U.S. Department of Education
Grant Performance Report (ED 524B)
Project Status Chart

OMB No. 1894-0003
Exp. 02/28/2011

PR/Award # (11 characters): Q184H070019

SECTION A - Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)

1. Project Objective [ ] Check if this is a status update for the previous budget period.

Reduce heavy drinking (defined as 5 or more dinks one or more times in the last 2 weeks) among first-year residential students by 5%

1.a. Performance Measure	Measure Type	Quantitative Data					
Decrease in total number of alcohol violations recorded from AY 2007-2008 to AY 2008- 2009	**PROJ**	**Target**			**Actual Performance Data**		
		Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**
			311 /470	**66.2%**		**159/470**	**33.8%**

1.b. Performance Measure	Measure Type	Quantitative Data					
Decrease in total number of alcohol violations recorded from AY 2007-2008 to AY 2008-2009 for freshmen students	**PROJ**	**Target**			**Actual Performance Data**		
		Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**
			137/ 252	**54%**		**115/252**	**45.6%**

1.c. Performance Measure	Measure Type	Quantitative Data					
Decrease in total number of alcohol violations recorded from AY 2007-2008 to AY 2008-2009 for freshmen women students	**PROJ**	**Target**			**Actual Performance Data**		
		Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**
			64/ 85	**75%**		**21/85**	**24.7%**

Explanation of Progress (Include Qualitative Data and Data Collection Information)

Intensive efforts to reduce dangerous drinking among under-aged USF students began approximately 4 years ago. The 2005 American College Health Association survey results details that only 44.9% of students reported that they had "received information from your college or university about alcohol and other drug use." In particular, only 43% of the female respondents reported receiving this sort of information. From the same 2005 survey results, respondents rated the following sources of health information as "believable."

From the 2007 ACHA survey, 66.1% of students reported that they had "received information from your college or university about alcohol and other drug use," and 67% (an increase of 24% since 2005) % of the female respondents reported receiving this sort of information. From the same 2007 survey results, respondents rated the following sources of health information as "believable."

In 2009, 71.7% of students reported that they had "received information from your college or university about alcohol and other drug use," and 72% (an increase of 29% since 2005) of the female respondents reported receiving this sort of information.

	2005 ACHA survey (n=592)	2007 ACHA survey results (n=602 respondents)	2009 ACHA survey (n = 187, freshmen only)
Information source	**% rating source as "believable"**	**% rating source as "believable"**	**% rating source as "believable"**
Health center medical staff	89%	90.2% (+1.2%)	87.3% (-2.9)
Health educators	90.8%	88.7% (-2.1%)	87.4% (-1.3)
Friends	28%	30.2% (+2.2%)	31.7% (+1.5)
Resident assistants/advisors	39.4%	40.4% (+1%)	42.3% (+1.9)
Parents	63.7%	65.2 (+1.5%)	64.3% (-0.9)
Campus peer educators	53.6%	50.9% (-1.7%)	55.9% (+5.0)
Faculty/coursework	70.2%	65.7% (-4.5%)	61.2% (-4.5)

Based on this information, we believed that our initial efforts to raise awareness and decrease the incidence of dangerous drinking among under-aged students, specifically our high-risk groups of freshmen and commuter female students, is working but there is much more work to be done. Respondents to the 2009 survey reported a 5 % increase in believability of campus peer educators, a 1.5 % increase in believability of friends, and a 1.9% increase in believability of alcohol-related information from resident assistants and advisors. It seemed obvious that our comprehensive community strategy is influential in increasing student awareness and "getting the message out" through friends, campus peer educators, and residence hall staff. All three of these groups are fellow students and have great influence on drinking behaviors and health decision making by other students.

At the same time, (2005-2006), the Office of Judicial Affairs began a comprehensive tracking system to record and follow drug, alcohol and other quality of life, non-academic sanctions earned by students living in the residence halls.

In 2006-2007, a total of 2167 students lived in USF-sponsored residence halls. There were a total of 363 alcohol-related violations, 166 by men and 194 by women. Of those violations, 212 (58.4%) were assigned to freshmen students. Specifically, freshmen women committed 55.6% of violations. In addition, 36 alcohol/drug referrals were made to the Counseling Center, and 12 students were transported to the hospital for alcohol-related emergencies.

In 2007-2008, a total of 2167 students lived in USF-sponsored residence halls. There were a total of 470 alcohol-related violations, 187 by men and 185 by women. Of those violations, 316 (67%) were assigned to freshmen students. Specifically, freshmen women committed 40.5% of violations. In addition, 66 alcohol/drug referrals were made to the Counseling Center, 12 students were transported to the hospital for alcohol-related transports, 19 BMI referrals were made, and 18 BMI meetings took place.

In 2008-2009, a total of 2240 students lived in USF-sponsored residence halls. There were a total of 311 alcohol-related violations, 154 by men and 142 by women. Of those violations, 137 (44%) were assigned to freshmen students. This is a decrease of 23% in alcohol violations compared with 2007-2008. Specifically, 21% were committed by freshmen women, a decrease of 19.5% from the 2007-2008 level and a significant decrease of 34.6% from 2006-2007. In addition, 60 alcohol/drug referrals were made to the Counseling Center (down from 66 the previous year), and 13 students were transported to the hospital for alcohol-related transports. A total of 132 BMI referrals were made, an increase of 113 (85% increase) from 2007-2008. Finally, 115 BMI meetings took place, an increase of 98 (85%) over the 18 that occurred in 2007-2008.

Based on all available date, the number of alcohol-related violations increased from 363 in 2006-2007 to 470 in 2007-2008, a total rise of 22.8% in one year. This number decreased to 311 in 2008-2009, a total decrease of 34% from the high in 2007-2008. We believe this is a strong indicator of the effectiveness of our grant-funded programs, but also reinforces the ongoing need for comprehensive, community-based and multifaceted interventions to decrease these harmful behaviors. More importantly, the number of alcohol violations by freshman women decreased from 58.4% in 2006-2007 to 40.5% in 2007-2008 and only 21% in 2008-2009. In addition, harmful consequences, as measured by alcohol-related transports, did not change between 2006 and 2009. Dangerous drinking behaviors continue on our campus.

The ACHA National College Health assessment survey was administered to all freshmen students during spring 2009. A total of 187 students (187/957 or 20%) responded to the survey. The following behaviors and perceptions were reported:

Alcohol use reported in % of students responding

	Male	Female
Never used	26.7	18.3

Used, but not in the last 30 days	8.9	13.3
Used 1-9 days	51.1	58.3
Used 10-29 days	11.1	10.0
Used all 30 days	2.2	0.0

Reported number of drinks consumed the last time students "partied" or socialized reported as % students responding

	Male	**Female**
< or = 4 drinks	60.5	61.2
< or = 5 drinks	67.4	74.1
< or = 6 drinks	67.4	83.6

We can infer from the structure of this question that 32.6% of freshmen males but only 16.4% of freshmen female students consumed more than 6 drinks the last time they socialized.

Reported number of times respondents consumed five (5) or more drinks in a sitting within the last two weeks reported as % students responding

	Male	**Female**
None	48.9	56.4
1-2 times	24.4	26.5
3-5 times	17.8	16.2
6 or more times	8.9	0.9

Once again, we are heartened that a slight majority (56.4 %) of female freshmen students report no binge drinking behaviors in the previous 2 weeks, but concerned that 42.7% continue to report consuming 5 or more drinks 1-5 times during a two-week period. Most worrisome is that 0.9% or approximately 2 female students are consuming 5 or more drinks more than 6 times in a two week period. We cannot assume the validity of this reported behavior, but must continue to aggressively identify and assist any student who demonstrates this type of binge drinking behavior.

We have integrated "harm reduction" behavior counseling into every BMI session that we conduct. Rather than insist on abstinence from alcohol, we have tried to be realistic in our counseling to help students decrease potential harm from risky drinking behaviors. To that end, strategies to minimize alcohol-related consequences are always provided. The 2009 ACHA survey includes a question about harm reduction strategies. Unfortunately, it was not stratified by gender, but it allows us an idea about the effectiveness of our BMI counseling sessions and social marketing campaigns.

College students reported doing the following when they "partied" or socialized during the last school year (students responding "n/a, don't drink" were excluded from this analysis):

Alternate non-alcoholic with alcoholic beverages	48.9
Determine in advance not to exceed a set number of drinks	45.8
Choose not to drink alcohol	27.7
Use a designated driver	78.0
Eat before and/or during drinking	80.6
Have a friend let you know when you have had enough	42.9
Keep track of how many drinks you have consumed	62.2
Pace drinks to one of fewer an hour	30.7
Avoid drinking games	37.7
Drink an alcoholic look-alike	13.4

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SECTION A - Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)

2. Project Objective [ ] Check if this is a status update for the previous budget period.

Reduce alcohol-related harmful consequences (such as injuring self, injuring others, unprotected sex, regretted actions, forgetting actions, etc) among first year residential students by 10%.

2.a. Performance Measure	Measure Type	Quantitative Data					
Decrease number of alcohol-related hospital transports from AY 2007-2008 to 2008-2009	**PROJ**	**Target**			**Actual Performance Data**		
		Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**
		12	/		**13**	/	

2.b. Performance Measure	Measure Type	Quantitative Data					
Conduct BMI sessions for students who violate residential alcohol policy (compare AY 2007-2008 to AY 2008-2009)	**PROJ**	**Target**			**Actual Performance Data**		
		Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**
		18	/		**115**	/	

2.c. Performance Measure	Measure Type	Quantitative Data					
Refer students who violate residential alcohol policy for BMI sessions (compare AY 2007-2008 to AY 2008-2009)	**PROJ**	**Target**			**Actual Performance Data**		
		Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**
		19	/		**132**	/	

2.d. Performance Measure	Measure Type	Quantitative Data					
Decrease reports of alcohol-related harmful consequences as measured by results of ACHA National College Health Assessment survey	**PROJ**	**Target**			**Actual Performance Data**		
		Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**

(Spring 2009) specifically, "If you drink alcohol, within the last school year, have you experienced any of the following as a consequence of your drinking? • **Physically injured yourself** • **Physically injured another person** • **Been involved in a fight** • **Did something you later regretted** • **Forgot where you were or what you did** • **Had someone use force or threat of force to have sex with you** • **Had unprotected sex** **(comparing 2005 ACHA survey results to 2009 results)**			/	**17.73 %**		/	**14.78%**

Explanation of Progress (Include Qualitative Data and Data Collection Information)
Clearly, an important step in reducing alcohol-related harmful consequences for students is to leverage the "believability" factor of health educators, campus peer educators, friends, parents, residence hall advisors, and faculty/staff members to communicate the hazards associated with high-risk drinking behaviors. The Brief Motivational Interactions (BMI) program was designed specifically to integrate these often-separate student services into a community dedicated to decreasing risky alcohol-related behaviors.

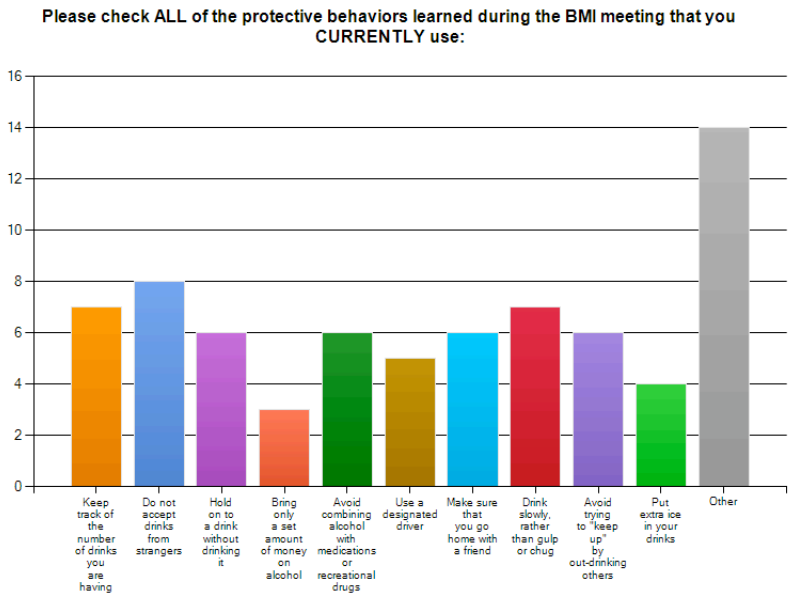
Since the grant award in October 2007, the following activities have been realized:

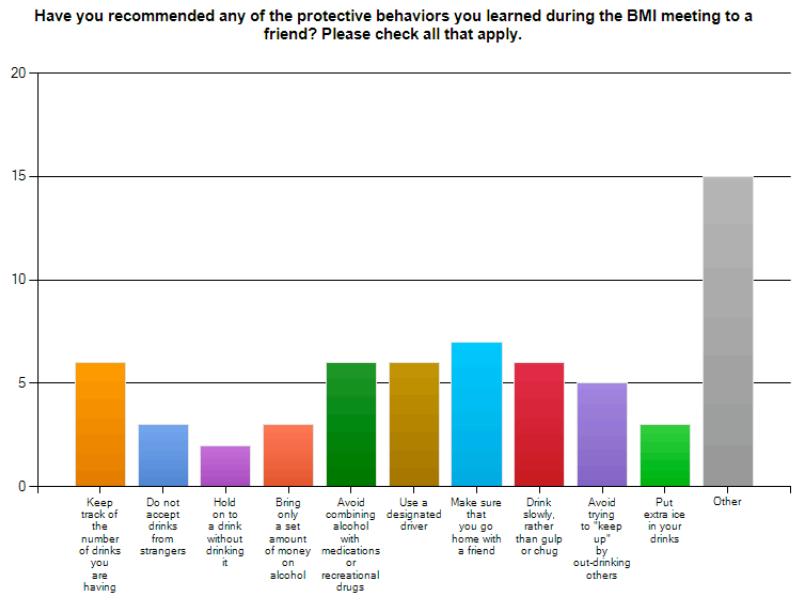
Total number of BMI facilitators trained:	**118** (year 1) **+ 279** (year 2) **= 397**
Residence hall staff members (total)	78 + 14 = 92
Student Residence Hall Assistants	55 + 67 = 122
Faculty and staff members (not Residence Life)	55 + 37 = 92
Academy of Art (residence life public safety and other staff)	34
ROTC cadets	90
Academic classes (nursing master's students)	30

During Fall 2009, multiple BMI training sessions have already been scheduled. Approximately 67 Resident Assistants, 15 Hall Directors/Assistant Hall Directors, 5 CAPS post-doctoral fellows and interns, 2 Health Promotion Services Peers and an unknown number of Faculty, students and staff will be trained. Continued collaboration with the School of Nursing means additional classroom presentations about our grant-funded activities within the conceptual framework of health promotion.

A total of 115 formal BMI sessions have been conducted during 2008-2009 by our "Super BMI" facilitators, staff members with extra training in interpreting E-chug results and discussing harm reduction strategies with students. These sessions have all been mandated as part of the student judicial process in response to alcohol policy violations.

A mechanism for capturing data about the number of "informal" BMI sessions conducted by other trained facilitators is being developed, but at this time we have some limited feedback from anonymous surveys distributed to students who scheduled a BMI session. A total of 16 students responded to our online survey. Eighty-one percent of the respondents were female and 44% were freshmen students. Sixty-nine percent were residence hall students and the rest were commuter students. Most found the BMI sessions "helpful" or "somewhat helpful." We were most heartened to discover that students really were using (and recommending) the harm reduction behaviors to their friends. The responses are shown below in two charts.





Student comments about the BMI sessions are included here:

BMI survey (sanctioned students) Spring 2009
1. What did you find MOST helpful about your BMI meeting?
answered question 11 *skipped question* 5
Response Text
1 Drink water so I'm not hung-over the next morning.
2 Nothing
3 It was very personal and seemed WAY more effective than alcoholedu and echug because it seemed less aggressive.
4 learn how to drink safely
5 having someone your age you can relate to.
6 Meeting face to face with someone who was not condescending and judgmental about drinking made the meeting bearable.
7 The open atmosphere the conductor had which alloweed me to be honest about my drinking.
8 Drink responsively May 14, 2009 4:40 AM
9 Reviewing the packet.
10 I could talk to a peer about drinking who was my age.
11 Openly being able to talk about drinking habits without worrying about confidentiality issues.

BMI survey (sanctioned students) Spring 2009
1. What did you find LEAST helpful about your BMI meeting?
answered question 10 *skipped question* 6
Response Text
1 Everything else.
2 Drinking tips; I already knew and applied them.

3 The checklist that they were forced to go through, it made the process seem automated. It should be a free-flowing discussion.
4 The paperwork.
5 The only thing that I found wrong with the meeting was that I had to go in general.
If I had a problem, it would have been helpful. Since I don't, I learned nothing I didn't already know.
6 I was just bitter that I got caught drinking.
7 I just don't drink :-(
8 Everything was helpful. It was a short meeting but insightful.
9 It took up time that was valuable to me.
10 nothing.

Of course, we take these responses quite seriously even given the low response rate. We have refined our anonymous BMI session tracking sheet (see Section C, appendix H) that allows us to collect demographic information about students receiving BMIs and also to monitor trends in information given and narrative comments made by students and BMI facilitators.

A total of 12 alcohol-related hospital transports were made in 2006-2007. The total number remained the same in 2007-2008, but the number decreased from 7 in fall 2007 to 5 in spring 2008. Again, we believe that this is an indication of the impact of our grant-funded activities. The number rose slightly to 13 in 2008-2009 but we hope that is the result of better awareness and training in recognition of alcohol-related emergencies.

SECTION A - Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)

3. Project Objective [ ] Check if this is a status update for the previous budget period.

Reduce heavy drinking (defined as 5 or more drinks one or more times in the last 2 weeks) among commuter students by 5%

3.a. Performance Measure	Measure Type	Quantitative Data					
Reduce number of alcohol-related violations by commuter students (per USF Judicial Database) by 5%	**PROJ**	**Target**			**Actual Performance Data**		
		Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**
		5	/		**10**	/	

Explanation of Progress (Include Qualitative Data and Data Collection Information)

In attempting to evaluate the influence of our activities for commuter students, we have realized that we have no good mechanism in place currently to collect this information. In reviewing all of the entries in our Student Judicial database, we can determine that there were 5 alcohol-related violations adjudicated in 2006-07, an additional 5 cases in 2007-2008, and 10 in 2008-2009. Unfortunately, our reporting process only tracks commuter students who are physically on University grounds and are caught in violation of our alcohol policies. We are unable to track off-campus incidents committed by student unless the students self-report this information to us. As part of our sustainability plan, we are discussing possible ways to get a better idea of the prevalence of alcohol-related behaviors among our commuter students. At the current time, we cannot collect data unless it is self-reported about heavy drinking off campus by commuter students. However, we believe that the number of violations reported for commuter students actually increased because we are better able to track these violations.

We did identify residence as one of the demographics of the ACHA National College Health assessment survey administered in Spring 2009. Of the 187 students who responded to the survey, only 8.6% (n=16 students) identified themselves as off-campus students. Preliminary analysis demonstrates that self-reports of heavy drinking behavior are identical between on-campus and off-campus students.

The ongoing relationship between and among the Campus Community Coalition partners has helped us to gain a better understanding of the scope of the issue for commuter students and harmful drinking behaviors, but we do not have quantifiable facts to support major policy changes at this time. We were able to identify commuter students in our social marketing campaign and BMI session effectiveness surveys, but were prevented from analyzing these students' responses as a distinct group by the small numbers of respondents compared to the overall respondent numbers.

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SECTION A - Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)

4. Project Objective **[ ]** Check if this is a status update for the previous budget period.

Reduce alcohol-related harmful consequences (such as injuring self, injuring others, unprotected sex, regretted actions, forgetting actions, etc.) among commuter students by 10%

4.d. Performance Measure	Measure Type	Quantitative Data					
		Target			Actual Performance Data		
		Raw Number	Ratio	%	Raw Number	Ratio	%
Decrease reports of alcohol-related harmful consequences as measured by results of ACHA National College Health Assessment survey (Spring 2009) specifically, "If you drink alcohol, within the last school year, have you experienced any of the following as a consequence of your drinking? • **Physically injured yourself** • **Physically injured another person** • **Been involved in a fight** • **Did something you later regretted** • **Forgot where you were or what you did** • **Had someone use force or threat of force to have sex with you** • **Had unprotected sex** **(comparing 2005 ACHA survey results to 2009 results)**	**PROJ**		/	**17.73 %**		/	**14.78%**

Explanation of Progress (Include Qualitative Data and Data Collection Information)

The Assistant Dean of Students is increasing outreach attempts to first year commuter students and transfer students to discuss high risk drinking behaviors for these students. "Responsible hosting" information and "harm reduction" strategies will be included in these workshops. As noted in the previous section, our reporting process only tracks commuter students who are physically on University grounds and are caught in violation of our alcohol policies. We are unable to track off-campus incidents committed by student unless the students self-report this information to us. As part of our sustainability plan after the grant, we are discussing ways to get a better idea of the prevalence of alcohol-related behaviors among our commuter students. At this time, we cannot collect data unless it is self-report about heavy drinking off campus by commuter students.

SECTION B - Budget Information (See Instructions. Use as many pages as necessary.)

SECTION C - Additional Information (See Instructions. Use as many pages as necessary.)

Section C is attached as a separate document.