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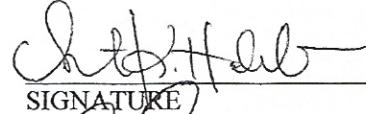
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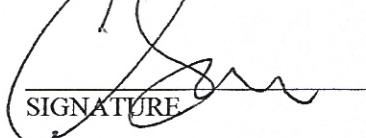
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Aligning CSUSM with Healthy Campus 2020: A Qualitative Needs Assessment

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Abstract

The purpose of this capstone project is to evaluate the alignment of California State University San Marcos (CSUSM) with the objectives outlined in the American College Health Association's Healthy Campus 2020 objectives. Evaluation will be conducted by assessing the needs of students, current resources available and identifying any barriers. Specific objectives include: to conduct interviews with campus stakeholders to evaluate current resources and how they align with Healthy Campus 2020 objectives, to assess topic areas that require improvement and priority, and to provide recommendations for future strategies to achieve Healthy Campus 2020 objectives.

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Introduction

Students of higher education are perceived to be young and healthy without any major health problems (Gordon et al., 1995). Furthermore, college-aged students are not seen as a population requiring health care which in turn can affect available resources (Gordon et al., 1995). The American College Health Association (ACHA) found few resources concentrating on the health of college populations (Gordon et al., 1995). College students experience gaps in healthcare access, feeling overwhelmed and stressed, which ultimately affects their academic performance (ACHA, 2016). ACHA-National College Health Assessment (NCHA) found 85% of students reported feeling overwhelmed. Additionally, impacts on academic performance included anxiety, depression, stress, and insufficient sleep (ACHA, 2012). Lombardi and Dupain (2013) mentions the ACHA responded to the lack of resources to college communities by creating the NCHA.

The ACHA was established in the 1900s and created a task force to evaluate colleges and universities alignment with national health objectives (ACHA, 2016). In 2000, ACHA initiated NCHA as the first college health status assessment tool (ACHA, 2016). The ACHA-NCHA is a 300-question survey assessment of health behaviors on college campuses. Currently, the data collected from campuses are in the ACHA-NCHA II, which is the most current data from the year 2016 onward. The ACHA-NCHA II allows for campuses to collect and assess data about their campus community. Data includes health impediments to academic performance, mental health, sexual health, physical well-being, and substance abuse. Furthermore, the ACHA developed a coalition of academic professionals and organizations to tailor health recommendations for college students using Healthy People as a guide (ACHA, 2012; ACHA 2016; ACHA-NCHA Data, 2017). Currently, California State University San Marcos

participates in the ACHA-NCHA II survey. The 2016 CSUSM spring executive summary is the campus's current iteration.

The U.S. Department of Health and Human Services laid the foundation for Healthy People objectives. Healthy People set national standards to reduce preventable diseases, increase access to preventable health care and improve health knowledge (Gordon, 1995; Lombardi, et al. 2014). For additional information on Healthy People see Appendix A. Healthy People inspired the development of Healthy Campus implementing similar guidelines for college students (ACHA, 2016).

Healthy Campus objectives aim to improve the quality, access and knowledge of health to the campus community (ACHA, 2012; CDC, 2017). Currently, there are three iterations of Healthy Campus: 2000, 2010, 2020 (CDC, 1990; Burwell, et al. 2010; ACHA, 2016). According to Burwell, Dewald, & Grizzell (2010), maintaining a healthy campus requires strategies targeting both individual and campus community needs. In its current framework, Healthy Campus 2020 continues to provide tools to enable healthy lives on campuses nationwide (ACHA, 2012) including: (1) Identify current and ongoing nationwide health improvement priorities in higher education, (2) increase campus community awareness and understanding of determinants of health, disease, and disability and opportunities for improvement, (3) provide measurable objectives and goals that can be used by college and universities, (4) engage multiple stakeholders to take actions that are driven by the best available evidence and knowledge to strengthen policies, improve practices, and empower behavior change, and (5) identify and promote relevant assessment, research, and data collection needs.

Healthy Campus 2020 Objectives

Health Impediments to Academic Performance

Junk food, sleepless nights, alcohol and long work hours are well akin to the lives college students. Financially affording college tuition, books and supplies as well as the means to enjoy “college life” can be costly. The average college student may or may not have familial assistance to get through college. As such, it is normal for students to work at least part-time during college to maintain such responsibilities. Naturally, having extensive obligations can take a toll on academic performance.

Turbulence in today’s economic climate does not reassure college students in having confidence to achieve their academic goals. As tuition assistance decreases and collegiate fees increase, the stress of college students proliferates (Hawkins et al., 2005). More than half of college students work at least part-time (Hawkins et al., 2005). Acquiring a college degree often reflects socioeconomic status which can affect health outcomes. Consequently, the average college student is led to work additional hours in order to ensure their future.

According to Danner et al. (2010), nearly 90% of college students felt employment affects their academic performance. Additionally, data suggests students who work part-time, defined as 20 hours per week, are more inclined to use tobacco and cannabis, and drink alcohol (Danner et al., 2010). Results also showed a strong relationship between hours worked and increased alcohol consumption (Danner et al., 2010). In addition to unhealthy behaviors, there is a correlation between increased hours worked and decreased grade point average (DeSimone, 2008). Grade point average decreases by 0.16 points per any additional hours worked per week (Stinebrickner and Stinebrickner, 2003).

Health Communication/Health IT/ECBP

According to Vader et al (2011), effective health communication is important when improving the health of a population. Studies have shown that information influences health behaviors; thus, health information campaigns are valuable tools for colleges looking to improve the health of their students (Vader, Walters, Roudsari, & Nguyen, 2011). Health-related communication can deliver messages to students regarding violence, suicide prevention, pregnancy prevention, tobacco, or physical activity and nutrition.

Typically, colleges focus health communication campaigns on alcohol abuse, drug abuse, and sexual violence. Other health issues, like injury and suicide prevention, are often less spotlighted. Though all health issues are deserving of campus resources, institutions need to consider the current behaviors of their students. For example, the ACHA-NCHA data from 2006 indicated almost half of students regularly engaged in vigorous exercise, but less than 10% reported eating the recommended daily servings of fruits and vegetables (Vader et al., 2011). In this case, more resources could be designated towards improving diet rather than promoting exercise.

Choosing appropriate communication strategies for students to acquire health communication are some factors institutions must consider before investing in health communication campaigns. Vader et al., (2011) examined which health information sources students found trustworthy, and which sources they like to use. Health center medical staff, health educators, faculty or coursework, and parents were sources regarded as trustworthy (Vader et al., 2006). Although this study used data from 2006, students' perceptions of health information sources and their use of these sources have remained relatively constant (Vader et

al., 2006). In fact, the only notable change since 2000 was the increasing believability of faculty/coursework and the decreasing believability of parents (Vader et al., 2011).

Injury and Violence Prevention

Injury and violence at universities encompasses a wide range of topics, including helmet safety, physical assault, abusive relationships, and sexual violence (Carr, 2005). According to Carr (2005), simple assault made up 63% of violent crimes affecting students. Most violent crimes (58%) were perpetrated by strangers, however 79% of all sexual assaults were committed by non-strangers. Alcohol and drug abuse also creates an environment that is conducive to injuries and violence. Forty-one percent of student victims asserted that the perpetrator appeared to under the influence of drugs or alcohol (Carr, 2005).

Sexual violence has been a top concern within the scope of injury and violence prevention. The Violent Victimization of College Students report found violent crime declined by 54% between 1995 and 2002. Moreover, Carr (2005) found students were less likely to be victims of a violent crime during this time, with the notable exception of sexual assault. Despite this decline, rape is a persistent issue for universities, with 15-20% of college women having reported being victimized and 5-15% of college men admitting to committing rape (Carr, 2005).

Campuses can predispose students to systematic types of violence through the culture they promote (Carr, 2005). Endorsing rigid gender norms is one type of behavior that creates an unsafe environment for women and LGBTQ students (Carr, 2005). In addition to behavior, Carr (2005) also found homogenous universities that are predominately white risk elevated levels of violence against minorities. Over half of campus hate crimes were racially motivated, 18% were anti-Semitic, and 16% were anti-LGBTQ (Carr, 2005).

Legal mandates and policies have been implemented to protect victims and ensure accurate reporting (Carr, 2005). However, statistics often fail to reflect the severity of this issue on campus because victims of crimes or injuries are reluctant to come forward (Carr, 2005). Carr (2005) found many crime victims do not file police reports because they believe the crime isn't significant enough. Victims may also be suffering psychological trauma that prevents them from reporting (Carr, 2005). Only around 35% of violent acts and 5% of rapes and attempted rapes are reported to the police (Carr, 2005). Underreporting must be addressed to improve the precision of interventions and evaluations.

Mental Health and Mental Disorders

According to Hunt & Eisenberg (2009), almost half of the disease burden in young adults is comprised of mental health disorders. Research indicates that mental health disorders are equally prevalent among students and non-students, though certain students are more susceptible to mental health disorders (Hunt & Eisenberg, 2009). For example, students from economically disadvantaged households and female students are more likely to suffer depression and anxiety (Hunt & Eisenberg, 2009). Incidence and severity of these disorders have been increasing among students, however it is unclear whether this is from a change in mental health status or a change in reporting (Hunt & Eisenberg, 2009).

Research on mental health disorders among college students is limited so it is difficult to estimate the number of those affected. The 2002-2003 National Epidemiological Survey of Alcohol and Related Conditions found “almost half of college students met the DSM-IV criteria for at least one mental disorder in the previous year” (Hunt & Eisenberg, 2009). Adequate mental health treatment is an important resource for these students and plays a crucial role in preventing suicide (Hunt & Eisenberg, 2009). The 2008 National College Health Assessment

(NCHA) found that around 5% of undergraduate and graduate students seriously considered suicide in the last 12 months (Hunt & Eisenberg, 2009). Among students who had attempted suicide in the last year, only 21% were on medication and 19% were in therapy (Carr, 2005).

Moreover Hunt & Eisenberg (2009) found medical advances including precise diagnoses, evidence-based interventions and new pharmaceuticals have increased the effectiveness of treatment. Also, reduced stigmatization has contributed to a rise in help-seeking behavior. However, research still shows college students have a high prevalence of untreated mental health disorders (Hunt & Eisenberg, 2009). These neglected mental health disorders often provoke dangerous behaviors, such as violence and substance abuse (Carr, 2005).

Most disorders appear before 24 years old, and the median time between onset of disorder and initiation of treatment is over 10 years (Hunt & Eisenberg, 2009). Hunt & Eisenberg (2009) noted if left untreated, cases will have effects far beyond the individual. Fortunately, universities are uniquely positioned to reach this large demographic and could provide resources for better health outcomes (Gordon, 1995).

Nutrition and Weight Status

The exponential increase in cardiovascular disease in the United States has caused more than half a million deaths with the percentage of deaths being most prevalent among minorities (Brown et al., 2016). Brown and colleagues (2016) found poor nutrition is correlated to cardiovascular disease as meals high in saturated fat increase cholesterol levels. More than half of Americans participate in risky behavior that increase their odds of cardiovascular disease such as smoking tobacco, drinking alcohol, poor nutrition and lack of exercise (Brown et al., 2016). All of which are found to be risky behaviors prevalent among college students (Brown et al., 2016; Gordon, 1995; Lombardi and Dupain, 2014). College student health is often neglected due

to the abundance of responsibilities from managing work, classes, and social life. Time management often includes making sure grabbing a bite to eat is quick and easy. However, meals that are affordable, quick, and easy can be poor in nutrition (Danner et al., 2010; DeBate et al., 2001). According to DeBate et al. (2001), nearly 80% of college students do not consume the daily recommended values for fruits and vegetables, 20% consume fatty foods, and 30% reported receiving nutrition materials from their university. This can pose a risk for obesity, high cholesterol and diabetes (CDC, 2017).

Moreover, DeBate et al., (2001) found nearly 20% of Non-Hispanic Blacks were found to have a Body Mass Index (BMI) of at least 30. The study compared the weight of White and Non-Hispanic Black college students prior to start of classes and after classes began. Once classes began, white college students gained nearly seven pounds while Non-Hispanic Blacks gained over 10 pounds (DeBate el al., 2001). The nutrition and weight status of college students may be improved with collective contribution from all departments on campus to increase awareness through culturally sensitive nutrition education (Brown et al., 2016; DeBate el al., 2001).

Physical Activity and Fitness

Haberman and Luffey (1998) found approximately 40% of college students reported physical activity at least three times per week while nearly 80% of students reported consuming unhealthy meals daily. Only 30% of college students reported receiving information on healthy diet practice and recommended physical activity for fitness (DeBate et al., 2001). When students were asked to report their current weight; they considered themselves overweight when they were underweight (Brown et al., 2016; DeBate el al., 2001). This indicates college students would benefit from body image awareness in addition to nutrition and fitness education. Not only does physical activity address nutrition and weight status issues, it also focuses on obesity

and heart disease prevention (National Center for Health Statistics, 2001; Haberman and Luffey, 1998).

Sexually Transmitted Diseases and HIV

According to the CDC (2015), STDs have increased exponentially on college campuses, with over 1 million new cases annually. Late adolescence (18- 20 years old) accounted for over 60% of chlamydia and gonorrhea cases (CDC Fact Sheet, 2015). College students perceive they are not at risk for STDs or HIV (ACHA, 2012; Lewis and Mallow, 1995). Confidence in their sexual partner selection allows for the belief that the selected partner is not infected (Lewis and Mallow, 1995). The CDC Fact Sheet (2015) discusses methods universities use in providing STD education, providing condoms, and STD/HIV testing throughout campus. College campuses need to review current sexual health education programs and explore ways to address gaps in the continued rise in STD/HIV cases (ACHA, 2012; ACHA-NCHA Data, 2017; Lewis and Mallow, 1995).

Family Planning

Lewis and Mallow (1995) argue current sexual health education methods assume family planning and sexual health are separate subjects. Self-efficacy, gender and communication between sexual partners are factors in sexual health awareness (Vader et al., 2011). Self-efficacy of condom use can prevent both disease infection and pregnancy (CDC, 2015; Farris et al., 2015). Additionally, females were more knowledgeable in sexual health and consistent in condom use than their male counterparts (Farris et al., 2015; Lewis and Mallow, 1995). Active discussion between partners about safe sex and expressing concern for both disease and pregnancy would translate to safer sex practices (Farris et al., 2015; Vader et al., 2011).

Survey data suggests, 75% of college students believe their friends were more likely to have an STD or pregnancy scare than they were (Lewis and Mallow, 1995). College students engage in risky behaviors like inconsistent contraceptive use, especially with multiple partners, which can stem from media and social pressures (Lewis and Mallow, 1995). Over 80% of female college students incorrectly believed that emergency contraception could be used once pregnant and maintained through the first trimester (Clark et al., 2015). Prevention of unwanted pregnancies can reduce a woman's likelihood of developing depression and/or poor birth outcomes (Hunt and Eisenberg 2009; Lewis and Mallow, 1995).

Substance Abuse

According to Palmer and colleagues (2012), over one third of students report using an illegal drug in the last year. Marijuana is the most popular recreational drug, with a quarter to a third of students using the substance within the last year and 16% within the last month (Palmer et al., 2012). Prescription drug abuse has become an emerging trend on campuses, particularly opioids and stimulants. Opioid abuse is associated with lower grade point averages and unsafe driving behaviors. Misuse of stimulants is linked to polydrug use, illegal activities, and blackouts (Palmer et al., 2012).

Students engaging in drug abuse are less likely to have an accurate perception of consequences related to risk behaviors (Palmer et al., 2012; Vader, 2011). Most student drug users report feeling little to no concern about their drug use (Palmer et al., 2012). Marijuana users were less likely to perceive risk associated with drug use, even though they experienced negative consequences (Bennett et al., 2017; Palmer et al., 2012). Additionally, nearly half of students reporting drug use had driven under the influence (Palmer et al., 2012).

A significant percentage of student drug users report being preoccupied with a drug, resulting in unsuccessful reduction of drug use and using more drugs than originally intended (Palmer et al., 2012). Many student drug users do not experience legal consequences or academic penalties; implying a large portion of drug abuse goes unnoticed.

Tobacco Use

Tobacco use among students include cigarettes, hookah, smokeless tobacco and most recently, e-cigarettes (Bennett et al., 2017). Ages 18 to 25 are reported to have the highest prevalence of cigarette use, compared to other age groups (Bennett et al., 2017). According to the ACHA, approximately 29% U.S. college students report lifetime cigarette smoking and 12% report past-30-day smoking (Bennett et al., 2017). The ACHA recently partnered with stakeholders to launch the Tobacco-Free College Campus Initiative. Current statistics and evaluations of interventions show stringent campus smoking policies were most effective in changing behavior (Bennett et al., 2017).

Immunization and Infectious Disease

Various health campaigns promoting vaccinations target infants and young children, yet college students are a particularly vulnerable population due to their living arrangements and the campus environment (National Foundation for Infectious Diseases [NFID], 2016). Considering the unique vulnerabilities of college students, Healthy Campus 2020 set immunization goals for influenza, Hepatitis B, Human Papillomavirus (HPV), chickenpox, meningococcal, measles, mumps, and rubella.

Like the general population, most vaccination campaigns at universities concentrate on influenza. Poor data collection methods among students leave influenza vaccination rates uncertain, but it is estimated to be between eight and thirty-nine percent (NFID, 2016). Students

often manage their own healthcare and might be unaware of recommended vaccinations (Kington and Smith, 1997; NFID, 2016). Additionally, health insurance plans that do not cover immunizations and small schools with underfunded health services prevent students from getting vaccinated (NFID, 2016).

Objectives

Literature indicates a lack of research on many Health Campus topics, particularly among college students (Gordon, 1995; Lombardi and Dupain, 2014). Existing research reveals students are at risk for poor health outcomes due to behavior choices and lack of resources. Campus health and/or wellness centers believe programs targeted to students are sufficient, however they should also be tailored to various demographics on campus (ACHA-NCHA Data, 2017; Lombardi and Dupain, 2014; Mason and McGinnis, 1990).

Healthy Campus 2020 is a national framework that aims to improve the health of students, staff, and faculty members (ACHA, 2016). Similarly, CSUSM Student Health and Counseling Services aims to provide effective programs surrounding several health topics: sexual, mental and nutritional health as well as preventative and primary medical care. Student Health and Counseling Services addressed these health topics by offering CSUSM students, counseling, referrals, educational resources.

The purpose of this capstone project is to align California State University San Marcos (CSUSM) with the objectives outlined in the American College Health Association's Healthy Campus 2020 objectives. Evaluation will be conducted by assessing the needs of students, current resources available and identifying any barriers. Healthy Campus 2020 contains 11 topic areas and 54 objectives (ACHA, 2012): (1) Health Impediments to Academic Performance, (2) Health Communication/Health IT/ECBP, (3) Injury and Violence Prevention, (4) Mental Health

and Mental Disorders, (5) Nutrition and Weight Status, (6) Physical Activity and Fitness, (7) Sexually Transmitted Diseases and HIV, (8) Family Planning, (9) Substance Abuse, (10) Tobacco Use, and (11) Immunization and Infectious Disease.

To achieve the goal of aligning CSUSM with Healthy Campus 2020, our objectives are:

1. To conduct interviews with campus stakeholders to evaluate current resources and how they contribute to Healthy Campus 2020 objectives.
2. To assess which areas require the most improvement and should be prioritized
3. To provide recommendations for future strategies to achieve Healthy Campus 2020 objectives.

Methods

Project Development and Design

The purpose of this capstone was to align CSUSM with Healthy Campus 2020 which was informed by discussions with the health educator and coordinator of the CSUSM Hope and Wellness Center. The Healthy Campus 2020 objectives were introduced and informed as a national standard that universities strive to meet. Based on the Healthy Campus 2020 objectives, our project conducted a needs assessment of CSUSM programs and services available to students on campus.

A list of key stakeholders was created by identifying CSUSM faculty involved in related initiatives, research, or program management. CSUSM Hope and Wellness Center's health educator and coordinator evaluated the list and gave further recommendations for stakeholders and consolidation of topic areas. Ultimately, 9 key stakeholders were identified to provide information on the 11 objectives outlined in Appendix B Table 1. Available resources for each

objective were identified using the CSUSM website. Resources are listed more than once if they provided support in multiple topic areas. The Student Health and Counseling Services (SHCS) and HOPE and Wellness Center offered resources addressing several topic areas. In this case, the specific department within SHCS or the HOPE and Wellness Center may be identified.

Participants

The California State University San Marcos Institutional Review Board (IRB) granted approval for this needs assessment. Participants qualified to be interviewed if they were staff or faculty at CSUSM and possessed relevant knowledge of the selected objective. For example, within the objective of nutrition and weight status, a registered dietician on campus qualified to speak on the objective.

Recruitment

An introduction to participate e-mail was developed as recruitment material and sent to all key stakeholders. The introduction to participate e-mail briefly introduced the student researchers/interviewers, stated the purpose of the research and potential duration of the interview. Written informed consent was obtained from all participants, stating the purpose of the study, procedures of the study, confidentiality of the study, agreement to be voice recorded during the interview and use of responses and direct quotes.

Data Collection

Key informant participants interviews were conducted between September 1, 2017 and September 27, 2017. Table 1 lists the names of key informants interviewed in each objective area. Two researchers interviewed each key informant at a time and the interviews lasted 30- 45 minutes in length. The interviews were recorded using a digital voice recorder and notes were taken. All stakeholders were asked the same 3 opening questions:

1. What resources are available on campus for [issue]?
2. What barriers are preventing us from addressing [issue]?
3. What resources are missing or needed on campus?

Stakeholders were also asked 2-3 questions informed by ACHA-NCHA II data that were specific to their objective. These objective-specific questions are listed in Appendix B Table 2.

Data Analysis Plan

Healthy Campus 2020 Student Objectives Spreadsheet can be found in Appendix B Table 3. This spreadsheet includes objectives, the corresponding ACHA-NCHA II survey questions, and data sources for each sub-objective. To inform objective specific interview questions, the Spring 2016 Executive Summary results were recorded for the reference group and CSUSM. The difference between the 2020 reference group targets and the CSUSM Spring 2016 Executive Summary results will help illustrate potential areas of improvement.

The recorded interviews were transcribed verbatim. Atlas ti qualitative software was used for textual data analysis and pattern comparisons (Atlas ti 7, 2015). Thematic analysis of key informant interviews is presented in Appendix B Table 4. Following data transcription, every two or three lines were coded. Coding identified emerging ideas and helped to organize the data. Multiple researchers reviewed the codes to control for bias. After the codebook was established, themes and sub-themes emerged from patterns within the data. Each theme was defined and described. Quotes from the interviews provided clarity. Results of the thematic analysis provided insight on key stakeholder perceptions on provided services at CSUSM and how they align with Healthy Campus 2020 objectives.

Results

The results were obtained from key informant interviews ($n = 9$) whose expertise were within the 11 objectives. To address objective 1, interviews with campus stakeholders led to compilations of themes and sub-themes to evaluate the alignment of CSUSM with the objectives outlined in the ACHA Healthy Campus 2020 objectives. Three major themes were found from the interviews: Available Resources, Barriers and Missing Resources. Each major theme included sub-themes which described potential improvements to campus resources to students.

Theme 1: Available Resources

Available resources include Student Health and Counseling Services, Student Outreach and Referral (SOAR), Hope and Wellness Center, and other campus centers and facilities. Five sub-themes were identified under available resources including: University Requirements, University Policies/Procedure, Campus Services, Community Partners and Department Teamwork.

University Requirements. These are described as essential requirements to ensure admittance to CSUSM. Some participants mentioned requirements of up-to-date immunizations and mandatory online trainings, including sexual violence and alcohol education, that must be completed to continue enrollment. Furthermore, transfer students and continuing students will have continuation trainings during the school year. CSUSM provides new student orientation and programs (ONSP) designed to aid new students with their transition to the campus community.

Our resources for immunizations start with our executive order for all of the CSUs and that gives requirements for what immunizations are required for

attendance to the CSUs and then beyond that, will be additional vaccines we keep on in supply based on what students need. - Director SHCS

All incoming students have to get education alcohol and sexual violence through online processes. Every single year, transfer students and continuing students have to take continuation courses on sexual violence. - Health Educator SHCS

Students complete the online training, initially, and in the refresher years there are subsequent trainings that highlight different topics surrounding sexual violence.

At new student orientation we present and the topics we cover are resources, bystander intervention, affirmative consent. We have our website that informs students. - Sexual Violence Advocate & Educator

University Policies and Procedures. This subtheme describes standard processes that faculty and staff implement when a student appears to be in need or seeks help. Participants expressed providing pertinent tools, expectations, and guidance to advocate and assist students. Furthermore, proper accommodations, trainings, and education on critical topics can help safeguard students in need and protect their academic success.

We provide the tools, we provide the expectations, we provide the guidance per the regulatory standpoint, so that those people [faculty/staff] can advocate for us and really do what's in the best interest of the student, employee, and university. - Director- Safety, Risk & Sustainability Services

Our procedure would be to contact the dean of student services and report it, then refer the student to the student health center. We can't diagnose. - Professor Emerita SHSHS Human Development

What are the accommodations the campus can provide in order to help guard that students' academic success - Director SHCS

If someone shares or discloses something to someone on campus, really being trained in knowing how to respond because that could mean everything to someone. - Sexual Violence Advocate & Educator

Campus Services. Participants described campus services as counseling and therapy, advocating, support, facilities, fitness, groups, testing, education, training, safety and referrals. Service providers conduct face-to-face meetings with campus community members seeking services by educating them on options while remaining sensitive to individual status such as sexual orientation. Trainings are also required as part of enrollment to prevent domestic and sexual violence. Interviewees described available services to include family planning, STD/HIV testing, physical fitness, tobacco cessation and immunizations. Moreover, such services can also be located online via the CSUSM Hope and Wellness Center which provides services offered in detail.

The goal of the student health and counseling services is to provide basic stuff but to refer out to the community. - Director SHCS

When we talk about sexual assault and violence, that's one of the reasons we have a sexual violence advocate and indicator. They are that advocate for students, sometimes that initial point of contact, and works closely with the police department's, dean of students, and the title 9 office in supporting students. - Director SHCS

What we offer in this building and the fitness class are a vast majority of the fitness offerings on this campus. This is the primary space and programing for fitness. - Assistant Director, Clark Field House, Athletics

Therapy services offered here [CSUSM] are individual as well as group therapy, and the groups include some structured workshops, some manualized protocol, therapeutic interventions for groups, as well as interpersonal and process groups. - Associate Director SHCS

In general, we have mindfulness groups, groups that address anxiety, LGBTQ safe zone groups, depression groups, interpersonal process groups. Our individual therapy services we generally work in a short-term model that sticks within about a semester's worth of work. - Associate Director SHCS

If a student is looking for testing, they can come in and make an appointment with a clinician at student health and counseling services. All the office visits for students are free because it's provided as a part of the fees they pay with their tuition. - Health Educator SHCS

I get a lot of referrals from other agencies. Housing is informed, dean of students gives referrals, police, and title 9 offices. Disability student services are also a key partner. A lot of the GEL professors request presentations, to get familiar with resources and the bystander intervention is a big part of that. - Sexual Violence Advocate & Educator

As far as students, we work with our students with safety training, so no matter what type of hazard they are exposed to, we provide them the tools and resources

that any employee would be provided. - Director- Safety, Risk & Sustainability Services

Student health and counseling services is providing educational information and referrals. They're not equipped to provide smoking cessation counseling or medication themselves, so they are referring out to the California smokers' helpline. - Associate Professor of Psychology

Community Partners. According to participants, referrals to community partners are vital to bridging gaps in services provided to students. CSUSM utilizes various community partners including county health department, clinics, crisis text-line, 211, narcotics anonymous, alcoholics anonymous, and local businesses.

When we have those instances where we have those vaccines we don't keep in supply, we make recommendations for students to use the immunization clinics that are put on by the county health department. - Director SHCS

Even though we may not have it, it's knowing who in the community does have it and refer students to get those services. - Director SHCS

A lot of times we try and refer them and make those appropriate referrals to community providers to help students manage their chronic disease. It's not the goal of the clinic to manage those chronic diseases. - Director SHCS

I know CSU as whole has partnered up with the crisis text line, which is newer. It's kind of an alternative to the national suicide prevention hotline. - Associate Director SHCS

On the resource sheet we give to everyone when they walk in the door, there is access to 211, which can get people to NA or AA. - Associate Director SHCS

We also offer students opportunities and they really want an STI testing, threw the county of San Diego, they do offer free testing for women of a certain age to do a mail in kit. - Health Educator SHCS

Any partnership is good, like with the food pantry we can get in touch with local restaurants that donate, they could help us with marketing on campus, getting health information out there from different resources, they have health information we don't and vice versa. So why not trade information and partner together. I feel like those partnerships will only benefit students, there's no negative. - Registered Dietitian & Lecturer- SHS Kinesiology

Department Teamwork. Participants mentioned department teamwork as working with multiple departments within the campus community to disseminate information, education and provide needed resources. Departments in the campus community can rely on each other and share resources to do what's in best interest of the campus community.

There is all that information and if it is something that needs to go out to the campus community it's working with my partners on campus to say this information needs to go out, this is how we are going to send it out, this is what we need to say, and we want to repeat the message if appropriate. - Director SHCS

We've outreached to the Temecula campus more frequently as a way to connect them back to the university here and let them know the resources that are available for them. - Health Educator SHCS

I'm building a program with athletics, we are working right now on a handout and some web-based informational piece, that talks about all the healthy eating on campus. - Registered Dietitian & Lecturer- SHS Kinesiology

We provide the tools, we provide the expectations, we provide the guidance per the regulatory standpoint, so that those people [faculty/staff] can advocate for us and really do what's in the best interest of the student, employee, and university. - Director- Safety, Risk & Sustainability Services

Theme 2: Student and University Barriers

Barriers can prevent students from receiving needed resources or prevent CSUSM from being able to offer necessary resources. Student barrier subthemes described by participants include; student perception, stigma, student financial burden, and stress related factors. Furthermore, university barrier subthemes include; lack of funding and awareness.

Student Perception. According to participants student perception is described as the student's' responsibility to take action regarding their health. Additionally, a student's sense of invulnerability may inhibit them seeking needed services.

Ultimately, I think it's up to the student. They think that they don't need to be proactive about their health, so unless they are having major health issues, they might not think it's practical to seek services. - Health Educator SHCS

Students don't come up and self-report because they are in a state of denial until they have a huge catastrophe then they will ask for help. I've been here for 25 years, I've had one student come to me and say 'I need help.' - Professor Emerita SHSHS Human Development

What do you do for kids who are looking for their own independence and going thru a stage where they are experimenting with alcohol and drugs and some of them come out of it and some love the high and hang in there. - Professor Emerita SHSHS Human Development

That's one of the challenges that anyone in college health has to deal with is these things that we know that can impact student success and it can impact class work,

that's not the perception of these individuals, 'well that's not going to bug me,'

'it's not going to affect me,' 'i don't need this.' - Director SHCS

Stigma. Participants felt students experience stigma which prevents them from utilizing and seeking out necessary services. Stigma can include; fear of being labeled 'crazy', embarrassment, intimidation, feelings of not fitting in, and getting in trouble for their actions.

Students may be embarrassed coming in to ask or seek services. Some may feel intimidated and overall the cost. - Health Educator SHCS

If you look at some clinical reasons why there are barriers, there's still stigma to mental health. We have a great deal of cultural diversity on campus and there are certain cultures less inclined to support therapy. Therapy is for people who are crazy or if you're having difficulties you go to a church and pray on it, we keep things private or in the family. - Associate Director SHCS

Victim blaming, if a survivor discloses to a close person in their life and that person isn't supportive or is kind of blaming, that shuts them off from seeking support or it delays seeking support. Students get afraid if they were using some sort of substance or if they are underage, they get afraid that they will get in trouble. So, they are hesitant to share if they were under the influence of something. Feeling not sure about what happened, mixed messages threw culture, something that is unsafe in a relationship can be normalized in the media, so sometimes it has to get pretty bad or serious for someone to feel justified in getting help. - Sexual Violence Advocate & Educator

It's not really cool to ask either. Besides the stigma, besides maybe not even
really knowing that we are a resource. - Director- Safety, Risk & Sustainability
Services

Student Financial Burden. Participants mentioned student financial burden as a consistent barrier for college-aged students. Work hours, transportation, living expenses, tuition, health insurance, and out of pocket expense prevent students from using needed services.

If they don't have insurance it becomes a huge impediment and if they don't have a vehicle, say they have to travel farther than walking distance, then that becomes an impediment and that's something I can't fix for them. - Director SHCS

A lot of times students don't want to go see a specialist, whether medical or mental health, because cost. - Director SHCS

If it's going to be an out of pocket cost where it's a time whether or not I'm going to buy gas today or if I'm going to take care of this medical problem, it's a huge barrier. - Director SHCS

Prices are an issue, that's just always going to be the reality. - Assistant Director, Clark Field House, Athletics

Stress-Related Factors. Participants describe stress- related factors as barriers affecting students' academic performance. Stressors may include; working, lack of parental assistance, academic workload, students with children, familial burden, homelessness, and food insecurity.

We have kids of have to work, they have to study, some of them are raising their siblings, they have no parental help. We assume that since they're in college they will have parents who will help them and that's not true. We have homeless

students on this campus, they live in their cars, they shower at the gym, stay with a friend one week and another the next. I think the economy has a lot to do with it, the tuition is not cheap. If they go through financial aid they pay forever, I mean forever. Then there are kids who will go to school over the objections of their family and they'll get kicked out. So, it's economic stress, familial stress, some students have children. We have all this stress to deal with. - Professor Emerita SHSHS Human Development

A student that has a difficult home life, who is trying to navigate being able to have a voice and standing up for themselves, that's a significant impact to their academics. - Director SHCS

Lack of Funding. According to participants, funding is a challenge when providing appropriate services to students. Funding barriers can include work hours, facility space and staffing.

If there is a crisis that comes up over the weekend, we can't help the student. - Director SHCS

Funding is a huge barrier. We've had one health educator here for as long as I can remember, on a campus that's growing and growing. It's severely understaffed as far as health education is concerned. - Registered Dietitian & Lecturer- SHSHS Kinesiology

I think our space and the size of it can be challenge. - Assistant Director, Clark Field House, Athletics

We can always use more staff and more money. We have our hours 8-5 and I also think that reflects on our resources that we have available here. If there were options to keep us open till 8 for example, that could extend the ability for some people who just take night classes or are packed during the day and we have a limited amount of walk in slot, that's how people get in thru the system. I think there are days where 4 people will come in during the afternoon and we only have 3 slots. It's just the nature of the beast. So if they only have this hour and a half in between classes and it's already taken, then that's a barrier. - Associate Director SHCS

Awareness. Participants described lack of awareness as students not sufficiently made aware of services offered. Faculty and staff may not be aware of how to communicate across departments. Lack of awareness can include facility locations, insufficient campus community education, insufficient student communication and outreach.

I think there should be more campus wide awareness, departmental focus, go to department meetings and say here are some of the symptoms or thing you need to worry about and what you can do about it, we don't have any of that. We kind of free fly with it. - Professor Emerita SHSHS Human Development

I've asked for this a couple times in previous years, the OT tours in the summer they don't come down to the Clark field house and talk about this facility to all incoming freshman. So, they would stand at the Chavez statue and point down to the Clark field house. Until you really see it, you don't know. - Assistant Director, Clark Field House, Athletics

Another reason, might be that students don't fully understand or know the services we provide here. Students know that we are here, but they may not know what we provide, so they're not seeking it out or may be nervous or embarrassed. - Health Educator SHCS

I just don't think they know where to go, for the most part. We are not visible to the general student population. They may not know they can come here and talk to us about protective equipment, for example. I think that would be the first barrier, acknowledging that they just don't know. - Director- Safety, Risk & Sustainability Services

Theme 3: Missing Resources

Missing resources are university challenges that can result in students receiving insufficient services leading to poor academic performance. Missing resources subthemes include life- skills training, peer- to- peer education and training, utilizing current technology, interdepartmental communication, budgeting and allocation of resources.

Life-skills Training. Participants expressed the need for implementing life skills courses into CSUSM general education requirements. Participants noted these life skills courses can improve student resiliency and academic performance.

We sometimes do nutritional education through the GEL program, but I wish there was more in depth, life skills courses. We were looking at a model that was presented to us at the Pacific Coast College Association, one of our sister campuses. They have a life skills program, so all first-year students have to attend these courses throughout the first year in order to make sure they're successful. It

builds the students resilience to continue beyond their first year. - Health Educator SHCS

What do you think about with that curriculum [life skills classes] having individuals from campus come and teach their sections, not just having one person who's teaching it global who might have a general understanding of everything. - Registered Dietitian & Lecturer- SHHS Kinesiology

Peer-to-peer Education and Training. Participants detailed students would benefit from peer-to-peer education and training. Students may be more receptive to learn from their peers. Student trainers would learn valuable communication skills and gain educational knowledge from experts.

One thing I've done in the past are peer health education programs on nutrition, eating disorders, and body image, where students would come in, graduate and undergraduate, for an entire semester and they would get credit. They would learn about that topic for a whole semester and go out in future semesters and present to groups, they'd go to classrooms, they'd go to the dorms, they'd go to places during "u hours" and give these presentations. I feel that is a really great way to get more education out there. I feel that when a student is talking about something that another peer can relate to then they are more likely to ask questions.

- Registered Dietitian & Lecturer- SHHS Kinesiology

How could we correct that issue that networking on campus? The peer education model through the ACHA has really promoted that. Students need that to gain service credit with the university, they're learning how to communicate with other

people, and they have the resource of learning from the instructor who's the expert and looks great on a resume too. - Registered Dietitian & Lecturer- SHSHS Kinesiology

As far as peer to peer information, we find that within our laboratories, we don't have lab managers per se, but we usually have a student that's been there for a long time and they are usually the one who tackle new student information. I think it goes back to being able to creatively craft that message and deliver it. Maybe one of the resources need would be to hire more students to do that. - Director- Safety, Risk & Sustainability Services

So, I don't know how to reach out. We are looking into programs such as smoke free ambassadors, at other campuses they have student groups that go out and educate the campus community, they would see someone smoking and they would get tools and training on how to approach someone, how to deliver information that is interesting, but not in the lens of enforcement, but more 'by the way did you know.' - Associate Professor of Psychology

Utilizing Current Technology. To better reach the student population, participants stressed the promotion and use of current technology. Current technology can include YouTube, Instagram, Snapchat, Twitter, phone applications, and texting.

The only way we communicate if students sign up for our newsletter, then we send information out that way. Other ways are if they are engaging with us on social media and we have YouTube videos, Instagram, snapchat, and Facebook.

Do we do announcements that often...not as much as I would like...those are more the email announcements and updates. - Sexual Violence Advocate & Educator

I think we need more internet presence, so students will follow us, like hey, this is a healthy recipe this week or this is what you can have at sub-connection this week that's going to be healthy for you. We are so media focused and focused on our phones, that whatever we can do that way would be helpful and it's not going to cost that much money. - Registered Dietitian & Lecturer- SHHS Kinesiology

If students are more likely to access an app we have tried to promote app surrounding relationship violence, sexual assault...there is an app that is specific to our university, but it hasn't caught on. It's called reach out. - Sexual Violence Advocate & Educator

Interdepartmental Communication. Participants expressed interdepartmental communication would be more effective in providing needed services to students.

Interdepartmental communication can include; the sharing of department resources and collaborations.

I think there should be more campus wide awareness, departmental focus, go to department meetings and say here are some of the symptoms or thing you need to worry about and what you can do about it, we don't have any of that. We kind of free fly with it. - Professor Emerita SHHS Human Development

I'd like to partner with student health and counseling, I'm not sure if they have anyone there, but we have a catering kitchen that widely goes unused because this used to be the main event center on campus, this used to be the union. Now with

the union build in 2013, our space is not as used for events, it's primarily for fitness classes, sport clubs, kinesiology is in there sometimes, as well as our meetings. That kitchen is used primarily as a personal food space for all our athletes and staff, but it can be better utilized. It's a lack of proper use of the space. - Assistant Director, Clark Field House, Athletics

We found that when we were doing the strategic plan, that everyone is doing a little something, but bringing it all together and wrapping it in a bow, that would be most effective. - Director- Safety, Risk & Sustainability Services

Budgeting and Allocation of Resources. Participants stated, budgeting and allocation of services could increase the number of services and events on campus. This can include increase staffing, support for events, increase the number of classes offered, and fiscally support needed programs and services.

It's always nice to have the money to support outreach events and have additional bodies to do it. - Director SHCS

One thing that we could improve is our fitness class offering for students that might not be able to, if they have physical disabilities or issues with their joints, to have that regular cardio is a swimming pool. Water aerobics is an awesome alternative to regular cardio. - Assistant Director, Clark Field House, Athletics

We used to offer free HIV testing, that was a grant that we had a collaboration with North County Health Services, as well as Vista, but that ended last semester, so we are no longer able to provide that to the students. - Health Educator SHCS

So, the resources would be to fiscally hire those students and train them. We spend about 3-6 months training a student in our line of work, so it would need to be a student that stays here for a while. - Director- Safety, Risk & Sustainability Services

Aligning Healthy Campus 2020 Objectives

To address objective 2, we evaluated which topics were aligned with Healthy Campus 2020 and where improvements were needed. Generally, CSUSM is effective in meeting student needs in a variety of objectives. To categorize objectives into doing well versus needs improvement, we created criteria. Criteria included the absence of perceived barriers and/or steps being taking to address those barriers. Additionally, criteria considered confounders among ACHA-NCHA II survey data. We found the topic areas of mental health and mental disorders, sexually transmitted disease and HIV, family planning, substance abuse, tobacco use, immunization and infectious disease, and injury and violence prevention are meeting Health Campus 2020 objective requirements. Consequently, topic areas of health impediments to academic performance, nutrition and weight status, and physical activity and fitness are not meeting Healthy Campus 2020 objective requirements. To fully understand why certain objectives didn't meet our criteria, we outlined each objective with our reasoning.

Health Impediments to Academic Performance

To support students and their academic success, CSUSM has Student Outreach and Referral (SOAR) and the Hope and Wellness Center. These campus resources can be utilized by students in need of extra academic support and guidance with life problems. If CSUSM lacks a needed resource, they proactively refer to outside community resources to assist the students in getting the help they need.

Despite these campus resources, health impediments to academic performance lack in fulfilling Health Campus 2020 objectives. Main health impediments students face can be stress, anxiety, sleep deprivation, sickness, and work. According to our participants, utilization and the complete lack of preventative measures concerning health impediments may be the contributing

factor to poor academic performance. There are sparse resources addressing stress reduction, successful navigation of balancing life with academics, and how to maintain a healthy lifestyle while going to school. This includes getting enough sleep, physical activity, nutrition, and hygiene. Often, work can compound the problem, contributing to inflexible class schedules, sleep deprivation, poor eating habits, lack of exercise, and financial burdens. Students struggling financially often forgo needed health services. Lastly, difficulty in reaching the student to incite change can be challenging. If a student doesn't perceive they need a resource, they won't seek it out. Participants felt more needed to be done to ensure available resources are being utilized by students and an innovative approach must be created to reach students suffering from stress, anxiety, sleep deprivation, and work.

Nutrition and Weight Status

Participants stressed the lack addressing nutrition and weight status at CSUSM. Student Health and Counseling Services (SHCS) have limited resources surrounding nutrition and weight status, mostly comprised of brochures on nutrition. A student in need of expanded nutrition and weight status attention would be referred to an outside resource.

CSUSM only has one registered dietitian on campus and they can't give nutritional counseling to students. Participants stated there is few places students can go to for nutritional advice. The campus offers few healthy eating options, mostly vending machines, coffee shops, and a convenience store full of candy and sugary drinks. Participants pointed out the University Student Union (USU) has few healthy eating options and lack of nutritional education can result in poor eating habits. This poor nutrition can be a cause for health impediments affecting academic success.

Physical Activity and Fitness

The Clark Field House and Physical Fitness Center satisfies the needs of students wanting to work out and campus sports teams in training. The facility provides the necessary resources for students to achieve physical activity and fitness, also offering reduced personal training rates and fitness classes.

The physical aspects of the Clark Field House may impact students use of the facility. Location, limited space and machines can contribute to underutilization. Participants reflect that aside from being a part of a sports team and actively using the gym, there is few campus wide encouragement or incentive to partake in physical activity and fitness. Student financial burden can limit the amount of physical fitness participation a student may engage in. According to participants, there is limited education on campus explaining how physical activity can impact academic performance.

Discussion

Our findings suggest that CSUSM addresses many of the Healthy Campus 2020 objectives through their policies and procedures, campus resources and utilization of community partners. However, CSUSM has not evaluated their alignment with the Healthy Campus 2020 objectives. Standard university policies and procedures have been set, such as mandatory admittance requirements for freshman and transfer students, safety and risk procedures, and the campus smoke free policy. Furthermore, there are a variety of campus resources offered to students ranging from healthcare services to physical fitness; these exist to help students excel physically and mentally. Lastly, if the campus does not have the ability to address a issue, they refer to community partners. Even with extensive resource (i.e., campus policies, procedures, resources, and references) barriers and missing resources persist.

American College Health Association-National College Health Assessment II (ACHA-NCHA II)

Initially, to identify barriers and missing resources our project utilized ACHA-NCHA II survey data. The survey data informed some key informant interview questions including known deficiencies pertaining to objectives and current CSUSM standings. However, through key informant interviews, concerns surrounding ACHA-NCHA II confounders during surveying emerged. In our interview on immunizations and infectious disease, a concern was not knowing the respondents age group and if immunizations were recalled or actual verification of immunization record. Cultural and personal factors of International students and non- vaccinated students could contribute to confounding survey data. In addition, our interview on physical activity and fitness stated they don't have the capacity to track the Federal guidelines for aerobic physical activity and Federal guidelines for muscle-strengthening activity that the ACHA-NCHA II surveys; this once again is relying on recall data, not factual data. Lastly, our interview on mental health was concerned with the wording of survey questions and how students' perceptions might affect their response. Despite these concerns, ACHA-NCHA II data was pivotal in formulating some of our initial key informant interview questions and provided a foundation in which to begin our qualitative process. We recommend utilizing ACHA-NCHA II survey data as informational reference material to inform more in-depth research. Future research should understand confounders surrounding ACHA-NCHA II survey data and adjust accordingly.

Student Barriers

Key informant interviews illuminated barriers affecting multiple Healthy Campus 2020 objectives. Understanding how these barriers persist despite university efforts might help in formulating viable solution strategies. First, understanding a student's perspective might help understand a student's action. Most students are at a younger stage in life where they now are responsible for their own health and wellbeing, they may not be aware of signs or care about maintaining health. They may not think they need to utilize services to benefit themselves. Our interviews suggest that students have a personal responsibility when it comes to their health.

Second, stigma lingers despite the education and resources provided to students. This can detour students from actively seeking needed services. Students are engaged in self-discovery and are experiencing new situations. Society and culture may influence how they view health issues. For instance, their culture may view mental health issues negatively. They don't want to be branded as crazy or weak. Additionally, students may feel embarrassed about seeking help or worried that their parents may find out.

Lastly, student financial burdens may contribute to the lack of service utilization. Tuition is not cheap and for many students spending money on school versus living expenses is a challenge. School services may be too pricey for students, even with lower costs compared to community services.

Alongside barriers affecting students seeking services, stressors can hinder students' academic performance. Stressors can include balancing work with academics, navigating home life, and providing for themselves or their families.

University Barriers

Healthy Campus 2020 relies heavily on university services and resources to help maintain student health. Our findings suggest that the university has under resourced or missing resources that prevent students from getting needed help. Perpetuating these barriers include a lack of funding and awareness. Interviews suggest university funding is affected by a lack of proper staffing and the constraints of business hours; more specifically 8- 5pm with weekends off. This becomes a problem with students who attend evening courses, live on campus or need services over the weekend. Understaffing limits the number of students who can receive help during business hours, potentially turning students in need away. Additionally, understaffing can hinder educational outreach on campus when staff is already stretched thin with their daily job duties. For instance, there is only one health educator, sexual assault and violence educator, and no nutrition education specialist. Finally, available space can impact the number of staff required, as well as the number of students seeking services. For example, the Clark Field House struggles with the small size of the facility. Also, SHCS has maximized their size capacity, limiting the ability to hire additional staff.

Despite educational outreach efforts on campus, issues regarding awareness persist. First, facility locations can be a challenge. For instance, The Clark Field House is away from the main campus and Safety, Risk, and Sustainability is nestled in Craven Hall. If students aren't made aware of a facility, they won't seek the provided services.

Second, students may not know what services are provided, unless they actively seek out a service, hear it from outreach on campus or from a fellow student. For example, Students may be aware SHCS exists, but not realize all the services available. Additionally, there may be confusion if students are able to utilize services, especially if the facility isn't readily visible.

Recommendations

To address objective 3, we provide recommendations for future strategies to achieve Healthy Campus 2020 objectives. Based off our research on available campus resources, ACHA-NCHA II survey data, and key informant interviews, we found three Healthy Campus 2020 objectives not meeting requirements. Lacking objectives include health impediments to academic performance, nutrition and weight status, and physical activity and fitness. To bring these objectives up to standard, we have created the following recommendations:

Life Skills Courses

Create a strategic plan to implement a life skills curriculum for freshman students. In order to address students not taking initiative with their own health, the set of courses would be mandatory. The courses would cover a variety of areas, which can include stress management, physical wellbeing, personal finance, nutrition, physical activity, and time management. Guest lectures with expertise in particular curricula would give the courses greater insight. Additionally, it would give the campus an avenue to reinforce what resources are currently available and how to access them. These courses can increase student self-efficacy and campus awareness. We found the University of California Davis has already created and implemented a strategic plan for health education and promotion, which highlighted life skills development (UC Davis, 2017). CSUSM could collaborate with UC Davis, helping to create a similar program.

Peer-to-Peer Training and Education

Students receive training on a variety of topics, including nutrition, physical activity, stress reduction, and well-being to provide outreach and education to fellow students. Peer trainers would receive service learning credit, increase their communication skills and help to

value their own campus community. This avenue of education would be an innovative and flexible approach to disseminating valuable information. Information would become more accessible to the campus community, students can more easily relate to fellow students educating them, and stigma could be combated via peer testimonials during dissemination activities.

Current Technology

Using current technology can help reach a broader student body and utilize avenues students already engage in. This can include an increased internet presence, texting, and social media (twitter, you tube, snapchat, Facebook, Instagram, and other applications). This is a cost-effective way to provide daily health and wellness information, information on campus events and a where to find a resource. Expanding and promoting the current CSUSM application can help streamline information.

Additionally, to safeguard student health and maintain optimal academic performance, an innovative approach that integrates nutrition and weight status with academic life on campus must be implemented. It is imperative that this approach utilizes ways to reach students beyond brochures and the occasional educational outreach. Strategies for making informed choices on healthy eating options needs to be created.

Physical activity and fitness go hand in hand with nutrition, both of which are severely lacking amongst much of the campus community. Physical activity and fitness efforts need to take action in creating an innovative approach to reaching a broader student body outside of the confines of the Clark Field House.

University Impact

The university can significantly impact Health Campus 2020 objectives and ensure requirements are being met. First, inter- department communication is vital in keeping the campus unified in its efforts to meet the health needs of students. Departments should have monthly meetings with each other to discuss possible outreach and implementation efforts. These meetings will provide a forum for departments to learn from each other, combine resources, voice concerns, and ultimately work together to create a better campus community able to assist in aligning CSUSM with Healthy Campus 2020 objectives.

Second, budgeting and allocating resources directly impacts the campus community. Understanding deficiencies can help allocate funds to areas in need. This could contribute to an increase in staffing, hours of operation, and facility sizes to address nutrition and weight status, physical activity and fitness, and health impediments affecting student academic success.

Third, the campus should conduct student wide surveys on needs, perceptions, and knowledge surrounding physical activity and fitness, nutrition and weight status, and health impediments to academic success. These surveys will gather student perspectives on what they think should be done to better inform future interventions.

Creation of Task Force

The creation of a task force or coalition to continually assess services provided to students to meet Healthy Campus 2020 goals and objectives. A task force allows for continuing stakeholder involvement and decision making of services and initiatives involving student health on campus.

Healthy Campus Pledge

The ACHA encourages higher learning institutions to “Take the Healthy Campus pledge,” and become a Healthy Campus Partner. This shows nationwide campus dedication to implementing the Healthy Campus 2020 goals and objectives. Being a Healthy Campus Partner provides tools for promoting and engaging campuses across the country (ACHA, 2012).

Funding Opportunities

Providing key stakeholders with information that could support grants or funding for future health initiatives on campus. The American College Health Foundation offers monetary awards available to higher education institutions that improve the services, tools and resources that are pertinent to sustaining Healthy Campus 2020 goals and objectives campus-wide (ACHA, 2016).

Conclusion

The aim of this capstone was to align CSUSM with the Healthy Campus 2020 objectives. Resources on campus and community, survey data from ACHA-NCHA II data and key informant interviews helped inform which objectives need work. Strengths of capstone project include the utilization of a national based survey helped inform our key informant interview questions as well as help give us a base on which to start. Key informant interviews allowed us to use descriptive data to understand how the campus is doing. Also, this project design is relatively low cost. Despite strengths it does not come without limitations.

Due to the qualitative nature of the data analysis; the information can be easily influenced by personal biases. The quantity of data makes analyzing and interpreting time consuming. Lastly, our project would be more robust if more interviews were conducted and surveys were added. Although there were limitations to the project we believe it did not influence the results.

Future Implications

College students are perceived to be young and healthy, but gaps in services and healthcare access can affect their academic performance (Gordon et al., 1995; ACHA, 2016). To date, CSUSM has not implemented Healthy Campus 2020 objectives. Future implications of this capstone provide meaningful feedback to key stakeholders and faculty on health services provided to CSUSM students. It highlights downfalls and missing areas that need to be addressed. Disseminating information will allow for collaborations with other CSUSM departments assisting in filling gaps in services. To achieve Healthy Campus 2020 objectives, the entire campus should be involved and contribute to provide students an environment to achieve academic success. Alignment with Healthy Campus 2020 objectives will allow for continued growth on campus. The next step in aligning CSUSM with Healthy Campus objectives would be to work with Student Health and Counseling Services to create a task force or coalition to put a strategic plan in place.

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Appendices

Appendix A. Healthy People 2020

The Surgeon General's report in 1979 highlighted a significant number of deaths that occur in the United States are due to preventable chronic diseases. The U.S. Department of Health and Human Services publicly issued the first round of the Healthy People 2000 series in Fall of 1990. The program highlighted the importance of increasing human lifespan through health disease prevention rather than continuing to innovate medical technologies (Mason & McGinnis, 1990). The ultimate goal is to reduce and control national health risks (Mason & McGinnis, 1990).

To reduce disparities, the program aims to improve health promotion in three categories: health prevention, protection and promotion (ACHA, 2016). The three categories were approaches to limit health disparities in communities which resulted in 22 areas of concern and approximately 300 objectives (CDC, 1990). Objectives were intended to be achieved within a decade (National Center for Health Statistics, 2017). As such Healthy People maintained and updated objectives in 2000, 2010 and 2020 (CDC, 1990; Burwell et al., 2010; ACHA, 2016).

The development of the Healthy People program in the 1980s accounted for increased awareness of health and disease. Simplified disease definitions and explanations among communities lead to increased health detection rates (Mason & McGinnis, 1990). For example, heart disease cases were lowered approximately 40 percent due to clearer detection methods and community understanding (Mason & McGinnis, 1990). Prevention efforts in the 1980s influenced the development of Healthy People 2000 (Mason & McGinnis, 1990).

According to the National Center for Health Statistics (2001), decreased rates in health disparities among Americans led to projected population and health statistics for the year 2000. By

year 2000: The United States population would increase nearly ten percent, the population of older adults would increase by 30 percent and ethnic identities would become more mixed, ultimately decreasing the white population (National Center for Health Statistics, 2001).

The National Center for Health Statistics (2001) found communities with lower socioeconomic status, especially minority neighborhoods, were inclined to have poor health. These communities were subjected to higher incidence of health disparities. Low socioeconomic status can lead to increased chronic disease and infant mortality (National Center for Health Statistics, Maternal and Infant Health, 2001). This correlation directly impacts minorities, in particular, African American communities (Kington & Smith, 1997).

The Centers for Disease Control collaborated with various agencies within the Department of Public Health leading to the development of 22 priority areas and 300 objectives (CDC, 1990). Hundreds of agencies worked in unison to develop the goals and objectives of Healthy People over the next ten years. The objectives would reduce health disparities, increase the lifespan of Americans and increase opportunities for access to preventative healthcare (ACHA, 2016; Mason and McGinnis, 1990; Sullivan, 1990). Healthy People goals are achieved through the 300 objectives addressing proper nutrition and physical activity, alcohol and/or drug abuse, tobacco cessation, family planning, mental health, and violence prevention (ACHA, 2016). According to the National Center for Health Statistics (2001), implementing health promotion in communities would reduce premature deaths of up to 70 percent. The program outlines goals to occur each decade, in accordance to current population needs at that time.

Appendix B. List of Tables

Table 1. Objectives of Healthy Campus 2020, key stakeholders at CSUSM, and campus resources.

Healthy Campus 2020 Objectives	Key Stakeholders/ Informant Interviews	Available Resources
Health Impediments to Academic Performance	Health Educator SHCS Director SHCS	Student Outreach and Referral (SOAR) Student Health and Counseling Services (SHCS)
Health Communication/Health IT/ECBP	Health Educator SHCS Director SHCS	HOPE & Wellness Center
Injury and Violence Prevention	Sexual Violence Advocate & Educator Director- Safety, Risk & Sustainability Services	Gender Equity Center Campus Police Rape Aggression Defense (RAD) SHCS-Sexual Violence Advocacy and Education HOPE & Wellness Center-RADD, STARS
Mental Health and Mental Disorders	Associate Director SHCS	HOPE & Wellness Center-Active Minds SHCS-Psychiatry, Counseling, Pharmacy
Nutrition and Weight Status	Registered Dietitian & Lecturer- SHSHS Kinesiology	Dining Services HOPE & Wellness Center Campus Wellness & Recreation

Healthy Campus 2020 Objectives	Key Stakeholders/ Informant Interviews	Available Resources
Physical Activity and Fitness	Assistant Director, Clark Field House, Athletics	Campus Wellness & Recreation Fitness Center Sports Club
Sexually Transmitted Diseases and HIV	Health Educator SHCS	SHCS-Medical Laboratory Testing, Women's and Men's Health Services HOPE & Wellness Center
Family Planning	Health Educator SHCS	SHCS-Family PACT, Women's Health Services HOPE & Wellness Center
Substance Abuse	Professor Emerita SHSHS Human Development Associate Director SHCS	HOPE & Wellness Center
Tobacco Use	Associate Professor of Psychology	HOPE & Wellness Center
Immunization and Infectious Disease	Director SHCS	SHCS-Immunizations, Medical Services

Table 2. Objectives and objective-specific questions

Objectives	Objective-Specific Questions
Health Impediments to Academic Performance	According to the Spring 2016 CSUSM ACHA executive summary, stress, anxiety, and work were areas affecting students the most at CSUSM. What suggestions might you have to help reduce these outside impacts?
Health Communication/ Health IT/ECPB	How can we increase number of students who receive health related information on campus (i.e. injury prevention, suicide prevention)?
Injury and Violence Prevention	According to the Spring 2016 CSUSM ACHA executive summary, relationship abuse is higher at CSUSM when compared to the reference group (emotionally, sexually, physically, rape). How can we help decrease relationship abuse among our students? What resources are available or may be needed to realize this goal?
Mental Health and Mental Disorders	According to the Spring 2016 CSUSM ACHA executive summary, attempted suicides are higher at CSUSM when compared to the reference group. How can we decrease the number of attempted suicides among our students?
Nutrition and Weight Status	<p>Healthy Campus 2020 has a target of having 10.6% of students as obese. CSUSM's ACHA Executive Summary indicates students and faculty/staff are at 9.8% for obesity, yet 25% are overweight. How can we reduce the percentage of overweight students before they are classed as obese?</p> <p>CSUSM's ACHA Executive Summary indicates 4.9% of students and faculty/staff consume five servings of fruits and vegetables. With a target goal of 6.6%, how can we increase consumption?</p> <p>Do you think students and faculty/staff could benefit from better nutrition information?</p> <p>How beneficial would it be to partner with nutrition focused groups such as the on-campus food pantry?</p>

Objectives	Objective-Specific Questions
Physical Activity and Fitness	To your knowledge, is CSUSM tracking federal guidelines for aerobic physical activity (moderate intensity, at least 30min, 5 or more days per week) and federal guidelines for muscle strengthening activity (muscle strengthening activities 2 or more days in a week)? If not, what do you have suggestions on how to implement a tracking system?
Sexually Transmitted Diseases and HIV	According to the Spring 2016 CSUSM ACHA executive summary, students' condom use was low, is there a perceived barrier to this?
Family Planning	According to the Spring 2016 CSUSM ACHA executive summary, students' contraception use was low, is there a perceived barrier to this?
Substance Abuse	<p>According to the Spring 2016 CSUSM ACHA executive summary, CSUSM fares better than average for all substance abuse objectives except for driving after consuming alcohol. Why do you believe there is this disparity?</p> <p>What type of intervention or program could best address this issue?</p>
Tobacco Use	<p>Do you believe campus initiatives (i.e. Cigarette Butt Cleanup) are partially responsible for the lower rates of smoking at CSUSM versus the reference group?</p> <p>Do you think that CSUSM becoming a smoke-free campus in Fall 2017 will have/had any effect on smoking rates?</p>
Immunization and Infectious Disease	<p>According to the Spring 2016 CSUSM ACHA executive summary, why do you believe CSUSM has slightly lower vaccination rates than the reference group?</p> <p>Do you think that vaccine skeptics have contributed to the lower vaccination rates and, if so, what could be done to address this problem?</p>

Table 3. Healthy Campus 2020 student objectives information, reference group baseline statistics, executive summary results, and CSUSM executive summary results.

		Student Objectives							
	Topic Area: Health Impediments to Academic Performance	Data Source	Reference Group Baseline 2010	Reference Group Target 2020	More Information	Spring 2016 Reference Group Executive Summary	California State University San Marcos Executive Summary Spring 2016	Difference Between Reference Group Target 2020 and CSUSM Executive	
AI-11	Reduce the proportion of students who report that their academic performance was adversely affected by stress in the past 12 months	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 45D5	27.4%	24.7%	Adverse academic performance is defined as: receiving a lower grade on an exam or an important project; receiving a lower grade in a course; receiving an incomplete or dropping a course; or experiencing a significant disruption in thesis, dissertation, research,	31.8%	28.6%	-3.8%	
AI-12	Reduce the proportion of students who report that their academic performance was adversely affected by sleep difficulties in the past 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 45D4	20.0%	18.0%	Adverse academic performance is defined as: receiving a lower grade on an exam or an important project; receiving a lower grade in a course; receiving an incomplete or dropping a course; or experiencing a significant disruption in thesis, dissertation, research,	20.7%	17.3%	-0.1%	
AI-13	Reduce the proportion of students who report that their academic performance was adversely affected by anxiety in the past 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 45A3	18.3%	16.5%	Adverse academic performance is defined as: receiving a lower grade on an exam or an important project; receiving a lower grade in a course; receiving an incomplete or dropping a course; or experiencing a significant disruption in thesis, dissertation, research,	23.2%	20.2%	-3.7%	
AI-14	Reduce the proportion of students who report that their academic performance was adversely affected by cold/hufflesore throat in the past 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 45A7	18.0%	16.2%	Adverse academic performance is defined as: receiving a lower grade on an exam or an important project; receiving a lower grade in a course; receiving an incomplete or dropping a course; or experiencing a significant disruption in thesis, dissertation, research,	14.5%	12.6%	3.6%	
AI-15	Reduce the proportion of students who report that their academic performance was adversely affected by work in the past 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 45D6	13.7%	12.3%	Adverse academic performance is defined as: receiving a lower grade on an exam or an important project; receiving a lower grade in a course; receiving an incomplete or dropping a course; or experiencing a significant disruption in thesis, dissertation, research,	14.3%	17.2%	-4.9%	
		Data Source				Spring 2016 Reference Group Executive Summary	University San Marcos Executive Summary Spring 2016	Reference Group Target 2020 and CSUSM Executive	
HC IVP-a		American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 4B, or see ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 4	34.4%	37.8%	Students responding "N/A, did not do this activity within the last 12 months" were excluded.	39.5%	48.0%	10.2%	
IVP-22	Increase the proportion of students who report wearing a helmet always or most of the time when riding a bicycle within the last 12 months.	American College Health Association – National College Health Assessment II (ACHA-NCHA II), Question 4C, or see ACHA-NCHA Spring 2010 Reference Group, page 4	85.8%	94.4%	Students responding "N/A, did not do this activity within the last 12 months" were excluded.	84.1%	88.8%	-5.6%	
IVP-33	Reduce the proportion of students who report being physically assaulted within the last 12 months.	American College Health Association – National College Health Assessment II (ACHA-NCHA II), Question 5E, Core Alcohol and Drug Survey, Question 25e	4.7% (ACHA-NCHA II), 4.0 (Core)	4.2% (ACHA-NCHA II), 3.6 (Core)	National = Male - 3.3%; Female - 2.5%; CSUSM = Male - 2.1%; Female - 2.7%	2.9%	2.7%	1.5%	
IVP-39-3	Reduce the proportion of students who report being in an intimate relationship that was emotionally abusive within the last 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 6A	10.0%	9.0%	National = Male - 5.6%; Female - 9.5%; CSUSM = Male - 8.3%; Female - 9.3%	8.4%	9.4%	-0.4%	
IVP-39-1	Reduce the proportion of students who report being in an intimate relationship that was physically abusive within the last 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 6B	2.5%	2.3%	National = Male - 1.6%; Female - 1.3%; CSUSM = Male - 2.1%; Female - 2.8%	1.3%	2.7%	-0.4%	
IVP-39-2	Reduce the proportion of students who report being in an intimate relationship that was sexually abusive within the last 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 6C	1.6%	1.4%	National = Male - 0.8%; Female - 2.2%; CSUSM = Male - 1.6%; Female - 2.7%	1.3%	2.5%	-1.1%	
HC IVP-b	Reduce the proportion of students who report being sexually touched without their consent within the last 12 months.	American College Health Association – National College Health Assessment II (ACHA-NCHA II), Question 5D, Core Alcohol and Drug Survey, Question 25e	6.0% (ACHA-NCHA II), 3.3% (Core)	5.4% (ACHA-NCHA II), 3.5% (Core)	National = Male - 3.3%; Female - 9.6%; CSUSM = Male - 4.1%; Female - 6.7%	7.8%	6.1%	-0.7%	
IVP-40	Reduce the proportion of students who report being sexually penetrated without their consent within the last 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 5F, Core Alcohol and Drug Survey	15% (ACHA-NCHA II), 2.6% (Core)	14% (ACHA-NCHA II), 2.3% (Core)	National = Male - 0.5%; Female - 2.6%; CSUSM = Male - 0.4%; Female - 2.0%	2.0%	1.8%	-0.4%	
HC IVP-c	Increase the proportion of students who report feeling very safe "on this campus" at night.	American College Health Association-National College Health Assessment II (ACHA-NCHA II),	31.9%	35.1%	National = Male - 53.7%; Female - 24.8%; CSUSM = Male - 66.7%; Female - 28.3%	34.0%	36.7%	1.6%	
		Data Source				Spring 2016 Reference Group Executive Summary	California State University San Marcos Executive Summary Spring 2016	Difference Between Reference Group Target 2020 and CSUSM Executive	
MHMD-2	Reduce the proportion of students who report attempting suicide within the last 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II),	1.3%	1.2%		1.5%	2.0%	-0.8%	

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	Topic Area: Nutrition and Weight Status	Data Source	Reference Group Baseline 2010	Reference Group Target 2020	More Information	Spring 2016 Reference Group Executive Summary	California State University San Marcos Executive Summary Spring 2016	Difference Between Reference Group Target 2020 and CSUSM Executive
NVS-8	Increase the proportion of students who are at a healthy weight.	American College Health Association – National College Health Assessment – NCHA-II, Questions 48 & 50, or see ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 13, for American College Health Association – National College Health Assessment II (ACHA-NCHA II), Questions 48 & 50, or see ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 13, for American College Health Association-National College Health Assessment II (ACHA-NCHA II).	61.6%	67.8%	Health weight is defined as a body mass index (BMI) of 18.5-24.9	58.5%	54.7%	-13.1%
NVS-9	Reduce the proportion of students who are obese.	American College Health Association – National College Health Assessment II (ACHA-NCHA II), Questions 48 & 50, or see ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 13, for American College Health Association-National College Health Assessment II (ACHA-NCHA II).	11.6%	10.4%	Obese is defined as a body mass index (BMI) ≥ 30	13.9%	16.1%	-5.7%
NVS-14/15	Increase the proportion of students who report eating five or more servings of fruits and vegetables per day.	American College Health Association-National College Health Assessment II (ACHA-NCHA II).	6.0%	6.8%		5.6%	4.9%	-1.7%
	Topic Area: Physical Activity and Fitness	Data Source	Reference Group Baseline 2010	Reference Group Target 2020	More Information	Spring 2016 Reference Group Executive Summary	California State University San Marcos Executive Summary Spring 2016	Difference Between Reference Group Target 2020 and CSUSM Executive
PA-21	Increase the proportion of students who report meeting current federal guidelines for aerobic physical activity.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Questions 23A & 23B, or see ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 12	48.7%	53.6%	Federal guidelines for aerobic physical activity is defined as engaging in aerobic physical activity of at least moderate intensity for at least 30 minutes on five or more days per week, or vigorous intensity for at least 20 minutes on three or more days per week. NOTE: For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity	47.2%	41.8%	-11.8%
	Topic Area: Sexually Transmitted Diseases and HIV	Data Source	Reference Group Baseline 2010	Reference Group Target 2020	More Information	Spring 2016 Reference Group Executive Summary	California State University San Marcos Executive Summary Spring 2016	Difference Between Reference Group Target 2020 and CSUSM Executive
STD-1	Reduce the proportion of students who test positive for chlamydia as reported by their university health services in the last 12 months.	American College Health Association – Pap Test and STI Survey, Question 44 & 45	3.4%	3.0%		14%	14%	1.7%
HIV-17a	Increase the proportion of sexually active students who report using condoms, most of the time or always, for vaginal intercourse in the last 30 days.	American College Health Association – National College Health Assessment II (ACHA-NCHA II), Question 22B, or see ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 11	51.0%	56.1%	Students responding “Never did this sexual activity” or “have not done this during the last thirty days” are excluded.	47.8%	42.7%	-13.4%
HIV-17b	Increase the proportion of sexually active students who report using condoms, most of the time or always, for anal intercourse in the last 30 days.	American College Health Association – National College Health Assessment II (ACHA-NCHA II), Question 22C, or see ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 11	28.2%	31.0%	Students responding “Never did this sexual activity” or “have not done this during the last thirty days” are excluded.	27.5%	21.6%	-9.4%
HIV-14	Increase the proportion of students who report having ever been tested for HIV.	American College Health Association-National College Health Assessment II (ACHA-NCHA II),	25.7%	28.3%		27.6%	36.6%	8.5%
	Topic Area: Family Planning	Data Source	Reference Group Baseline 2010	Reference Group Target 2020	More Information	Spring 2016 Reference Group Executive Summary	California State University San Marcos Executive Summary Spring 2016	Difference Between Reference Group Target 2020 and CSUSM Executive
FP-1	Decrease the proportion of female students who report an unintended pregnancy in the last 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 23A, or see ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 11	15%	14%	Students responding “Have not had vaginal intercourse within the last 12 months” AFE included in	13%	1.6%	0.3%
FP-6	Increase the proportion of students or their partner who report using contraception during the last vaginal sexual intercourse.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 23a, or see ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 11	56.6%	62.3%		53.2%	52.2%	-10.1%

	Topic Area: Substance Abuse	Data Source	Reference Group Baseline 2010	Reference Group Target 2020	More Information	Spring 2016 Reference Group Executive Summary	California State University San Marcos Executive Summary Spring 2016	Difference Between Reference Group Target 2020 and CSUSM Executive
SA-13	Reduce the proportion of students who report using marijuana (pot, weed, hashish, hash oil) within the last 30 days.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Questions 8&9; Core Alcohol and Drug Survey, Question 10	17.0% (ACHA-NCHA II), 18.1% (Cor); 15.3% (ACHA-NCHA II), 16.3% (Cor)			16.6%	12.2%	3.1%
SA-14	Reduce the proportion of students who report engaging in high-risk drinking of alcoholic beverages within the last two weeks.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 13; Core Alcohol and Drug Survey, Question 14	35.1% (ACHA-NCHA II), 43.3 (Cor); 31.6% (ACHA-NCHA II), 33.5% (Cor)		Note: The difference in the two data sources is due to the elimination of non-drinkers from the Core Alcohol and Drug Survey data.	31.3%	23.2%	8.4%
SA-19	Reduce the proportion of students who report nonmedical use of prescription drugs within the last 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Questions 18A-E, or see ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 8	15.3%	13.8%		12.1%	11.2%	2.6%
HC SA-d	Reduce the proportion of students who report driving after consuming any alcohol within the last 30 days.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 14A, and ACHA-NCHA Spring 2010 Reference Group Executive Summary, page 7	17.3%	16.1%		20.5%	24.4%	-3.3%
	Topic Area: Tobacco Use	Data Source	Reference Group Baseline 2010	Reference Group Target 2020	More Information	Spring 2016 Reference Group Executive Summary	California State University San Marcos Executive Summary Spring 2016	Difference Between Reference Group Target 2020 and CSUSM Executive
TU-1a	Reduce the proportion of students who report cigarette use within the last 30 days.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 8A1	16.0%	14.4%		9.2%	6.6%	1.6%
HC TU-4c	Reduce the proportion of students who report hookah use within the last 30 days.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 8A2	8.2%	7.4%		3.9%	4.4%	3.0%
	Topic Area: Immunization and Infectious Disease	Data Source	Reference Group Baseline 2010	Reference Group Target 2020	More Information	Spring 2016 Reference Group Executive Summary	California State University San Marcos Executive Summary Spring 2016	Difference Between Reference Group Target 2020 and CSUSM Executive
IID-12	Increase the proportion of students who report receiving influenza vaccine in the last 12 months.	American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 40C	33.9%	43.3%		45.6%	45.3%	2.0%
IID-8s	Increase the proportion of students who report receiving hepatitis B vaccine.	National Immunization Survey -Teen, 2010 (CDC); American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 40E	68.6% (NIS-Teen); 97.5% (ACHA-NCHA II); 73.0% (ACHA-NCHA II)	80.3% (ACHA-NCHA II)	NIS-Teen user provider-verified vaccination records and specifies three or more doses of hepatitis B vaccine; ACHA-NCHA II is self-report	66.6%	64.0%	-16.3%
IID-6b	Increase the proportion of students who report receiving human papillomavirus (HPV) vaccine.	National Immunization Survey -Teen, 2010 (CDC); American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 40E	53.1% (NIS-Teen); 33.2% (ACHA-NCHA II)	56.4% (NIS-Teen); 36.5% (ACHA-NCHA II)	NIS-Teen user provider-verified vaccination records and specifies one or more doses of human papillomavirus (HPV) vaccine; ACHA-NCHA II is self-report	52.3%	47.6%	11.1%
IID-6c	Increase the proportion of students who report receiving measles, mumps, rubella vaccine.	National Immunization Survey -Teen, 2010 (CDC); American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 40E	88.6% (NIS-Teen); 79.3% (NIS-Teen); 78.0% (ACHA-NCHA II)	97.5% (NIS-Teen); 90.2% (ACHA-NCHA II)	NIS-Teen user provider-verified vaccination records and specifies two or more doses of measles, mumps, rubella vaccine; ACHA-NCHA II is self-report	72.7%	64.3%	-13.7%
IID-8d	Increase the proportion of students who report receiving meningococcal vaccine.	National Immunization Survey -Teen, 2010 (CDC); American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 40E	57.1% (NIS-Teen); 54.7% (ACHA-NCHA II)	62.8% (NIS-Teen); 60.2% (ACHA-NCHA II)	NIS-Teen user provider-verified vaccination records; ACHA-NCHA II is self-report	62.7%	51.0%	-9.2%
IID-8e	Increase the proportion of students who report receiving varicella (chicken pox) vaccine.	National Immunization Survey -Teen, 2010 (CDC); American College Health Association-National College Health Assessment II (ACHA-NCHA II), Question 40F	79.1% (NIS-Teen); 43.4% (ACHA-NCHA II)	87.0% (NIS-Teen); 47.7% (ACHA-NCHA II)	NIS-Teen user provider-verified vaccination records and specifies two doses of varicella vaccine or the disease; ACHA-NCHA II is self-report about vaccine only	61.6%	57.5%	3.8%

Data Sources:

American College Health Association. (2010). *American College Health Association-National College Health Assessment II Reference Group Data Report Spring 2010*. Linthicum, MD: American College Health Association. Retrieved June 2012, from http://www.acha.org/reports_ACHA-NCHAI.html.

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Adapted from material in the public domain:

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Suggested Citation:

American College Health Association. (2012, June). Healthy Campus 2020. Retrieved [Date URL was accessed] from <http://www.acha.org/HealthyCampus/student-obj.cfm>.

Table 4. Themes, sub-themes, and relevant quotes of key informant interviews

Theme: Available Resources		
Sub-Theme	Description	Relevant Quotes
University Requirements	Admittance requirements for entrance into the university; certain immunizations must be up to date, mandatory trainings (sexual assault and violence, alcohol abuse).	<p>“Our resources for immunizations start with our executive order for all of the CSUs and that gives requirements for what immunizations are required for attendance to the CSUs and then beyond that, will be additional vaccines we keep on in supply based on what students need.”</p> <p>“All incoming students have to get education alcohol and sexual violence through online processes. Every single year, transfer students and continuing students have to take continuation courses on sexual violence.”</p>
University Policies/Procedure	Procedures that faculty would go through to help a student in need, or address a troubled student; prescribed set of steps to be in compliance with university regulation; Faculty/staff responsibilities to the campus community	<p>“What are the accommodations can the campus can provide in order to help guard that students’ academic success and not have a significant impact...”</p> <p>“We provide the tools, we provide the expectations, we provide the guidance per the regulatory standpoint, so that those people [faculty/staff] can advocate for us and really do what’s in the best interest of the student, employee, and university.”</p> <p>“If someone shares or discloses something to someone on campus, really being trained in knowing how to respond because that could mean everything to someone.”</p>
Campus Services	Services offered to the campus community	<p>**split up by objective</p> <p><i>Health Impediments to Academic Performance:</i> “What are the</p>

Theme: Available Resources		
		<p>accommodations can the campus can provide in order to help guard that students' academic success and not have a significant impact because if we don't do that then we are violating title 9."</p> <p><i>Health Communication:</i> "I do a lot of 1 on 1 educational family planning, like birth control consults with students, so talking about the risk factors, side effects, and how it works. Typically, if a student has never been on birth control before, it's nice to be able to sit down with them and educate them and talk about the benefits, pros and cons, they get to touch and feel the products so they know how to narrow down their choices and make an informed decision."</p> <p><i>Injury and Violence Prevention (Sexual Assault and Violence):</i> "Students complete the online training, initially, and in the refresher years there are subsequent trainings that highlight different topics surrounding sexual violence. At new student orientation we present and the topics we cover are resources, bystander intervention, affirmative consent. We have our website that informs students"</p> <p><i>Mental Health/Disorders:</i> "In general we have mindfulness groups, groups that address anxiety, LGBTQ safe zone groups, depression groups, interpersonal process groups. Our individual therapy services we generally work in a short-term model that sticks within about a semester's worth of work."</p> <p><i>Nutrition & Weight Status:</i> "What we offer in this building and the fitness</p>

Theme: Available Resources	
	<p>class are a vast majority of the fitness offerings on this campus. This is the primary space and programming for fitness.”</p> <p><i>Physical Activity & Fitness:</i> “Our rates are fairly cheap, compared to other local gyms, it’s significantly cheaper. We do that to try and accommodate the students.”</p> <p><i>STD/HIV:</i> “If a student is looking for testing, they can come in and make an appointment with a clinician at student health and counseling services. All the office visits for students are free because it’s provided as a part of the fees they pay with their tuition.”</p> <p><i>Family Planning:</i> “With family pact, it covers for STI screening, pap exams, and birth control methods. If students are seeking family planning, they can come in here, see a clinician, get a prescription, and it’s up to them to fill it at our pharmacy or utilize their insurance at another pharmacy.”</p> <p><i>Substance Abuse:</i> “There are personal privacy rights that we can’t cross, if we notice obvious symptoms we would recommend or notify someone.”</p> <p><i>Tobacco Use:</i> “We’ve done something significant now with having the smoke and tobacco free policy, so that is one barrier that has been addressed, however a barrier that still exists is not confronting compliance with the policy.”</p> <p><i>Immunization & Infectious Disease:</i> “When we have those instances where we have those vaccines we don’t keep in</p>

Theme: Available Resources		
		supply, we make recommendations for students to use the immunization clinics that are put on by the county health department.”
Community Partners	Support from surrounding community; referrals out to community partners	“Even though we may not have it, it’s knowing who in the community does have it and refer students to get those services.” “Any partnership is good, like with the food pantry we can get in touch with local restaurants that donate, they could help us with marketing on campus, getting health information out there from different resources, they have health information we don’t and vice versa. So why not trade information and partner together. I feel like those partnerships will only benefit students, there’s no negative.”
Department Teamwork	Multiple departments on campus working in conjunction to achieve a common goal and better serve the campus community	“There is all that information and if it is something that needs to go out to the campus community it’s working with my partners on campus to say this information needs to go out, this is how we are going to send it out, this is what we need to say, and we want to repeat the message if appropriate.”
Theme: Barriers		
Sub-Theme	Description	Relevant Quotes
Student Initiative	Student's' responsibility to seek resources and change their behavior. Students need to take an active role in their health.	“Ultimately, I think it's up to the student. They think that they don't need to be proactive about their health, so unless they are having major health issues, they might not think it's practical to seek services.”

Theme: Available Resources		
		<p>“Even if we do have programs on campus and we have a table set up, students walk right by, they don’t want to be bothered. The question is how do we figure out how to best help them, without bothering them on “U hour” when they’re on their phone or whatever they’re doing. The trouble as health educators is getting students to come to events and unless there is food or money involved, it’s really hard.”</p>
Invulnerable	Student perception they cannot be affected.	<p>“Students don’t come up and self-report because they are in a state of denial until they have a huge catastrophe then they will ask for help. I’ve been here for 25 years, I’ve had one student come to me and say ‘I need help.’”</p> <p>“Ultimately, I think it’s up to the student. They think that they don’t need to be proactive about their health, so unless they are having major health issues, they might not think it’s practical to seek services.”</p>
Awareness	<p>Some faculty members are not well informed to recognize student symptoms.</p> <p>Students lack awareness due to university needing improvement on how they deliver information.</p>	<p>“I think there should be more campus wide awareness, departmental focus, go to department meetings and say here are some of the symptoms or thing you need to worry about and what you can do about it, we don’t have any of that. We kind of free fly with it.”</p> <p>“How do you reach commuter students? It’s a challenge for us. We’ve done some late evening programs in the past as a way to outreach to those students.”</p>
Funding	Insufficient funding affects availability of services to students.	“If there is a crisis that comes up over the weekend, we can’t help the student.”

Theme: Available Resources		
		<p>“If someone's in really dire need and needs to be seen 2-3 times a week, might need therapy for a year or two, we aren't best setup for that. We are [open] 8-5, Monday thru Friday. There's 17,000 students here so we have to be realistic with giving the best services we can to the most amount of students.”</p> <p>“Funding is a huge barrier. We've had one health educator here for as long as I can remember, on a campus that's growing and growing. It's severely understaffed as far as health education is concerned.”</p>
Stigma	Students don't seek services due to fear of association.	<p>“If you look at some clinical reasons why there are barriers, there's still stigma to mental health. We have a great deal of cultural diversity on campus and there are certain cultures less inclined to support therapy. Therapy is for people who are crazy or if you're having difficulties you go to a church and pray on it, we keep things private or in the family.”</p> <p>“Students may be embarrassed coming in to ask or seek services. Some may feel intimidated and overall the cost.”</p>
Stress-related Factors; School-life Balance	Various stress-related factors and balancing school with life affects academic performance.	“We have kids of have to work, they have to study, some of them are raising their siblings, they have no parental help. We assume that since they're in college they will have parents who will help them and that's not true. We have homeless students on this campus, they live in their cars, they shower at the gym, stay with a friend one week and another the next. I think the economy has a lot to do with it, the tuition is not cheap. If they go through financial aid

Theme: Available Resources		
		<p>they pay forever, I mean forever. Then there are kids who will go to school over the objections of their family and they'll get kicked out. So, it's economic stress, familial stress, some students have children. We have all this stress to deal with."</p> <p>"A student that has a difficult home life, who is trying to navigate being able to have a voice and standing up for themselves, that's a significant impact to their academics, so the goal of counseling may be to help them get their voice out and able to decide where it's safe to stand up for themselves to be able to give them the impetus to be able to come to class and continue coming to class."</p>
Student financial burden	Students facing financial difficulties.	<p>"A lot of times students don't want to go see a specialist, whether medical or mental health, because cost."</p> <p>"We have relationships with community providers that are willing to work with students and not charge them the full price, but it's still going to be an additional cost."</p> <p>"If it's going to be an out of pocket cost where it's a time whether or not I'm going to buy gas today or if I'm going to take care of this medical problem, it's a huge barrier."</p>
ACHA	Lack of clarity around methods of ACHA data collection. Uncertainty on whether data is representative of student body.	<p>"There is a couple of things when looking at this [ACHA data], one we don't know of the folks who responded what their age group is."</p> <p>"What we don't know about this, is the actual record in whether or not people</p>

Theme: Available Resources		
		<p>we recalling this or actually looking at the records and saying no, I never got that. Whether or not these differences are statistically significant, we don't know."</p> <p>"The other thing we don't know if there were any international students who took this survey, there immunization requirements in their own country is very different from here. There are those who never receive vaccines for personal reasons and they aren't going to report it. The confounder to these rates in its based off recollection and not actual verification of immunization records. If all the folks who took the survey and look at their immunization records and were actually documenting exactly what was there, we would be able to have more robust associations of those who are vaccinated."</p> <p>"The other thing you don't know is how many students answered more than one of these areas."</p>

Theme: Missing Resources		
Sub-Themes	Description	Relevant Quotes
Budget	Small budget impedes quality and quantity of student services.	<p>"It's always nice to have the money to support outreach events and have additional bodies to do it."</p> <p>"We used to offer free HIV testing, that was a grant that we had a collaboration with North County Health Services, as well as Vista, but that ended last semester, so we are no longer able to provide that to the students."</p>

Theme: Missing Resources		
Inter-department communication	<p>Increasing communication between departments would improve awareness of available resources.</p>	<p>“I think there should be more campus wide awareness, departmental focus, go to department meetings and say here are some of the symptoms or thing you need to worry about and what you can do about it, we don’t have any of that. We kind of free fly with it.”</p> <p>“I’d like to partner with student health and counseling, I’m not sure if they have anyone there, but we have a catering kitchen that widely goes unused because this used to be the main event center on campus, this used to be the union. Now with the union build in 2013, our space is not as used for events, it’s primarily for fitness classes, sport clubs, kinesiology is in there sometimes, as well as our meetings. That kitchen is used primarily as a personal food space for all our athletes and staff, but it can be better utilized. It’s a lack of proper use of the space.”</p>
Peer-to-Peer Training	<p>Training students to present information to other students.</p>	<p>“As far as peer to peer information, we find that within our laboratories, we don’t have lab managers per se, but we usually have a student that’s been there for a long time and they are usually the one who tackle new student information. I think it goes back to being able to creatively craft that message and deliver it. Maybe one of the resources need would be to hire more students to do that.”</p> <p>“One thing I’ve done in the past are peer health education programs on nutrition, eating disorders, and body image, where students would come in, graduate and undergraduate, for an entire semester and they would get credit. They would learn about that topic for a whole semester and go out in future semesters and present to groups, they’d go to classrooms, they’d go to the dorms, they’d go to places during “u hours” and give these presentations. I feel that is a really great way to get more education out there. I feel that when a student is</p>

Theme: Missing Resources		
		talking about something that another peer can relate to then they are more likely to ask questions.”
Life Skills	Providing life-skills training to students to improve their health and ensure continued education.	<p>“I would love down the road to have a food course/dietitian class, where we could teach students how to cook healthy in their dorm rooms.”</p> <p>“We sometimes do nutritional education through the GEL program, but I wish there was more in depth, life skills courses. We were looking at a model that was presented to us at the Pacific Coast College Association, one of our sister campuses. They have a life skills program, so all first-year students have to attend these courses throughout the first year in order to make sure they’re successful. It builds the students resilience to continue beyond their first year.”</p>
Current Technology	Take advantage of current technology as a means of communicating to students.	<p>“I think we need more internet presence so students will follow us, like hey, this is a healthy recipe this week or this is what you can have at sub-connection this week that’s going to be healthy for you. We are so media focused and focused on our phones, that whatever we can do that way would be helpful and it’s not going to cost that much money.”</p> <p>“If students are more likely to access an app we have tried to promote app surrounding relationship violence, sexual assault...there is an app that is specific to our university, but it hasn’t caught on. It’s called reach out.”</p>
Faculty/Staff Training	Ensure faculty and staff receive appropriate and frequent trainings.	<p>“It’s an absolute necessity to do faculty and staff training.”</p> <p>“If someone shares or discloses something to someone on campus, really being trained in knowing how to respond because that could mean everything to someone.”</p>

Theme: Missing Resources		
Medical Interventions	<p>Support in obtaining access to provide medical interventions.</p>	<p>“Our procedure would be to contact the dean of student services and report it, then refer the student to the student health center. We can’t diagnose.”</p> <p>“The testing is only for gonorrhea and chlamydia and it’s only for female identified students.”</p> <p>“A second barrier is our campus is not providing smoking cessation medication. That’s a complicated issue, I’m not sure having that medication would make an impact.”</p>