Colleges Embracing Environmental Prevention Strategies

Reprinted from the Higher ED AOD Prevention News Digest V1 #214

California State University's adoption of a series of policy recommendations on alcohol use recently provided a window onto current thinking around campus alcohol prevention.

Promoted by the death of a Cal State - Chico student who overdosed on blackberry brandy, the recommendations endorsed by the school system's Board of Trustees took an environmental approach to prevention, addressing everything from enforcing the minimum drinking age on campus to controlling alcohol advertising and providing alternative activities to drinking.

The Cal State recommendations give schools in the California system a lot of leeway in implementing changes, and some might argue that the policy document recommends more studies and meetings than prescriptive changes.

But by focusing on a broad range of environmental factors that influence alcohol use on campus, and calling for assessment of the changes that are implemented, the California school system is moving in the direction that experts like William DeJong, Ph.D., call the current state-of-the-art in campus alcohol prevention.

"Because of the publicity around alcohol-poisoning deaths, college administrators are feeling pressure to focus on this issue as never before," said DeJong, director of health and human-development programs at the Higher Education Center for Alcohol and Other Drug Prevention. All over the country, he said, college presidents and other high-ranking officials are putting their considerable abilities and political connections to work in forming campus coalitions to work for environmental change.

"Lack of data collection was taking place, and programs rarely fit into a broader strategy. DeJong noted that many of the first prevention programs also were peer-led, which proved to be an ineffective approach...although it was hard to tell, since little data collection was taking place, and programs really fit into a broader strategy. DeJong wryly pointed out the irony of the dearth of evaluation, "considering all the social-science professors on campuses around the country."

Increasingly, however, educators have been adopting some of the innovative strategies coming out of the community prevention field, such as intervention education and social-norms marketing. Some schools, for instance, train students in coping strategies and refusal skills, while others conduct brief motivational-feedback interviews to show students how their drinking compares to the campus norm. DeJong noted, however, that schools have struggled to bring such one-on-one programs to scale campus-wide.

More promising are social-norms initiatives, which generally focus on misperceptions about drinking and seek to nurture a positive, non-alcohol-abusing culture on campus. "Students typically believe everyone [is drinking excessively], even though the reality is different," said DeJong. Research has shown, for example, that the average student consumes five or fewer drinks at a sitting, but students themselves think the average is 9 to 12 drinks.

Significantly, more schools are viewing these programs not as islands unto themselves, but rather components of a broad-based strategy that involves not only the school but the surrounding community, and utilizes state and federal policy changes as well as school policies.

Unlike the old education-and-awareness campaigns, these strategies focus "not just on what students know, but what kind of environment they are thrusting kids into, especially during their first year," said DeJong.

Addressing environmental influences on student alcohol-related behavior is no quick-fix, and as a long-term strategy it demands permanent infrastructure to be effective. With colleges, this can take the form of a campus task force, campus/community coalitions, and/or regional or statewide initiatives like that adopted by the Cal State system.

In fact, a number of the major components of environmental prevention highlighted by experts like DeJong can be found in the Cal State strategy. These range from the philosophical (creating an environment that supports health-promoting norms) to the specific, such as recommendations that Cal State schools offer social, recreational, extracurricular and public-service options to students, and enforce campus alcohol policies and local, state, and federal alcohol laws.

In other ways, however, the Cal State recommendations fall short of what prevention experts would like to see happening on college campuses. For example, while the Cal State recommendations call for controlling alcohol advertising on campus, they do allow for alcoholic-beverage companies to sponsor school events; many preventionists would rather see such sponsorships eliminated entirely.

As the task force and study groups established by Cal State look for other ways to address alcohol abuse on campus, they can turn to examples like the University of Delaware, which has pushed the prevention envelope even further by notifying parents whenever students are found guilty of alcohol-policy or alcohol-law violations. DeJong said the policy has led to "dramatic reductions in alcohol-related problems" such as arrests, vandalism, and alcohol overdoses.

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MESSAGE FROM OUR EXECUTIVE DIRECTOR

When Community-Campus Partnerships for Health was formed in 1996, we hired an organizational development consultant to assist us in the strategic planning process. On a flipchart, he drew a series of concentric circles and explained the drawing as a metaphor for our organization’s development that continues to guide us. The inner circle represents CCPH’s governance and decision making—the board of directors, committee members and staff. The next concentric circle represents our active members and supporters—members who are leading regional networks and special interest groups, conference and institute presenters, trainers and consultants who comprise the CCPH mentor network, funding agencies that provide grant support for our programs and projects. The next concentric circle represents members and supporters who play less active roles, perhaps attending an event, participating in a program, or reading news and announcements on the listserv. The next concentric circle represents people who are familiar with CCPH but have not yet joined or become involved. The next concentric circle represents people who are not familiar with CCPH but who probably would have an affinity for our mission and work if they knew about us. The last, outer concentric circle represents everyone else! As he explained the concentric circles, he emphasized this important point: that we should constantly be taking actions that draw people inwards and help them stay connected and derive value from CCPH. This continues to be an important guiding principle for CCPH.

How do you stay connected and derive value from CCPH? What can we do better? What should we be doing differently? What should we keep doing?

NEWS FROM CCPH

Our new board member for this issue is…

April L. Vestal
Rainelle, WV

April L. Vestal is the Associate Director of the West Virginia Rural Health Education Partnerships Program, a statewide initiative that trains health profession students from West Virginia University, Marshall University and the West Virginia School of Osteopathic Medicine. This program places health profession students in rural underserved communities for a portion of their training and serves 47 of 55 counties in West Virginia. April has served as a site coordinator in the program for over 8 years and currently holds the Associate Director position. April holds a BS degree in Organizational Management and Development from Bluefield College. She is currently completing the Master of Public Health Program at West Virginia University. April has extensive experience in public relations and media, working for eight years in sales, announcing and management of a small radio station. April has served on many community boards such as the Health Sciences and Technology Local Board, the Greenbrier Planned Approach to Community Health and Fayette Family Resource Network. April has developed several successful community grants and enjoys the role of community supporter, facilitator and mediator as well as her role as a wife and mother of two wonderful children.

April can be reached at avestal@wvrhep.org

CCPH Midwest Regional Network listserv is launched!

It is exciting to see CCPH members taking the initiative and playing a leadership role to foster member involvement and development.

From September 27-30, the CCPH board will be having its annual retreat. Traditionally, this is a time to reflect on our past year’s challenges and accomplishments, to review our strategic plan, and to set strategic directions and priorities for the year ahead. As our members and supporters, you have an important role to play in these discussions and decisions. We already have a lot of valuable information from you—your membership survey responses, your evaluations of CCPH conferences and institutes, your feedback on CCPH publications, and so forth. We invite you to review CCPH’s 5-year strategic plan on our website at http://futurehealth.ucsf.edu/ccph/board.html#BODPolicies and to share your comments and ideas with us. I can be reached at (206) 616-4305 or sarena@u.washington.edu, and our board chair Terri Kluzik can be reached at 415-476-8181 or tkluzik@itsa.ucsf.edu

We also invite you to help in drawing more of our colleagues into CCPH. One tangible way is to talk about your experiences with CCPH, why you joined and why you stay involved. There are many natural opportunities to “spread the word”—at faculty meetings, community coalition meetings, and conferences, for example. The national office is happy to provide brochures, display publications, the CCPH table-top exhibit, presentation transparencies and other materials for you to take to meetings and conferences. Simply complete and return the “materials request” form available on our website at http://futurehealth.ucsf.edu/ccph/board.html#ORGForms

Thank you for your passion, support and involvement. As we strengthen our concentric circles, we strengthen community-campus partnerships and their contributions to community health.

In an effort to better serve different regions of the country, Community-Campus Partnerships for Health (CCPH) has begun to facilitate the development of regional networks. These regional networks are intended to promote learning, information-sharing and collaboration among CCPH members, and increase awareness of local and regional events and grant opportunities. We hope that regional networks will support our shared goals of:

• Incorporating service-learning into the education of all health professionals;
• Recognizing and rewarding faculty for community-based teaching, research, service; and
• Developing partnerships that balance power and share resources among partners.

During the CCPH Annual National Conference in San Antonio this past May, 38 participants from 11 states, gathered to discuss the Midwest Region’s interest in participating in this effort.

One of the major discussions centered around creating a listserv that would provide a venue for subscribers, who are also CCPH members, to share a variety of information—from workshops and events, health outcomes evaluation research with the community and provide technical support for members.

There is also a core group of conference participants who volunteered to take a lead in planning for the Regional Network. The Midwest Regional Network is being facilitated by Annette Canfield, Director, Health Professions Education at annette.canfield@wright.edu; and Kate Cauley, Director, Center for Healthy Center for Healthy Communities at katherine.cauley@wright.edu and...continues to page 5
MODELS THAT WORK!

KXJZ-FM in Sacramento, CA and its partner, the Gerontology Department at California State University at Sacramento, have been working to improve area residents' knowledge about health care choices for the aging and chronically ill by informing them about available resources, services and options through, among other channels, a health care fair and programming.

Excerpts from the series "The Aging Experience" on the Sound Partners website include a look at how aging for gay couples differs from the experience of heterosexual couples, especially as it relates to men. More clips from this series are available via the KXJZ Web site at http://www.soundpartners.org

DEAR CCPH...

Dear CCPH,
I am putting together a brochure for our community faculty for use in their clinics. The purpose of the brochure is to explain to patients and families that they may be seen by medical students and/or residents, why trainees are there, etc. Does anyone have an example of such a brochure that they would be willing to share?

Please email your responses directly to Curt Olson at caolson2@FACSTAFF.WISC.EDU

Dear CCPH,
I am Community Outreach Coordinator for a large academic medical center, and we have a major local developer/builder who wants to build several communities (housing development) that makes the healthy choices the easier choices. This starts with every major aspect and detail of the interior design and features in the homes. It involves the exterior design, the lots, the landscaping, the boundaries between homes (and whether there are visible boundaries), the streets, sidewalks, lighting, common areas and facilities, parks, greenways, gardens--you name it, if it might enhance or detract from health, we're interested. We're also interested in principles and ideas that would apply to apartment and/or townhouse communities.

We're interested in big issues like how do you design houses and neighborhoods to enhance relationships and limit isolation, to little issues like: is there a way to improve bathroom design so that people will be more inclined to brush their teeth and take their prescribed medications?

But we're not just interested in the physical infrastructure and design, we're also interested in fostering long-term relationships and fostering programs and services among the residents which will enhance their health. Yes, we know you already do this in existing communities, but how would you include it if you were starting from scratch in a new neighborhood? We're interested in the whole spectrum of health, from prevention and education to screening, to acute care, to chronic disease management, to rehabilitation, plus access to all these for all ages, economic conditions, languages, and abilities--even helping residents cope with dying and death in a way that enhances their health.

We've got lots of ideas and exposure to some studies, examples, etc., but just assume we're starting from scratch, and don't hesitate to mention the fundamentals.

We're interested in research, publications, websites, examples of best practices, leading thinkers in any relevant field, anecdotes, stories, personal observations, creative ideas.

Please email your responses to Ron Graybill at rgraybill@healthycities.com

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Newsletter Kudos!

I think the online newsletter looks great...super job!
Tom

I thank you and your staff for the excellent work you are doing.
I find the information you present in the various formats very useful and educating.
It is a real pleasure to find CCHP mail!
Suggestion: include area(s) of expertise/interest of members.
I think this would stimulate networking among people.
Daniel

Have received and read my newsletter. I like the newsletter...format is easy to "pick and choose" what I want to read...information is timely and appropriate...all good stuff!
Thanks for a job well done.
John

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More than 300 school health and safety professionals from dozens of national education and health organizations, as well as other school health supporters and parents, participated in developing these guidelines for students and staff enrolled and working in elementary, middle/junior and high schools across the United States. Now it is your turn to help assemble the pieces that schools and communities need for health services and programs, health education, and healthy and safe environments.

The Health, Mental Health and Safety in Schools guidelines will be available for public review from August 15, 2001 through September 20, 2001. Starting Wednesday August 15, please log on to www.nationalguidelines.org. If you have any questions, please contact Kyle Wolfe, Project Assistant, American Academy of Pediatrics at 847/434-7788 or by e-mail at kwolfe@aap.org

IOM Committee Continues to Seek Your Input

The IOM Committee on Public Health in the 21st Century is specifically seeking input on community-based efforts to assure health care for populations that do not easily have access to traditional health care safety net programs. Please send information to: Ms. Lori Young, Project Assistant, tel: 202.334.2329 or email at LYoung@nas.edu

Web Guide to Global Coalitions for Voices of the Poor

Check out the new web guide on Global Coalitions for Voices of the Poor at http://www.worldbank.org/poverty/voices/globo/coal/webguide/index.htm. The guide contains links to web sites, descriptions of civil society organizations, and information on communication technology projects that aim to create spaces in international fora for the voices and priorities of poor people to be heard.

Comments Requested by 8/20 on National Injury Research Agenda

Over the past year the National Center for Injury Prevention and Control (NCIPC) has been working to develop a research agenda based on broad input. Through a series of working groups, external experts in the field have identified research themes designed to represent the depth and breadth of research necessary for CDC to support and advance the field of injury prevention and control. Based on input from the working groups and a Steering Committee, staff at the NCIPC prioritized among the themes within each of eight topical chapters.

You are invited to review the draft research agenda posted for public comment through August 20, 2001, at http://www.qrc.com/ncipcagenda. At the Website, you will be prompted to register and then log in to allow you to save your comments and to come back to them in future sessions. Please comment on the agenda regarding the research themes, the prioritization, criteria for prioritization, or important omissions. Following the synthesis and incorporation of public comments, a review of the next draft of the research agenda will take place with the Steering Committee and then the Secretary's Advisory Committee for Injury Prevention and Control at their next meeting. An update on the research agenda will be provided during the Safe USA Conference, to be held in Atlanta, December 3-5, 2001. For details, contact Dr. Judy Berkowitz at ORC Macro at (404) 321-3211 or email at agenda@macroint.com.

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GRANT ALERTS!

This program announcement (PA) calls for research in three basic areas:
1. What sexual content do youth pay attention to, and how do they interpret what they see and hear?
2. Does that media content affect their sexual beliefs and behavior?
3. How could the mass media be used to promote responsible sexual behavior among youth?
For more information, contact: Susan Newcomer, Demographic & Behavioral Science Branch, National Institute of Child Health & Human Development, Building 61E, Room 887, Bethesda, MD 20892 or call (301) 435-6981 or email her at SNewcomer@nih.gov or to view this opportunity: http://fundingopps.cos.com/cgi-bin/getRec?id=33925

The Division of Cancer Control and Population Sciences and the Division of Cancer Prevention of the National Cancer Institute (NCI) invite research grant applications from interested investigators to conduct timely, innovative, developmental, or methodological behavioral research in cancer prevention and control through a program of exploratory investigator-initiated R21 grants.
For details, contact: Sabra Woolley, Division of Cancer Control and Population Sciences, National Cancer Inst., Executive Plaza North, Rm 232, MSC 7330, Bethesda, MD 20892-7330 or call (301) 435-1505; Fax (301) 480-6637 or email at sw215x@nih.gov. View this opportunity at http://fundingopps.cos.com/cgi-bin/getRec?id=44923

The Jacobs Institute of Women's Health has established a research grant to support efforts to find new ways to improve health care services for women. The grant is an annual award of $30,000 given to the selected applicant to conduct a research study resulting in a publication-quality manuscript on a topic related to women's health.
Areas of Interest: The research may focus on a number of areas, including:
• the changing health care environment;
• the unmet need for primary and preventive health services;
• the historic lack of research on women's health care issues;
• any of the social, cultural, legal, economic, or behavioral factors that currently influence women's health care opportunities.
The award is directed toward the objectives of the Institute. It is not intended to support basic laboratory research, nor to evaluate local projects which cannot be generalized.
Evaluation Criteria: Applications will be evaluated on:
• the importance and relevance of the research topic
• scientific merit
• the experience and background of the investigator
• the quality of personal references
• the likelihood of timely completion of the project, and
• budget and budget justification.
Who is Eligible and Application Procedures: Citizens or permanent residents of the US, Canada, and Mexico who have a health care related degree and who are actively involved in women's health care or research are eligible.
Applications must be prepared in a scientific format (aims, background, related research, methodology, analysis of results, and possible limitations), and should not exceed six pages. In addition, please include:
• a cover sheet with abstract and full applicant identification
• a timetable for completion of the project
• a budget with budget justification and a list of other support for the project, either current or pending
• a curriculum vitae, and
• two letters of reference, one from a current academic colleague or mentor.
The project must be completed in twelve months. Although a one year grant may provide the base for future work, priority will go to a project for which this award is the primary source of funding. No indirect costs are provided. The initial $25,000 is provided on the effective date of the grant. The final $5,000 is payable on the receipt of the final report and manuscript(s) by the Jacobs Institute for possible publication in Women's Health Issues, the Jacobs Institute's peer-reviewed bimonthly journal. The application and all supporting documents should be submitted in triplicate. The application must be postmarked by October 15, 2001. The selected scholar will be notified by January 15, 2002.
For more information, contact: Jacobs Institute of Women's Health, 409 12th Street, SW, Washington, DC 20024-2188 or call (202) 863-4990; Fax (202) 488-4229 or e-mail: mbarbour@acog.org

Research with Racially and Ethnically Diverse Samples
The Henry A. Murray Research Center of Radcliffe announces a program of small grants to support research using data sets with racially and ethnically diverse samples archived at the center. Funds are provided for travel to the center, duplicating, computer time, assistance in coding data, and other research expenses. The program is funded by the National Institute of Mental Health.
Proposals and requests for additional information should be addressed to: Grants Program Administrator, RRSP - Studying Diverse Lives, The Henry A. Murray Research Center, 10 Garden Street, Cambridge, MA 02138 or call (617) 495-8140; (617) 496-3993 Fax or email at mrc@radcliffe.edu or visit http://www.radcliffe.edu/murray/grants/rmsp_diversity.htm

International Tobacco and Health Research and Capacity Building Program Deadline: October 26, 2001
This request for applications (RFA) solicits research and capacity building projects that address the burden of tobacco consumption in low- and middle-income nations by pursuing observational, intervention, and policy research of local relevance; and building capacity in these regions in epidemiological and behavioral research, prevention, treatment, communications, health services, and policy research. For more information, contact: Joel Breman, Division of International Training and Research, Fogarty International Center, Building 31, Room B2C39, 31 Center Drive, MSC 2220, Bethesda, MD 20892 or call (301) 496-2516; (301) 402-0779 or email bremanj@mail.nih.gov or to view this opportunity: http://fundingopps.cos.com/cgi-bin/getRec?id=62940

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...co-sponsored by the Midwest Health Professional Service-Learning Consortium.

To join the CCPH Midwest Regional Network listserv or get involved in the Network, contact Annette or Kate. For more information on other Regional Networks, please contact Sarena Seifer at sarena@u.washington.edu

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Continues from cover page...

One way that colleges could really show that they are serious about addressing drinking on campus would be to reinstitute Friday, Saturday, and Monday-morning classes -- an increasing rarity, because professors are worried about students skipping classes or coming to lectures nursing a hangover. "The three-day weekend has become nearly institutionalized," noted DeJong, adding dryly, "I think we call that 'enabling.'"

In the future, schools may be able to overcome the difficulties of providing individualized interventions by using computer technology, such as online education programs for first-year students and web-based screenings required by the school, said DeJong. Social-norms marketing also could begin before students ever set foot on campus, with advertising and pre-orientation materials explaining expectations and driving home the message that this is no "party school."

Students also will have a role in the future of campus-based prevention --not as peer educators, but as activists for environmental changes, said DeJong. By becoming involved in task forces and coalitions, students can speak for the "silent majority" who drink responsibly, he noted.

Finally, environmental strategy demands that prevention move beyond the campus gates into the broader community. By working with local leaders and state lawmakers, law enforcement and others, colleges can work to curb alcohol availability by banning low-price promotions, cutting hours of sale, reducing liquor-outlet density, and -- "dare we hope" -- increasing taxes on alcohol, said DeJong.

Ultimately, prevention could play a key role in such diverse efforts as community development (such as in Columbus, Ohio, where Ohio State University has been buying up property and shutting down bars that cater to undergraduate students) and academic reform (lower levels of alcohol abuse could translate into better student performance, cutting the temptation to inflate grades and improving student-faculty relationships).

"Many people on campus are trained to be educators, but they need to be hell-raisers," DeJong concluded.

DeJong spoke during a session on underage drinking at the annual meeting of the National Association of State Alcohol and Drug Abuse J Directors, held in June 2001 in New Orleans, La.