

FIELD EXPERIENCES IN EFFECTIVE PREVENTION

The U.S. Department
of Education's Alcohol
and Other Drug Prevention
Models on College
Campuses Grants

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Office of Safe and Drug-Free Schools
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Drug Abuse, and Violence Prevention

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U.S. Department of Education

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Secretary

Office of Safe and Drug-Free Schools

Kevin Jennings
Assistant Deputy Secretary

May 2010

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Message From the Office of Safe and Drug-Free Schools

We know that high-risk drinking and other drug use contribute to a number of academic, social, and health-related problems among college students. In recognition of the seriousness of these problems at U.S. colleges and universities, the U.S. Department of Education has invested considerable resources to support the development and dissemination of information on best practices to help campuses and surrounding communities reduce the adverse consequences related to such use.

For more than two decades the Department has supported campus- and community-based prevention programs through a number of programs and activities. For example, in 1987 the Department convened the first annual National Meeting for Alcohol and Other Drug Abuse and Violence Prevention in Higher Education as a forum to disseminate best practices and research to advance prevention. The Department's Grant Competition to Prevent High-Risk Drinking or Violent Behavior Among College Students has supported the development and evaluation of prevention programs at more than 200 colleges and universities.

In response to ongoing concern about unacceptable levels of alcohol and other drug use on campuses, in 1998 Congress authorized the Department to identify and promote effective prevention through a model grants program. In 1999, the Office of Safe and Drug-Free Schools (OSDFS) launched an important component of the Department's efforts to advance best practices, the Alcohol and Other Drug Prevention Models on College Campuses Grants, restructured in 2008 as Models of Exemplary, Effective, and Promising Alcohol or Other Drug Abuse Prevention on College Campuses.

An important goal of the models program has always been to move the field toward more effective practice. Since the restructuring in 2008, grantees receiving recognition as an exemplary or effective program must disseminate information about their programs. All grantees use program funding to enhance and further evaluate their exemplary, effective, and promising programs. We hope that other institutions of higher education will use the exemplary and effective programs identified through our grant competitions to strengthen their prevention efforts.

A total of 44 institutions received awards under this program from 1999 through 2009. Each campus has publicized its work by presenting at conferences, sponsoring workshops, distributing brochures and other materials, and consulting directly with other campus-based staff developing and directing prevention programs.

The Department's publication *Experiences in Effective Prevention: The U.S. Department of Education's Alcohol and Other Drug Prevention Models on College Campuses Grants* provides a

comprehensive analysis of the core elements of success of the first 22 model programs recognized under this grant competition from 1999 to 2004.

This publication provides case histories on the development and implementation of prevention efforts at 12 colleges and universities that received model program grants in 2005, 2006, and 2007. Staff from the Department's Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention, along with other experts in the prevention field, conducted site visits to these grantees to elicit information on the lessons learned at each campus as well as their recommendations in order to assist other campuses in developing and implementing effective alcohol and other drug abuse prevention programs.

It is our hope that colleges and universities will draw from the experiences of these 12 campuses as they develop and implement policies, programs, and activities aimed at reducing alcohol and other drug abuse and violence and protecting the health and safety of students at their institutions and in surrounding communities.

Kevin Jennings
Assistant Deputy Secretary

Introduction

Although problems related to student drinking have a long history at colleges and universities, drinking by students was often viewed as a harmless rite of passage. But research and surveys conducted over the past two decades have demonstrated that heavy episodic or binge drinking—defined as five or more drinks in a row for men and four or more drinks in a row for women¹—raises the risk of alcohol-related problems for the individual drinker, as well as causing secondary effects on those in the immediate environment.²

Scope of the Problem

Problems related to student drinking are complex and are part of a pervasive and deep-rooted college culture.³ Despite prevention efforts at colleges and universities across the nation, students continue to die or be seriously injured as a result of drinking. According to a 2007 report from the National Institute on Alcohol Abuse and Alcoholism (NIAAA),⁴ “among college students and other 18- to 24-year-olds, binge drinking and, in particular, driving while intoxicated (DWI), have increased since 1998. The number of students who reported DWI increased from 2.3 million students to 2.8 million. The number of alcohol-related deaths also has increased. In 2001, there were an estimated 1,700 alcohol-related unintentional injury deaths among students 18–24, an increase of 6 percent among college students (that is, per college population) since 1998. In addition, it is estimated that each year, more than 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking, and more than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape.”

Underage drinking is a big part of the problem. Students under age 21 tend to drink on fewer occasions than their older peers, but they drink more per occasion and have more alcohol-related problems than students of legal drinking age. Underage students also report that alcohol is easy to obtain, usually at little or no cost.⁵

Other drug use on campus is far less frequent than drinking but remains a significant concern for administrators. In the year 2008, the annual prevalence of use for any illicit drug among college students was 35.2 percent. Marijuana is by far the drug of choice for college students, with 32.3 percent reporting that they had used marijuana on at least one occasion in 2008; 15.3 percent used other illicit drugs. The most frequently used illicit drugs were narcotics other than heroin (6.5 percent), amphetamines (5.7 percent), cocaine (4.4 percent), tranquilizers (5 percent), hallucinogens (5.1 percent), Ritalin (3.2 percent), and barbiturates (3.7 percent).⁶

Comprehensive Framework for Prevention

Prevention research strongly supports the use of comprehensive, integrated programs with multiple complementary components that target: (1) individuals, including at-risk or alcohol-dependent drinkers, (2) the student population as a whole, and (3) the college and the surround-

ing community.⁷ Successful interventions occur at these three distinct levels. In addition, the Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism⁸ grouped commonly used intervention strategies into four tiers, based on the degree of scientific evidence supporting them, as follows:

Tier 1: Effective and Targeted at College Students. Examples include combining cognitive-behavioral skills with norms clarification, altering students' expectations about the effects of alcohol, and brief motivational interventions. A program called BASICS (Brief Alcohol Screening and Intervention for College Students) is a popular component of comprehensive prevention programs. BASICS uses two brief motivational interview sessions to give students feedback about their drinking and provide them with an opportunity to craft a plan for reducing their alcohol consumption.⁹

Tier 2: Effective With General Populations and Could Be Applied to College Environments. Examples of these strategies include enforcement of minimum drinking age laws, restrictions on alcohol retail outlet density, responsible beverage service policies, and formation of campus and community coalitions.

Tier 3: Promising. Examples of these strategies include reinstatement of Friday classes and exams and Saturday morning classes; expansion of alcohol-free dormitories; consistently enforced discipline for alcohol policy violations; awareness of personal liability issues; "Safe Ride" programs; regulation of happy hours and sales; and marketing campaigns to correct student misperceptions about alcohol use, referred to as social norms marketing campaigns.

Tier 4: Ineffective. Examples of these strategies include interventions that rely entirely on providing information about problems related to risks from drinking.

Alcohol and Other Drug Prevention Models on College Campuses Grants Initiative

In 1998 Congress authorized the U.S. Department of Education to identify and promote effective campus-based prevention programs. The Alcohol and Other Drug Prevention Models on College Campuses Grants initiative designated its first group of model programs in 1999. By 2004, OSDFS had selected 22 IHEs for this honor. Additional IHEs received awards from 2005 to 2009, bringing the total to 44 IHEs receiving recognition and funding. This grant program, which was restructured in 2008, is now the Models of Exemplary, Effective, and Promising Alcohol or Other Drug Abuse Prevention on College Campuses. Detailed information on the current models program structure and priorities is available online (www.ed.gov/osdfs).

For those receiving grants in 2005, 2006, and 2007, OSDFS designated model programs on the basis of a grant competition in which all applications were peer reviewed.¹⁰ Eligible applicants

were IHEs that offered an associate or baccalaureate degree. The selected applicants described a program or policy that had been in place for at least two academic years, played a significant role in developing and-or maintaining a safe and healthy campus environment, and could feasibly be replicated or adapted in other college communities. Applicants also provide evidence of their program's or policy's effectiveness in reducing alcohol- and other drug-related problems on campus using outcome-based performance indicators.

The selected institutions received grants to maintain, improve, and continue to evaluate their model program and to disseminate information to other colleges and universities to encourage replication. The project period was for up to 15 months. A model program could not be a stand-alone effort but rather had to be integrated fully into a multifaceted and comprehensive prevention program. OSDFS emphasized that while educational and individually focused prevention programs were necessary, they were insufficient by themselves to create significant or long-lasting change. Interventions were needed at multiple levels to target individual student drinkers, the student population as a whole, the college, and the surrounding community. OSDFS asked its peer reviewers to evaluate each application rigorously using several selection criteria, notably the following:

1. The quality of the needs assessment and how well it relates to the program's goals and objectives.
2. The effectiveness with which the program is integrated into a comprehensive alcohol and other drug abuse prevention effort.
3. The level of institutional commitment, leadership, and support for alcohol and other drug abuse prevention efforts.
4. The clarity and strength of the institution's alcohol and other drug policies and the extent to which those policies are broadly disseminated and consistently enforced.
5. The extent to which students and employees are involved in the program design and implementation process.
6. The extent to which the institution has joined with community leaders to address alcohol and other drug issues.
7. If applicable, the steps the institution is taking to limit alcoholic beverage sponsorship, advertising, and marketing on campus, as well as to establish or expand upon alcohol-free living arrangements for students.
8. If applicable, the scope of the institution's efforts to change the culture of college drinking on its campus.¹¹

Additional criteria were related to the quality of the evaluation methodology and the usefulness of the evaluation in assisting other campuses interested in implementing the program. The IHEs selected in 2005 to 2007 under the Alcohol and Other Drug Prevention Models on College Campuses Grants initiative reflected the state of the art in campus-based alcohol and other drug abuse prevention programming.

Site Visit Protocol

The purpose of site visits to the model program grantees for the years 2005, 2006, and 2007 was to elicit information on the “lessons learned” at each site in order to assist other campuses develop and implement effective prevention programs on their campuses and in surrounding communities. Several staff members of the Department’s Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention led site visits to the grantee institutions. Each staff member was accompanied on site by an outside expert on campus-based alcohol and other drug abuse prevention.

To obtain a broad picture of the campus prevention efforts that led to each campus being designated as a model program, co-site visitors interviewed from 4 to 15 people at each site, including presidents, vice-chancellors, deans of students and other senior administrators, model program staff members and evaluators, health services personnel, campus and community law enforcement officials, athletics directors, and students. For the list of questions that guided the interviews see the Appendix: Interview Questions (page 106).

The information gathered during the site visits was the basis for the crafting of the case histories that follow, including the quotes of those interviewed. The case histories reflect staffing, program operational status, and institutional support as of September 2008. Drafts of the case histories were shared with each IHE profiled and then revised for accuracy based on feedback provided.

New Insights on Successful Prevention

In 2005, 2006, and 2007 the U.S. Department of Education made 12 awards under its Alcohol and Other Drug Prevention Models on College Campuses Grants. The grantees represented a diverse cross section of colleges and universities from around the country. Ranging from small, private colleges to large, public universities, their experiences in developing and implementing effective prevention programs on campus and in surrounding communities provide a number of lessons for other colleges and universities. The grantees were:

George Mason University, Fairfax, Va.
Gonzaga University, Spokane, Wash.
Hobart and William Smith Colleges, Geneva, N.Y.
Loyola Marymount University, Los Angeles, Calif.
Michigan State University, East Lansing, Mich.
Montclair State University, Montclair, N.J.
The Ohio State University, Columbus, Ohio
University at Albany, State University of New York, Albany, N.Y.
University of Arizona, Tucson, Ariz.
University of Missouri-Columbia, Columbia, Mo.
University of Nebraska-Lincoln, Lincoln, Neb.
Virginia Commonwealth University, Richmond, Va.

Understanding about effective prevention gained from the 12 model program grantees during 2005–2007 in many ways mirrors the lessons from the first 22 model programs (1999–2004) recognized under this grant competition. These experiences and lessons are described in the Department's publication *Experiences in Effective Prevention: The U.S. Department of Education's Alcohol and Other Drug Prevention Models on College Campuses Grants*.¹² This report examines the experiences of the second cohort of model program grantees and the additional insights they provided on the processes that lead to successful campus and community prevention efforts.

It should be noted that these 12 model programs benefited from the dissemination of a number of seminal reports published in the early 2000s; these reports summarized prevention research and included specific recommendations for developing effective prevention programs at colleges and universities (see Resources). Most notably, the NIAAA report *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* (2002)¹³ provided comprehensive research-based information on the development and implementation of programs related to alcohol abuse and high-risk drinking among college students. In addition, the National Research Council and Institute of Medicine report *Reducing Underage Drinking: A Collective Responsibility* (2003)¹⁴ includes evidence-based strategies for campuses and communities as well as recommendations for prevention efforts at the federal, state, and local levels.

In *Experiences in Effective Prevention*¹⁵ the author synthesized information gained from site visits to identify the characteristics common to the 1999–2004 model programs that can be adapted for other campuses. Those core elements or broader lessons for prevention practitioners had to do with:

1. Exercising leadership
2. Building coalitions
3. Choosing evidence-based programs
4. Implementing strategic planning
5. Conducting a program evaluation
6. Working toward sustainability
7. Taking the long view

The following insights reflect the experiences of all 12 grantees in developing, implementing, and evaluating campus and community alcohol and other drug abuse prevention programs, projects, and campaigns. As evidenced in the following case histories, which provide detailed accounts of each campus's prevention efforts, there is wide diversity represented by these 12 institutions. This suggests that their experiences can provide guidance for others as they work to reduce alcohol- and other drug-related problems among college students and in surrounding communities.

Linking Prevention to the Institution's Mission, Values, and Priorities

For the most part, prevention efforts seek to “change the culture of drinking” among students, but one key element of success is to make sure that prevention is connected with the overarching mission and values of the institution. While institutions may differ in some areas, the core values of promoting education, good citizenship, the pursuit of excellence, as well as a priority of student safety all dictate support for prevention programs. Prevention also needs to be closely aligned with the current priorities of the institution. Making it a part of the fabric of the institution ensures that there is an ongoing commitment to protecting the health and safety of students through alcohol and other drug prevention.

For example, Gonzaga University infused its program with the Gonzaga University Creed (see page 26), which was developed by students. Gonzaga University's Vice President for Student Life Sue Weitz said, “It would have seemed odd here to have addressed alcohol and other drug issues outside the context of the kind of community we are building.”

Virginia Commonwealth University (VCU) ensures that its prevention efforts are consistent with the goals and values of VCU's institutionwide strategic plan. At the University of Arizona prevention efforts are closely associated with institutional goals related to student retention and civic and neighborhood relations. The Admissions Office at George Mason University dispatches prevention materials to parents of admitted but not yet enrolled students as a testimony to the safe,

healthy, and caring environment that awaits their daughters and sons. The University of Missouri values engagement and empowerment and tells parents that the campus will empower students not to drink (see page 79).

At Hobart and William Smith Colleges, the essence of the mission statement is that the power of learning will set you free. By embedding alcohol prevention efforts into the research of faculty and students, it embodies the values of the college (see page 29). Eva S. Goldfarb, chair of Montclair State University's Department of Health and Nutrition Sciences, said, "Healthy students are better students, so there is a direct connection between alcohol and other drug abuse prevention programs and the academic life of the university."

Strategic Planning as an Ongoing, Dynamic Process

While strategic planning forms the basis for successful prevention programs, it must be both dynamic and nimble to reflect shifting priorities and concerns. For example, while the Ohio State University (OSU) developed a comprehensive prevention plan in the late 1990s through a strategic planning process, OSU revisits it periodically and "tweaks" it to reflect current experiences and data. The University of Nebraska-Lincoln annually reviews evaluation data on progress toward objectives and makes changes and modifications to specific objectives and strategies. At the University of Missouri-Columbia, Wellness Resource Center staff meetings are used to review accomplishments in light of the strategic plan and to make adjustments to the plan as suggested by process and outcome evaluation findings.

People usually want to move quickly to action, but it is important to spend time assessing what needs to be done. That ongoing assessment is at the core of strategic planning. Melissa Vito, vice president for student affairs at the University of Arizona, views its strategic plan as a living document. "Because we do so many types of programs, without that strategic plan it is hard to know if we are going in the right direction."

Of course, a strategic plan should not be viewed as an end in itself, and it is important to avoid the pitfalls of "aim, aim, aim" or "analysis paralysis." Nevertheless, strategic planning helps prevent mission creep and can help efforts remain consistent with the shifting priorities of the university. Having the strategic plan keeps prevention efforts on track.

Engaging the Campus Community in Data Collection and Evaluation

The model program grantees universally pointed to the importance of data collection and evaluation to support prevention efforts. From the use of various formal surveys to assess campus behavior and student wellness to more informal focus groups, intercept surveys, and online tools, the data collected inform decisions about what strategies to use and where to target efforts. Having a data-driven focus helps reduce potential conflicts over goals and objectives as the problems to be addressed can be substantiated by the data, and successes in reducing problems can be documented.

Campuses use various strategies to collect and analyze data both effectively and efficiently. University of Missouri's Wellness Resource Center has relationships with the Student Affairs Assessment Office and the Office of Institutional Research that help with data collection and analysis. Key members of the Michigan State University and Hobart and William Smith Colleges prevention teams are themselves researchers, so data collection and evaluation played a major part in the original design of their programs and are an integral part of their ongoing development. Montclair State University involves both faculty members and professional evaluation experts as consultants to provide assistance with evaluation efforts in the prevention program.

It is important to understand that there are multiple audiences for evaluation and data reports. For example, the University at Albany uses data to work proactively with the media. When a high-profile incident occurs off campus, the university can pull data from its neighborhood hotline to do a "reality check" and correct misperceptions about student behavior by community residents (see page 63).

Evaluation and data collection engage more people in the program. For example, campus researchers can help by conducting surveys and students can be recruited to do informal observations as part of an environmental scan. For example, in collecting anecdotal data, such as asking faculty members, administrative staff, and students such simple questions as "How is it going?" can help develop effective relationships on campus and thereby strengthen the community and its prevention efforts. Using multiple sources can help strengthen the data and make them more believable. Of particular value is student participation with faculty in research. If a prevention coordinator does the data collection, the results often don't carry enough weight to be credible to students and faculty. For example, at VCU, the wellness team has worked with nursing students to train them on how to conduct surveys and interpret the findings (see page 97).

Promoting Student Involvement

Model program grantees credit student involvement with much of their success. From more traditional peer education roles to assistance with data collection, program development, and message and material design, students provided perspectives that led to greater relevance of prevention messages and activities. VCU employed students who provided invaluable feedback on design issues and marketing materials for the campaign's target audience. Montclair State University considers one of the key aspects—and successes—of its model program to be providing research opportunities for students. Michigan State University used focus groups with students to help identify terminology for its prevention materials that would be consistent with the language students use.

Model program grantees consider student involvement to be essential for prevention. It is very difficult to develop effective prevention messages and programming without student input. Students know how to identify causes of problems and how to develop effective responses. In

addition, student involvement means shared ownership of the program and thus helps to transfer responsibility for behavior from the university administration to students themselves.

Paying Attention to Strategic Timing

Virtually all the model programs benefited one way or another from timing—whether it was an incident that captured campus and/or community attention and led to a focus on prevention issues; a change in campus leadership, such as a new president; or, like VCU’s expansion of the number of residential students, a change in the very nature of the institution. In 2007, at the University of Arizona, new leadership in the Alumni Office that was more in sync with a desire to moderate campus drinking norms changed Homecoming by moving control of alcohol service from students to catering employees. Timing also can be affected by community readiness for change. By the time the University of Nebraska-Lincoln implemented its environmental prevention efforts, the groundwork had been laid for community acceptance through data collection and collaboration. Loyola Marymount University was undergoing programmatic and personnel shifts, so the new players on the scene took a pulse check of what was working and not just in terms of psychological services, prevention, intervention, and judicial affairs. Working in tandem with a new judicial affairs officer the project director brought about an understanding of the latest prevention research that spurred analysis and discussion of the current judicial affairs and other policy and enforcement practices (see page 37).

Critical incidents marshal the attention of those who would not normally pay attention to alcohol and other drug issues on campus. They can play a critical role in the progress on many campuses. For example, a 1998 alcohol-fueled disturbance that started on the Michigan State University campus and spilled over into East Lansing prompted the campus president to convene an Action Team whose recommendations jump-started prevention efforts (see page 43).

Timing is also important because it links to the strategic planning process. It is difficult to respond to emerging prevention issues without planning. That is why it is important to have a strategic plan that is flexible and in sync with current needs.

Honing Communication Skills

Communication is at the very heart of prevention efforts, whether it be through a formal communications campaign, such as the social norms marketing projects implemented at many of the model programs, or communication with the campus and surrounding community about the nature and extent of and solutions to alcohol and other drug abuse.

The model programs all learned that the language used to communicate messages about prevention needs to be carefully considered and crafted. Some campuses, such as Michigan State University and VCU, paid special attention to research on communication theory as well as message testing with the intended audience. Others, such as the University of Arizona and the University

of Nebraska-Lincoln, used communication strategies to help shape the discussion around alcohol and other drug problems. The University at Albany has developed a broad communications strategy that is part of the reporting cycle of the university, encompassing the president on down, including the prevention program director. “We know who the go-to people are, so we can keep the information flowing. And we are not shy about promoting our successes,” said Dolores Cimini, director of the university’s Middle Earth program.

Recommendations From the Model Programs

Stay Relevant

Prevention is all too often relegated to a sideline activity at colleges and universities, receiving token attention. The challenge for those concerned with reducing alcohol and other drug problems among students and in surrounding communities is demonstrating its relevance to the university's primary mission. While institutions may differ in some areas, the core values of promoting education, good citizenship, the pursuit of excellence, as well as a priority of student safety all dictate support for prevention programs. It is important for those working in prevention to stay connected with the other significant issues that are affecting colleges and universities, such as campus safety and security.

Engage in Strategic Planning

Developing an effective and sustained prevention effort requires a deliberate and structured process that includes the strategic planning process described in *Experiences in Effective Prevention*. But it is also very important to choose battles and focus on the areas where the project can be most effective. Concentrate on what can be done and be realistic about what can be accomplished at any given time.

Share Leadership

While leadership from presidents and senior administrators is key to the successful development and implementation of prevention efforts on campus and in surrounding communities, it is shared leadership that leads to a long-term commitment to prevention. Working across university sectors and linking with those who do similar work elsewhere lead to shared leadership. With a shared leadership approach more people both on campus and in the surrounding community have a stake in program success and sustainability. It is important to remember that people want to share successes. Because these issues are important to key stakeholders, having a communication plan to disseminate information about prevention efforts can lead to shared leadership as well.

Develop Communication and Media Savvy

Project directors and program administrators should be prepared to describe prevention efforts to multiple audiences. Communication strategies need to focus on internal communication on campus and external communication to the surrounding community, as well as dissemination of information to the field at large to advance effective prevention. Developing a “multilingual” approach to communication provides the ability to speak to either the “big picture” of prevention efforts or to focus on specifics, depending on the audience. It is important to shape the message when talking to others and to consider media broadly. Communication savvy means considering media, message, and messenger.

In addition, problems related to alcohol and other drug abuse routinely generate media interest. It is important to develop an understanding of how campus and local media work as well as build relationships with editors and reporters. Knowing how to work with the media can help ensure that accurate information is reported both on problems and solutions. Media are also effective channels for generating campus and community support for prevention efforts.

Adopt and Adapt Evidence-Based Approaches

More than two decades of prevention programming and evaluation means that those charged with implementing prevention programs can now choose from a range of strategies and approaches that have solid research evidence demonstrating their effectiveness. However, it is important for colleges and universities to select carefully those approaches most consistent with the campus culture and then adapt them to address the particular characteristics of the institution and surrounding community. Ongoing evaluation is important to determine whether the approach being used is having the intended effect, as is sharing evaluation results with colleagues through publications and presentations to advance the use of evidence-based approaches.

Case Histories

George Mason University

Gonzaga University

Hobart and William Smith Colleges

Loyola Marymount University

Michigan State University

Montclair State University

The Ohio State University

University at Albany, State University of New York

University of Arizona

University of Missouri-Columbia

University of Nebraska-Lincoln

Virginia Commonwealth University

GMU

George Mason University

Fairfax, Va.

Healthy Expectations: Preventing High-Risk Drinking By Transforming Campus Cultures

Beginning Date: June 1, 2006

Ending Date: May 31, 2008

Project Director: David Anderson

Founded in 1972, publicly funded George Mason University is located in the heart of northern Virginia's technology corridor near Washington, D.C., and is the second largest university in the commonwealth of Virginia. In 2008 it enrolled a total of 29,889 students, of whom 17,812 were undergraduates, on three campuses located in Fairfax, Arlington, and Manassas.

Background

In 2000 Mason implemented its Healthy Expectations program to help first-year students make a healthy transition to college. The program was designed to complement traditional campus-based efforts, such as distributing alcohol and other drug education materials, through social norms marketing materials aimed at correcting students' misperceptions about the normative alcohol and other drug behavior on campus, and "life health" planning. It is based on seven life health principles that have to do with optimism, values, self-care, relationships, community, nature, and service. These principles emerged through intensive discussions at two conferences (1995 and 2000) at Notre Dame University to develop a way to create healthy campus communities and reduce the negative effect of alcohol and other drug abuse.

According to David Anderson, the project's director and co-editor of *Charting Your Course: A Life-long Guide to Health and Compassion*,¹⁶ Healthy Expectations is designed to create a positive, proactive culture on campus that supports students in making responsible, informed choices about a range of issues common to the transition to college. This approach exposes students to life planning and transition strategies, assisting students to aspire to create foundations for development of a personal legacy about how they want to be remembered by helping students with their focus and their priorities.

Healthy Expectations was funded initially with a U.S. Department of Education grant in 2000 and was expanded in 2003 with a second grant from the Department.

Program Description

Mason received its model program grant award in 2006 in order to extend its Healthy Expectations initiative through an innovative strategy called COMPASS (creating, optimizing, mapping, planning, achieving, steering, and succeeding). The project goal was to “institutionalize campus culture-based approaches to address high-risk drinking through proactive planning processes on life health planning and transition issues.” This component of Healthy Expectations engaged first-year students—3,500 in the 2007–08 academic year—in a reflective planning process, addressing the seven life health principles in relation to 31 topics relevant to students' college success, such as stress management, healthy eating, and alcohol use.

Mason's successful grant application proposed to enhance and disseminate COMPASS: A Roadmap to Healthy Living (CD-ROM and Web-based resource for Healthy Expectations). The COMPASS Web site is <http://compass.gmu.edu>.

The Healthy Expectations program exemplifies communication, collaboration, and sustainability, three of the essential elements associated with effective prevention. “This kind of work—preventing alcohol and other drug problems among college students—isn't Lone Ranger work,” said Susan Stahley, director of the Office of Alcohol, Drug, and Health Education.

Communication

Healthy Expectations, based on social norms marketing concepts, includes print and electronic guides for a variety of campus roles, ranging from orientation leaders, residence advisers, and faculty. It emphasizes accuracy with alcohol messages, affirmation that “NOT everyone is doing it,” and promotion of a positive outlook and personal growth opportunities during the first-year college experience. The program offers innovative electronic initiatives like Patriot Pulse hardware for polling audiences, a comprehensive Web site (<http://www.healthyexpectations.gmu.edu>), “Healthy Transitions” videos, in addition to facilitated discussions within the university's orientation course and residence halls, and residence adviser training.

The program communicates with students via a biweekly electronic newsletter and maintains an inventory of essays, worksheets, student feedback, and other resource materials around the seven life health principles, which, according to program literature, if addressed, should reduce demand for alcohol and other drugs. Healthy Expectations materials encourage students to adopt a Legacy of Life perspective on how they want to be remembered and to develop a personal plan addressing the seven principles of optimism, values, self-care, relationships, community, nature, and service.

Collaboration

Anderson, the Healthy Expectations project director, is a faculty member in Mason's College of Education and Human Development. He works extensively with student affairs staff members and others from several departments on the project. Anderson demonstrates "collaborative leadership" with numerous faculty, staff, and students. Project staff are involved in program material development and implementation. Project collaboration is essential in two ways. First, at the heart of Healthy Expectations are COMPASS resources, including the materials cited above, which are bundled with a copy of the university's course catalog, and a downloadable screensaver. Second, to author and update essays elaborating on the 31 healthy living topics, Healthy Expectations recruited subject matter experts from academic and administrative units at Mason. Moreover, the program is increasingly recruiting students to lend their postings to the COMPASS resource. All of these materials are located on the project's Web site.

Program implementation has enjoyed the cooperation of other university offices, such as Admissions, Housing and Residence Life, and various elements of University Life (Alcohol, Drug, and Health Education, Counseling and Psychological Services, Orientation, and Family Programs and Services) in promoting the COMPASS CD and Web site to students and parents. Anderson, at Mason since 1987, has forged cooperative relationships with these other offices, and collectively they demonstrate genuine concern for student well-being. Collaboration fostered by the Healthy Expectations project has facilitated increased staff communication and decision-making within the student affairs division. For example, the Activities and Incident Management meeting includes representatives of the university's Athletics Department, Housing and Residence Life, Police Department, and other University Life staff to assess weekend behavioral incidents and develop a more consistent approach to priority setting and response planning.

Sustainability

Program support at high administrative levels is important and generally comes from programs that support the institution's mission and priorities. As a relatively new campus, Mason describes itself as "innovative and entrepreneurial in spirit and utilizes its multi-campus organization and location near our nation's capital to attract outstanding faculty, staff, and students."¹⁷ As at other competitive institutions, student recruitment is a major emphasis. Sustainability at Mason begins with Alan Merten, Mason president, and Sandra Hubler, vice president for University Life, who both support the Healthy Expectations COMPASS program. All staff interviewed believed the project will continue due to administrative support and the positive evaluation data.

For example, online surveys sent to students via e-mail in spring 2004, 2007, and 2008 yielded responses from 217 freshmen (the focus of the Healthy Expectations program) in 2004, 145 in 2007, and 351 in 2008. Among the positive changes were reductions in alcohol use in any amount in the past two weeks from 50.7 percent in 2004 to 55.1 percent in two weeks in 2008.

Andrew Flagel, Mason's dean of admissions and assistant vice president for student enrollment, stated that "the program will continue in one form or another." For him, data demonstrating tangible results are very important.

Mason's first-to-second-year retention rate has been advancing for 20 years and is now nearly 90 percent, he pointed out. Likewise, Flagel is concerned with recruitment and enrollment. The Mason Office of Admissions has begun to send information about Healthy Expectations and COMPASS to parents of admitted students, along with a cover letter, in the belief that parents have become the most important factor in the prospective student's decision to accept admission and actually enroll. COMPASS, said Flagel, is a way of marketing Mason to parents. COMPASS represents an evidence-based approach¹⁸ "that demonstrates the university's engagement with alcohol and other drug issues in a positive, caring, and committed manner, not just through legal liability and enforcement of rules," said Flagel. Hence, Healthy Expectations is contributing to Mason's attractiveness to new students.

Others on campus likewise described how the COMPASS tools complement their respective units' responsibilities. Jeff Pollard, director of counseling and psychological services, mentioned that COMPASS content can be a useful reference during counseling sessions with students. Hortense Rascoe, assistant director for residential conduct, noted that residence advisers and residence directors use COMPASS materials. In addition, she said that students involved in misconduct can use COMPASS worksheets in the development of the reflective reports that are sometimes assigned during the sanction process.

Project sustainability and implementation extend beyond Mason. Many of the Healthy Expectations electronic and print materials can easily be adapted for use by other institutions. To that end, Anderson has created materials without Mason-specific references available on the COMPASS Web site. He also has solicited national professional organizations, such as the National Association of Student Personnel Administrators, to adopt and distribute the resources. At least one other university (Black Hills State University, Spearfish, S.D.) has implemented the COMPASS materials in its comprehensive prevention program.

Strategic Planning

The Healthy Expectations COMPASS model grant program involved an insightful, comprehensive, and logical strategic planning process. The project was based on appropriate student development theory; evidence-based prevention strategies, such as social norms marketing;¹⁹ and an awareness of student responsiveness to healthy living messages to construct a creative project that is integrated into the Mason comprehensive prevention program. Anderson co-developed the “percolate up” theory, which states that if students’ needs and desires (their “root causes”) for substance use are not addressed, the needs will continue and will be addressed through substance abuse. It emphasizes critical elements of alcohol abuse prevention by recognizing human development issues as well as organizational factors, resources, and planning.²⁰ The Healthy Expectations project applied this theory of life health planning with its emphasis on addressing root causes of student alcohol abuse, and it adapted social norms marketing principles to emphasize positive life health skills for first-year students.

Evaluation

Early process data, such as focus groups and key informant interviews, revealed low familiarity on campus with project media, such as the COMPASS CDs, which led to the adoption of new communication channels, including e-newsletters and periodic health promotion booths that also infuse alcohol and other drug information even if the booth’s theme focuses on other health topics. Data also indicated low use by students of COMPASS worksheets outside of judicial or residential conduct proceedings. This motivated the project director to recommend that the provost draw on COMPASS content for the popular “Introduction to the University,” a 100-level course for first semester of freshman year that is a one-credit elective.

Conclusions

The project addresses seven life health principles with innovative electronic and traditional discussion initiatives that resonate with the students. It is proactive and provides students with specific directions on what “to do” rather than what is prohibited. Also, the project complements the campus’s current initiatives and is integrated into Mason’s ongoing efforts and programs. The evaluation plan is also well developed and thorough. It contains both outcome and process measures linked to the goal and objectives. The available data on student alcohol and other drug use are going in a positive direction.

