



Engaging the Nation's Community Colleges as Prevention Partners

A Brief Report from the
Roundtable on Community College Health and Safety:
Preventing Substance Abuse and Violence

Cosponsors

American Association of Community Colleges

U.S. Department of Education's Higher Education Center for
Alcohol and Other Drug Prevention

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National Center for Higher Education
Washington, D.C.

INTRODUCTION

January 2002 Roundtable

On January 25, 2002, the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Prevention convened a daylong meeting with community college representatives to explore new ways to combat student substance abuse and violence on campus. This planning meeting marked the beginning of a collaborative relationship between the Department's Higher Education Center, the American Association of Community Colleges (AACC), and its membership of nearly 1,200 institutions nationwide.

Attendees at the Roundtable on Community College Health and Safety: Preventing Substance Abuse and Violence reviewed the prevention needs of community colleges, major challenges they face, current resources, and key stakeholders who could contribute to campus-based prevention efforts. This meeting was motivated by the fact that community colleges require a prevention approach that is tailored to meet the needs of their students, many of whom go to school part-time, commute to campus, and are older than students attending other institutions.

In his introductory remarks, AACC President George Boggs stated, "The AACC is excited to embark on this new partnership to meet the needs of community college students. Our colleges are concerned about the health and well-being of an increasingly large and diverse student body. Our particular challenge is to protect our colleges' open access mission while also addressing the very real problems of heavy drinking, drug use, and violence faced by today's students."

Roundtable participants came from the ranks of community college officials who are closest to the problem, ranging from president to deans of student affairs and student services to alcohol and other drug prevention specialists to counselors and directors of health and wellness and disability programs. Representatives from 19 community and technical colleges attended the meeting, which was held at the offices of the American Association of Community Colleges in the National Center for Higher Education, Washington, D.C. A list of roundtable participants appears in the Appendices.

"This meeting represents a new beginning for prevention at community colleges," stated William DeJong, director of the Higher Education Center for Alcohol and Other Drug Prevention. "While the Higher Education Center has involved community college officials in training events and other prevention work, we had not yet developed a specific plan to address these schools' unique health and safety needs. Working collaboratively with the AACC puts us in the best position do this."

This report briefly summarizes the initiatives and next steps that the participants found to hold the greatest promise for effective prevention. Our hope is that the report will launch a national exploration of how community colleges might best address student problems related to alcohol and other drug use and violence and will help stimulate the development, implementation, and evaluation of new programs and policies.

About Community Colleges¹

Community colleges are a significant component of the nation's system of higher education. A total of 1,166 institutions (1,004 public and 147 private) enroll approximately 10.4 million students, 5.4 million for credit and 5 million on a noncredit basis. This enrollment represents 44 percent of all U.S. undergraduates, including 45 percent of first-year students.

Community college students are a varied population. More than half (58 percent) are women. More than half are part-time (63 percent), carrying fewer than 12 credit hours. Community college students represent 46 percent of the nation's African American undergraduate student body, 46 percent of Asian/Pacific Islanders, 55 percent of Latinos, and 55 percent of Native Americans. The average community college student is 29 years old.

Community colleges annually confer more than 450,000 associate degrees and nearly 200,000 two-year certificates. In 2000, almost two-thirds of applicants taking the national examination for registered nurses were graduates of associate degree programs. Overall, two-thirds of new healthcare workers get their training at community colleges.

Other noteworthy points:

- Virtually all community colleges are Internet-connected.
- Workforce education and training programs sponsored by community colleges are highly valued by the businesses and industries they serve.
- Half of community colleges offer workforce entry programs, and another quarter plan to offer programs specifically designed for welfare recipients.

States supply 42 percent of funding for public community colleges, with tuition and fees accounting for another 25 percent. Additional revenues come from a combination of local and federal government support and other income.

Community Colleges, Alcohol, Other Drugs, and Violence

Research on alcohol and other drug (AOD) use among community college students is limited. In general, survey results show that these students drink less heavily than do students attending other colleges and universities. There are several possible explanations for this difference.² First, community college students tend to be older, and they more often work full-time, have children, or live with their parents. All of these factors are known to reduce the risk of AOD-related problems. Second, few community colleges have fraternities and sororities or large intercollegiate athletics programs, and only 20 percent of community colleges have residence halls—all features of college life that are known to increase the likelihood of AOD problems on campus.

At the same time, community college students do report using tobacco, cocaine, and amphetamines at higher rates than students at four-year institutions do.^{3,4} Despite differences in AOD use, students at two- and four-year institutions of higher education (IHEs) report similar levels of adverse consequences related to that use.^{5,6} Importantly, compared with other students, students at two-year IHEs are less likely to be aware of campus AOD policies and prevention efforts.⁷

The Higher Education Center surveyed a random sample of senior administrators at 514 two- and four-year colleges and universities in order to examine their perceptions of AOD-related problems, the status of current prevention programs, and the involvement of key persons in prevention efforts. When compared with four-year IHEs, community colleges tend to have fewer staff and monetary resources devoted to prevention. Although they are an integral part of the communities they serve, community colleges are less likely to be involved in local, regional, or statewide AOD prevention efforts.⁸

AREAS FOR FUTURE EXPLORATION

How to Engage Top Administrators

AACC Leadership. As the national voice for community colleges, the AACC has in place a number of services and programs that could be used to engage community college administrators in addressing alcohol, other drug, and violence (AODV) concerns.

- AACC's Health and Wellness Policy, adopted unanimously by its board in 1999, establishes a national standard for community colleges, while also indicating AACC's commitment to an organizational focus on campus health and safety.
- *Bridges to Healthy Communities 2005* focuses on service learning as a strategy to prevent HIV infection and other health problems among youth. Such programs also have potential for AODV prevention among college students.
- The Presidents' Academy is dedicated to the professional renewal of community college CEOs. The Academy sponsors four events per year—DC Institute, Summer Institute, Taming Technology Institute, and the CEO Technology Institute.
- AACC's annual convention and other events provide ongoing networking, professional development opportunities, and support to its members.

The association's coordinator of health and wellness, who was instrumental in convening the roundtable session, will continue to explore new educational and program development opportunities with Higher Education Center staff.

Campus CEOs. The Higher Education Center is expanding its existing Presidents Leadership Group, which is composed of more than 30 college and university presidents who have taken a leadership position on AOD prevention. As part of this effort, the Center will form a subpanel of community college presidents and chancellors to develop recommendations for these institutions.

Several roundtable participants noted that many community college administrators would be interested in participating in a larger community-based prevention coalition that involved leaders from several area colleges and universities. In response, Center staff agreed to make additional efforts to engage community colleges in the growing number of statewide and regional coalitions that are being formed to address AODV issues in higher education.

Other Senior Administrators. Currently, the U.S. Department of Education and The Network: Addressing Collegiate Alcohol and Other Drug Issues convene a National Forum for Senior Administrators in conjunction with the Department's annual National

Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education. Working with the Higher Education Center, the Department will explore the feasibility of a National Forum focused on community college issues and concerns.

Needed Resources

Data on the Scope and Nature of the AODV Problem. The vast majority of community colleges do not have residential facilities, and with most students being part-time, the true scope of AODV problems on these campuses is not always apparent. Several roundtable participants offered anecdotal reports on problems that they knew about—for example, the impact of relationship violence on students’ academic progress, incidents of student drinking prior to class, and lower retention rates associated with individual or family member AOD use.

Roundtable participants endorsed the creation of a student self-report and surveillance instrument tailored for community college populations. They indicated that such an instrument should be broadly concerned with risk behavior and student development and retention. Other participants added that it would also be important to conduct periodic surveys of administrative staff to gauge their perceptions of AODV issues and needs.

Fiscal Resources. With over 50 percent of their funding coming from government sources, community colleges often face budget challenges, particularly during recessionary times. Tight budgets tend to disproportionately affect student affairs programs. Roundtable participants did not offer a consensus view on how to secure additional revenues for prevention. While some supported increased student fees, others stated that increases in student fees were a barrier to open student enrollment. Several participants commented that the availability of U.S. Department of Education seed grants (Fund for the Improvement of Postsecondary Education or FIPSE) in the 1980s had been helpful. Others commended AACC for a recent round of minigrants to promote service learning demonstration projects.

Communication Vehicles. Roundtable participants cited numerous ways in which community college administrators could put prevention messages in front of their students, staff, and faculty:

- *Web resources for students.* Several participants, noting growing student Internet use, advocated for Web-based products such as basic AOD education and alcohol screening and referral programs.
- *Electronic resources for staff and faculty.* Participants cited a need for resource materials to promote curriculum infusion and professional staff development in prevention. Online, CD, or video packages, co-marketed with AACC and NASPA’s Commission 11, were discussed as options for reaching faculty and staff.

- *Prevention listserv.* Participants indicated their willingness to subscribe to a limited listserv used for early alerts and information sharing on AOD and violence prevention topics, networking, support of national prevention efforts, and action planning for future projects.

Information about Best Practices

Case Studies. Representatives from the Higher Education Center made a commitment to solicit and develop additional community college case studies for the “best practices” section of the Center’s Web site. The U.S. Department of Education’s annual National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education could feature a Community College Showcase to highlight innovative prevention work.

Curriculum Infusion Modules. The integration of AODV prevention content into regular academic courses is an educational technique employed by institutions at all levels. Roundtable participants encouraged the development of additional educational modules for courses taught in community colleges. A possible partner in this endeavor might be the Network for the Dissemination of Curriculum Infusion at Northeastern Illinois University (orion.neiu.edu/~cinfusi/fouroh.html).

Service Learning. Over 50 percent of community colleges use service learning, a teaching methodology that combines community service with classroom interaction and focuses on critical reflective thinking as well as personal and civic responsibility.

According to a Bridges to Health survey administered in 1999 and again in 2000, the percentage of campuses using service learning opportunities in conjunction with alcohol- and other drug-related curricula increased from 39 to 52 percent in that one year.

Participation in service learning is associated with less AOD use.⁹ Accordingly, the roundtable participants discussed the value of increased information sharing about successful service learning programs to encourage replication.

Concerns for Further Exploration

Several topic areas related to AODV prevention were identified for further exploration. Conference-based focus groups organized annually by the Higher Education Center are a possible vehicle for generating additional discussions among community college officials about these issues.

High School to Campus Transition. Cooperative agreements focused on enrollment and curriculum continuity between high schools and community colleges, and then between the colleges and four-year institutions of higher education, might provide opportunities

for effective AOD education. In general, college officials need to do a better job of communicating their expectations regarding student conduct, while also correcting widespread misperceptions that most students engage in alcohol or other drug use.

Consequences of Open Enrollment Policies. Community colleges typically have broad and inclusive entrance requirements. This sector of higher education, participants said, serves a higher percentage of hardest-to-serve students, including ex-offender populations. Several participants indicated they would welcome further study of how open enrollment may be a factor in AODV issues.

Implications of a Part-Time Student Body. Social norms marketing campaigns are designed to correct misperceptions of student drinking norms and thereby decrease perceived normative pressure to drink heavily. Such campaigns might have less influence among part-time students, most of whom do not have a primary identification with the college. On the other hand, one participant noted that vocational and technical education programs aimed at preparing people for work could include a focus on the work ethic and drug-free workplace standards.

Tobacco. Virtually all participants agreed that smoking by faculty, staff, and students poses a significant challenge on campus. Suggested solutions included creating smoke-free campuses through campus or state-level policy, incentives for banning cigarette vending machines and tobacco sales from campus venues, and Web-based smoking cessation programs.

Relationship Violence. There was general agreement that relationship violence is the most frequent cause of interpersonal violence experienced on campus. Participants cited reluctance by administrators, faculty, and students to report such incidents, either due to fear of reprisals or a failure to recognize the seriousness of the problem. Several participants called for more effective methods for screening and intervening with students who might pose a violence risk.

For community college students, breaking out of problematic relationships may pose extra difficulties. Ideally, students should have access to student assistance programs (modeled on employee assistance programs) to help with these types of problems, but few community colleges have the resources needed to make this possible. Alternative methods for making services available at low cost should be explored.

Community Colleges and the Prevention Workforce. The Higher Education Center has been monitoring the role of community colleges in training AODV prevention professionals. Community colleges have a long history of providing certification and professional training programs in substance abuse fields; for example, many campuses currently have certification and professional training programs for substance abuse counselors who typically work in community settings. In California, the state's Department of Alcohol and Drug Programs has granted funds to an association of community college human services educators to develop such a professional development

curriculum. Many states are adopting certification requirements, yet there is little cross-state consistency in either the requirements or the curricula being offered.

Student Leadership Opportunities. The BACCHUS & GAMMA Peer Education Network sponsors peer-led AODV prevention programs at several hundred institutions of higher education. Some roundtable participants noted that the organization’s certification program for peer education leaders can provide useful training for community college students who are going on to four-year schools. Others cited the need for training programs designed specifically for community college students and the acute challenge of student turnover rates.

Intervention Models. Participants indicated an interest in offering alcohol-screening options to students, followed by written feedback and brief motivational messages. Online screening programs, now in development, might be an attractive, low-cost option for community colleges to consider. Faculty would need to be trained on how to identify and refer students needing this type of intervention.

In addition, participants discussed “remediation” programs designed to help students learn better stress and anger management strategies and AOD refusal skills. Discussion also focused on the “drug court” model, which is designed to assist high-risk users in a therapeutic rather than punitive manner. Participants agreed that campus applications of these models should be considered.

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APPENDICES

- A Sponsoring Organizations
 - American Association of Community Colleges
 - Office of Safe and Drug-Free Schools, U.S. Department of Education
 - The Higher Education Center for Alcohol and Other Drug Prevention

- B Roundtable Participant Roster

APPENDIX A: SPONSORING ORGANIZATIONS

American Association of Community Colleges

The American Association of Community Colleges (AACC) is the national voice for the nation's 1,151 accredited two-year colleges and their 10 million students. Close to 95 percent of all accredited, two-year colleges are AACC members.

The association works with other sectors of the higher education community, state and federal governments, and business and industry to serve the needs of students, colleges, and communities.

Founded in 1920, AACC is a 501(c)(3) nonprofit association. The association is located in the National Center for Higher Education, Washington, D.C.

Office of Safe and Drug-Free Schools, U.S. Department of Education

The newly created Office of Safe and Drug-Free Schools (OSDFS) administers, coordinates, and recommends policy for improving quality and excellence of programs and activities that are designed to

- Provide financial assistance for drug and violence prevention activities and activities that promote the health and well-being of students in elementary and secondary schools and institutions of higher education. Activities may be carried out by State and local educational agencies and by other public and private nonprofit organizations.
- Participate in the formulation and development of ED program policy and legislative proposals and in overall Administration policies related to violence and drug prevention; drafting program regulations.
- Participate in interagency committees, groups, and partnerships related to drug and violence prevention, coordinating with other Federal agencies on issues related to comprehensive school health, and advising the Secretary on the formulation of comprehensive school health education policy.
- Participate with other Federal agencies in the development of a national research agenda for drug and violence prevention.
- Administer the Department's programs relating to citizenship and civics education.
- Provide national leadership on issues and programs in correctional education.

The Office of Safe and Drug-Free Schools is under the supervision of the Deputy Under Secretary for Safe and Drug-Free Schools, who reports to the Secretary and the Deputy Secretary through the Under Secretary for policy matters and directly for program administration.

The Higher Education Center for Alcohol and Other Drug Prevention

The U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Prevention, with supplemental funding from The Robert Wood Johnson Foundation, works with colleges and universities across the country to change campus culture, foster campus and community environments that promote healthy lifestyles, and prevent illegal alcohol and other drug (AOD) use among students.

The Center provides training and professional development, technical assistance, and publications and other materials. Since 1996 the Center has helped mobilize more than 45 statewide initiatives that stimulate the development and evaluation of local campus and community coalitions working to change the environment in which students make decisions about alcohol and other drug use. Key areas of focus include strategies for achieving environmental change, each designed to address a problem area that contributes to AOD use in a typical campus environment. These strategies are (1) offer alcohol-free social, extracurricular, and public service options; (2) create a health-promoting normative environment; (3) restrict the marketing and promotion of alcoholic beverages both on and off campus; (4) limit alcohol availability; and (5) increase enforcement of laws and policies.



**Roundtable on Community College Health and Safety:
Preventing Substance Abuse and Violence
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