Two-Year Update on ACHA-NCHA II Results Following the Implementation of a Sexual Assault Violence Prevention and Awareness Campaign at a State-Supported Regional

By: Mandi Dupain, Julie Ann Lombardi, and Sandra Echeverria


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Abstract:

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**Keywords:** Healthy Campus 2020 | ACHA-NCHA II | sexual assault violence prevention

Article:

***Note: Full text of article below***
Two-Year Update on ACHA-NCHA II Results Following the Implementation of a Sexual Assault Violence Prevention and Awareness Campaign at a State-Supported Regional University

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Abstract: Objective: We measured progress on seven (7) objectives from Topic Area: Injury and Violence Prevention of the Healthy Campus 2020 campaign at our university. We assessed execution of a Sexual Assault Violence Prevention and Awareness campaign one-year post implementation. Participants and Methods: One thousand and fifty-two students at our University completed the American College Health Association-National College Health Assessment II Survey. Results: From 2.8-11% of students reported emotionally, physically, and sexually abusive intimate relationships, and non-consensual touching and penetration. Conclusions: Our University is committed to supporting and maintaining an educational environment free from all forms of violence and will continue to offer educational sessions and outreach efforts.

Keywords: Healthy Campus 2020; ACHA-NCHA II; sexual assault violence prevention

INTRODUCTION

Education and Community Based Programs (ECBP) are used to reach people in nontraditional settings such as schools and worksites to aid in reaching the goals of Healthy People 2020. ECBP play a key role in enhancing quality of life, improving health, and preventing injury and disease. One of the objectives of ECBP focuses on addressing health-risk behaviors among college students:

To increase the proportion of college and university students who receive information from their institution on each of the priority health behavior areas (all priority areas; unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy; HIV/AIDS and STD infection; unhealthy dietary patterns; and inadequate physical activity) (ODPHP, 2011).

The American College Health Association (ACHA) Healthy Campus 2020 provides a framework for strategies beyond the traditional interventions of education, diagnosis, treatment, and healthcare at clinical levels to foster healthy behaviors and healthy environments on college campuses (American College Health Association, 2012). ACHA’s Healthy Campus 2020 student objectives are comprised of 11 topic areas and 54 objectives that were adapted to align with the national dataset specific to the college target population from Healthy People 2020. Healthy Campus 2020 identifies “injury and violence prevention” as a leading campus health objective, which serves as a basis for developing plans and programs to reduce sexual violence as well as injury prevention.

Prevention strategies are necessary to stop the occurrence of sexual violence and to significantly improve the health status of campus communities. ACHA Guidelines Position Statement on Preventing Sexual Violence on College and University Campuses strongly encourages primary population-based prevention by utilizing environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring (American College Health Association, 2011). Our University recognizes the importance of sexual victimization prevention programming and has implemented primary population prevention strategies since 2014.

Organizational Setting of the Program:

Our University has been following the recommendations of the Centers for Disease Control and Prevention (CDC) (DeGue, 2014) since 2014 and continues to shift the focus of prevention efforts from victims to perpetrators in order to reduce
rates of sexual violence. We continue to work with University and community groups to implement programs and services in order to develop and implement a comprehensive prevention plan that includes campus-wide policy. We continue to follow the outline from the Preventing Sexual Violence on College Campuses: Lessons from Research and Practice which was prepared for the White House task force to protect students from sexual assault (DeGue, 2014). In brief, our policy and program initiatives include:

- Increasing opportunities for a deeper understanding of the nature of sexual violence on our campus and in our local community and providing trainings for various parties.
- Creating a campus climate that supports safety, respect, and trust.
- Periodic updates on the University Sexual Violence Resources Website (http://www.millersville.edu/sexualviolence/) as information and services change.
- Fostering an all-inclusive, across the four years, prevention plan addressing sexual violence, which includes multiple factors and publics as, discussed in our 2014 article (Dupain & Lombardi, 2014).

In short, the prevention plan involves: multiple university and community groups coordinating programs and services, providing trainings, implementing a resource website, linking a series of Safety Poles directly to campus police, the use of “peer led” programs, and linking these programs with content taught in general education Wellness course.

Furthermore, following the recommendation of the CDC (DeGue, 2014), our University has adopted two training campaigns for all (freshmen and transfers) incoming students. Through the University’s Division of Student Affairs each incoming student views and responds to two web accessed videos: Student Success™ Sexual Assault and Alcohol Abuse Prevention Programs (Student Success, 2016). Not Anymore is an interactive online program designed to help students better understand consent, bystander intervention, sexual assault, dating and domestic violence and stalking (Student Success, 2016). Alcohol and Other Drugs is an interactive online program designed to help students better understand the science behind the effects of alcohol and other drugs as it relates to the brain, their GPA, and how their social life may influence decisions regarding alcohol and other drugs (Student Success, 2016). Faculty in our department continue to work on implementation strategies for curricular infusion coordinated with the Division of Student Affairs and will continue the students’ focus on alcohol/other drug use and sexual violence prevention programming especially in the first six (6) weeks of each semester.

The department’s faculty teaching the Wellness course made curricular changes to ensure our University students continue discussing these issues as a follow up to the two web trainings and allowing for more in-depth considerations regarding the issues. As reported in prior research (Dupain & Lombardi, 2014) department faculty teaching the Wellness courses continue to reflect upon results of the two interactive web movies in order to set best practices for effective prevention approaches while identifying strategies to implement within the course. The department faculty continues to network with various campus and community resources in an inclusive approach utilizing theory-driven techniques, arranging interactive discussions and reflections on the programming and varying the modes of the dissemination of the information. Each group within the approach continues to implement an evaluation strategy and shares best practices and lessons learned.

METHODS

In sum, the primary purpose of the present study was to measure progress for seven (7) objectives of our Healthy Campus 2020 Topic Area: Injury and Violence Prevention. The objectives provided the occasions to recognize the characteristics of sexual violence at our State-Supported Regional University (SSRU). The equation used to measure progress for each objective is:

\[
\text{(Current Status-Baseline)} \times 100 = \text{Percentage of Target Achieved (Year 2020 Target-Baseline)}
\]


Measuring progress for Injury and Violence Prevention Objectives will determine whether our university’s initiatives are effective in achieving the Healthy Campus 2020 objectives.

In the spring of 2016, a random sample of students responded to an electronic invitation to fill out the ACHA-NCHA II online survey. An e-mail announcement was sent to all valid e-mail addresses (n=6,464) of currently registered undergraduate students. The survey requires approximately 30 minutes to complete and is completely confidential (i.e., students email addresses or names are not attached to their responses). The email announcement included a link to the ACHA-NCHA II survey. The total university response was 16.3% (1052 students). Permission for conducting the research was granted by the University’s Institutional Review Board (IRB#11/12-009). Consent from students was implied by their participation in the survey, as
they had a right to refuse.

RESULTS

Demographic Characteristics

Table 1 shows the characteristics of the population in this analysis. Of a total population of 1,052 students who responded to the survey, 58.4% were 18-20 years of age, 35.1% were 21-24 years of age, 3.9% were 25-29 years of age, and 2.6% were 30 years of age or older. Most participants were female (70.8%) (55.8% of SSRU are female [Fall 2015]) and white (86.3%) (76.5% of SSRU are white [Fall 2015]) and (94%) were full-time students (88.7% of SSRU are full-time students). The majority of students reported being single (94.2%), 2.7% were married, and 3.1% were separated, divorced or other.

Healthy Campus 2020 Topic: Injury and Violence Prevention

Student Objective: Reduce the proportion of students who report being physically assaulted within the last 12 months. Our baseline survey in 2014 indicated that 4.5% of students reported being physically assaulted in the last 12 months. The Healthy Campus 2020 target is set at 4.2% and our survey results indicate we are at 3.2%. Thus, our SSRU results indicate that the percentage of reported physical assaults is lower than the Healthy Campus 2020 target. There was a 4-fold improvement in meeting the 2020 target of reducing the proportion of students who report being physically assaulted within the last 12 months when compared with our 2014 results (Dupain and Lombardi, 2014).

Student Objective: Reduce the proportion of students who report being in an intimate relationship that was emotionally abusive within the last 12 months. Our baseline survey in 2014 indicated that 11.5% of students reported being in an intimate relationship that was emotionally abusive in the last 12 months. Healthy Campus 2020 target is set at 9.0% and our survey results are at 11.0%. Therefore, our SSRU results indicate that the percentage of reported intimate relationships, which were emotionally abusive, is higher than the Healthy Campus 2020 Target. We met 20% of the proposed 2020 target for reducing the proportion of students who report being in an intimate relationship that was emotionally abusive within the last 12 months.

Student Objective: Reduce the proportion of students who report being in an intimate relationship that was physically abusive within the last 12 months. Our baseline survey in 2014 indicated that 2.0% of students reported being in an intimate relationship that was physically abusive within the last 12 months. The Healthy Campus 2020 target is set at 2.3% and our survey results are at 2.8%. There was no change from baseline to follow up and hence only achieved 2% of the projected 2020 target to reduce the proportion of students who report being in an intimate relationship that was physically abusive within the last 12 months. Our SSRU results indicate that the percentage of reported intimate relationships, which were physically abusive, were higher than the Healthy Campus 2020 Target.

Student Objective: Reduce the proportion of students who report being in an intimate relationship that was sexually abusive within the last 12 months. Our baseline survey in 2014 indicated that 3.2% of students reported being in an intimate relationship that was sexually abusive within the last 12 months. The Healthy Campus 2020 target is set at 1.4% and our SSRU results are at 2.8%. There was a 3.5-fold regression in meeting the 2020 target of reducing the proportion of students who report being in an intimate relationship that was sexually abusive within the last 12 months. Our university results indicate that the percentage of reported intimate relationships, which were sexually abusive, were higher than the Healthy Campus 2020 Target.

Student Objective: Reduce the proportion of students who report being sexually touched without their consent within the last 12 months. Our baseline survey in 2014 indicated that 6.9% of students reported being sexually touched without their consent within the last 12 months. The Healthy Campus 2020 target is set at 5.4% and our survey results are at 12.8%. There was a 4-fold regression in meeting the 2020 target of reducing the proportion of students who report being sexually touched within the last 12 months. Our SSRU results indicate that the percentage of students reporting they were touched sexually without their consent was higher than the Healthy Campus 2020 Target.

Student Objective: Reduce the proportion of students who report being sexually penetrated without their consent within the last 12 months. Our baseline survey in 2014 indicated that 2.0% of students reported being sexually penetrated without their consent within the last 12 months. The Healthy Campus 2020 target is set at 1.4% and our survey results are at 4.0%. There was a 2.5-fold regression in meeting the 2020 target of reducing the proportion of students who report being sexually penetrated without their consent was higher than the Healthy Campus 2020 Target.

Student Objective: Increase the proportion of students who report feeling very safe “on this cam-
DISCUSSION:

The results of the ACHA-NCHA II provided our university with data for violence and injury prevention behaviors for our undergraduate student population. We measured progress for seven (7) objectives from Topic Area: Injury and Violence Prevention of Healthy Campus 2020.

Healthy Campus 2020 continues to be a tool for us to outline the health priorities for our students. The results from this analysis on progress to date provided information that is useful in assessing and maintaining our sexual assault violence prevention and awareness campaign and training programs. The data showed that a number of interventions need to be improved and emphasized. It is the opinion of the authors that a number of factors may have led to the low rates of improvement in a few of the areas assessed. Following the intensified education and prevention efforts we are hoping students are more comfortable reporting. The national conversation about sexual assault and partner violence has also intensified which could be empowering students to report.

We will continue to use the prevention model with our best practices teaching and programming in order to lower our percentages of students reporting being physically assaulted in the last 12 months. The Association of American Universities released their Campus Climate Survey on Sexual Assault and Sexual Misconduct in September of 2015. The report’s key finding exposed that 11.7% of student respondents across 27 universities reported experiencing nonconsensual sexual contact by physical force, threats of physical force, or incapacitation since they enrolled at their university (Cantor, Fisher, Chibnall, Townsend, Lee, Bruce, and Thomas, 2015). The university of Michigan’s most recent campus climate survey reported a majority of students said that in the previous year they had sought consent “all of the time or some of the time” which they view as a positive move forward (University of Michigan, 2015).

Our university will continue our directed, preventative approach to reaching our students concerning those reporting being in an intimate relationship that was emotionally abusive. In their systematic review of School-Based Interventions to Reduce Dating and Sexual Violence (2014), De La Rue, Polanin, Espelage, and Pigott highlight that those students who participated in teen dating violence prevention programs demonstrated increased knowledge about dating violence, including an improved ability to recognize abusive behaviors within intimate relationships. Most recently, a study by Estefan, Coulter, and VandeWeerd found an increased likelihood of depression for respondents who experienced emotional abuse more than once per week (2016).

Our SSRU will continue to use the prevention-oriented, multi-faceted educational and training programs in order to keep our percentages low for those students reporting being in an intimate relationship that is physically abusive. Preliminary findings from a recent article suggest that victims of physical intimate partner violence are often able to perceive risk in the moment and that many situational features aid in risk recognition (Sherrill, Bell & Wyngarden, 2016). It is suggested by the authors of this study that future research might facilitate the development of new prevention strategies in which potential intimate partner violence victims learn to identify and respond appropriately to immediate risk (Sherrill, Bell & Wyngarden, 2016).

Our university faculty and staff will continue to use the multi-faceted, prevention oriented educational and training programs while emphasizing the characteristics of healthy relationships and the agencies where help is offered in order to reduce the students in intimate relationships who are sexually abused. A study conducted in 21 countries found that from 14% to 19% of female university students reported being a victim of a physical assault within their romantic relationships (Chan, Straus, Brownridge, Tiwari, & Leung, 2008).

Concerning the alarmingly high percentage of students reporting being sexually touched and penetrated without their consent the authors believe special attention must be made to the specifics of consent and respect. In a brief report by Jozkowski and Peterson (2013), men were found to be conceptualized as sexual initiators and women as sexual gatekeepers, and that men’s sexual pleasure was primary whereas women’s experience of pleasure was secondary. More research in this field should shed light on the specifics of consent and respect for each gender. A recent research article by Fantasia, Fontenot, Sutherland and Lee-St. John (2013) reported women who utilize more nonverbal, indirect approaches to communicating sexual consent...
were significantly less likely to have a history of forced sex compared with women with no history of forced sex.

Data from the ACHA-NCHA II survey instrument found that students feel less safe in the areas surrounding their campus than on campus itself, and feel safer during the day than at night (ACHA-NCHA II, Spring 2016). Our institution continues to disclose information about campus crime and security policies. This disclosure is mandated by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act and the Higher Education Opportunity Act. Crime statistics for all institutions of higher education that receive Title IV funding are accessible through The Campus Safety and Security Data Analysis Cutting Tool (Office of Post Secondary Education, 2014) (http://ope.ed.gov/campussafety/#/). In order for the health and wellness of our SSRU students to be foremost, their safety and security must come first. Our SSRU’s focus is on prevention efforts as we emphasize healthy interactions and surroundings. We will continue to use the prevention oriented educational and training programs in coordination with our Universities’ Threat Assessment Team and Police Department to ensure the safest environment for our students.

These data help our university faculty and administrators address and improve on our sexual assault prevention programs. The ACHA Guidelines in the Position Statement on Preventing Sexual Violence on College and University Campuses: Lessons from Research and Practice can serve as a vital foundation to use when creating programmatic and policy recommendations (American College Health Association, 2011). The socio-ecological model provided a structure for attending to and executing all-inclusive changes with regard to the violence and injury prevention behaviors among our students. We devised and modified our prevention program by emphasizing programs for the individual, small group, and larger community level in order to further our advancement toward Healthy Campus 2020 goals.

Specifically, our University sponsored Coaching Female Athletes: For Sports, For Life (Coaching Female Athletes, 2016). This is a Certificate Training Program whose aim “is to educate, offer new views, model healthy and respectful behavior, and promote active bystander intervention.” This program is based on the successful launch of ‘Coaching Boys into Men’ by Family Crisis Services’ Young Adult Abuse Prevention Program (Coaching Female Athletes, 2016). Our University also sponsored a campus-wide free showing of “The Hunting Ground” movie. The movie was followed by a discussion of the film and the issues it raised. (Ziering & Dick, 2015).

Our prevention efforts will continue to focus on creating a safe environment within and outside our university community. Our SSRU continues to make strides to augment endeavors to reduce sexual assaults and related violence. These steps include: the hiring of a full-time Title IX coordinator; securing a contract to deliver sexual violence prevention training to all students (Not Alone by Student Success) and creating matrix of prevention, education and training programs and courses throughout our University. Experimental evaluations show that programs such as Green Dot can empower young people to intervene in their peer groups by speaking up against sexist language or behaviors that promote violence, reinforcing positive social norms, and offering help or support in situations where violence may occur (Coker, Fisher, Bush 2015). Evaluations of Green Dot implemented with college students found the intervention campus had an 11% lower rate of sexual harassment and stalking victimization and 19% lower rate of sexual harassment and stalking perpetration when compared to two non-intervention campuses (Basile, DeGue, Jones 2016). Equipping our SSRU with the education, awareness and skills necessary to implement prevention into our everyday interactions will empower individuals to realize the impact that each person has as an agent of change and collectively, our campus community will proactively create new normative behaviors. Based on the research around Green Dot bystander intervention effectiveness, our SSRU has selected to implement the training and intend to engage 30 individuals (students, staff, faculty and administrators) in the Spring 2017. The authors believe that the implementation of sexual violence prevention training (Not Alone by Student Success, 2016) will uncover promising future directions for Sexual Assault Violence Prevention and therefore will provide future focused program initiatives.

Limitations:
The limitations of this study should be noted. While the sample population was large (6,464) the number of respondents to the survey (1,052) results in a 16% response rate. We also were not able to determine if the students who responded were representative of the entire student body. The study was also limited by potential self-reporting bias of the participants and to the undergraduate students at one SSRU in the eastern United States. The results may not be generalizable to undergraduate students in other regions of the United States, although our student population is fairly representative of many small, public institutions.

Conclusion:
Following the Position Statement on Prevent-
ing Sexual Violence on College and University Campuses: Lessons from Research and Practice (American College Health Association, 2011) our university created a comprehensive prevention plan to address sexual violence that included multiple factors and publics that fit the White House Task Force to protect students from sexual assault program checklist (DeGue, 2014). We now know that some of the present efforts are in need of strengthening and possibly re-programming. We remain attentive and maintain our efforts to address these problems. Our university faculty and staff recognize that in order to have the greatest impact on sexual violence prevention, we must take advantage of the best available evidence and focus on the strategies and approaches most likely to impact sexual violence (Basile, DeGue, Jones 2016). We will continue to assess the health and wellness behaviors of our students with the ACHA-NCHA II survey and utilize the data to evaluate our prevention trainings and efforts in order to strengthen our programming to positively affect our students. Our prevention efforts will continue to focus on creating a safe environment within and outside our university community.

Table 1. Demographics of Sample Population (N= 1,052)

<table>
<thead>
<tr>
<th>Student demographics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (N=21.30, mean= 20.00, SD= 4.67)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-20</td>
<td>614</td>
<td>58.4</td>
</tr>
<tr>
<td>21-24</td>
<td>369</td>
<td>35.1</td>
</tr>
<tr>
<td>25-29</td>
<td>41</td>
<td>3.9</td>
</tr>
<tr>
<td>30+</td>
<td>27</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>744</td>
<td>70.8</td>
</tr>
<tr>
<td>Males</td>
<td>284</td>
<td>27.0</td>
</tr>
<tr>
<td><strong>Full-time student status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>988</td>
<td>94</td>
</tr>
<tr>
<td>No</td>
<td>63</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>907</td>
<td>86.3</td>
</tr>
<tr>
<td>Black or African American</td>
<td>74</td>
<td>7.1</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>68</td>
<td>6.5</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>31</td>
<td>3.0</td>
</tr>
<tr>
<td>American Indian or Alaskan Native or Native Hawaiian</td>
<td>12</td>
<td>1.2</td>
</tr>
<tr>
<td>Biracial or Multiracial</td>
<td>27</td>
<td>2.6</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Relationship status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>967</td>
<td>92.0</td>
</tr>
<tr>
<td>Married/Patnered</td>
<td>28</td>
<td>2.7</td>
</tr>
<tr>
<td>Separated/Divorced/Other</td>
<td>32.6</td>
<td>3.1</td>
</tr>
</tbody>
</table>
Table 2.

<table>
<thead>
<tr>
<th>Topic Area: Injury and Violence Preventions</th>
<th>Data Source</th>
<th>2016</th>
<th>Target 2020</th>
<th>% Difference</th>
<th>Baseline 2014</th>
<th>Measuring Progress *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce the proportion of students who report being physically assaulted within the last 12 months.</td>
<td>American College Health Association – National College Health Assessment II (ACHA-NCHA II), Question 5B</td>
<td>3.20%</td>
<td>4.20%</td>
<td>-0.23</td>
<td>4.50%</td>
<td>433.33</td>
</tr>
<tr>
<td>Reduce the proportion of students who report being in an intimate relationship that was emotionally abusive within the last 12 months.</td>
<td>American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 6A</td>
<td>11.00%</td>
<td>9.00%</td>
<td>0.22</td>
<td>11.50%</td>
<td>20</td>
</tr>
<tr>
<td>Reduce the proportion of students who report being in an intimate relationship that was physically abusive within the last 12 months.</td>
<td>American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 6B</td>
<td>2.80%</td>
<td>2.30%</td>
<td>0.21</td>
<td>2.10%</td>
<td>350</td>
</tr>
<tr>
<td>Reduce the proportion of students who report being in an intimate relationship that was sexually abusive within the last 12 months.</td>
<td>American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 6C</td>
<td>2.80%</td>
<td>1.40%</td>
<td>1</td>
<td>3.20%</td>
<td>22.22</td>
</tr>
<tr>
<td>Reduce the proportion of students who report being sexually touched without their consent within the last 12 months.</td>
<td>American College Health Association – National College Health Assessment II (ACHA-NCHA II), Question 5D</td>
<td>12.80%</td>
<td>5.40%</td>
<td>1.37</td>
<td>6.90%</td>
<td>-393.33</td>
</tr>
<tr>
<td>Reduce the proportion of students who report being sexually penetrated without their consent within the last 12 months.</td>
<td>American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 5F</td>
<td>4%</td>
<td>1.40%</td>
<td>1.78</td>
<td>2%</td>
<td>-257.14</td>
</tr>
<tr>
<td>Increase the proportion of students who report feeling very safe “on this campus” at night.</td>
<td>American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 7B</td>
<td>42.20%</td>
<td>35.10%</td>
<td>0.20</td>
<td>30.20%</td>
<td>244.89</td>
</tr>
</tbody>
</table>

*Measuring Progress
For objectives moving toward their targets, progress is measured as the percent of targeted change achieved, quantified as follows:

This equation is used in measuring progress for each objective:

\[
\text{Percentage of Target Achieved} = \left( \frac{\text{Current Status} - \text{Baseline}}{\text{Year 2020 Target} - \text{Baseline}} \right) \times 100
\]

Source
References


