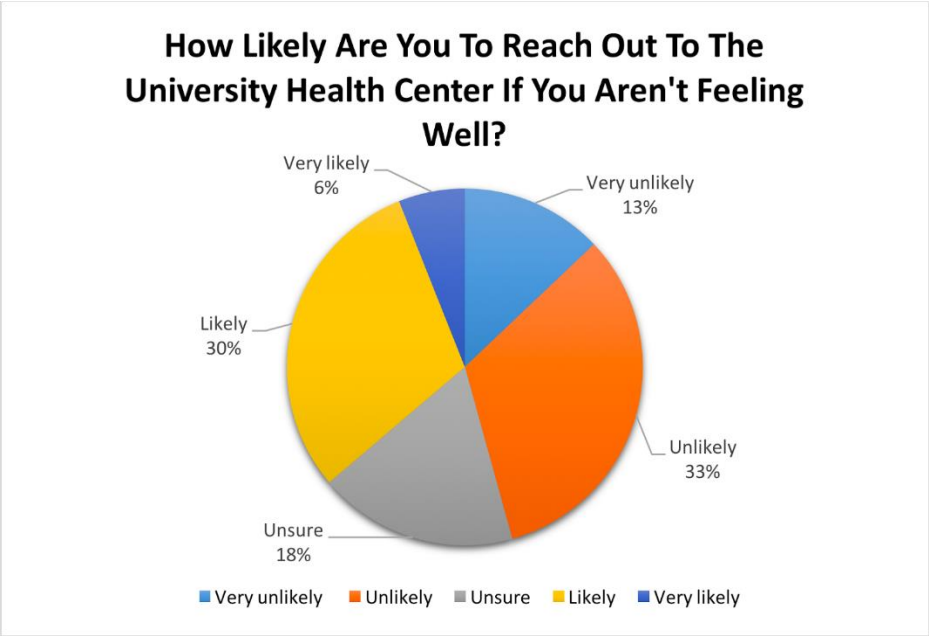


Figure 1. "How Likely Are You to Reach Out to the University Health Center if You Aren't Feeling Well?"

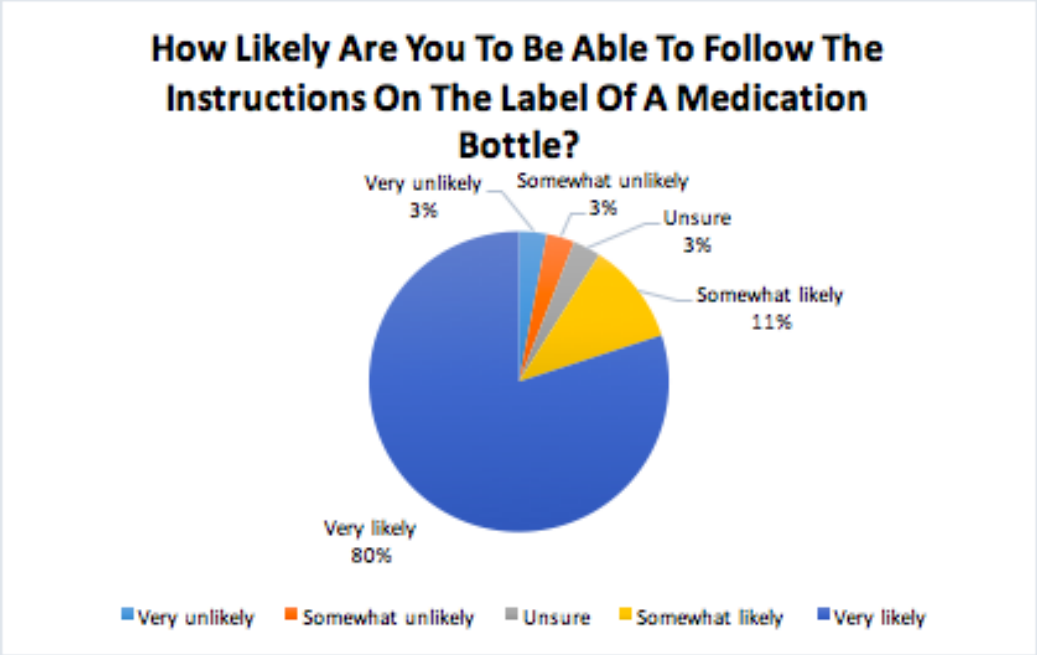


Figure 2. "How Likely Are You to Be Able to Follow the Instructions on the Label of a Medication Bottle?"

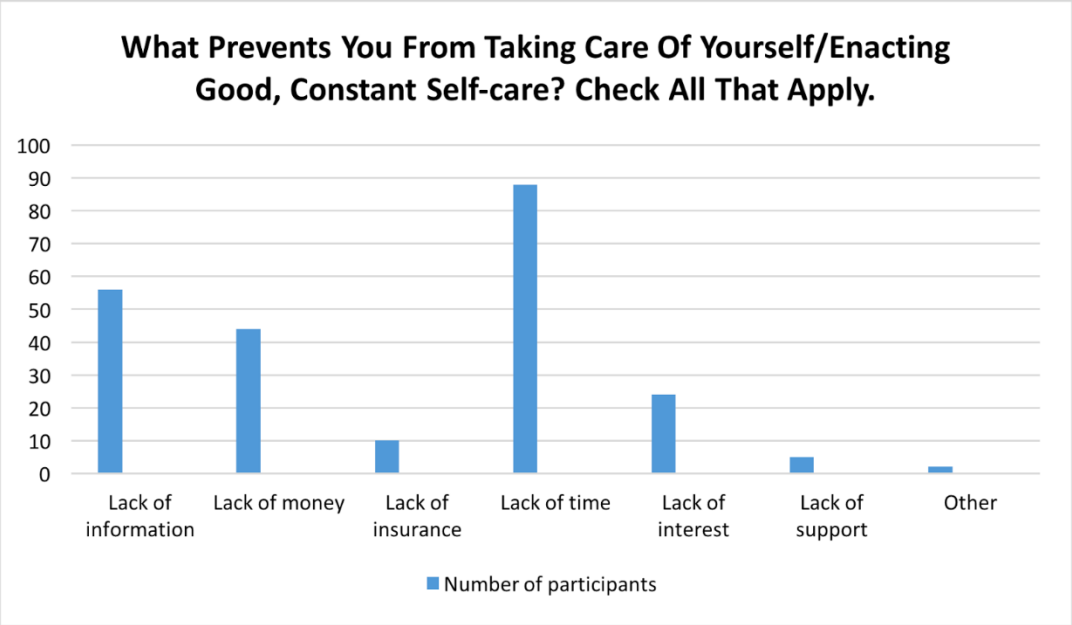


Figure 3. "What Prevents You From Taking Care of Yourself/Enacting Good, Constant Self-Care? Check All That Apply."

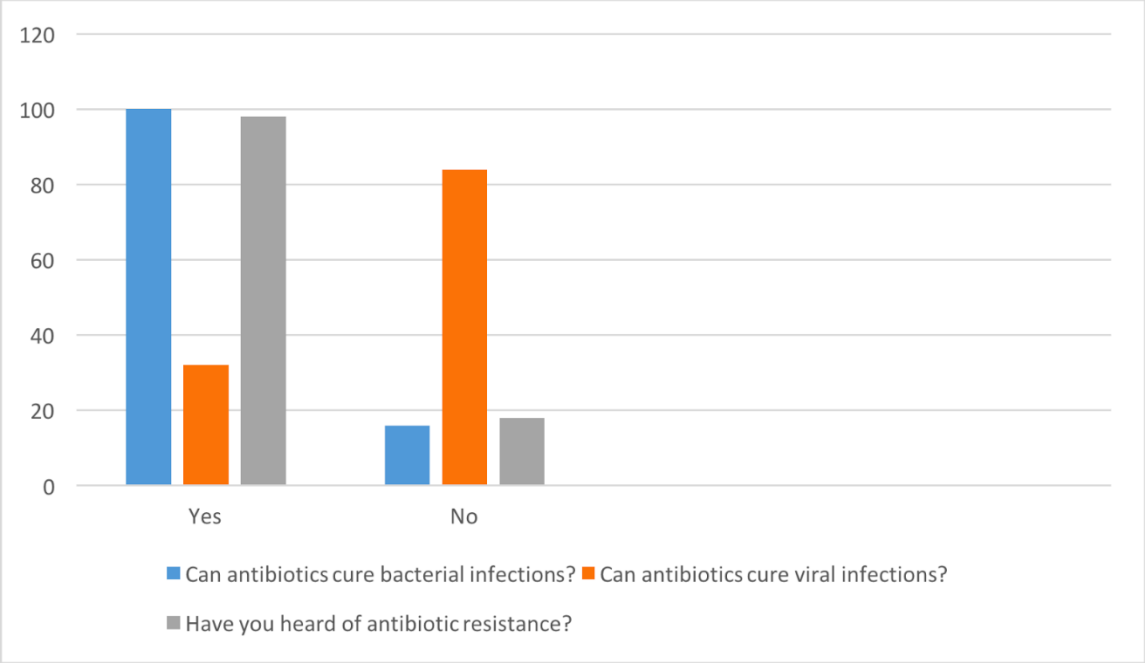
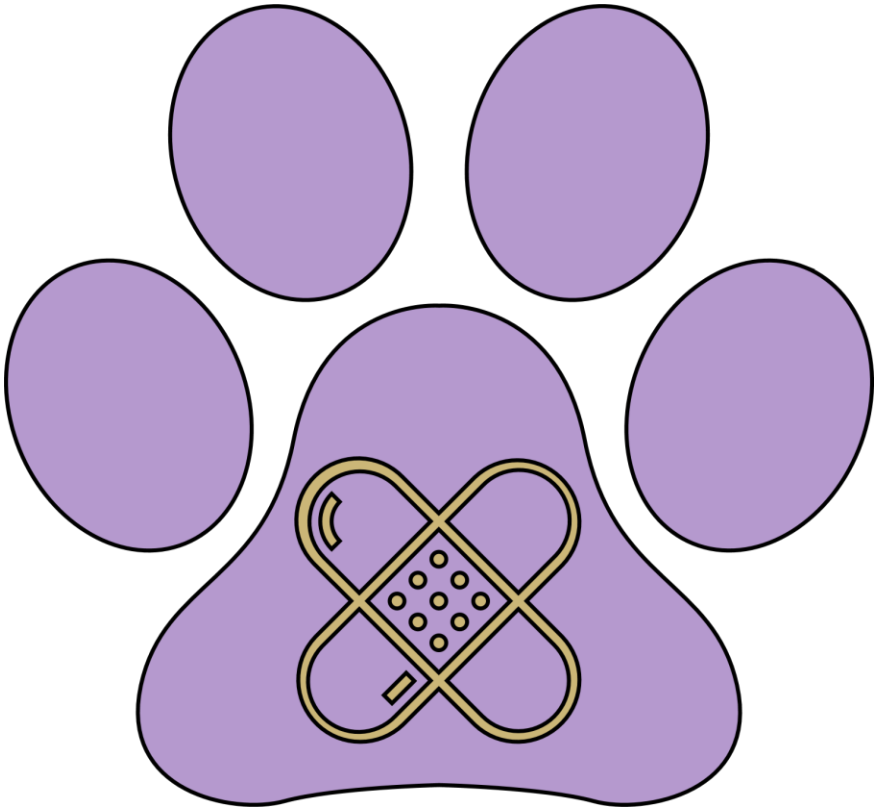


Figure 4. "Can Antibiotics Cure Bacterial Infections? Can Antibiotics Cure Viral Infections? Have You Heard of Antibiotic Resistance?"

Campaign Materials

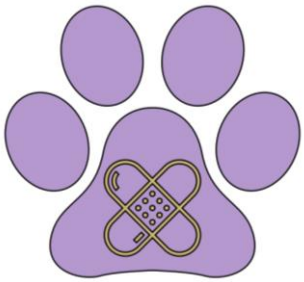
JMU Students' Self-Care First Aid Kit

JMU Students' Self-Care Logo & Slogan



The Best Care Is Self-Care

JMU Students' Self-Care Press Release



Contact: Amanda Smith
(443) 619-9355
smith9ae@dukes.jmu.edu

FOR IMMEDIATE RELEASE

JMU STUDENTS LAUNCH CAMPAIGN ADDRESSING THE IMPORTANCE OF SELF-CARE IN COLLEGE

Health campaign by students, for students highlights why self-care is the best care.

HARRISONBURG, VA., Apr. 20, 2017 — A health campaign designed to improve college students' knowledge and practices regarding self-care was released this week at James Madison University in Harrisonburg, Virginia. The 'JMU Students' Self-Care' health campaign seeks to reduce unnecessary visits to the University Health Center by providing students with knowledge and resources regarding specific self-care issues, including antibiotic use, health literacy, and positive self-care practices.

Recent research conducted by undergraduate students at JMU revealed that students are generally unaware of the resources that the University Health Center provides, such as Self-Care Station and a self-care web portal (MyJMUHealth). Many college students have placed the issue of self-care far down on to-do lists that include classes, homework, extracurricular activities, and jobs. Neglecting to practice self-care can lead to several issues, such as the spread of contagious illnesses and improper antibiotic use. Lesley Eicher, Health Education Coordinator at the University Health Center, stated, "Empowering individuals to self-care has many benefits for their short-term and long-term health. Developing healthy living and self-care habits are equally as important to managing life."

The goal of this campaign is to educate college students on the benefits and importance of practicing good self-care. Through the dissemination of print advertisements and public service announcements across campus, the 'JMU Students' Self-Care' health campaign strives to have a positive impact on the way JMU students practice and view self-care.

The "JMU Students' Self-Care" health campaign was created by undergraduate students studying health communication at James Madison University in collaboration with the University Health Center (UHC). The University Health Center provides care and education that

helps students be well, stay well and do well. The UHC strives to be a model for translating health care and health education into increased student engagement and learning.

###

If you would like more information about the 'JMU Students' Self-Care' health campaign, please contact Amanda Smith at (443) 619-9355 or email smith9ae@dukes.jmu.edu.

JMU Students' Self-Care 30-Second Radio Script

(sounds of students shuffling into a classroom, low murmurs. Male student coughs.)

Male: I think I'll go to the health center, I've had this cold for the past few days.

Female: Your best bet might actually be self-care. Why would you want to waste your time sitting in the health center when your best game plan for feeling better is you. Rest, take over- the-counter drugs, and drink plenty of fluids. Pretty soon, you'll bounce back to your old self.

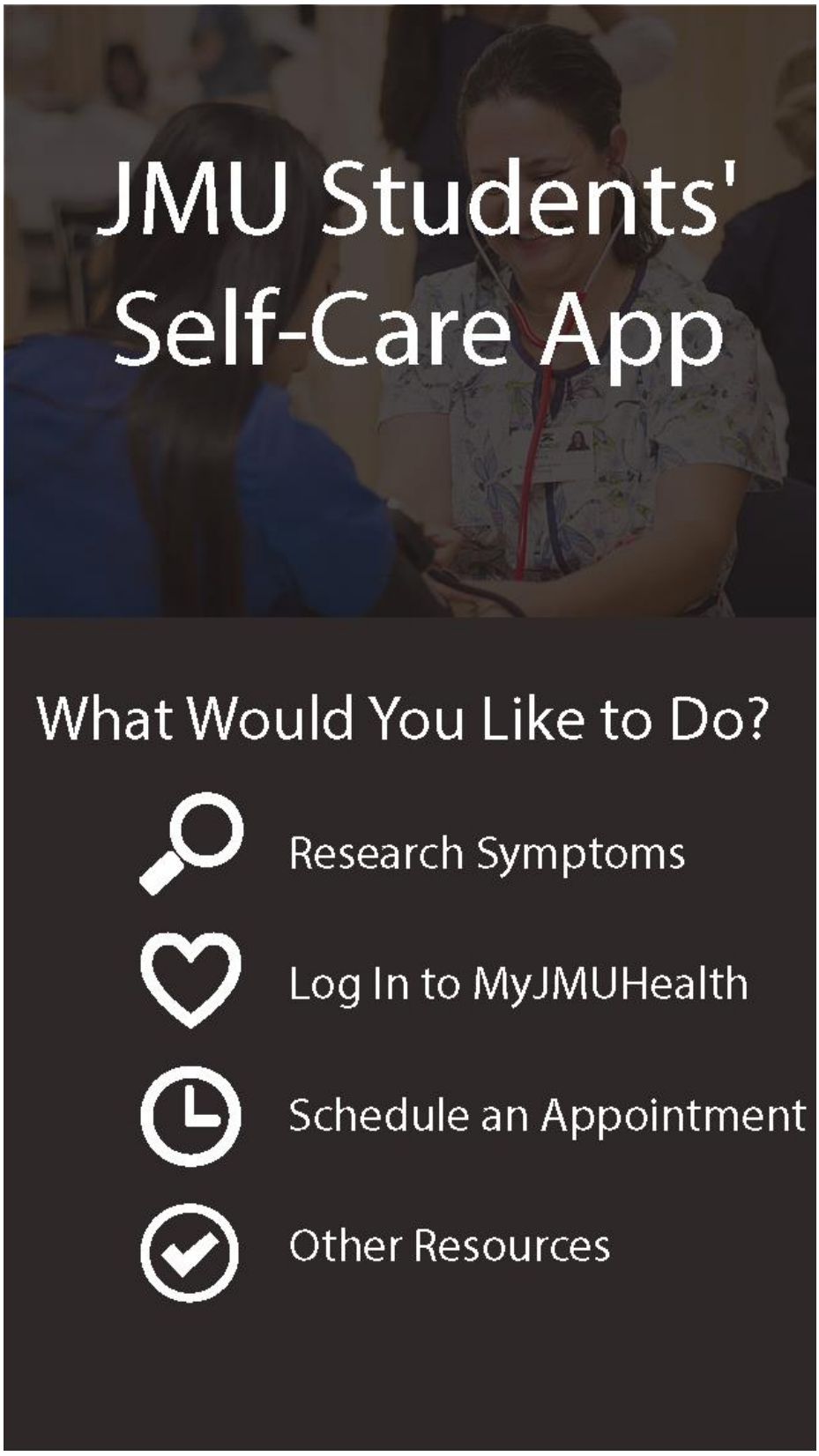
Male: But I don't have a car to go to the pharmacy.

Female: That's ok! The health center in SSC not only sells over-the-counter drugs at a reduced price for students, but you can also visit the Self-Care Station in SSC that can give you the tools you need to self-treat.

Narrator: Remember, the best care is self-care.

JMU Students' Self-Care Print Ad

JMU Students' Self-Care App Wireframe



Sore Throat

Requires Antibiotic?

Most cases do not require an antibiotic

Self-Care Measures

- Rest
- Drink plenty of non-alcoholic fluids
- Use Ibuprofen (Advil®) 600 mg every 6-8 hours or Acetaminophen (Tylenol®) 650 mg every 6 hours as needed to reduce fever/discomfort
- Gargle with salt water and use throat lozenges (containing Benzocaine)

Go to the JMU Health Center If:

- Fever over 102° F
- Fever over 101°F for more than 3 days
- Unable to swallow your spit
- Significant worsening of only 1 tonsil
- Sore throat that doesn't improve over 2-3 days and you don't have a runny nose, congestion, or cough

Vaginal Yeast Infection

Requires Antibiotic?

No. Most cases can be treated with an over-the-counter medication

Self-Care Measures

- Use an over-the-counter medication for vagi - nal yeast infections. These antifungal medica- tions should contain butoconazole, clotrima zole, miconazole, or triconazole and should be used for 3-7 days
- Change tampons, pads, and panty liners often
- Wear underwear with a cotton crotch
- Apply a cool compress to labia for comfort
- Do not douche or use vaginal sprays
- Do not wear tight underwear and don't wear underwear to sleep
- Avoid hot tubs

Go to the JMU Health Center If:

- If this is your first yeast infection
- If you're concerned about STIs
- You have strong or foul odor
- You have painful sores
- You have symptoms of a bladder infection
- No improvement in sympotms after one week after treatment with over-the-counter medication

Common Cold

Requires Antibiotic?

No. The cold is a virus, and antibiotics are not effective for viral infections

Self-Care Measures

- Rest
- Drink plenty of non-alcoholic fluids
- Use saline nose drops to loosen mucus
- Use Ibuprofen (Advil®) 600 mg every 6-8 hours or Acetaminophen (Tylenol®) 650 mg every 6 hours as needed to reduce fever/discomfort
- Use oral decongestants (Phenylephrine) for short-term relief of nasal congestion
- Gargle with salt water and use throat sprays/lozenges for throat pain
- Use heated, humidifed air

Go to the JMU Health Center If:

- Fever over 102° F for more than 3 days
- Symptoms that last over 10 days and are getting worse instead of better
- Shortness of breath/weezing
- Pain/pressure in your chest
- Severe sinus pain
- Very swollen glands in the neck or jaw
- Significant sore throat lasting more than 1 week

Fever

Requires Antibiotic?

Maybe. If your doctor suspects a bacterial infection, an antiobiotic may be prescribed

Self-Care Measures

- Rest
- Drink plenty of non-alcoholic fluids
- Use Ibuprofen (Advil®) 600 mg every 6-8 hours or Acetaminophen (Tylenol®) 650 mg every 6 hours as needed to reduce fever/discomfort

Go to the JMU Health Center If:

- Fever over 103° F
- Fever over 102° F for more than 3 days
- Confusion or disorientation
- Severe or persistant vomiting
- Severe headache
- Unusual skin rash
- Sensitivity to light
- Seizure
- Abdominal pain
- Pain when urinating
- Other unexplained symptoms

Cough

Requires Antibiotic?

Maybe. If your doctor suspects a bacterial infection, an antiobiotic may be prescribed

Self-Care Measures

- Rest
- Drink plenty of non-alcoholic fluids
- Avoid cigarette smoke
- Use a humidifier
- Use an over-the-counter cough medication containing Dextromethorphan and/or Guaifenesin

Go to the JMU Health Center If:

- Cough lasts more than 3 weeks
- Cough prevents you from sleeping
- Chest pain
- Cough produces blood
- For wheezing or shortness of breath
- Fever with significant cough over 72 hours

Influenza (Flu)

Requires Antibiotic?

No

Self-Care Measures

- Rest
- Drink plenty of non-alcoholic fluids
- Use Ibuprofen (Advil®) 600 mg every 6-8 hours or Acetaminophen (Tylenol®) 650 mg every 6 hours as needed to reduce fever/discomfort
- Use oral decongestants (Phenylephrine/Pseudo ephedrine) for short-term relief of nasal congestion
- Use nasal decongestants (Oxymetazoline) for short-term relief of nasal congestion (don't use for more than 3 days)
- Gargle with salt water and use throat sprays/loz enges (containing Benzocaine) for throat pain
- Use heated, humidified air (if you don't have a humidifier try taking aa hot shower)

Go to the JMU Health Center If:

- Cough lasts more than 3 weeks
- Cough prevents you from sleeping
- Chest pain
- Cough produces blood
- For wheezing or shortness of breath
- Fever with significant cough over 72 hours

Nausea and Vomiting

Requires Antibiotic?

No

Self-Care Measures

- Stop eating solid foods
- Rest
- Suck on ice chips or sip small amounts of water on a frequent basis
- If you vomit, wait about 20 minutes then resume fluid intake
- Slowly increase the amount of fluid intake
- Water, Pedialyte® or sports drinks are acceptable
- Avoid caffeine, alcohol, and carbonated beverages
- Acetaminophen (Tylenol®) 650 mg every 6 hours as needed for fever, chills, headache, or body ache
- Use Imodium for diarrhea lasting more than 2 days

Go to the JMU Health Center If:

- Cough lasts more than 3 weeks
- Cough prevents you from sleeping
- Chest pain
- Cough produces blood
- For wheezing or shortness of breath
- Fever with significant cough over 72 hours

Conjunctivitis

Requires Antibiotic?

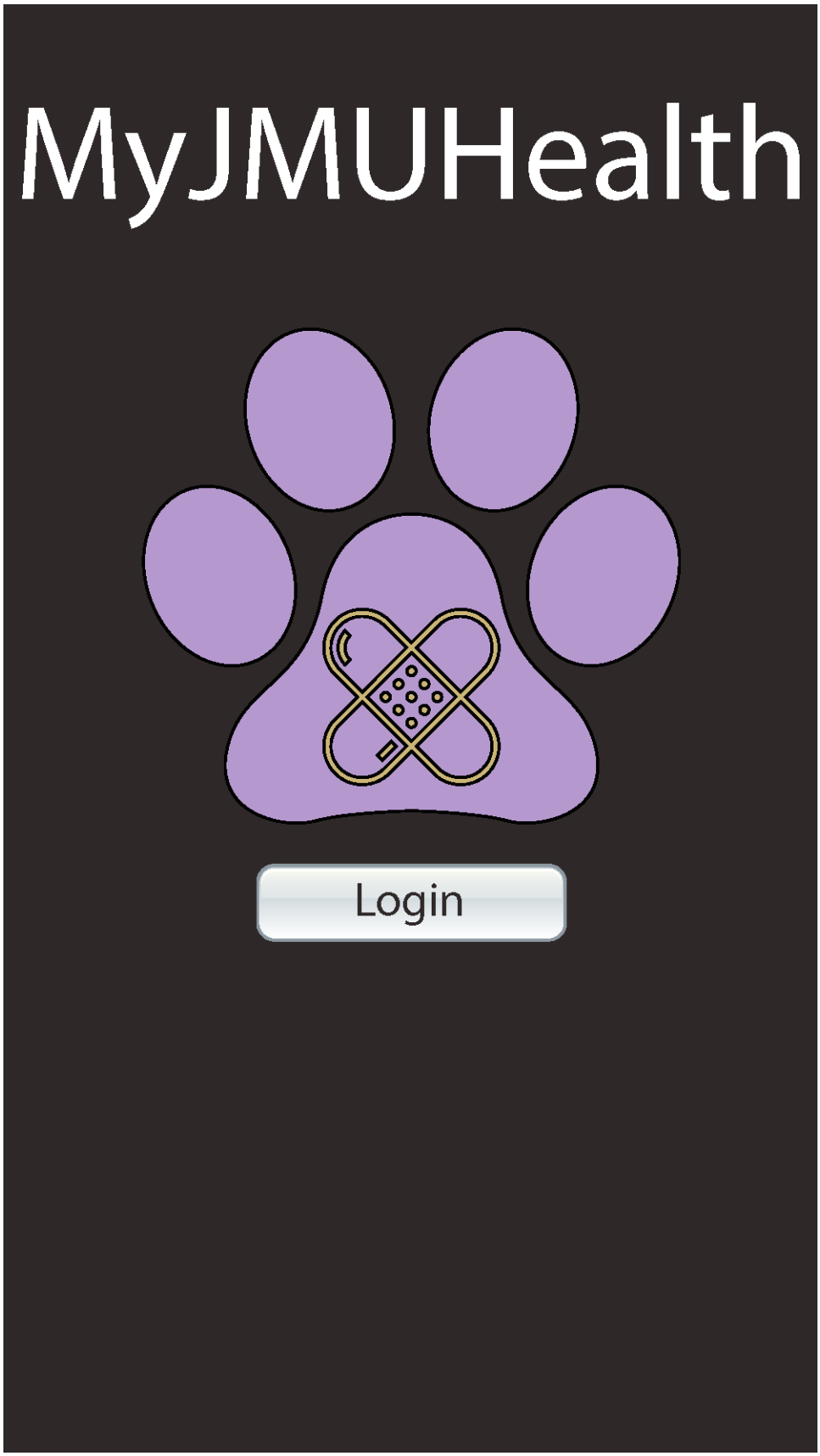
Depending on the type of eye discharge, maybe

Self-Care Measures

- Stop using contact lenses until you no longer have symptoms
- Do not use eye makeup
- Do not use eye drops for redness reduction or aller gies
- Use artificial tears or saline drops
- Use cold compresses

Go to the JMU Health Center If:

- You have a known injury to the eye
- If you have moderate/severe pain to one or both eyes
- If you have any loss of vision (not just blurry)
- For symptoms lasting longer than 7-10 days


MyJMUHealth
Login

MyJMUHealth

Schedule an Appointment

Search for next available appointments

Clinic:

Reason:

Provider:

Submit

Other Resources

Self-Care Stations

Located in the Pharmacy, on the first floor of the Student Success Center

Downloadable Self-Care Guides

- Sore Throat
- Vaginal Yeast Infection
- Common Cold
- Fever
- Cough
- Influenza (Flu)
- Nausea and Vomiting
- Conjunctivitis

Downloadable Pharmacy Medication List

UHC Pharmacy

Evaluation Tools

Formative Evaluations

The formative evaluations for this campaign were conducted in the form of an online survey and a focus group. These were implemented to gauge current students' beliefs, attitudes, and practices regarding self-care, and to receive feedback on preliminary campaign material ideas. Our formative evaluations came from undergraduate students both online and during the face-to-face focus groups, and were done before any campaign material was created and made public to the students. The online surveys we conducted were used as our pre-test to establish a baseline as to the knowledge of most undergraduate students have toward self-care, antibiotic use, and their levels of health literacy. The focus group was successful in gathering more detailed information in the above three areas that could not be provided by the online survey.

We got feedback from the students regarding the use of an online portal through JMU that would allow them to research symptoms and schedule appointments, and most seemed interested in this proposal. However, we did not have any early campaign material or ideas drawn up to show during the focus group, which would have been helpful when creating campaign material since we would have known which resources the students would be inclined to use.

Process Evaluations

The methods we would use to evaluate how our campaign is being distributed would be to keep track of the number of print ads in each building. This will give us immediate feedback while the campaign is still ongoing and provide us with an idea of how many students are being reached. We would additionally keep track of how many first aid kits are being handed out to students, and the locations on campus where those are being given to students. In addition to the print ads and first aid kits, we will be rolling out a JMU Students' Self-Care app that can be downloaded to most

smartphones. This will allow us to measure the reach of our campaign with the number of downloads the app gets, and will be promoted along with our other campaign material.

Another method to establish the reach of the campaign will be to survey several different classes around campus throughout the semester to see how many of the students are familiar with the campaign logo. This would also provide some information on which age groups (i.e. first years, etc.) and which majors (i.e. science, business, etc.) are being more exposed to the campaign material. An example of the survey questions would be:

1. How often have you seen the campaign print material around campus featuring this logo?
2. Have you seen any of the first-aid kits with this logo on it?
3. Which areas of campus have you seen this campaign material posted?

Based on the feedback we receive to these questions we could reevaluate the distributions methods, so that we reach the optimum number of students.

Impact Evaluations

Evaluating the immediate impact of the campaign provides important feedback on whether or not the student body was impacted by the campaign efforts. Ways in which we could evaluate this would be to track the number of students who are currently visiting the health center for self-treatable illnesses compared to the baseline information of students who previously visited the health center for self-treatable illnesses which was collected in the formative evaluation. Our campaign would show success if there was a downward trend in the number of students with self-treatable illnesses currently making appointments at the health center relative to the baseline information of students who previously made appointments at the health center for self-treatable illnesses. We would also track the number of students that are visiting the Self-Care Station and compare the post-campaign numbers to the amount of traffic there was prior to the campaign, from the baseline information.

Additionally, we would send out an email survey to all students that would inquire if they could identify the campaign logo and could connect it to the self-care campaign. On top of the email survey we would also do a post-test online Qualtrics survey, using the same questions from the pre-test survey (the baseline information gathered from the formative evaluation), and see if there is an improvement in the student's knowledge of self-care, health literacy, and antibiotic usage.

Outcome Evaluations

To determine if there has been a lasting impact from the campaign, we will do follow up research at the end of the following semester. One method would be to survey students who have made appointments at the health center to ask if they are coming to the health center for any of the commonly self-treatable symptoms or colds that were mentioned in the campaign in the JMU Students' Self-Care app, disclosing such information is at the student's discretion. Specifically care information about self-treatable illnesses that can be found in the self-care app, such as: a sore throat, nausea and vomiting, the common cold, the flu, or a cough. Another method to testing the longevity of the campaign message would be to evaluate how often students are using the Self-Care Station. This could be recorded by how frequently the materials need to be restocked, as well as which materials are most popular among students.

Keeping track of the statistics from the app visits would provide information as well, assuming that most downloading of the app will occur during the campaign itself, we could assess if students still use the app by the end of the following semester. For all of this information, it is most effective to compare these statistics to the baseline measurements that we took prior to the campaign. These are some additional ways to gauge the effect of the campaign on students in the long term and see these changes in action, however the best way to compare the new data to the baseline would be to republish the survey and have students take it a full semester after the end of the campaign.

Feedback Evaluations

Results from the campaign will be gathered and printed through post campaign survey questions, and these results will be analyzed and interpreted by whoever is running the campaign. A compiled report with all findings will be sent to the supervisor of the campaign, the Director of Communication Studies, and the University Health Center. Any interesting or insightful information gathered during or after this campaign can be formatted into an additional press release and sent the the Breeze or Potty Mouth. Potty Mouth currently writes articles about self-care in almost every edition, so our results may be quite prevalent to the Potty Mouth staff. If our research or results were to be published by either Potty Mouth or the Breeze, information about self-care and the campaigns message could reach even more students.

References

Aldoory, L. (2017). The status of health literacy research in health communication and opportunities for future scholarship. *Health Communication*, *32*(2), 211-218. doi:10.1080/10410236.2015.1114065

Britt, R. K., & Hatten, K. N. (2016). The development and validation of the eHealth Competency Scale: A measurement of self-Efficacy, knowledge, usage, and motivation. *Technical Communication Quarterly, 25*(2), 137-150. doi:10.1080/10572252.2016.1149621

Coleman, C. (2003). Examining influences of pharmacists' communication with consumers about antibiotics. *Health Communication, 15*(1), 79-99. doi:10.1207/s15327027hc1501_4

Facts and Figures. (n.d.). Retrieved April 27, 2017, from http://www.jmu.edu/about/fact-and-figures.shtml

Fink, E. L., High, A. C., & Smith, R. A. (2014). Compliance dynamics within a friendship network II: Structural positions used to garner social support. *Human Communication Research, 41*(1), 21-54. doi:10.1111/hcre.12038

Hether, H. J., Murphy, S. T., & Valente, T. W. (2014). It's better to give than to receive: The role of social support, trust, and participation on health-related social networking sites. *Journal of Health Communication, 19*(12), 1424-1439. doi:10.1080/10810730.2014.894596

Heritage, J., Elliott, M. N., Stivers, T., Richardson, A., & Mangione-Smith, R. (2010). Reducing inappropriate antibiotics prescribing: The role of online commentary on physical examination findings. *Patient Education and Counseling, 81*(1), 119-125. doi:10.1016/j.pec.2009.12.005

Perrault, E. K., Silk, K. J., Totzkay, D., Sheff, S., Ahn, J., & Hoffman, A. (2015). Reasons behind students' choices of primary care physicians: Finding ways to improve information about physicians online. *Journal of Communication in Healthcare, 8*(1), 67-75. doi:10.1179/1753807615y.0000000003

Schiavo, R. (2015). Addressing health disparities in clinical settings: Population health, quality of care, and communication. *Journal of Communication in Healthcare, 8*(3), 163-166. doi:10.1080/17538068.2015.1107352

Smith, R. A., Greenberg, M., & Parrott, R. L. (2014). Segmenting by Risk Perceptions: Predicting Young Adults' Genetic-Belief Profiles with Health and Opinion-Leader Covariates. *Health Communication, 29*(5), 483-493. doi:10.1080/10410236.2013.768475

Syn, S. Y., & Kim, S. U. (2016). College students' health information activities on Facebook: Investigating the impacts of health topic sensitivity, information sources, and demographics. *Journal of Health Communication, 21*(7), 743-754. doi:10.1080/10810730.2016.1157652

Appendices

Quantitative Analysis

Participant Demographic Information

117 students from James Madison University (JMU) participated in and completed an online survey measuring students' knowledge, attitudes, and beliefs regarding self-care in college (Howell, Kovalyak, Maloney, & Smith, "Self-Care", March 27th, 2017). Of the respondents 24.8% reported being male (*n* = 29), 74.4% reported being female (*n* = 87), and 0.85% reported being transgender (*n* = 1). In addition, 84.6% identified as Caucasian (*n* = 99), 5.1% identified as Black (*n* = 6), 3.4% identified as Hispanic (*n* = 4), 2.6% identified as Hispanic-White (*n* = 3), 1.7% identified as Asian (*n* = 2), and other (*n* =3). Individuals from each academic year were represented; freshmen represented 87.2% (*n* = 102), sophomores represented 6% (*n* = 7), juniors represented 4.3% (*n* = 5), and seniors represented 2.6% (*n* = 3). Every academic college was represented in this population. The mean age of the 117 student participants was 18.48. Individuals were represented across the gender spectrum. There were 74.4% (*n = 87*) females, 24.8% (*n = 29*) males, and .85% (*n = 1*) transgender. Finally, 88% (*n = 103*) of students live on campus, while 12% (*n = 14*) live off-campus.

Results

Antibiotics

When asked which illnesses require antibiotic treatment, most participants correctly identified that strep throat 94% (*n=110*) and urinary tract infections 82.1% (*n=96*) needed antibiotic treatment, and most determined that the common cold cannot be treated with antibiotics 10.3% (*n=12*). However, many of the participants believed that the flu 42.7% (*n=50*) and bronchitis 75.2% (*n=88*) required antibiotic treatment. (It has been noted that bronchitis can be more circumstantial, but for acute bronchitis antibiotics are unnecessary.) Participants were then asked if antibiotics could cure

bacterial and viral infections, 86.2% (*n=100*) correctly identified that antibiotics are used for bacterial infections and 72.4% (*n=84*) said that antibiotics could not cure viral infections. Participants were specifically asked; when they go to the doctor for an illness (such as cold, sore throat, cough, or fever) if they expect to be prescribed an antibiotic treatment, 41.4% of participants said that it would depend on the situation (*n=28*), 26% said they did not expect antibiotic treatment (*n=30*), and 22.4% said they did expect to receive antibiotics (*n=26*). Participants were asked if they ever used antibiotics for a cold or sore throat, 64.7% (*n=75*) said they did not and another 24.1% (*n=28*) said they occasionally take antibiotics for these illnesses.

We inquired if students continued to use their prescribed medicine when they were beginning to feel better, or if they stopped taking the remaining antibiotics. There were a mixture of responses with 47.4% (*n=55*) saying they do not stop taking their medication, 27.6% (*n=28*) said sometimes they continue with the dosages but other times they will stop, and 25% (*n=55*) said they do stop taking their antibiotics. Participants were asked if they would use any leftover antibiotics they had previously been prescribed if they began to experience the same symptoms, 66.4% (*n=77*) said they would not and 15.5% (*n=18*) said they would reuse the antibiotics.

When asked if they would you use a friend's leftover antibiotics, the overwhelming majority 86.2% of our participants (*n=100*) said they would not. Additionally, many of the participants had heard of antibiotic resistance before, with 84.5% (*n=98*) reporting they had heard of it. When asked if leaving the University health center without antibiotics was frustrating, the answers were distributed in a bell-shaped curve, with the majority remaining neutral, 12% strongly disagreed (*n=14*), 16.2% disagreed (*n=19*), 41% were neutral (*n=48*), 18.8% agreed (*n=22*) and 12% strongly agreed (*n=14*).

Health Literacy

When asked what kind of information participants are most likely to seek out on the internet, 66.4% (*n = 77*) said symptoms, 12.1% (*n = 14*) said nutrition, 15.5% (*n = 18*) said fitness, and 6.0% (*n = 7*)

said specific illnesses for a total of 116 participants. The chances of participants following the instructions on the label of the medicine bottle are very likely at 80.2% (*n = 93*), somewhat likely at 11.2% (*n = 13*), unsure at 2.6% (*n = 3*), somewhat unlikely at 2.6% (*n = 3*), and very unlikely at 3.5% (*n = 4*) for a total of 116 participants. The level of competence for communicating previous medical history with providers among participants is very adequate at 50% (*n = 58*), somewhat adequate at 42.2% (*n = 49*), unsure at 2.6% (*n = 3*), somewhat inadequate at 4.3% (*n = 5*), and very inadequate at 0.9% (*n = 1*) for a total of 116 participants. When asked how often participants have problems understanding your medical condition because of difficulty understanding written information your health provider gives you, 5.2% (*n = 6*) said often, 31.9% (*n = 37*) said sometimes, 36.2% (*n = 42*) said occasionally, and 26.7% (*n = 31*) said never for a total of 116 participants. Participants perceived level of confidence while filling out health forms is very confident at 35.3% (*n = 41*), confident at 51.7% (*n = 60*), unsure at 6.0% (*n = 7*), not confident at 6.0% (*n = 7*), and very not confident at 0.9% (*n = 1*) for a total of 116 participants.

Self-Care

In our survey, we asked respondents if they felt that they could take care of themselves when they feel sick. Out of 117 respondents, 23.1% (*n = 27*) strongly agreed, 60.7% (*n = 71*) agreed, 11.1% *(n = 13*) neither agreed nor disagreed, 0.85% (*n =1*) disagreed, an 4.3% (*n = 5*) strongly disagreed. These findings suggest that most JMU students can take care of themselves when faced with an illness. We also asked respondents what self-care practices they engage in when they start to get sick. 86.2% (*n = 100*) drink extra amounts of water, 61.2% (*n = 71*) take Tylenol, 52.6% (*n = 61*) consume Vitamin C, 88.8% (*n = 103*) sleep, 27.6% (*n = 32*) take a multivitamin, 3.5% (*n = 4*) engage in other self-care practices, and 1.7% (*n = 2*) engage in none of the above. In regards to what prevents them from taking care of themselves and/or enacting good, constant self-care, 75.9% of respondents (*n = 88*) said lack of time was the main barrier preventing them from enacting good

self-care. Besides lack of time, 48.3% (*n = 56*) of respondents said lack of information, 37.9% (*n = 44*) said lack of money, 8.6% (*n = 10*) said lack of insurance, 20.7% (*n = 24*) said lack of interest, 4.3% (*n = 5*) said lack of support, and 1.7% (*n = 2*) said other factors prevented them from enacting good self-care. Respondents were also asked what factors would inspire or promote better self-care. 49.1% (*n = 57*) of respondents said better knowledge or understanding of common illnesses/ailments, 25% (*n = 29*) said more advice and guidance from health professionals, 22.4% (*n = 26*) said more health information made available, and 3.5% (*n = 4*) said other factors would inspire or promote better self-care. These findings indicate a lack of knowledge and guidance regarding common illnesses as main issues preventing good self-care on JMU's campus. When we asked participants if they have a social support network that they can go to with questions about self-care, we were pleased to find that the overwhelming majority of 81.9% (*n = 95*) do have a social support network. 18.1% (*n = 21*) of respondents do not have a social support network that they can go to with self-care questions.

Another survey question inquired participants about the likelihood of leading a healthy lifestyle and monitoring and treating illnesses. Regarding the likelihood of leading a healthy lifestyle, 45.7% (*n = 53*) of participants are very likely, 45.7% (*n = 53*) are somewhat likely, 3.5 (*n = 4*) are unsure, 3.5% (*n = 4*) are somewhat unlikely, and 1.7% (*n = 2*) are very unlikely. Regarding the likelihood of treating themselves for minor ailments/illnesses, 45.7% (*n = 53*) of participants are very likely, 34.5% (*n = 40*) are somewhat likely, 9.5% (*n = 11*) are unsure, 6% (*n = 7*) are somewhat unlikely, and 2.6% (*n = 3*) are very unlikely. When asked about the likelihood of monitoring/treating an illness until they are completely better, 47% (*n = 54*) of participants are very likely to do so, 36.5% (*n = 42*) are somewhat likely, 7.8% (*n = 9*) are unsure, 6.1% (*n = 7*) are somewhat unlikely, and 2.6% (*n = 3*) are very unlikely.

Health Center Related

Several questions related to participants' experiences with JMU's University Health Center (UHC). We asked participants to identify the reasons they have not been to the University Health Center if that was the case. We were pleased to find that this was not the case for most participants, as 55.5% (*n = 61*) reported that they have been to the University Health Center. Out of the participants that have never been, 31.9% (*n = 35*) said that they are rarely or never get sick, 3.6% (*n = 4*) did not know the facility was available, 0.9% (*n = 1*) thought that they needed insurance to do so, 0.9% (*n = 1*) did not know that a physician visit was free, and 7.3% (*n = 8*) use another local clinic. Participants were also asked to identify which University Health Center services they have heard of. 77% (*n = 87*) of participants have heard of general medicine for routine and preventative care, 73.5% (*n = 83*) said urgent care, 34.5% (*n = 39*) said the allergy clinic, 20.4% (*n = 23*) said dermatology, 14.2% (*n = 16*) said the international travel clinic, 29.2% (*n = 33*) said lab services, 28.3% (*n = 32*) said nutrition services, 68.1% (*n = 77*) said the pharmacy, 62% (*n = 70*) said STI testing, and 56.6% (*n = 64*) said the women's health clinic. We also asked participants to identify how they became aware of these University Health Center services. At 60.9% (*n = 70*), most participants became aware through other students. 30.4% (*n = 35*) said the college handbook, 19.1% (*n = 22*) said faculty/staff, 36.5% (*n = 42*) said other college materials, 18.3% (*n = 21*) said self-referred, 32.2% (*n = 37*) said online, and 2.6% (*n = 3*) said they became aware of UHC services through other ways. Another survey question asked participants which of these University Health Center services they have used. 61.4% (*n = 43*) of participants said they have used general medicine for routine and preventative care, 35.7% (*n = 25*) said urgent care, 5.7% (*n = 4*) said the allergy clinic, 5.7 (*n = 4*) said dermatology, 2.9% (*n = 2*) said the international travel clinic, 14.3% (*n = 10*) said lab services, 12.9% (*n = 9*) said nutrition services, 38.6% (*n = 27*) said the pharmacy, 10% (*n =*

7) said STI testing, and 17.1% (*n = 12*) said the women's health clinic. These findings suggest that while most JMU students are aware of most UHC services, most do not utilize them.

We questioned respondents about their likelihood to reach out to the University Health Center if they aren't feeling well. This resulted in very mixed responses, with 6% (*n = 7*) of respondents reporting that they are very likely, 30.2% (*n = 35*) saying they are likely, 18.1% (*n = 21*) saying they are unsure, 32.8% (*n = 38*) saying they are unlikely, and 12.9% (*n = 15*) saying they are very unlikely to do so. Another survey question asked about the likelihood of respondents following up with the University Health Center after an appointment, which also showed mixed results. Only 1.7% (*n = 2*) of respondents are very likely to follow up with the UHC, 20.5% (*n = 24*) are likely, 23.9% (*n = 28*) are unsure, 31.6% (*n = 37*) are unlikely, and 22.2% (*n = 26*) are very unlikely.

Other

Several miscellaneous questions were asked that fell outside of the categories previously mentioned. We asked participants about whether or not they were aware that every JMU student has a MyJMUHealth account. A total of 66.1% (*n = 76)* said that they were aware of this resource, while 33.9% (*n = 39*) said that they were not aware. When asked how often they check the recommended dosage amount of medication before taking it, most participants responded that they always check, at 77.8% (*n = 98*). 20.5% (*n = 24*) respondents answered that they sometimes check, and 1.7% (*n = 2*) reported that they never check. Another survey question asked, if applicable, why respondents hadn't gone to the University Health Center. At 55.5% (*n = 61*), most participants responded that they had in fact been to the University Health Center, while 31.8% (*n = 35*) reported being rarely/never sick, 7.3% (*n = 8*) saying they use another clinic, 3.6% (*n = 4*) saying they didn't know the facility was available, 0.9% (*n = 1*) saying they thought they had to have insurance to go, and 0.9% (*n = 1*) saying they didn't know that the physician was free.

We also asked respondents how likely they would be to use an online medical portal if JMU offered one. Out of 117 respondents, 6.8% (*n = 8*) said very unlikely, 7.7% (*n = 9*) said somewhat unlikely, 27.3 (*n = 32*) said unsure, 38.5% (*n = 45*) said somewhat likely, and 19.7% (*n = 23*) said very likely. When asked if they were someone who actively asks questions during their appointments, at 70.7% (*n = 82*), most respondents responded yes, while 29.3% (*n = 34*) responded no. We asked participants if they keep track of their medication consumption within a 48-hour time period, with 65.81% (*n = 77*) reporting always, 29.91% (*n = 35*) reporting sometimes, and 4.27 (*n = 5*) reporting never.

Qualitative Analysis

Participant Demographic Information

Eight individuals participated in a focus group (Howell, Kovalyak, Maloney, & Smith, "Focus Group for Self-Care", March 23, 2017) discussing self-care in college students. All participants in this study were undergraduates at James Madison University. Seven of the participants were female, one was male. All participants were between the ages of 18-21.

Trends

Self-Care Practices

From our findings with the focus group participants, they all seem to agree that preventative care and proactive care was the most effective when dealing with illnesses. There was a consensus that leading a healthy lifestyle was a key factor of self-care, and the participants defined these activities as regular exercise, eating healthy, drinking water, and taking vitamins.

When asked what specific health rituals the participants engage in when they begin to feel ill, many said they try to get extra sleep. Many also said that they rest more so than usual when they are

beginning to feel sick, meaning they lighten their workload and extracurricular activities when they start to physically feel unwell. However, most participants also said if they did not consider the illness to be too serious (i.e. just a cold) then they would "power through" and still attend classes. Another popular health ritual was cleaning shared space with Lysol wipes and a few participants said they partake in home remedies such as tea and honey. A couple other students said they take over the counter medications such as Nyquil, Dayquil, and Emergen-C to help combat a cold and ease the process.

We additionally asked the participants who they considered to be in their social support network for when they begin to feel sick, essentially to identify those people they turn to when feeling ill. Many cited their friends and roommates as being people they could turn to for advice however, most said they don't take their peers input/expertise too seriously. Participants also said they turn to family members for advice with illnesses and that they genuinely value their guidance. One participant mentioned they have several friends who are EMT's so they frequently turned to those experts for reputable information.

Describing their childhood experiences regarding their parents' preferred self-care treatment styles (or lack thereof) when our participants were sick, we found that for the most part, their parents self-treated them for minor illnesses. One participant's parents didn't want to risk unnecessary germ exposure at the doctor's office. The only time parents would take their child to the doctor was when he or she had "the flu or strep throat." Typically, parents would treat their children by keeping him or her hydrated, all the while monitoring his or her condition and providing medicine. One participant said the only time a parent would take his or her child to the doctor was when the child "needed antibiotics, the illness was not easily identifiable, or unusual symptoms occurred." Since one reason participants visited the doctor was because of a not easily identifiable

illness, one potential solution is to increase knowledge surrounding common illnesses students may encounter on campus.

Participants were then asked if they prefer to treat themselves when they experience an illness or if they prefer a doctor's visit, the overwhelming majority said they preferred to treat themselves. Many said they just prefer to rest, sleep, and take over the counter medication in the comfort of their home rather than making a trip to the doctor's office. One specifically said, "you know yourself and your body more than anyone, doctor's might make assumptions." This indicates that while the doctor may bring technical medical information, the patient also contributes just as much to the provider-patient relationship with expert knowledge about normalities of his or her body. Another commented that if they knew they had a cold, then there was no point in making a trip to the doctor, indicating that it was a waste of time.

When asked specifically about personal experiences at the health center two participants expressed they had frustrating experiences with misdiagnosis or lack of a diagnosis that lead them to question the competence of the providers at the health center. However, all the participants agreed the location of the health center was very convenient for students, being in a central location near classes and within walking distance of the dorms.

Antibiotic Use

Except for two participants, our participants were not knowledgeable about antibiotic resistance. One participant said if antibiotics are used often, it can "damage your immune system because blood cells get used to the drugs and don't fight off illnesses anymore." This at least showed awareness of the potential dangers of antibiotic use. Another participant mentioned that she shied away from antibiotic use because it affected her birth control pills. This is a very good point, one which we could play up in our campaign. We must be careful to not use too much fear appeal with antibiotics negatively affecting a woman's birth control pills without providing an efficacy method

(such as using a backup method of contraception). This participant also knew that if you didn't complete the antibiotic prescription, a person is at a higher risk of becoming resistant. This shows that the participant knows of the risk associated with not completing antibiotic prescriptions. She also said that she only takes antibiotics for "strep throat, bronchitis, or other severe symptoms." While antibiotics are used to treat strep throat, most cases of bronchitis do not require an antibiotic. This participant's misinformation tells us that we need to first, reiterate which illnesses require an antibiotic, and second, convince them that sometimes the best treatment is OTC (over the counter) medication.

When asked if the participants preferred OTC medication to prescribed medication, our participants were comfortable using OTC for almost all illnesses because they prefer to treat themselves. However, for bacterial infections, our participants sought out prescriptions. One participant said that she avoids antibiotic use because she doesn't believe it's always necessary. Sometimes, she avoids going to the doctor's office because she knows she'll be written a prescription when she believes one is not necessary for her illness. This showed that this participant has high confidence in her ability to self-diagnose.

Health Literacy

When asked whether or not they research medical information on the internet, many of the participants disclosed that they don't do so often. In cases where they did seek such information online, many of the participants expressed cross-checking the information that they found. A couple of the participants stated that they cross-checked information with other sources, such as multiple other websites, friends in the field (i.e. EMT), or family members. In judging the credibility of these online sources, participants went back to the idea of cross-referencing; a couple participants indicated that they looked at references and sponsors for such credibility.

When asked where they retrieved their online medical information, participants expressed a variety of answers. Many indicated that they don't go to websites a lot when seeking this information, but that they visit multiple when they do, suggesting to us an "all or nothing" attitude. One participant expressed not trusting the internet for such information at all, while one relayed completely avoiding WebMD. One participant expressed to us that rather than looking at information, she would search and compare photos online. Since many of the participants indicated that they don't go online for medical information, we asked them where they get their information or how they judge their illnesses. The two main trends we found amongst participants' responses were experience and family. Participants expressed using past experiences, their own or a family member's, to judge their illnesses. They also relayed that they would consult with a family member, with one participant sharing that she always calls her mom.

JMU Students' Self-Care Resources

When asked about the Self-Care Station located in the Student Success Center, the majority of our participants had never used it, or even heard of it, before. Out of the eight participants, only one had used the self-care center before to grab some tissues. This participant was also the only one to know of the other items that it offered. Due to the lack of use of this resource, participants were not even aware of the center's first floor location in the pharmacy of SSC. Despite this lack of use and knowledge, most of the participants said that they would probably check out the self-care center; their main reasoning for this willingness was the convenience of its location.

Similarly, when asked about the self-care portal found on the University Health Center's website, the majority of our participants were not aware of this resource. Again, only one participant had heard of and used the portal before, coming across it when scheduling an appointment. Despite coming across the resource, the participant had not utilized it by reasoning of a lack of severe symptoms combined with not feeling capable of judging their own symptoms. The majority of the

participants stated that they would probably use the self-care portal, while continuing other practices such as calling their mom.

Overall, our participants challenged our previous beliefs about the competency level of JMU students regarding self-care. They do not often seek out an antibiotic prescription and prefer to self-treat illnesses with OTC medication. They are not immensely knowledgeable regarding what illnesses require an antibiotic, what antibiotic resistance is, and what JMU's Self-Care Station is/where it's located. From the responses gathered from this focus group, we may have to shift our focus from encouraging self-care in students to a heavier emphasis on which illnesses require an antibiotic, antibiotic resistance, and JMU's Self-Care Station.