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STUDENT HEALTH SERVICES AND HEALTH-RELATED SOCIAL PROBLEMS: A NATIONAL STUDY OF THE PERCEPTIONS OF KEY LEADERS OF PUBLIC COMMUNITY COLLEGES

by

Donald Dean Nichols

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
(Education)
in The University of Michigan
1973

Doctoral Committee:

Professor Norman C. Harris, Chairman
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Professor Harold L. Stahly

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CHAPTER I

When health is absent:
wisdom cannot reveal itself,
art cannot become manifest,
strength cannot fight,
wealth becomes useless, and
intelligence cannot be applied.

Herophilus
circa 300 B.C.

INTRODUCTION

With its appearance on the American higher education scene as a distinctive type of institution, the two-year college has in the twentieth century evolved into a comprehensive community/junior college model. Beginning with the junior college concept in 1902, the two-year institution broadened its emphasis to include technical/vocational education, and by 1945 had expanded into the realm of community services. During these stages of development, the two-year college movement has produced an elaborate set of goals and purposes which serve as the foundation of an extensive range of programs and activities made available to its public. These goals and purposes have created an institutional type which attempts to provide transfer programs, technical/vocational curricula,

general education, developmental programs, community services, and guidance and counseling.

The phenomenal growth of the two-year college movement has continued into the recent decade: in 1961 there were 678 community/junior colleges with an enrollment of 748,619 and in 1971 the movement numbered 1,091 institutions with almost 2,700,000 students.[1]

As it continues to evolve, the community/junior college is attempting to serve a broad spectrum of student types by making available a comprehensive program of student personnel services which includes the counseling and guidance function.

Student personnel services have become a firmly-established activity of two-year colleges during the last decade and considerable effort has been made to improve program offerings. Johnson[2] explains that the need for student personnel services in the two-year college is accentuated by the fact that public junior colleges typically have open-door admissions. Therefore, student bodies tend to be notably heterogeneous in range and types of ability, in high school achievement, in vocational goals, in motivation, and in age.

While the necessity of offering student personnel service programs has been

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[1] "Study of Two-Year Colleges Reveal Many Tasks Unfinished," The Chronicle of Higher Education (March 6, 1972), p.5. (Enrollments are headcounts).

[2] B. Lamar Johnson, Starting A Community Junior College (Washington, D.C.: American Association of Junior Colleges, 1964), p.23.

espoused by proponents of the community college movement for several decades, it was not until 1965 that extensive empirical evidence regarding conditions in this field became available. In that year, findings of the National Committee for Appraisal and Development of Junior College Student Personnel Programs were published.[3] Establishing a concise frame of reference, a basic student personnel program in the junior college was defined as consisting of " a series of related functions designed to support the instructional program, respond to student needs and foster institutional development. When well conceived and implemented, the functions require services of a qualified staff in sufficient numbers to provide:

1. orientation to college and career opportunities and requirements,
2. appraisal of individual potentialities and limitations,
3. consultation with students about their plans, progress, and problems,
4. participation of students in activities that supplement classroom experiences,
5. regulation to provide an optimal climate for social and academic development,
6. services that facilitate college attendance through a program of financial assistance, and facilitate transition to further education or employment, and
7. organization that provides for continuing articulation, evaluation, and improvement of the student personnel program.[4]

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[3]T.R. McConnell, ed., Junior College Student Personnel Programs: Appraisal and Development (New York: Carnegie Corporation, 1965).

[4]Ibid., p. 15.

Presently, community/junior colleges operate student personnel programs with varying degrees of sophistication based on available funding and size of enrollment. Programs usually include the following activities: admissions, orientation, registration, records, counseling and guidance, placement, financial aid, health services, research, and senior college articulation.[5]

The expansion of some services has been necessitated by the open-door admissions policy which permits some students with academic, physical, and mental handicaps to enroll. The presence of these students has put emphasis on the health service function of the student personnel program.

> The basic objective of the health service is to maintain and improve the health of students, especially as it relates to their educational achievement.[6] (Emphasis added).

In its statement on the health rights and responsibilities of members of the college community, the American College Health Association gives further amplification to the above definition:

> One of the basic rights of all members of the community is for access to the development and maintenance of optimum health. Health is a facilitating resource for the institution's educational and social goals; without it the institution's effectiveness may be compromised severely.[7]

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[5]Chapter II includes a more detailed examination of the student personnel function utilizing the studies of Max Raines, Jane Matson, Terry O'Banion, E.G. Williamson, and others.

[6]Alice Thurston, Lynne Norrie, and Joan Venable, "Health Services: Who Needs Them?" Junior College Journal, 40 (February, 1970), p.34.

[7]American College Health Association, Statement on Health Rights and Responsibilities of Members of the College Community (Evanston, Illinois: American College Health Association, 1970), p.2.

Quite naturally, the American College Health Association presents a strong case for emphasizing student health as it applies to collegiate learning experiences. A similar degree of commitment is called for in much of the literature on student personnel services and community services. However, the public community college remains primarily an educational institution with these and other additional functions holding secondary positions.

The review of pertinent literature found in Chapter II includes other viewpoints on the issue of student health services and community service programs which deal with health-related social problems. Because activities in these areas cost money, there is a degree of controversy associated with these expenditures.

In a generic sense, the health of the college campus reflects the health of the communities from which its students come. In this regard, spokesmen for the community college movement have long declared a community consciousness which has found expression in the community services function. In the past three decades, this function has been delineated in the literature and a wide variety of programs are in operation across the country. One of the goals of this research was to investigate some of these secondary functions (student health services and community services involvements) of the community college by examining the perceptions of some key leaders of these public institutions.

STATEMENT OF THE PROBLEM

The problem of this study was to determine and describe the characteristics of student health service programs in public community colleges in the United States and to investigate the perceptions of key college leaders (Presidents, Student Personnel Deans, Academic Deans, Governing Board Chairmen, and Student Body Presidents) in dealing with health-related social problems on the campus and in the community.

While the student health service function of student personnel programs and the community services function of the community college movement are clearly defined in the literature, there has been no national study which examines conditions in student health service and analyzes degrees of commitment to stated institutional goals in these areas.[8]

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[8] Various statements in support of the community services function are found in Chapter II with B. Lamar Johnson, Ervin Harlacher, Max Raines, James W. Reynolds, Gunder A. Myran, and others as chief spokesmen.

This study represents an examination of conditions presently existing in the health service field of public community colleges. The special problems associated with health services at two-year institutions require that they be examined independently from their counterparts at the senior college level. The descriptive elements of health service conditions are related to the broader framework of prevailing perceptions of campus leadership on kinds and amounts of services available and on attitudes toward community services programs which should be created, maintained, and supported to deal with health-related social problems in the surrounding community.

Several general questions are related to this problem:

1. What type and amount of health service is provided by two-year colleges?

2. What kinds of health service personnel are employed on campus?

3. What are the views of key college leaders regarding the status of student and community health services?

4. How does each key college leader perceive the community service function and the social-action role of his institution as it pertains to health-related social problems? And, considering the reality of limited funds, will this function be a top priority of the institution?

5. What degree of familiarity do key college leaders have with literature

related to this study: Junior College Journal, ERIC Junior College Research Review, and the Journal of the American College Health Association?

STATEMENT OF HYPOTHESES

In the investigation of public community college student health service programs and health-related social problems in the community, four hypotheses were formulated. These hypotheses are based on the assumption that there would be major differences in the perceptions of key college leaders on the subject under investigation.

Hypothesis 1: The key leaders in public community colleges will describe health services at their respective institutions as "adequate," as measured by the responses to this survey.

Hypothesis 2: Presidents, Academic Deans, and Board Chairmen will favor minimal health service programs and will support the position that health-related social problems should be treated by outside community agencies.

Hypothesis 3: Student Body Presidents will favor expansion of college health services on campus and an elaboration of the college's social action role in its surrounding community.

Hypothesis 4: Presidents, Academic Deans, Student Personnel Deans, and Board Chairmen will have similar views regarding percentage of funds allocated to programs aimed at ameliorating health-related community social problems.

STATEMENT OF NEED

Because of the dearth of information about health services in two-year institutions, this study has particular significance. There is presently no single source of broad, reliable information concerning health services in public community colleges. Of the literature and research concerned with health services in higher education, almost all deals with programs in four-year institutions.

In addition to examining current practices, facilities, personnel, and needs, this study will concentrate on the views of the administrators and educational leaders responsible for bringing change to this area. If, as present literature suggests, student health services in two-year colleges are inadequate, college leaders' perceptions of needs may be instrumental in bringing about improvement.

The findings of this study will be important to the administrative leadership of the community/junior college movement because it will produce a definition of extant student health services and will describe several model programs already in existence. By utilizing these results, present institutions will be able to gauge the adequacy of their health services, and the new two-year colleges that open each year will have definite guidelines for planning health service facilities and staffing.

Wide societal benefit should be derived from the study. At a time when public two-year institutions are experiencing increasing enrollments,[9] the open-door admissions policy brings to the campus many students who may have limited success unless health-related problems are eliminated. As greater numbers of economically-disadvantaged students enroll, they will bring with them health problems that are in need of correction. If assisted by adequate health service programs during their period of attendance, they should take a health consciousness with them when returning to their home environment. This challenge to two-year colleges is inherent in Knoell's[10] statement that the "under-educated, the unrecruited,

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[9] Clark Kerr, "Higher Education in the United States in 1980 and 2000," Speech given to the American Association of Higher Education, Chicago, Illinois, March 8, 1972., p.9. Mimeographed.

[10] Dorothy M. Knoell, People Who Need College: A Report On Students We Have Yet To Serve (Washington, D.C.: American Association of Junior Colleges, 1970).

and the unmotivated" are yet to be served. In addition, if the community services dimension of the community college is to be a reality, many writers believe that a viable health service function and community health philosophy are mandatory.

A national survey of the perceptions of key leaders of two-year colleges would reveal their position on dealing with health-related social ills. At a time when there is wide discussion in current literature about the need for ameliorating community social problems, the opinions of key leaders of 630 public community colleges will help in establishing directions to be taken.

The findings of this study will also show the degree to which the American College Health Association guidelines for health services are being met by junior institutions. Although modified to comply with the community/junior college philosophy, the recommended standards and practices for college health programs serve as an exemplary design.[11] Results of this study should indicate where adjustments need to be made and where additional governmental, foundation, or other support must be provided to enable minimum standards to be met. Depending on the results, funds from both public and private sectors may be solicited to assist two-year institutions in reaching recommended American College Health Association and American Association

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[11] Committee on Junior and Community Colleges, The Development of Health Programs for Junior and Community Colleges (Evanston, Illinois: American College Health Association, 1971).

of Community and Junior Colleges suggested levels.

And, if college leaders are found to be lacking in knowledge of and support for student health service and the community services function, the American College Health Association and the American Association of Community and Junior Colleges may choose to sponsor regional workshops to emphasize the needs. Similar methods may also be employed to inform college leaders of funds available from sources outside their institutions which may be used for expanding health services and health-related community services projects.

With many community colleges experiencing greater budget constraints in the 1970's, funding of health service and community services activities will be difficult. All avenues of obtaining financial resources will need to be investigated should college leaders wish to expand these extra-class involvements.

SCOPE AND LIMITATIONS OF THE STUDY

This study was limited to a survey of public two-year colleges listed in the 1971 Junior College Directory. Because of the large number of colleges in this category, private junior institutions and two-year branch campuses of universities were not included. This study concentrated on public community colleges but made no distinctions between commuter colleges and those with some students in residence.

The most serious limitation arose from the use of a mailed questionaire for data collection. The use of this procedure was based upon these assumptions: respondents would be candid in expressing their views, the instrument would be characterized by ease of completion, the intent of each question would be clearly understood, and that the researcher would be able to correctly interpret the responses. A major assumption of the researcher was that the leaders who responded would reveal perceptions representative of the national population of similar college leaders. To ensure a higher percentage of returned questionnaires, an extensive follow-up was done. This, the size of the population, and the extensive key-punching that was done made cost of the research a significant factor.

The descriptive portion of the study did not include statistics on provisions made for, and utilization of, health services by members of the college faculty and staff. The study did not survey the perceptions of college nurses because it was believed that many two-year institutions did not employ full-time health personnel. Nor did the study look in great detail at the health education aspect of the institutions, since the primary intent was an investigation of views and opinions of college leaders on facilities and staffing needs in relation to purposes of the institution.

While individual faculty members were not included in the study population, it was believed that the views of Academic Deans would represent, in part, concerns of this group. Although faculty responses

would possibly have added to spectrum of perceptions presented, it was felt that the inclusion of these would have made the population size unwieldly.

With the exception of asking whether students with certain health problems should be denied admission, the study does not debate the open-door concept of the community college. It was further delimited to only those social problems that are directly related to the health of college students.

DEFINITION OF TERMS

For the purposes of this study, key terms listed below were defined as follows:

1. Health Service Program: Provisions made by the college to maintain student health on the campus. "Health service program" refers to the policies, practices, and procedures carried out by college administrators, instructors, counselors, physicians, and other health workers. The basic areas of health service are generally considered to be:

   A. The appraisal of student health status.
   B. The detection of health deficiencies.
   C. The counseling of students on matters concerning their mental or physical health.
   D. The prevention of disease with a special emphasis on communicable diseases.
   E. The provision of emergency medical care.
   F. The regulation of campus sanitary conditions.
   G. The promotion and protection of the health of college faculty and staff.
   H. The development of institutionally-based research which is concerned with the promotion of campus health.

2. Health-Related Social Problem: A situation affecting a significant number of people that is believed by them and/or by a significant number of others in the society to be a source of difficulty or unhappiness, and one that is capable of amelioration. Included are such dysfunctions as alcoholism, drug abuse, mental disorders, suicide, crime, juvenile delinquency, and venereal disease.

3. Perception: This term describes how a person sees the situation in which he is involved. Likert [12] pointed out that:

> An individual's reaction to any situation is always a function not of the absolute character of the interaction, but of his perception of it. It is how he sees things that counts, not objective reality. Consequently, an individual will always interpret an interaction between himself and the organization in terms of his background and culture, his experience and expectations.

4. Key College Leaders: Refers to persons in public community colleges who occupy the positions of President, Student Personnel Dean, Academic Dean, Student Body President, and Governing Board Chairman.

5. Public Community College: Institutions listed in the 1971 Junior College Directory whose control or affiliation is "public." They are institutions offering instruction at less than a baccalaureate level through programs geared particularly to the needs and interests of the local community. Included are programs either of a two-year terminal nature or as preparation

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[12] Rensis Likert, "Motivational Approach to a Modified Theory of Organization and Management," in M. Haire, ed., Modern Organization Theory (New York: John Wiley and Son, Inc., 1959), p. 191.

for further education in a four-year college or university. The term "community college" will often be substituted for brevity. Technical colleges and/or institutes and branch campuses of senior institutions are not included.

6. Panel of Judges: Persons who by reputation, position, or experience are recognized as leaders in their respective fields of higher education, student personnel services, and college health.

7. Community Services: Those activities of the college designed to meet community needs by extending the campus throughout the entire college district thereby achieving a closer inter-relationship and promoting the most effective utilization of resources of the college by members of the community.

8. Social Action Role for Health-Related Problems: Activities of the community college which define health-related social problems in the community, prescribe methods for amelioration, and establish programs and/or services to bring correction.

SUMMARY

Chapter I has introduced and described the research project, given a significant rationale for its being undertaken, and set forth certain questions, hypotheses, and definitions pertaining to the problem.

Taking into consideration the various role prescriptions of the public community college, this research was designed to examine in detail one aspect of the student personnel and community services function, namely student health service programs, as they relate to on-campus operations and health-related social problems in the college's community.

Significant questions in the literature deal with the priorities of community colleges from a budgetary viewpoint. In addition to the primary purpose of education (learning and teaching), the question of what emphasis to put on other activities is not agreed upon by key leaders in the field. This research attempts to respond to this question by examining opinions and perceptions of key college leaders.

In order to deal with the topic under investigation it was necessary to send a survey instrument to key leaders in public community colleges across the nation. On the basis of information collected, a descriptive analysis of extant health service programs could be presented and various hypotheses relative to the research problem could be tested.

OVERVIEW OF THE STUDY

In this study, Chapter II is devoted to a review of pertinent literature concerning community college student health service programs and the degree of involvement of these institutions in their surrounding communities. The methods and procedures followed in the study are found in Chapter III. A descriptive analysis of student health service programs in public community colleges and data relating to the hypotheses are presented in Chapter IV. The final chapter includes the conclusions and recommendations stemming from the study.

The idea for this study was motivated by a campus bombing that

occurred at the writer's college in March, 1971.[13] Resultant injuries and damages dramatized the need for health personnel on the campus. A random survey of the community colleges in several states revealed that limited health service programs were common and that student personnel workers were unfamiliar with programs in other parts of the nation.

A proposal for a national survey of community college health service programs using a mailed questionnaire was made to the writer's doctoral committee in the Center for the Study of Higher Education. Critical comments and recommendations from the committee were used in making the final draft of the study. With the approval of the project, steps were taken to develop an instrument to collect data and information on community college health service and community involvement. By utilizing statements from two-year college literature and publications of community colleges, a survey instrument was constructed by the writer. Titled a National Survey of Community College Health Service, it asked respondents (Presidents, Student Personnel Deans, Academic Deans, Governing Board Chairmen, and Student Body Presidents) to provide statistical data on their background and experience, perceptions of campus health service, and the college's community participation in health-related social problems.

Refinements were made in the instrument by employing the evaluations of a panel of twenty judges.

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[13] "Police Probe Blast at O.C.C. Campus," Pontiac Press (March 20, 1971, p.1, and "Oakland Campus Open After Bombing," Detroit News (March 20, 1971), p.7.

The instrument was field tested by sending copies to each key college leader at two community colleges identified by the panel of judges as having good health service programs. From this pilot study, the clarity of the questions and the usefulness of the responses were studied, and indicated adjustments in the instrument were made.

Following this final revision of the questionnaire, a national mailing to the study population occurred.

A second phase of the study involved sending a brief survey form to each State-level community college administrator in the United States.

A third phase of the research involved the investigator in making visits to colleges indicated by respondents as having model health service programs. At each institution, interviews were held with administrators, nurses, and students.

Information from the surveys was tabulated and placed into appropriate tables for analysis. On the basis of the calculations, the hypotheses were tested and the findings and conclusions of the study were made available.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

In reviewing literature for this study, particular attention was paid to pertinent research and written material on community college student personnel programs as related to health services for students. Secondly, a review was made of statements of philosophy, goals, and objectives for the community college concerning its relationship to its constituency in the surrounding community. Because an exhaustive review of all articles on the second topic was impossible, this survey was limited to those that specifically touch on involvement with the community as related to a responsibility, at least in a philosophical sense, for assisting in the amelioration of health-related community social problems. Books, articles, and research reports included in this compendium date primarily from 1960.

The review of literature is presented in these sections: (1) An investigation of studies on two-year college student personnel services with reference to student health service programs, (2) Contributions of the American College Health Association in promulgating a good health care philosophy in senior and junior institutions, (3) Literature relating to the community services function of the

community college, and (4) writings covering health-related social problems found among community and junior college students. The first phase of the review contains a summary of major writings on the broad topic of student personnel services in two-year institutions. Particular attention is paid to apposite information on the health service element of the guidance and counseling function.

In the second portion of the review attention is given to the contributions of the American College Health Association in fostering and promoting the need for student health services, facilities, and staffing in higher education. The third section of the review focuses on literature supporting the community services function of the community college and attempts to justify the extension of these activities into the realm of community social problems. The fourth part of this investigation emphasizes the health problems of community college students in order to establish the rationale for health service programs at two-year institutions.

Generally, the literature on student health services has been extremely limited. Parker [14] compiled a list of 225 doctoral dissertations relating to research in the junior college field and not one is on the topic of student health services.

Morrison, Brunner, and Martorana,[15] in their listing of 270 unpublished

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[14] Franklin Parker, "The Community Junior College---Enfant Terrible of American Higher Education: A Bibliography of 225 Doctorate Research Dissertations," Junior College Journal, 32 (December, 1961), pp.193-204.

[15] D.G. Morrison, K.A. Brunner, and S.V. Martorana, The Two-Year Community College: An Annotated List of Unpublished Studies and Surveys, 1957-61 (Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1963).

studies and surveys, found few dealing with student personnel services and none covering student health.

Collins [16] compiled an annotated bibliography of articles in journal literature during the period of 1961-1967. Of the forty references included in the student personnel section, none dealt specifically with student health or health service programs.

For the period 1965 to 1968, Warren [17] selected significant articles from the literature dealing with two-year institutions. Although nearly all facets of the community and junior colleges are covered, student health service programs are not included.

A search of doctoral dissertation titles of the major universities revealed no studies on health services or health-related social problems of college students in the period from 1960 to 1972. [18]

Writings in the area of student personnel services which make reference to student health service programs are included in the next section.

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[16] Collins, Burnett, Community Junior College: An Annotated Bibliography (Columbus, Ohio: Ohio State University, 1968). See also: Mary K. Beyrer, A Topical List of Theses and Dissertations in Health Education (Washington, D.C.: American Association of Health, Physical Education, and Recreation, 1970).

[17] Alex M. Warren, An Annotated Bibliography of the American Two-Year College: Its Role and Function (Ithaca, New York: Ithaca College, 1968).

[18] Search Report from University Microfilms DATRIX SYSTEM, University Microfilms, Ann Arbor, Michigan, February 7, 1972.

STUDENT PERSONNEL SERVICES AND STUDENT HEALTH

During the past decade, researchers in the community/junior college field have sought to investigate, publicize the needs, and bring improvement to the area of student personnel services. In 1963, the Student Personnel Commission of the American Association of Junior Colleges, under the authorship of McDaniel,[19] published an outline of the essential practices of junior college student personnel programs. This report identified several essential practices and clearly described them in detail. In listing fifteen (15) basic functions of junior college student personnel programs, McDaniel included that of "helping students to resolve problems of housing, finances, and health."[20] In detailing procedures for establishing new junior colleges, Thornton[21] explains that student personnel services are mandatory and included health and student welfare in his listing.

The most comprehensive study conducted on student personnel programs in community/junior colleges was done under the sponsorship of the National Committee

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[19] J.W. McDaniel, Essential Student Personnel Practices for Junior Colleges (Washington, D.C.: American Association of Junior Colleges, 1962).

[20] Ibid., p.17.

[21] James W. Thornton, Jr., Establishing Junior Colleges, Occasional Report No. 5, Junior College Leadership Program (Los Angeles: School of Education, University of California, Los Angeles, 1964), p.38.

for Appraisal and Development in Junior College Student Personnel Programs.[22] Composed of the foremost authorities in student personnel and junior college fields, this committee agreed upon twenty-one (21) different functions that make up the student personnel programs in the two-year institution. A set of guidelines was developed for the evaluation of student personnel programs in community/junior colleges. An investigation (commonly known as the Carnegie Report and Study) was carried out in seventy-four (74) small colleges (enrollment under 1,000 students) and 150 large junior colleges (enrollment over 1,000) to determine the extent and quality of student personnel services in the nation's two-year colleges.

As part of this study an appraisal of the student services was conducted by outside observers who used a survey record (criteria check list) in their visits to each of the forty-seven colleges. The student personnel staff members in each college completed a questionnaire regarding the breadth and scope of the student personnel functions that were carried out in their junior college. The research report from this study indicated that in the opinion of the investigators, three-fourths of the junior colleges had inadequate student personnel services, and that adequate guidance and counseling was provided in less than one-half of the colleges.

Staffing patterns of the colleges studied were judged to be grossly inadequate

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[22] Max R. Raines, "The Report in Brief," in T.R. McConnell, ed., Junior College Student Personnel Programs: Appraisal and Development (New York: Carnegie Corporation, 1965), p.31.

both quantitatively and qualitatively.[23]

Of significance to the present study is the fact that health service was not specifically listed as a basic function. In constructing the research instrument, the committee originally formulated thirty-five (35) functions including the following:

> THE HEALTH APPRAISAL FUNCTION. Those activities of the college designed to produce a systematic and periodic health and physical appraisal of students. Illustrated Assignments: designing health appraisal forms....reviewing health appraisals to identify special problems...etc.
>
> THE HEALTH EDUCATIVE FUNCTION. Those activities of the college designed (1) to acquaint students and staff with appropriate health and safety practices, (2) to provide adequate procedures for handling resources which can be used to treat physical and emotional problems. Illustrated Assignments: distributing health and safety materials....teaching first aid procedures...etc.
>
> THE HEALTH CLINICAL FUNCTION. Those activities of the college designed to provide clinical assistance and treatment on campus for students experiencing physical ailment and/or emotional difficulties. Illustrated assignments: maintaining an infirmary....dispensing medication under supervision of a physician....conducting psychotherapy...etc.[24]

Although these were not included as functions in the survey, Collins[25] subsumes

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[23] Ibid., p.24.

[24] Ibid.

[25] Charles C. Collins, Junior College Student Personnel Programs: What They Are and What They Should Be (Washington, D.C.: American Association of Junior Colleges, 1967), p.14.

them into an addendum to the Applicant Appraisal function in his discussion of the study:

> Health Appraisal: Canvas of health and physical condition, review of health records, health counseling, establishment of referral system, apprising parents, and other systematic and periodic checks on the health and physical well-being of students made possible by the employment of a public health nurse.

In a later publication, Collins[26] retained this definition in a list of fourteen (14) functions which, "by tradition and logic," are assigned to student personnel.

Zook[27] found in a 1968 study that the student personnel services at Mid-western two-year colleges did not differ significantly from those in four-year institutions. However, one important difference in emphasis was noted: functions such as health services and student housing were not the responsibility of the majority of the junior college programs.

The most recent comprehensive follow-up of the Carnegie Study has been done by Matson[28] for the American Association of Junior Colleges. Designed to

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[26] Charles C. Collins, Premises: Planning Student Personnel Facilities Washington D.C.: American Association of Junior Colleges, 1967), p.3.

[27] Alice Thurston, Frederic Zook, Timothy Neher, and Joseph Ingraham, The Chief Student Personnel Administrator in the Public Two-Year College, (Washington, D.C.: American Association of Junior Colleges, 1972), pp.35-37.

[28] Jane E. Matson, "A Perspective on Student Personnel Services," Junior College Journal, 42 (March, 1972), pp.48-52.

collect data on current practices and to discover significant trends in community and junior college student personnel programs, a survey form was sent to chief student personnel administrators in all colleges listed in the American Association of Community and Junior Colleges 1971 Directory. The 589 colleges included in the study sample provided data on a list of specific functions or services which were classified under the student personnel rubric. These were:

Recruitment
Admissions
Testing
Tutoring
Peer Counseling
Instruction in Special Curriculum
Group Work
Consultation with Instructors
Counseling
Academic Advisement
Appraisal
Financial Aids
Job Placement and Scholarships
Student Government
Co-curricular Activities
Intramural Athletics
Intercollegiate Athletics
Student Membership in College Governance Groups
Academic Regulations for Students
Non-academic Regulations for Students
Housing
Transportation
Health Appraisal and Counseling[29]

Matson found that a large majority of colleges offer all of these services. However, health services were listed among those functions not rated effective or somewhat effective in at least 60 per cent of the colleges.

Initial analysis of the data suggested that student personnel functions are well established in two-year colleges and are receiving at least minimally adequate financial support. Still, Matson concluded that "there is little doubt that other components of the college community, the faculty, administrators, and to some extent the students, are not entirely satisfied with the existing student

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[29] Ibid., p.52.

personnel programs."[30]

A plethora of dissertation studies have been done on different aspects of student personnel services but only one has dealt specifically with community college health service programs.

In 1960, Kirk[31] devised an instrument for health services programs in institutions of higher education. The product of his study was a survey appraisal device and a self-appraisal device for doing program status research.

Spinks[32] surveyed the student personnel services in Mississippi public junior colleges and examined the attitudes of Presidents toward the services. Health services was not included as a major function in this survey.

In 1966, Johnson[33] investigated the perceived function of personnel services in Illinois' two-year colleges. Three groups---administrators, student personnel workers, and counselor educators---responded to 48 student personnel functions including health service. Johnson found that counseling, placement,

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[30] Ibid.

[31] Robert H. Kirk, "An Instrument for Evaluating College and University Health Service Programs," (unpublished Ed.D. dissertation, Indiana University, 1960).

[32] Samuel L. Spinks, Jr., "A Survey of Presently Existing Student Personnel Services in Selected Mississippi Junior Colleges: The Attitudes of Presidents Toward These Services" (unpublished Ed.D. dissertation, University of Southern Mississippi, 1962).

[33] James J. Johnson, "The Perceived Function of Personnel Services in the Junior Colleges of Illinois" (unpublished Ph.D. dissertation, Northern Illinois University, 1966).

testing, admissions, research and orientation programs were identified as the areas most in need of improvement by the total sample and by each sub-group. Student health service programs were seen as less important in relation to those functions requiring immediate remediation.

An investigation of student personnel services available to evening students was done by Mitchell[34] in 1969. Of the commonly offered services, he found that seven functions, including health services, were available in less than 50 per cent of the evening programs of community colleges.

Chevalia[35] studied the student personnel services in eleven states of the Southeastern United States in 1970. He found that most respondents recognized the need for good student personnel programs. Health service was one of eleven clearly defined services in existence. Among Chevalia's recommendations was the following relating to junior college health services:

> As a minimum, dispensary services should be provided within the health services of all southern regional institutions.[36]

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[34] James G. Mitchell, "An Appraisal of Evening Community College Student Personnel Services in Western United States" (unpublished Ed.D. dissertation, Oregon State University, 1969).

[35] Don E. Chevalia, "A Survey of Selected Student Personnel Services Offered in Two-Year Public Institutions in the Southeast Region of the United States" (unpublished Ed.D. dissertation, Memphis State University, 1970).

[36] Ibid., p.118.

In a study of community college students, Koos[37] analyzed catalog statements of thirty-one (31) institutions and concluded that the general picture of student health services was not a complimentary one. Only seventeen (17) catalogs in this sample mentioned or described health provisions offered. Nurses were available, according to the statements, at scheduled times for first aid and health advice in fourteen (14) colleges, and a college physician was available in eight institutions. Also, eight catalogs specified a physical examination requirement, and in three, health and accident insurance was the sole offering in the health service area. Koos states that limited resources are provided because of the commuting nature of the student body but that this "explanation should hardly excuse all junior colleges from developing programs of adequate health service."[38]

There have been few studies of any magnitude dealing specifically with community college health services. In an evaluation of student personnel services in Illinois' junior colleges in 1966, Johnson[39] mailed a questionnaire to the 40 state institutions then in operation. Findings which relate to health service programs include:

1. Part-time or full-time physicians were employed by 16 per cent of the

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[37] Leonard V. Koos, The Community College Student (Gainesville, Florida: University of Florida Press, 1970), p.525.

[38] Ibid.

[39] J.J. Johnson, "Personnel Services in Illinois Junior Colleges," Journal of College Student Personnel, 7 (July, 1966), pp.236-240.

colleges, and 54 per cent employed nurses.

2. Consulting physicians were available in 35 per cent of the colleges surveyed.

3. Fifty-one per cent of the junior colleges provided health insurance, and infirmaries were available in 27 per cent of the institutions.

Johnson concluded that private junior colleges provided more comprehensive health care than public colleges, and in general, the overall health services that were provided needed improvement.

In 1967, Thurston, Norrie, and Venable[40] sent health service questionnaires to fifty-nine large, two-year colleges throughout the country which met the following criteria:

1. In existence for at least five years.

2. Having enrollments of 5,000 or more students.

3. Public community colleges.

4. Essentially commuting colleges.

It was found that all but six of the forty-one (41) respondents operated a health service program. A composite picture of student health services in a large public community college was described as follows:

> The health service functions under the student personnel umbrella, under the direct supervision of a registered nurse with the minimum of a baccalaureate degree. It is open during day hours only, is without benefit of psychiatric counsel, requires physical examinations of

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[40] Thurston, Norrie, and Venable, op.cit., pp.32-34.

> faculty and other employees but not students, and serves all members of the college community. It does not offer tests or immunizations. With limited staff and without means for the regular assessment of student health, the implied emphasis is apparently on the band-aids and the aspirin.[41]

In 1970, Williams and Gillham[42] reported the results of an investigation of personnel practices as they related to full-time or part-time faculty members in community college evening programs. These authors surveyed 35 co-educational community colleges and, as one of their areas of concern chose health services. They found counseling services available in all but two of the colleges and found health services offered only in a "few" cases.

The most recent statement on health services at community colleges was written by Sharland[43] who recommends that all students be required to submit health evaluations and that health service personnel and facilities be provided to deal with health problems which are identified.

Only one dissertation has been done on the topic of health services at community colleges. Lohr[44] studied 90 two-year institutions in 1971 and presented data concerning health service organization and administration,

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[41] Ibid., p.34.

[42] N.F. Williams and L.E. Gillham, "Personnel Practices in Community College Evening Programs," Adult Leadership, 19 (May, 1970), pp.17-19.

[43] Irma B. Sharland, "Health Service Programs for the Student," Junior College Journal, 41 (May, 1971), pp.15-19.

[44] J. Glenn Lohr, "A Descriptive Analysis of Health Service Programs in Community Colleges in the United States" (unpublished Ed.D. dissertation, Indiana University, 1972), p.54.

counseling service, finance, health appraisal, medical care, sanitation, records, and facilities.

Regarding health service organization and administration, Lohr found that community colleges rely heavily on community facilities and services for the health needs of their students. Those colleges which have a health center staff provide for the staff benefits similar to those they would receive under most any other employment situation performing the same duties.

Little campus-wide organization and implementation of health advisory, counseling, or educational services were evident at community colleges. The most favorable aspect was that 70 per cent of the colleges provided an impartial list of community physicians to their students.

Community colleges providing organized services were administering the financial aspects of these programs along recommended lines by including health fees in the general tuition payment. These institutions did not have physicians charging students individual fees, and they were not utilizing student health fees for facility maintenance. In 67.8 and 71.1 per cent of the community colleges, respectively, students and athletes had health coverage available to them through the college.[45]

Initial health appraisal of community college students can be judged as good, according to Lohr, in terms of quantity, with 70 per cent of all colleges requiring a medical examination of all full-time students. Students enrolled less

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[45] Ibid., p.88.

than full-time appear not to be receiving any appreciable health appraisal with only 24.4 per cent of the colleges with part-time students and 14.4 per cent of those with evening students requiring a medical examination.[46]

When required, the health examination generally consisted of vision screening, respiratory tract examination, cardiovascular system examination, neurological and musculoskeletal system examination, urinalysis, and a general examination of the hair, skin, and superficial glands. Areas which were lacking in many health examinations were blood typing, pap smear, dental examination, and speech testing.

About half of the colleges utilized health information in determining admission policies and physical and/or academic load capabilities of students.

Little provision was made for regular, continuous, and available medical care at most community colleges. The only type of care available at most institutions was general first aid. The least care was given to severe emotional reactions, acute abdominal disorders, fractures and dislocations, and care for acute drug reactions. Few community colleges required a wide variety of immunizations, with smallpox and tetanus the only two which were required in more than 30 per cent of the colleges.[47]

Health service involvement in campus sanitation was barely minimal.

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[46] Lohr, op. cit., pp.88-90.

[47] Ibid.

Community colleges did not consider sanitation a responsibility of campus health service.

Only 36.7 per cent of the colleges reported that they kept health records on their students. A positive response indicated that parents were notified when students were victims of illness or accident. The high response dropped sharply when respondents were asked if parents were notified in cases involving drug abuse. Only 10 per cent of the colleges responded that police authorities would be notified of such a case.

A nurse's office and an examination room were by far the major health service facilities provided by community colleges.[48]

From these findings, Lohr reached the following judgments:

1. Community colleges have in a large part failed to identify the important role health services can play in the total education of their students.

2. Membership in the American College Health Association has played an important part in the development of health service programs at community colleges.

3. Community colleges make maximum utilization of community health resources rather than providing essential on-campus health service.

4. Community colleges are negligent in endeavoring to remove the many physical and mental health barriers to optimum student achievement.

5. The extent of health services provided at community colleges is affected by enrollment size with larger institutions providing more services.

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[48] Ibid.

6. On most community college campuses, the administrative responsibility for health-related activities is not clearly defined.[49]

Innumerable unpublished surveys and reports on different aspects of health service programs have been done by community college student personnel staff members. The majority were executed in response to local needs for information but lack the statistical sophistication required by the present study.

Support for Community College Health Services

Support for the health service function is found in various statements from literature in the community and junior college field. In an overview of junior college trends, spokesmen for the American Association of Community and Junior Colleges include a statement on student personnel services: "Student Personnel Services do not end with assistance in program planning. They involve counseling on economic and health problems, record keeping and study of student characteristics, job placement and follow-up of the student after he leaves the college campus."[50]

In its program for new and developing institutions, the AACJC states that minimum health services should include statements on procedures for handling emergencies and campus injuries and a place for ill students to rest while awaiting

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[49] Lohr, op.cit., p.90.

[50] An Introduction to American Junior Colleges (Washington, D.C.: American Association of Junior Colleges, 1967), p.26.

transportation home or to community assistance.[51]

A maximal view of health services is given by Williamson[52] who states that:

> The nature of the adolescent is such that he needs all the personnel services in the junior college that have developed at some large universities.

While Blocker, Plummer, and Richardson[53] support the health service function, they doubt that the majority of junior colleges are adequately supplying all the services deemed important by leaders in student personnel administration. They attribute this lack to inadequate understanding and support by faculty and administration, to limited funding, and to lack of definition and delineation of services. Support for this point is given by Gage[54] who notes that while he regards health services as being essential, community colleges have relatively few health professionals upon whose experience they can draw. Because of this, developing a health program "which is at once comprehensive and feasible becomes, therefore, a project which is substantially different from, and often more difficult than it would be in a four-year institution."

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[51] Developing Junior Colleges, Newsletter, Washington, D.C.: American Association of Junior Colleges Program With Developing Institutions, July 26, 1968.

[52] E.G. Williamson, "Potentialities For Creative Programming in Student Personnel Work," in McConnell, op. cit., p.5.

[53] Clyde Blocker, Robert Plummer and Richard Richardson, The Two-Year College: A Social Synthesis (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1965), pp.249-252.

[54] Robert W. Gage, "Developing a Health Program for the Community College," Journal of the American College Health Association, 19 (February, 1971), p. 152.

The Washington State Student Personnel Commission offers a broad statement of philosophy regarding health services which defends the need for comprehensive programs:

> The philosophy of the Department of Health Services is total concern for the individual needs of every student enrolled at the community college. It utilizes all resources available on campus as well as community agencies, organization, and institutions to assist in meeting these needs. Health services contributes to the educational process by helping students to recognize their problems, make choices, maintain their own health, and progress toward their personal and educational goals.[55]

In his defense of health service programs at two-year colleges, Galeato[56] suggests several factors that are important in making recommendations for the type and extent of service. These factors are: (1) the size of the student body; (2) the number of students living away from home; (3) the availability and quality of medical services in the community; (4) the extent of the physical education program; and (5) the hazards encountered by students in certain types of instruction, such as laboratories of chemistry, physics and also in certain trade and technical programs.

A report of health services in California junior colleges(1960) states that

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[55]Washington State Student Personnel Commission, A Manual For Student Services For Community Colleges in the State of Washington (Seattle: Washington State Community College System, August, 1971), p.26.

[56]William Galeota, "The Necessity of a Well-Defined Health Program in a Small College," Speech given at ACHA Conference, Kansas City, 1969. Mimeographed.

services usually include (1) individual health guidance and health appraisal procedures, (2) health protection (prevention and care of emergency illness, injury, communicable disease, and encouragement of healthful environment), and (3) working with others in the college and in the community to attain health education objectives.[57]

These services are similar to those defined a decade later by Lovett[58] who includes these essential services:

> First aid and emergency care on campus.
> A referral resource for illness and injury.
> Preventive medicine by making provision for immunizations, skin tests, chest X-rays and other preventative measures.
> A resource for health counseling and health education.

In determining the extent and nature of medical/nursing services in new community/junior colleges, Johnson[59] makes these suggestions:

1. Determine legal requirements regarding student health services for junior colleges, and conform to them as a minimum.

2. Make certain provision is made for handling health or accident emergencies of athletic teams and the general student body.

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[57] Louis E. Means, Health, Physical Education and Recreation in California Junior Colleges. Bulletin of the California State Department of Education, Vol. XXLX, No. 6 (May, 1960), p.12.

[58] E. D. Lovett, "Community College Health Services," California Medicine, Vol. 115, No. 5 (November, 1971), p.67.

[59] B. Lamar Johnson, op. cit., p.33.

3. Provide adequate physical examinations and care for participants in athletics.

4. Consider locating student health staff in offices of college counseling and guidance services. In effect, make the health staff a part of the counseling and guidance staff.

In discussing the crucial role of student personnel services, Medsker[60] poses twenty-five questions that should concern student personnel workers in the decade of the 70's. Regarding health services, he asks:

> How can a student health program be made just that, namely, a health program and not merely a plan which takes care of emergencies and administers first aid?

Other Viewpoints on Health Services

Although Collins[61] urges that the "first aid kit of the past" now ought to be a health clinic, support for comprehensive student health service programs at community colleges is by no means unanimous. Thornton[62] explains that the community/junior college will maintain only a limited health service program

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[60] Leland L. Medsker, "The Crucial Role of Student Personnel Services in the Junior College," in Terry O'Banion and Alice Thurston, eds., Student Development Programs in the Community Junior College (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1972), p.6.

[61] Collins, op. cit., p. 19.

[62] James W. Thornton, Jr., The Community College (New York: John Wiley and Son, Inc., 1960), pp. 258-259.

because it is mainly a non-residential institution. He states that its purpose will never be medical treatment, except in cases needing emergency first aid.

O'Connell[63] makes the most emphatic statement against broadening health service activities in the community college. Believing that the college should concentrate on educational essentials, he states that it should not provide much service in the way of student health facilities.

> The dollars the college gets from the state for his education, plus the few he contributes himself, must be spent on the activities that go on in the classrooms and laboratories and on the extracurricular labs. The myriad ancillary services provided for the residential student are not offered the commuting student. We cannot have a psychiatrist on our staff to provide help in depth to troubled students....we cannot offer any more than the most rudimentary kind of health services.[64]

Although unexpressed by most key leaders in community colleges, McConnell's viewpoint may have wide-ranging support. There are few chief administrators in public community colleges who boast of adequate funds to meet all the needs of their campus and community. Lombardi[65] urges the leadership of the movement to recognize the impending financial crisis in community colleges and makes proposals for dealing with this confrontation.

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[63] Thomas E. O'Connell, Community Colleges: A President's View (Urbana, Illinois: University of Illinois Press, 1968), p. 170.

[64] Ibid., p.171.

[65] John Lombardi, The Financial Crisis in the Community College, ERIC Topical No. 23, (Los Angeles: University of California, Los Angeles, February, 1972), pp.3-6.

Many literature sources state or imply that in establishing budget priorities, health service programs will not be given primary consideration. Blocker, Plummer and Richardson[66] state that there is not enough money to expand services to students and to the community. Koos[67] explains that colleges will allocate limited resources to health service programs because of the belief that the health needs of commuting students will be met at home. Johnson[68] found that even student personnel leaders will rank health service requests below other student personnel functions requiring additional funding. And, in the most recent study, Matson[69] found that relatively few community colleges were offering student personnel services, including health service, beyond the campus boundaries.

In rather emphatic terms, Friedrich[70] claims that colleges may be wasting money on health service programs. After conducting a survey of 29 institutions of higher education in the Philadelphia area which included a few two-year colleges, she concluded that some institutions are unnecessarily duplicating services already available at community hospitals, physicians' offices, or public health clinics. According to the survey, students with socially unacceptable health problems---unwanted pregnancy, venereal disease, bad drug trips,under-

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[66] Blocker, Plummer and Richardson, op. cit., p.250

[67] Koos, op. cit.

[68] James J. Johnson, op. cit., p.109.

[69] Matson, op. cit., p.52.

[70] Evelyn Friedrich, quoted in "Colleges May Be Wasting Money on Health Services, Survey Shows," College and University Business, 53 (August, 1972), pp. 48-49.

age alcoholism or addiction--usually avoid the college health center for fear that their academic records will be jeopardized. The best alternative, says Friedrich, is contracting with physicians or a hospital on either a fee-for-service or prepaid insurance basis. She concluded:

> Given the trend of students seeking care at free clinics, from their family physicians, or from physicians far removed from campus circles, administrators should consider abandoning the health care field unless their over-burdened budgets can be stretched to provide health care services equal to or better than those in the adjoining community.[71]

In deciding on the breadth of health service programs, Johnson[72] does not support elaborate offerings. While the problems of students are often complex and difficult, providing specialized psychological or psychiatric service is not the responsibility of the college. Such service, notes Johnson, is costly and, like medical care and treatment, should remain the responsibility of the student and his family. He recommends that students requiring specialized psychiatric or psychological service be referred to reputable extracollege practitioners or agencies.

In summation, it may be stated that the literature in student personnel services generally supports the health service function although it does not guarantee financial allocations for comprehensive programs.

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[71] Ibid.

[72] B. Lamar Johnson, op. cit., p.26.

THE AMERICAN COLLEGE HEALTH ASSOCIATION

> One of the basic rights of all members of the community is for access to the development and maintenance of optimum health. Health is the facilitating resource for the attainment of the institution's educational and social goals; without it the institution's effectiveness may be compromised severely.[73]

With the publication of this preamble in 1969, the American College Health Association approached its fiftieth year as an organization dedicated to promoting health service to college and university students in the United States. Beginning with the appointment of Dr. Edward Hitchcock as medical director of the Department of Physical Education at Amherst College in 1861, American senior institutions during the late nineteenth century appointed physicians to their health and physical education departments. Prior to World War I, several colleges had created separate health programs with some administrative heads directly responsible to the president of the institution. By 1919 an increasing number of senior institutions of higher education were recognizing health service programs independent of other departments in the university.[74]

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[73] American College Health Association, op. cit., p.1.

[74] Ruth E. Boynton, "The First Fifty Years: A History of the American College Health Association," Journal of the American College Health Association, Vol. 19, No. 5 (June 19, 1971), p.269.

Although the health personnel attended meetings with their colleagues in physical education, it soon became evident that an organization whose primary purpose was to promote college health programs was needed. After preliminary discussions among several health directors, the first annual meeting of the American Student Health Association was held on December 31, 1920, in Chicago with fifty-three institutions represented. Among the topics discussed were:

> The importance of coordination of the various departments of the university which contribute toward the objectives of the student health service, the need for a definite record system, the need for educating college administrators to the importance of this work, mental hygiene, and its relation to college students.[75]

From that initial meeting, the Association went on to make several vital contributions to improving student health. At its 1925 meeting, bylaw changes provided for the following standing committees:

1. Committee on Informational Hygiene
2. Committee on Health Service
3. Committee on Applied Hygiene (to consider the requirements and supervision of physical activity)
4. Committee on Administrative Hygiene (environmental health)
5. Committee on Departmental Organization, Administration, and Integration[76]

Various projects and reports of these committees prompted the Association to

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[75] Ibid., p.270.

[76] Ibid., p.271.

pass a resolution at its 1930 annual meeting calling for the operation of a college program which would include instruction in and development of physical and mental health, the supervision and care of individual student health and illness, the sanitation of student environment, and the study of health problems.

Within the next fifteen years the Association's appeal had broadened to include college presidents, deans, teachers, dentists, nurses, health educators, counselors, nutritionists, social workers, and public health workers in addition to health center directors and physicians. At the Twenty-seventh Annual Meeting in 1948, the name of the organization was changed from the American Student Health Association to its present name to avoid confusion with the American School Health Association, a group of school physicians.[77]

By 1948, the American College Health Association was gaining widespread recognition as a result of its sponsorship of national conferences on health in colleges. Interest in health was being reflected in other spheres at that time, also. In 1947, the President's Commission on Higher Education had listed seven objectives of education of which the following are directly related to student health:

> To attain a satisfactory emotional and social adjustment....
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> To maintain one's own health and cooperate actively and intelligently in solving community health problems.[78]

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[77] Ibid., p.276.

[78] The President's Commission on Higher Education, Higher Education for American Democracy, Vol. I (Washington, D.C.: Superintendent of Documents, Government Printing Office, 1947), pp.50-54.

> To acquire the knowledge and attitudes basic to a satisfying family life.
>
> To understand the common phenomena in one's physical environment, to apply habits of scientific thought to both personal and civic problems, and to appreciate the implications of scientific discoveries for human welfare.[79]

Support from philosophical statements similar to the above was enhanced by empirical research on conditions in college health by spokesmen of the American College Health Association. Moore and Summerskill[80] made an extensive survey of the practices in college health work and results were available for the 1954 meeting of the Association. In a brief reference to junior colleges, Summerskill concluded:

> Speaking very generally, a student's chances of getting good medical care at college are best if he is enrolled in a large university and poorest if he is enrolled in a small, two-year college.[81]

Admitting that their survey was underweighted with two-year institutions, Moore and Summerskill presented comparisons of junior and senior institution student health service programs.

1. Under the category,Detection of Disease, two-year colleges were judged less apt to have entrance physical examination when compared to four-

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[79] Ibid.

[80] Norman Moore and John Summerskill, Health Services in American Colleges and Universities (Ithaca, New York: Cornell University Press, 1953).

[81] John Summerskill in Ethel L. Ginsburg, The College and Student Health (New York: National Tuberculosis Association, May, 1954), Appendix. A., p.70.

year institutions.

2. Two-year colleges were judged less apt to keep health records.

3. Clinical programs were found in 57 per cent of the two-year institutions.

4. Health service personnel were least involved in health education at two-year institutions than at senior institutions.

5. Physical education programs were more prevalent at two-year institutions but were judged less likely to include all students.

6. Proper medical care for athletes was not so readily available at junior colleges.

7. Nonphysicians were twice as prevalent as directors of the health service at two-year institutions.

8. College committees on student health were found less frequently at two-year institutions.

9. Two-year colleges were found least likely to charge a health service fee.

10. Hospitalization was less limited at two-year colleges by the number of days allowed or by a fixed financial amount.[82]

From the time of its inception, the ACHA had attempted to reach agreement on desirable minimum standards for colleges and universities concerning health service, health teaching, and those college interests concerned with the health of students. These attempts finally reached fruition in 1961 with the publication of

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[82] Moore and Summerskill, op. cit., pp.108-110.

the Recommended Standards and Practices of a College Health Program. Designed by representatives of senior institutions with manystudents in residence, this document called for a comprehensive health service program with following sections outlined:

Out-Patient Medical and Mental Health Services
In-Patient Medical Services
Mental Health
Athletic Medicine
Dental Service
Rehabilitation
Environment Health and Safety
Health Education
Occupational Medicine
Research
Administrative Policies
Personnel
Facilities
Financing
Records[83]

In the same year, standards of the Association were strengthened by a strong supportive statement by the Educational Policies Commission. Promoting health awareness at all educational levels, the Commission declared:

> The central purpose of education is to develop rational powers of the individual or his capacities to think or reason. Basic to this development is physical health since disease, defects, or disability may interfere with learning. Mental health is also of profound importance: with it the pupil may have the desire and respect for learning that promotes optimum mental performance, without it the likelihood of such development is drastically reduced if not rendered impossible. Health depends upon a reasoned awareness of the value of physical and

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83 "Recommended Standards and Practices for a College Health Program," Student Medicine, Vol. 10, No. 1 (September, 1961), pp.33-44.

mental fitness and the means by which these may be maintained.[84]

In 1963, the second part of the Recommended Standards and Practices for a College Health Program was adopted and the Association continued to gain recognition. It published in 1968 a detailed instrument for evaluating comprehensiveness and effectiveness of an institution's health service program. Included are sections on Health Programs: services and activities; Health Personnel: qualifications, duties, and education; Physical Plant; and Business Management. In utilizing the instrument, institutional representatives complete a series of questions and then are visited by a survey team appointed by the Committee on Recommended Standards and Practices of the ACHA.[85]

If any organization is to have significant impact, it must have a vehicle by which it can communicate its philosophy and ideas. In 1935 the Association made an arrangement with the Journal Lancet, a monthly medical journal, to serve as the official organ of the American College Health Association. This arrangement continued until 1957. Another avenue of publicity was found in Student Medicine, started by Dr. Norman Moore as an individual endeavor to

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[84] Educational Policies Commission, The Central Purpose of Education Washington, D.C.: National Education Association, 1961), p.5.

[85] Evaluation of a College Health Program: Guide A (Evanston, Illinois: American College Health Association, September, 1968).

create a journal devoted completely to the field of student medicine. This latter publication became the official publication of the ACHA in 1958 and in 1962 its name was changed to the present Journal of the American College Health Association.[86]

Interest in the health of students attending two-year institutions became more pronounced after World War II with the expansion of the junior/community college movement. Official recognition of this sector of higher education by the ACHA occurred in 1957 when associate membership status was granted to junior colleges.[87]

Continued interest of the American College Health Association in health programs in two-year institutions resulted in the publication of The Development of Health Programs for Junior and Community Colleges in October, 1971. Prepared by the ACHA Committee on Junior and Community Colleges, the manual was not endorsed by all community college leaders, nor every recommendation agreed upon. It was generally seen as an important statement of goals to which each community college could address itself and adapt to local conditions.[88]

In discussing health program development, the Committee recommended that each community college first examine its goals and objectives, its

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[86] Boynton, op. cit., pp.273-282.

[87] Ibid.

[88] Committee on Junior and Community Colleges, The Development of Health Programs for Junior and Community Colleges (Evanston, Illinois: American College Health Association, 1971.

composition and resources, and its relationship to the adjacent extramural community. The availability of medical clinics, community mental health centers, departments of public health, medical departments of industries, voluntary health agencies, and other health services will help to determine the institution's decision about the type of program it will establish. Also, program direction would be determined by past patterns of student illness, attrition, and campus accidents.[89]

By utilizing a format of Standard, Comments, and Implementation, the Committee discusses all phases of a comprehensive student health service program. Special attention is given to the following areas:

Basic Guide for Program Development
The Health Program: Services and Activities
Health Personnel
Physical Plant
Business Management [90]

Although the ACHA has never spelled out the specific ways in which a health program should be implemented for a commuter institution, as almost all community colleges are, it does define the broad principles for program development, the interrelationships which should be developed among different services of the institution as a whole. In addition to the publication of junior/community college guidelines, the ACHA is developing a panel of consultants who will be available to offer guidance to those community colleges planning to establish or expand their health programs.[91]

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[89] Ibid., p.2.

[90] Ibid., pp.5-63.

[91] Gage, op.cit.

As a result of the work of this ACHA Committee, community college personnel have, for the first time, some guidelines by which they can compare their local health service programs.

THE COMMUNITY SERVICES FUNCTION

In the annals of higher education there has been much debate over the role and function of institutions in relationship to their surrounding communities. Much of the controversy has centered on whether institutions of higher learning should be insular or take a "societal view," (serve the society as a whole through direct involvement).[92] One of the objectives of the present research was to determine the degree of commitment to community service on the part of public community colleges in the area of health-related social problems. Principally, do these institutions have a responsibility for assisting in the amelioration of health-related problems, according to respondents' opinions.

There is an abundant supply of statements in support of the community services function in the literature of two-year institutions. In the first issue of the Junior College Journal, Ricciardi[93] defined a community college:

> A fully organized junior college aims to meet the needs of the community in which it is located, including preparation for institutions of higher education, liberal arts education

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[92] Earl J. McGrath, ed., Universal Higher Education (New York: McGraw-Hill, Inc., 1966), p.ix.

[93] Nicholas Ricciardi, "Vital Junior College Problems in California," Junior College Journal, Vol. I, No. I (October, 1930), p.24.

> for those who are not going beyond graduation from the junior college, vocational training for particular occupations usually designated as semi-professional vocations, and short courses for adults with special interest.

Almost two decades later, the President's Commission on Higher Education recognized the multi-purpose aspect of these institutions:

> Whatever form the community college takes, its purpose is educational services to the entire community, and this purpose requires of it a variety of functions and programs. It will provide college education for the youth of the community certainly, so as to remove geographic and economic barriers to educational opportunity and discover individual talents at low cost and easy access. But in addition, the community college will serve as an active center of adult education. It will attempt to meet the total post-high school needs of its community.[94]

Fields[95] claims that the community college is "committed by philosophy to specific purposes of serving all members of the community." Reynolds[96] states that the two-year college has become a community service agency. Johnson[97]

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[94] President's Commission on Higher Education, op. cit., pp.67-68.

[95] Ralph R. Fields, The Community College Movement (New York: McGraw-Hill, Inc., 1962), p.90.

[96] James W. Reynolds, An Analysis of Community Service Programs in Junior Colleges (Washington, D.C.: U.S. Office of Education, 1960), p.24.

[97] B. Lamar Johnson, "Emerging Concept Points to the Future," Junior College Journal, 25 (April, 1955), p.484.

notes that one of the distinguishing characteristics of these institutions is educational programs designed to serve the needs of their community and to utilize community resources in program planning and development. A reciprocal relationship of interdependence and cooperation is emphasized by Thornton[98] in his definition of the college as a "community institution." And, Barnes[99] provided several reasons why the community college is uniquely adapted to help solve community problems and included expertise of college faculty and staff.

The nature and scope of a program of community services is enunciated in the 55th Yearbook of the National Society for the Study of Education:

> The values of college service to the community... include increasing the productive efficiency of agriculture and industry, improving the functioning of communities and community organizations, contributing to the health and physical well-being of citizens, and enriching the cultural, aesthetic, and moral life of the community.[100]

Service to the community beyond offering collegiate degree and certificate programs, according to Myran,[101] has long been a major objective of the

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[98] Thornton, op. cit., p.35.

[99] J.B. Barnes, "The Community College's Newest Obligation," Junior College Journal, 28 (January, 1958), pp.247-250.

[100] Nelson B. Henry, ed., The Public Junior College, 55th Yearbook, National Society for the Study of Education (Chicago: The University of Chicago Press, 1956), p.72.

[101] Gunder A. Myran, Community Services in the Community College (Washington, D.C.: American Association of Junior Colleges, 1970), p.2.

community college. Shaw and Cummiskey [102] state that educational writers have long held that a junior college becomes a community college "when its multiple goals reflect the needs and directions of its community." To have a viable community services function, Harlacher believes that an institution must endorse a set of principles, one of which is: "The community college recognizes its responsibility as a catalyst in community development and improvement." [103] He included the following in a list of services to be offered:

> mutual aid for meeting college-community needs; community-experience programs; community study and research problems; public affairs education; specialized community services including the subcategories of economic conditions, public education, health, cultural and recreational activities, and conservation; community development, community participation and leadership training; use of mass media of communication; public relations programs, community use of school plant; and formal adult education programs. [104]

Innumerable statements by the American Association of Junior Colleges have endorsed the community services function of the community college. In

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[102] Nathan C. Shaw and J. Kenneth Cummiskey, Community Involvement: A Leadership Responsibility for Community Services (Washington, D.C.: American Association of Junior Colleges, 1970), p.2.

[103] Ervin L. Harlacher, "California's Community Renaissance," Junior College Journal, 34 (April, 1964), p.15.

[104] _____, Effective Junior College Programs of Community Services: Rationale, Guidelines, and Practices, Occasional Report No. 10, Junior College Leadership Program (Los Angeles: School of Education, University of California, Los Angeles, 1967), p.21.

1963, spokesmen claimed that "it is the aim of the AAJC to stimulate ideas and mobilize resources by which problems national in scope can be identified and solved."[105] For example, Wilson[106] suggested several activities that community colleges could sponsor or conduct to help galvanize consumer support for improved health services. Colleges could hold seminars, workshops, and conduct surveys on the health care delivery systems in their local communities.

In addition to support from the AACJC, state and federal governmental officials have supported programs for expanding this function. One recent U.S. Commissioner of Education stated that the community college "can be one of our most valuable resources for helping to solve the larger problems of our society."[107]

A taxonomy of community services functions has been developed by Raines[108] which includes three major categories: Self Development Functions,

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[105] "Training for Health Occupations," Junior College Journal, 33 (March, 1963), p.6. See also: Edmund J. Gleazer, This Is the Community College (Boston: Houghton Mifflin Company, 1968).

[106] Richard E. Wilson, "Right to Health Security," Junior College Journal, 41 (June/July, 1971), p.7.

[107] James E. Allen, Jr., "The Community College and the Office of Education's Goals," Speech given at Annual Meeting of the National Council of State Directors of Community-Junior Colleges, Williamsburg, Virginia, November 10, 1969. Mimeographed.

[108] Max R. Raines, A Community Services Inventory for Community Colleges (East Lansing: Michigan State University, 1969).

Community Development Functions, and Program Development Functions. Within these categories, the taxons relevant to the present study are defined by Raines as follows:

> Social Outreach Function: Organizing programs to increase the earning power, educational level, and political influence of disadvantaged; e.g., ADC mothers, unemployed males, educationally deprived youth, welfare recipients.
>
> Community Analysis Function: Collecting and analyzing significant data which reflect existing and emerging needs of the community and which can serve as a basis for developing the community service program of the college; e.g., analyzing census tracts, analyzing manpower data, conducting problem solving studies, identifying roles and goals of organizations.
>
> Civic Action Function: Participating in cooperative efforts with local government, business, industry, professions, religious and social groups to increase the resources of the community to deal with major problems confronting the community, e.g., community self-studies, urban beautification, community chest drives, air pollution.[109]

According to Raines,[110] these activities will help colleges respond to citizens who are expecting the institution to take a leadership role in solving pressing social problems. His taxonomy is similar to two major program objectives developed by Harlacher:

> To provide educational services which utilize the special skills and knowledge of the college staff and other experts and are designed to assist groups and the college-district

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[109] Ibid., p.41.

[110] Max R. Raines, "Community Services," in O'Banion and Thurston, op. cit., p.147.

> community-at-large in long-range planning to solve their problems.
>
> To contribute to and promote the cultural, intellectual, and social life of the college district community and to develop skills for the profitable use of leisure time.[111]

Harlacher,[112] Myran,[113] and other writers also support the participation of the college staff in community life in the role of catalysts. Although there has been no comprehensive study of junior college students' attitudes toward community involvement, the Carnegie Commission surveyed 70,000 undergraduates and found that 67 per cent of the students believed that "colleges should have a responsibility for helping solve the social problems of society."[114] However, Lombardi[115] cautions against community services projects diverting funds from the regular instructional program.

Some data on the extension of college services and expertise to the community was collected by Matson[116] in a national study. It was found that almost three-fifths of the colleges reported that some student personnel services are presently provided to non-student members of the community. The most frequently provided services were counseling and testing. Colleges reporting no plans to extend services to the community constituted 20 per cent of the total group

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[111] Harlacher, Effective Junior College Programs, op. cit., p.23.

[112] Ibid., pp.44 and 69-74.

[113] Myran, op. cit., pp.44-45. See also: McConnell, op. cit., p.91; and Burton R. Clark, The Open Door College (New York: Harper and Row, 1959).

[114] Kerr, op. cit., p.9.

[115] Lombardi, op. cit., p.21.

[116] Matson, op. cit., p.52.

as compared with eighteen per cent where such plans are in progress. Matson concluded that "data from this study do not indicate any large 'groundswell' toward the extension of student personnel functions to the non-student community."

In summarizing various dimensions of community services for the future, Harlacher believed that, with adequate funding, colleges would be involved:

1. The community college will develop aggressive outreach programs designed to extend its campus throughout the entire college district.

2. The community college will place increased emphasis on community education of all age levels and all age groups.

3. The community college will utilize a greater diversification of media in meeting community needs and interests.

4. The community college will increasingly utilize its catalytic capabilities to assist its community in the solution of basic educational, economic, political, and social problems.

5. The community college will be increasingly concerned about the cultural growth of its community and state.

6. The community college will place greater emphasis on interaction with its community.

7. The community college will increasingly recognize the need for cooperation with other community and regional agencies.[117]

In line with these trends, Cohen[118] predicts that the paradigm 1979

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[117] Ervin L. Harlacher, The Community Dimension of the Community College (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1969), pp. 70-107.

[118] Arthur M. Cohen, Dateline '79: Heretical Concepts for the Community College (Beverly Hills, California: Glencoe Press, 1969), p. 116.

community college campus will move into its surrounding towns and effectively deal with community problems.

From literature on the community services function of the community college, it may be concluded that there is considerable support for direct involvement in the local community. The issue of community health concerns and health-related social problems receives noticeable citation in regard to the two-year college's involvement. While there is little mention of the financial resources needed for supporting such activities, the preponderant appearance of this philosophical position implies a degree of commitment.

HEALTH-RELATED SOCIAL PROBLEMS AMONG COMMUNITY COLLEGE STUDENTS

There is a dearth of research and journal articles on the subject of health-related social problems found among students attending community colleges. Statistics from the American College Health Association and the U.S. Department of Public Health show that one student in seventeen is injured during the school year and that student illness occurs three times as often as accidents. Each year approximately 30 surgical cases are recorded for every 1,000 college students who spend an average of five days in the hospital with costs running into hundreds of dollars.[119]

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[119] E.D. Lovett, Community College Health Service Newsletter, 2 (January, 1972), p.3.

Researchers have examined quite closely health problems at those senior institutions which have mainly residential student bodies.[120] It is assumed that such social problems as emotional illness, drug abuse, alcoholism, suicide, contageous disease, and violence will be found on the community college campus. In addition, students with health problems not termed social problems, such as the blind, deaf, and the physically handicapped, will be in attendance at many campuses.

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[120] There exists a large supply of articles and research reports on health-related social problems found on college campuses. Among recent sources of interest to this study are the following: L. Barbato, "Study of the Prescription and Dispensing of Contraceptive Medication at Institutions of Higher Education," Journal of the American College Health Association, 19 (January, 1971), pp.303-306; Alan Berman and Barry McCarthy, "Curriculum Relevance and Community Mental Health," Journal of College Student Personnel, (January, 1972), pp.77-78; Alex Braiman, "Like Sickness and Despair," NASPA Journal, Vol. 4 (January, 1967), pp.103-108; Walter H. Clark and G. Ray Funkhouser, "Physicians and Researchers Disagree on Psychedelic Drugs," Psychology Today, Vol. 3 (April, 1970), p.48 ff; L.C. Combs, et. al., "Premarital Pregnancy and Status Before and After Marriage," American Journal of Sociology, 75 (1970), pp.800-820; Norman L. Farberow and Edwin S. Schneidman, eds., The Cry for Help (New York: McGraw-Hill Company, 1965; F.J. Hecklinger, "How to Deal with the Drug Problem on Campus," Journal of the National Association of Student Personnel Administrators, 1 (1971), pp. 37-42; William Hoffer, "What's Being Done About Campus Suicide," College Management, 7 (April, 1972), pp.8-11; L. Imperi, H. Kleber, and J. Daive, "Use of Hallucinogenic Drugs on Campus," Journal of the American Medical Association, 204 (June 12, 1968), pp.1021-1024; G.R. Kaats, K.E. Davis, "The Dynamics of Sexual Behavior of College Students," Journal of Marriage and the Family, 32 (1970), pp.390-399; Jerome M. Kummer, "A Psychiatrist's View," in Abortion in a Changing World, Vol. I, (New York: Columbia University Press, 1970), pp.96-105; A. Leavitt, J. Carey and J. Swartz, "Developing a Mental Health Program at an Urban Community College," Journal of the American College Association, 19 (1971), pp.289-292; and Helen Nowlis, Drugs on the College Campus (New York: Doubleday and Company, Inc., 1969).

There are certain unique characteristics of community college students which may explain some of the health problems on campus. It may be hypothesized that because of these characteristics, community college students would have a greater predisposition toward health problems. However, there is presently no research to prove this hypothesis.

Medsker[121] referred to the frustration level problems of students who aspire to transfer but fail in their attempts. Blocker, Plummer, and Richardson[122] found that two-year students come from lower socio-economic backgrounds than do their counterparts at senior colleges. They also noted that these students are facing the most critical period of their lives in terms of vocational choice. In more recent research, Blocker's findings were reinforced, as Cross[123] found that these students generally come from homes of lower SES conditions and may have health problems that require correction. Some of the significant characteristics of remedial students at community colleges noted by Roueche[124] were: "emotional disturbances

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[121] Leland L. Medsker, The Junior College: Progress and Prospect (New York: McGraw-Hill Book Company, 1960), p.97.

[122] Blocker, Plummer, and Richardson, op. cit., pp.240-241.

[123] K. Patricia Cross, The Junior College Student: A Research Description (Princeton; Educational Testing Service, 1968), p.48.

[124] John E. Roueche, Salvage, Redirection, or Custody? Remedial Education in the Community Junior College (Washington, D.C.: American Association of Junior Colleges, 1968), p.14.

associated with awareness of personal inadequacy and a prevalent prediction of unfavorable outcomes for self and peers in school situations."

Some writers have theorized that because almost all community college students are commuters, they fall into a disadvantaged category. Hypotheses of this type have emanated from studies of commuting students at the university level which focus on the idea that the commuter is disadvantaged in several respects.[125] This negative status prevails, say these writers, regardless of which variable is examined: mental health, socio-economic status, involvement with campus life, and subsequent impact on values, goals, and vocational commitment. Brown and Richek[126] tested one hypothesis related to this claim by using the Bown Self-Report Inventory to measure the mental health of two-year college students. While mental health is a multifaceted construct, Brown and Richek defined it as the "absence of incapacitation symptoms of mental illness."

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[125] For elaboration, see the following: George D. Demos, "Problems of Integrating the Commuter College Student to the College Campus," Journal of the American College Health Association, 15 (April, 1961, pp.291-294; J.E. Kysar, "Mental Health in an Urban Commuter University," Archives of General Psychiatry, Vol. 11.,(1964), pp.472-483; Richard M. LaVange, "The Commuter College Student's Problem in Synthesizing His Life in a Fragmented Developmental Setting," Journal of the American College Health Association (April 15, 1967), pp.302-306; Matthew Stark, "Commuter and Residence Hall Students Compared," APGA Journal (November, 1966), p.277; and Tadeusz Grygier, "The Resident and the Commuter: A Comparative Study of Social and Emotional Problems of Students at the University of Toronto," Journal of the American College Health Association, (April 15, 1967), pp.295-301.

[126] Oliver H. Brown and Herbert G. Richek, "Mental Health of Junior College Students," Junior College Journal, 37 (December/January, 1966), p.18.

Although their results were not conclusive, they tended to confirm the hypothesis that male commuter students at junior colleges have a higher rate of psychopathology than residential students at four-year colleges.

While no figures on mental or emotional illness are available for community college students, Farnsworth [127] estimates that at least ten (10) per cent of the students at residential colleges require help each year. The per cent needing assistance at two-year colleges is left to speculation until needed research is completed. Koos [128] believes that large public junior colleges should have, and some do employ, professional psychologists or psychiatrists for a comprehensive health service program. Small junior colleges, he says, will not require full-time specialist for this work but must make some other provision. For example, it may be possible to employ a part-time specialist with the rest of his time assigned to other responsibilities, such as teaching courses in psychology. Also, arrangements can be made with a private practitioner for part-time service with office hours designed to cover high-volume student attendance periods during the day.

In attempting to determine the degree of coverage by journals of topics related to student health, the present writer conducted a review of the Junior College Journal for the period 1962 to 1972. Although it excluded articles on

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[127] Dana L. Farnsworth, Mental Health in College and University (Cambridge: Harvard University Press, 1957), p.173.

[128] Koos, op. cit., p.525.

health education, the search included any on alcoholism, disease, drug abuse, health, first aid, handicapped students, mental health, and suicide. The article by Brown and Richek was one of only four found for the period indicated. These authors had noted in their study a virtually complete absence of references to the mental health problems of junior college students. In the three remaining articles found in the Journal, Brooks and Brooks [129] reported a study of handicapped students in California's junior colleges, Sharland [130] gives recommendations for expanding health services, and Jalkanen [131] describes a program of drug abuse abatement.

Brooks and Brooks [132] found a wide range of handicapped (mentally, emotionally, and physically) students in attendance in California's junior colleges. The latter category of type of handicap included the following disabilities: partially-sighted, blind, hearing problems, deaf, abnormal hearts , diabetes, epilepsy, and orthopedic handicaps resulting from poliomyelitis or cerebral palsy. They concluded that "it is because of the extensive guidance of the counseling services of the junior college that students with handicaps, physical, emotional,

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[129] Sheilagh T. Brooks and Richard H. Brooks, "Handicapped Students and the California Two-Year College," Junior College Journal, 33 (September, 1962), pp.50-55.

[130] Sharland, op. cit.

[131] Arthur W. Jalkanen, "Aiding in the Abatement of Drug Abuse," Junior College Journal, 42 (April, 1972), pp.27-28.

[132] Brooks and Brooks, op. cit., p.55.

or mental, can enter the junior college and achieve within their abilities."[133]

An excellent example of melding college and community resources is provided by Jalkanen[134] in his discussion of drug abuse. In creating a Center for Drug Studies, the local community college utilized the expertise of a neighboring university and obtained funding from various community agencies including the county government and a local women's organization.

In reviewing the indices of the Journal of the American College Health Association for the past five years, it was found that only three per cent of the articles dealt with the health programs and problems in junior and community colleges specifically. James W. Dilley, Executive Director of the ACHA, attributed this to a lack of attention by the Association until 1970, and to a lack of output on the part of community college personnel who can provide information on local student health service conditions and problems.[135]

Although there exists a paucity of articles on the health problems of two-year college students, the few that exist can be amplified by some research done on the health interests of these students. Lovett[136] lists some of the broad parameters of this element:

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[133] Ibid., p.55.

[134] Jalkanen, op. cit.

[135] Personal correspondence, James W. Dilley, July 24, 1972. (In a memorandum to the Junior/Community College Committee, August 3, 1972, Mr. Dilley stated that during the coming year the ACHA will actively seek larger membership from two-year colleges).

[136] Lovett, Community College Health Service Newsletter, op. cit., p.1.

> What the two-year college student needs and wants is knowledge of how to deal with his own health problems, which in turn influences his attitudes toward the health problems in his community. He wants health education in terms of healthful and effective living; how to become an emotionally stable person; how to deal with stress and panic; how and where to seek help; to learn to deal with the impulses of the drug abuse culture; to develop healthful attitudes concerning sexual behavior and to recognize the threat of venereal disease; how to use community health resources intelligently, in short, how to survive in our culture.

Lantagne[137] found that junior college students demonstrated over 25 per cent greater interest in health problems than did high school students. He stated that greater maturity might have been the primary factor involved. Topics found to be of greatest interest to both men and women were sex education, preparation for marriage, and mental health. Koos[138] reported on studies of health problems identified by community college students utilizing the college version of the Mooney Problem Check List. From a sample of 623 students attending community colleges in Illinois, Michigan, and Florida, Koos found that they ranked problems in the category of Health and Physical Development (HPD) tenth out of a possible eleven categories. However, other categories in the rank order that are relevant to potential health problems were placed as follows: Adjustment to College

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[137] Joseph Lantagne, "An Analysis of Health Interests of One Thousand Junior College Students in California," Junior College Journal, 21 (March, 1959), pp.383-387.

[138] Koos, op. cit., pp.351-367.

Work (ACW), ranked first, Personal-Psychological Relations (PPR) ranked third, and Social-Psychological Relations (SPR) ranked sixth. Comparing this sample with similar studies of students at senior institutions, Koos found that all students put the ACW category first. University students also tended to place HPD and PPR categories slightly higher than students at community colleges, although no concrete explanation was given to explain this difference.

While few studies have been done on the health problems of community college students, there is adequate evidence on student populations to show that the percentages of students requiring treatment will be similar to those found at four-year institutions.

CONCLUSIONS FROM THE REVIEW OF LITERATURE

From the many sources reviewed for this chapter, a number of conclusions can be drawn which support the need for the study. The main conclusions are summarized as follows:

1. The role of student personnel services is well established in the literature of higher education and is recognized as a viable function of the community college by most of those who have contributed to the literature.

2. The topic of student health services has been given little attention by writers and researchers in the literature of community/junior colleges.

3. In discussions of student personnel programs, the health service function has been given only a cursory glance by writers and by spokesmen for the two-year institution.

4. Philosophical support for the health service function is found in numerous publications of the American Association of Junior Colleges and the American College Health Association.

5. While this review found sufficient evidence to support health service and a concern for assisting in the amelioration of health-related community social problems, budget allocations for these activities will be a low priority of most institutions. Also, some writers question whether this is a legitimate activity of public community colleges.

6. Backed by a long history of dedication to the health of students in senior colleges and universities, the American College Health Association has recently turned its attention to publicizing the health needs of students enrolled in two-year institutions.

7. Inherent in the literature of two-year institutions is the community services function which has become one of the six major role prescriptions along with general education, transfer programs, technical/vocational curricula, developmental programs, and guidance and counseling. Attendant to this function is the belief that helping to eliminate health-related social problems in the institution's community are appropriate activities for the college. However, there is little evidence to prove that community colleges will allocate funds for extensive community

services projects.

8. There is ample evidence to show that the health problems of community college students are similar in type and degree to those of senior institution students. However, this review uncovered few cases where public two-year institutions have created extensive facilities, staff, and procedures to handle health problems of their students.

SUMMARY

This chapter has reviewed the literature in several fields applicable to this study. In the discussion of literature dating from 1960, a broad range of topics was covered including the student personnel services function and the philosophy of community services in public community colleges. Emphasis was also directed to specific voids in the research and writings relating to student health services and health-related social problems in community college districts. It was concluded that the present research could contribute to the body of knowledge currently available.

CHAPTER III

METHODS AND PROCEDURES OF INVESTIGATION

Introduction

As indicated in Chapter I this was a national study of health service programs in public community colleges which included the perceptions of key college leaders. In Chapter III the methods and procedures of the investigation that were utilized in obtaining the necessary information are considered. Because of the magnitude of a national survey involving over sixty (60) per cent of all two-year institutions in the United States and a potential population of 3,059 key college leaders, specific attention is given to the methods of data collection. The contents of the present chapter will include these topics:

1. Data required for the investigation.
2. Development and use of data collection instruments and procedures.
3. Collection of data and information in the study.
4. Techniques employed in data analysis.

DATA REQUIRED FOR THE INVESTIGATION

The information desired for this study included the following:

A. Data relative to extant health service programs in public community colleges in the United States.

B. Perceptions of persons in positions of leadership regarding health services and health-related social problems.

C. Responses from State-level community college administrators on statements of health service philosophy of their State system.

D. Institutional data on most public community college listed in the 1971 Junior College Directory.

E. Identification of model student health service programs by Presidents and Student Personnel Deans included in the study.

The elaborate supply of data collected in this study was precipitated by the decision to do a national survey rather than one based on a random sample. The only dissertation study on community college health services done within the last decade was regional in its sampling and included some technical institutes and university branch campuses.[139] Results of a national study would be two-fold: (1) a descriptive body of information on the condition of student

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[139] Lohr, op. cit.

health service programs in public community colleges would be obtained, and (2) the perceptions of persons in decision-making positions indicating current and future directions of their respective institutions would be secured.

DEVELOPMENT AND USE OF DATA COLLECTION INSTRUMENTS AND PROCEDURES

Because a nation-wide study on the topic under investigation had never been done, a two-pronged data-collection instrument was required. For the descriptive portion of the study dealing with student health service programs, permission was obtained from Lohr [140] to utilize his instument with several modifications.

The second part of the instrument requested position incumbents to react to a series of statements dealing with health service and the community involvement of their institution. Development of the latter part of the instrument employed the analytical technique of content analysis. As described by Berelson, [141] content analysis is the systematic examination of current, available information and is primarily concerned with factors that can be identified as relevant to the study, classified into areas of importance, and are capable

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[140] Ibid.

[141] Bernard Berelson, Content Analysis in Communication Research Glencoe, Illinois: Free Press, 1952), Ch. I and II.

of being counted. This technique, claims Berelson, may help researchers to: (1) describe specific conditions that exist, (2) indicate possible trends or patterns, (3) determine differences or relationships between stated objectives and the practices that prevail, and (4) identify attitudes, interests and orientations of people.[142]

Utilizing this technique, certain themes or role prescriptions for community colleges pertaining to health service and community involvement were synthesized from the literature. A careful examination was made of statements, pronouncements, and philosophical positions found in empirical studies, articles, special publications of the American Association of Junior Colleges and the American College Health Association, conference reports, books, and catalogs of two-year institutions.[143] Lists were made of ideas, proposals, and positions of writers in the field of community college literature regarding what colleges should be doing to respond to health needs of students and social problems related to health in the college's community. The final list used in this study consisted of nineteen (19) Statements found in Appendix A.[144]

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[142] Ibid.

[143] The synthesis of ideas for Statements used in this study was taken from documents listed in the Bibliography.

[144] Copies of the questionnaires appear in Appendix A.

The Questionnaire

The questionnaire used in the study was prepared on the basis of various statements emanating from the literature on community colleges. Survey methods suggested by Selltiz et.al.,[145] Moser,[146] and Miller[147] were employed in designing the questionnaire format, in determining mailing and follow-up procedures, and in deciding on return percentages.

Part I of the inventory asks the respondent to supply statistical information about himself and the position he occupies. Each person was also requested to evaluate the effectiveness of his campus' health service program and to rate the availability of health care resources in his surrounding community. Part II asked respondents to express their personal(perceived) notions on "Statements Regarding Social Problems and Your College's Community Involvement" by checking a box that reflected their position on the following scale:

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[145]Claire Selltiz, Marie Jahoda, Morton Deutsch and Stuart W. Cook, Research Methods in Social Relations (New York: Holt, Rinehart and Winston, 1959).

[146]C.A. Moser, Survey Methods in Social Investigation (London: Heinemann Educational Books, Ltd., 1958).

[147]Delbert C. Miller, Handbook of Research Design and Social Measurement (New York: David McKay Company, Inc., 1970).

1. Strongly agree
2. Tend to agree
3. Undecided
4. Tend to disagree
5. Strongly disagree

With the exception of Student Personnel Deans who supplied the descriptive data on health service programs, respondents could complete the questionnaire, using check marks, in a relatively short time. The responses indicated in Part I and Part II would provide the raw data for testing the four hypotheses listed in Chapter I.

Validating the Questionnaire

Since the questionnaire used in this study was developed by the writer specifically for the purposes of this research, there was no opportunity to test its validity and reliability. However, several procedures were undertaken to establish validity and to eliminate possible bias or halo effect.

First, a tentative instrument was developed and reviewed by the writer's dissertation committee. Their suggestions were incorporated into a revised version of the instrument which was sent to a panel of twenty (20) judges who were selected on the basis of (1) recommendations by the chairman of the dissertation committee, (2) their active participation in national organizations devoted to promoting college health and two-year institutions, and (3) their contributions to the field of higher education

either as researchers, writers, administrators, or teachers. An abstract of the proposed study was mailed to the judges with copies of instruments for each respondent: President, Student Personnel Dean, Academic Dean, Governing Board Chairman, and Student Body President. Judges were requested to send their evaluations and comments in an addressed, stamped return envelope which was included in the mailing. (The names of the responding judges are contained in Appendix C).

Suggestions made by the panel of judges came in letters and on returned questionnaire forms. These reactions were used to further refine the questionnaire. Statements and questions that appeared ambiguous, repetitious, or irrelevant were eliminated and the length of the instrument was reduced. This latter alteration enhanced the possibility of achieving the highest possible return from the population.

Further refinement of the instrument was achieved by a mailing to two community colleges identified by the judges as having model student health service programs. Judges were not supplied with any criteria for naming model programs; answers reflected the judges' opinions and familiarity with community college health service activities.

Respondents at Broward Community College, Ft. Lauderdale, Florida and Genesee Community College, Flint, Michigan participated in a pilot study and evaluated questionnaires for their respective positions. (Appendix D

contains a copy of the covering letter to participants in the pilot study).

This pretesting of the questionnaire coupled with the critiques of the panel of judges helped to increase the reliability of the instrument. Since community college literature is replete with statements emphasizing the institution's commitment to its community, there is for the respondents a greater social desirability attached to certain responses. For example, a key college leader may express some views to prove responsiveness to community needs but, because of limited funds, list activities in this area as being "low priorities." Also, discussion of an "ideal" health service program on campus and community service projects off campus is not identical to the real programs. The possibility of responses being influenced by these conditions was reduced by telling the respondent in the covering letter that his reactions would be kept confidential. Each leader also was requested to state his opinions in terms of his institution only. The instrument's validity was increased by using statements that highlighted differences of opinion on specific issues that are common and current in community college literature. Thus, true differences among individuals in the population could be determined by their responses to relatively direct statements.

Population for the Study

In deciding upon the population for the study, several factors were considered by the writer and the dissertation committee. One of the objectives

of the research, a compilation of data on extant student health service programs, could have been achieved by surveying Student Personnel Deans on a national basis. However, other objectives of the study required that a broader population be included. By extending the question of student health service to include the concept of health-related social problems in the community, a broader audience of opinion was needed to test certain hypotheses. Also, a major concern of the research was to determine what roles the community college was to assume in regard to this latter question and whether or not a budgetary commitment would be made by representatives of the institutions surveyed.

Resting on the assumption that the roles of institutions are determined by its administrative leadership, a slate of key college leaders was selected. Included in the population were the President, Student Personnel Dean, Academic Dean, Governing Board Chairman, and Student Body President. A plethora of research studies have been done on each of the groups included but none has covered this collection as a distinct population, with the Chairman and Student Body Presidents representing significant opinion groups. The decision to include Student Body Presidents resulted from investigations showing their involvement in the decision-making process and a recognition of student power in effecting campus change. One example provided by a judge was the decisive student pressure in bringing improvements in the health service

programs of the City Colleges of Chicago system.[148] Thus, the inclusion of these five groups in the study provided a comprehensive view of persons holding major decision-making posts within the nation's community colleges.

In addition to responding to statements to be tested by hypotheses enumerated in Chapter I, specific questions were directed to each of the following groups of respondents:

PRESIDENTS:

How does the President rate the health service program on his campus?

During the past five years, has the President made any progress toward improving the student health service program?

How does the President view the availability of health care resources in his community?

ACADEMIC DEANS:

How do Academic Deans rate the health service program on campus?

What rating do Academic Deans give to the health education aspects of the curriculum?

Will Deans be willing to support additional expenditures for health service and community outreach programs?

STUDENT PERSONNEL DEANS:

How do Student Personnel Deans rate the health service program on his campus?

Have comprehensive studies been made of health problems of

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[148] Personal correspondence with Dr. John Grede, Vice-Chancellor for Career Programs, City Colleges of Chicago, April, 11, 1971.

students on the campus?

Has any study been made of the percentage of dropouts caused by health problems?

How effective has the Student Personnel Dean been in communicating health service needs to the Chief Administrative Officer of the College?

BOARD CHAIRMEN:

How do Chairmen rate the college health service program?

Are there some health problems that Board Chairmen consider inappropriate for the college to deal with?

Does the college have a responsibility for assisting in the amelioration of community social problems related to health?

STUDENT BODY PRESIDENTS:

How do student leaders rate the campus health service program?

Will students favor increasing student fees to expand health services offered on campus?

How do student leaders see their college's involvement in solving health-related community problems?

The above questions to key college leaders served as guides for the investigation of the descriptive portion of this study.

By making the study national in scope, the broad view could be obtained. The study was delimited to the realm of community colleges for two main reasons: (1) technical institutes and two-year branch campuses of universities did not meet the definition of having a complete "community" orientation, and (2) health service programs at these institutions may be obligatory because of

the vocational/technical curricula in the case of technical institutes, and the home university would be responsible for the health services offered to students attending branch campuses.

A review was made of the institutions listed in the 1971 Junior College Directory. Of the 1,091 two-year institutions, 630 met the criteria for colleges to be included in the study. All private institutions were eliminated as were university branch campuses and colleges with technical, vocational, military and/or agricultural as part of their title. With five potential respondents at each of the 630 colleges, the total population amounted to 3,110. Of this number, it was expected that 630 would be Governing Board Chairmen. However, some states have established a single governing board for community colleges rather than having boards at the local level. Officials[149] of the American Association of Junior Colleges informed the investigator that the following States have centrally-located State boards:

Alabama	Minnesota
Alaska	Rhode Island
Georgia	South Carolina
Hawaii	Virginia
Kentucky	Wisconsin
Massachusetts	

In these States a total of 103 community colleges would then be under the jurisdiction of eleven different State-wide boards. The population of the study was, therefore, reduced to a total of 539 potential Governing Board

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[149] Personal correspondence with Eileen P. Kuhns, Research Assistant, American Association of Junior Colleges, May 23, 1972.

Chairmen. The final study population including Presidents, Student Personnel Deans, Academic Deans, Governing Board Chairmen, and Student Body Presidents amounted to 3,059.

DATA COLLECTION PROCEDURES

The geographical scope of the study and the size of the population made necessary the use of mailing to conduct the survey. The layout of the edited questionnaire was prepared with assistance from the Graphics Department and the Data Processing Center at Oakland Community College, Bloomfield Hills, Michigan. Care was taken to make the final copy of the instrument attractive in appearance and relatively easy to complete; care was also taken to make it well-organized to facilitate the transfer of data to punch cards for computer analysis. Questionnaires were printed on a single sheet of paper, folded once to 8 1/2 X 11" size, with a separate cover sheet for statistical data on each group of respondents. Forms for Student Personnel Deans had an insert page for the statistical information on student health problems and health services. In all cases a printed covering letter from the investigator was included with a pre-addressed, stamped return envelope. In the initial mailing, questionnaires were addressed to positions (i.e., President, Deans, etc.) at each institution rather than to a person by name; except for Presidents, lists of position incumbents were unavailable. Each questionnaire was coded so that a follow-up could be done on those not returned.

The initial mailing occurred April 10, 1972 and respondents were asked to return the questionnaire by May 1. Those who had not responded by May 10 were sent a follow-up letter and a return envelope. (A copy of the follow-up letter is contained in Appendix F). In this mailing, wherever possible, letters were directed to the position incumbent by name. Lists of Student Personnel Deans made available by the American College Personnel Association and names of chief administrative officers listed in the Junior College Directory were particularly helpful. However, because of the time schedule of the study, it was not possible to obtain names of Board Chairmen, Academic Deans, and Student Body Presidents.

Approximately one month after the follow-up mailing a telephone contact was made with an institutional representative where no response from any of the five groups had occurred. In this effort the investigator was greatly assisted by his association with the Mott Leadership Program, Flint, Michigan. Former Mott Fellows throughout the country made telephone calls to institutions in their area that had not responded to the two mailings. It is believed that this personal request contributed to the excellent return figures.

Table I presents a summary of returns for each group of respondents in the survey.

TABLE I

NUMBERS AND PERCENTAGES OF QUESTIONNAIRES RETURNED BY KEY COLLEGE LEADERS

Group	Number in Population	Number Returned	Percentage Returned
President	630	436	69.2
Student Personnel Dean	630	482	76.5
Academic Dean	630	430	68.2
Governing Board Chairman	539	262	48.6
Student Body President	630	316	50.1
Total	3059	1926	

These percentages of return are considered quite high in comparison to typical returns in mailed surveys.[150] It is believed that the high response is attributable to the interest in the subject of the survey, the size and design of the instrument, the convenience of the pre-addressed, stamped return envelope, and the elaborate follow-up procedures.

As they were received, each questionnaire was checked by the investigator for completeness, faulty instruments were discarded, and the return was noted on a master list. Although the instrument was not lengthy, some of the key college leaders expanded on questions with marginal comments. A few refused to complete the instrument because of local policy against participating

[150] Miller, op. cit., pp.81-83.

in any surveys. The most recurrent criticism was directed at the forced-choice alternatives in the Statements section of the survey. Some respondents felt that their true feelings could not fit into the response categories offered and others thought that some of the statements were "loaded." While some of this criticism may be valid, the writer holds that the forced-choice method is a legitimate technique in attitudinal studies which attempt to quantify findings and isolate discernible constructs or patterns.

While the follow-up of unreturned questionnaires was in process, a second phase of the research was done. This involved sending a brief survey form to State-level administrators responsible for community colleges. Using the list of adminstrators found in the 1971 Junior College Directory, the letters were addressed to each administrator by name. Designed to determine the degree of State-wide concern with student health at two-year institutions, the survey requested information on State policies and/or positions regarding health programs. (A copy of the covering letter is found in Appendix G).

Data for the third phase of the research was collected by an open-ended question on forms sent to Presidents and Student Personnel Deans. These respondents were asked to list public community collegeswhich they believed to have outstanding or model campus health services with programs designed to help ameliorate health-related community social problems. A tally was made of those listed and institutions receiving the most frequent mention were singled out for additional treatment in case studies.

A final phase of the data collection process involved visitations to a few of the colleges having, according to the respondents, outstanding student health service programs. While travel money would not permit each of the top institutions to be visited, those included were considered to be representative of the best health service and community outreach programs being offered to students and the community at present. Also, the five selected for case study treatment included institutions ranging in size (headcount) from 2,000 to almost 12,000 students. Each visit produced interviews with students, nurse or Health Service Director, the Student Personnel Dean, and other administrative officers. The interview format followed with elaboration the major questions raised in the Statement of the Problem. Summaries of the visitation interviews are found in Appendix J.

ANALYSIS OF THE DATA

Except for the few open-ended questions, the questionnaire instrument was coded to facilitate the transfer of data to key-punch cards. Items not key-punched were transferred to tally sheets and were used to supplement the discussion of appropriate questions.

After the key-punching was completed, data were analyzed by using the MIDAS (Michigan Interactive Data Analysis System) program at the University of Michigan Computing Center. This program produced numbers and percentages for each of the questionnaire items and executed chi-square tests on Statements vis-a-vis responses of the key college leaders.

The data analysis was done in two main sections: Part I has information on health service programs at institutions in the total survey. This consisted of an explication of health service personnel, facilities, and practices on the basis of data supplied by the Student Personnel Deans. Frequencies and percentages in each of the question areas were transferred by the investigator from computer printouts to individual tables included in the study.

The second part of the analysis detailed the perceptions of key college leaders revealed by their forced-choice reactions to statements on health service programs and health-related social problems. Leaders could choose one of five possible positions on each of the statements: there were two degrees of agreement and disagreement ("strongly" and "tend to") and one "undecided." In an effort to make the tables more easily understood, single agree and disagree columns were shown by combining the two degrees in each category.

For all statements in the survey, total positive and negative responses were reported with frequencies and percentages. Then, the chi-square test was executed on each group to determine if there were significant differences. In the analysis section following each questionnaire statement, some of the case study interview information was applicable. While the interview material was not quantified for computer analysis, it was used to describe the direction of attitudes in general terms. This information became supplementary to the statistical source material supplied by the computer.

SUMMARY

The perceptions of key college leaders on student health services at public community colleges and on health-related social problems in their surrounding communities are the subjects of this investigation. Data were collected during the Spring of 1972.

Employing a questionnaire as the data-collection instrument, a national population of Presidents, Student Personnel Deans, Academic Deans, Governing Board Chairmen, and Student Body Presidents was surveyed. Prior to distribution, the questionnaire was refined by using critiques of a panel of judges and a pilot study. A good questionnaire return percentage was secured by elaborate follow-up procedures.

Various data processing techniques were used to analyze the data: tallies were made, information was transferred to IBM key-punch cards, and a computer program was employed to run chi-square tests.

Findings of the research based on the data analysis are included in the next chapter.

CHAPTER IV

ANALYSIS OF THE DATA

PART I

One of the basic aims of this research was to determine the nature of student health service programs in public community colleges. As indicated in the Statement of the Problem, the following general questions are to be answered.

1. What type and amount of student health service is provided by public community colleges in the United States?

2. What kinds of health service personnel are employed on campus?

3. What are the views of key college leaders regarding the status of student and community health services?

An analytical interpretation of descriptive information collected from 482 public community colleges is found in Chapter IV. Included in this analysis are data concerning the administration, structure, personnel, facilities, and characteristics of services offered as part of the student health programs at these institutions.

The primary data-collection instrument contained 21 questions and was completed by Student Personnel Deans. Each participant in the survey could

respond by using check marks or figures wherever appropriate. This method of response permitted the participants to complete the survey instrument in a short time period. Consequently, very few returned instruments had to be discarded because of incompleteness.

Description of the Population

For the purposes of this study, criteria were established for selecting all public community colleges as sources of information. After some modifications in the research design, 630 institutions met the criteria and survey instruments were mailed to five different key leaders at each college. Respondents gave their perceptions on issues relating to student health services and their college's community involvement. Descriptive data on the health service program was received from 502 institutions with 482 or 76.5% returning usable instruments. These were employed in determining the findings of this part of the investigation.

Table 2 shows the size of institutions providing data for the study.

TABLE 2

SIZE OF INSTITUTIONS PARTICIPATING IN THE STUDY, BY STUDENT HEAD COUNT (SCH)

Student Head Count	Frequency	Percentage
500 or less	28	5.8
501-1,000	83	17.2
1,001-3,000	187	38.8
3,001-5,000	85	17.6
5,001-8,000	55	11.4
Over 8,000	44	9.1

Organization and Content of Health Service Programs

The first general question to be answered in the survey was: What type and amount of health service is provided by public community colleges? In determining an answer to this query, appropriate questions from the instrument are found in Table 3 with frequencies and percentages in each category. Related to this main question are several features of the content and organization of health service programs.

TABLE 3

PERCENTAGE AND FREQUENCY OF RESPONSES TO QUESTIONS ON THE ORGANIZATION OF HEALTH SERVICES (N=482)

Question	Frequency		Percentage	
	Yes	No	Yes	No
1. Does your college have a health service program on campus?	200	282	41.5	58.5
2. Does your college have a contractual arrangement with an off-campus agency to provide health service for students?	88	394	18.3	81.7
3. Does your college employ a full-time health service director?	125	357	25.9	74.1
4. Is the director a physician?	8	474	1.7	98.3
5. Is the director a nurse?	170	312	35.3	64.7
6. Does the director report directly to the President?	4	478	0.8	98.2

TABLE 3, Continued.

Question	Frequency Yes	Frequency No	Percentage Yes	Percentage No
7. Does the director report directly to the Student Personnel Dean?	168	314	34.9	65.1
8. Are students charged a health service fee?	40	442	8.3	91.7
9. Is there a charge to students for treatment?	9	473	1.9	98.1
10. Is the College sanitation a responsibility of the health service?	28	454	5.8	94.2
11. Does an operational campus health service advisory committee exist?	59	423	12.2	87.8
12. Is the campus designed to accommodate students with health problems or physical handicaps?	312	170	64.7	35.3
13. Which of the following are included on the campus to assist students with health problems?				
A. Ramps	283	199	58.7	41.3
B. Elevators	195	287	40.5	59.5
C. Restrooms with doors for wheelchairs	211	271	43.8	56.2
D. Medical parking	230	252	47.7	52.3
14. Has a comprehensive study been made of health problems on campus within the last five (5) years?	94	388	20.0	80.0

Of the 482 public community colleges included in the survey, less than one-half (41.5%) operate student health service programs as defined by the study.* Contractual arrangements were made with off-campus agencies to provide health services for students in 18.3 per cent of the institutions.

A full-time health service director was reported in 25.9 per cent of the colleges. In 8 institutions the director was a physician and in 170 the director was a nurse.

In very few community colleges does the director of health services report directly to the President: only 4 colleges reported this procedure. It was more common for the director to report to the Student Personnel Dean: 168 institutions have this arrangement.

Funding is a primary factor in health service programs and the question of fees and charges to students was included in the survey. Of those institutions offering health service programs, only 40 (8.3%) levy a health fee to students. Also, in all but 9 cases students receive treatment at the health center without charge.

Responses to the question dealing with college sanitation showed that this activity is not a responsibility of health service programs. Only 5.8 per cent of the respondents indicated that they had this involvement.

Of the responding community colleges, 12.2% indicated that an operational health service advisory committee was in existence.

A large majority of the colleges (64.7%) have campuses designed to accommodate students with health problems and/or physical handicaps. Most colleges (58.7%) have ramps for wheelchairs and almost one-half possess provisions for

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*See Definition of Terms, p.14.

medical parking (47.7%), restroom with doors for wheelchairs (43.8%), and elevators (40.5%).

According to the responses, community colleges have not made comprehensive studies of student health problems on campus. In the most recent five year period, only 94 of the 482 institutions had made such a study.

Personnel, Facilities, and Health Care Capabilities

The second general question to be answered by the survey was: What kinds of health service personnel are employed on campus? Related to this query are the types of facilities in which personnel work, and the different kinds of health care they are capable of administering.

The availability of health personnel to students on the community college campus is found in Table 4.

In addition to the health service director discussed above, community colleges have a variety of health personnel types on the campus. However, their numbers are extremely limited and in some cases almost non-existent. Ten per cent of the institutions have physicians available; nurses are found in 40.5 and support in the form of clerical assistance is available in 17.2%.

TABLE 4

HEALTH PERSONNEL AND SERVICES AVAILABLE WITHIN THE HEALTH SERVICE FACILITY

Personnel and Service	Frequency		Percentage	
	Yes	No	Yes	No
A. Nurse	195	287	40.5	59.5
B. Nurse' Aide	20	462	4.1	95.9
C. Clerical Personnel	83	399	17.2	82.8
D. Physician	48	434	10.0	90.0
E. Psychiatrist	6	476	1.2	98.8
F. Psychologist	13	469	2.7	97.3
G. Dentist	1	481	0.2	99.8
H. Laboratory Technician	1	481	0.2	99.8
I. Physical Therapist	2	480	0.4	99.6
J. X-Ray Technician	0	482	0.0	100.0
K. Ophthalmologist	1	481	0.2	99.8
L. Gynecologist	3	479	0.6	99.4

Less than 2%of the colleges have psychiatrists, dentists, laboratory technicians, physical therapists, ophthalmologists, and none reported X-ray technicians on duty.

Table 5 shows the frequency and percentage of the physical facilities found in community college health centers.

TABLE 5

FACILITIES INCLUDED IN HEALTH CENTERS AT PUBLIC COMMUNITY COLLEGES

Facility	Frequency		Percentage	
	Yes	No	Yes	No
A. Examination and treatment room	147	335	30.5	69.5
B. Nurse's office	185	279	38.4	61.6
C. Physician's office	44	438	9.1	90.9
D. Restrooms	150	332	31.1	68.9
E. Adequate waiting area	112	370	23.2	76.8
F. Storerooms and closets	120	362	24.9	75.1
G. Records room	52	430	10.8	89.2
H. Library	16	466	3.3	96.7
I. Wheelchair ramp	80	402	16.6	83.4
J. Isolation area	53	429	11.0	89.0
K. Secretarial office	78	404	16.2	83.8

Nurses' offices are the most common facility (38.4%) found in community college health services. Examination and treatment rooms, and restrooms are

available in over one-third of the programs. Physicians' offices, records rooms, and isolation areas are found in only 11% of the institutions. Least common in health centers are medical libraries which are found in only 3.3% of the colleges.

Of interest to the study was the extent of medical care provided by the health centers. The data regarding this is presented in Table 6.

TABLE 6

AREAS OF HEALTH CARE ADMINISTERED BY COMMUNITY COLLEGE STUDENT HEALTH CENTERS

Type of Health Care	Frequency		Percentage	
	Yes	No	Yes	No
A. General first aid	174	308	36.1	63.9
B. Common allergic reactions	97	385	20.1	79.9
C. Common cold	134	348	27.8	72.2
D. Gastrointestinal upsets	115	367	23.9	76.1
E. Minor emotional disorders	111	371	23.0	77.0
F. Fractures and dislocations	70	412	14.5	85.5
G. Headache relief	136	346	28.2	71.8
H. Menstrual problems	137	345	28.4	71.6
I. Contraceptive information	102	380	21.2	78.8
J. Dispense contraceptives	12	470	2.5	97.5
K. Alcohol problems	50	432	10.4	89.6

TABLE 6, Continued.

Type of Health Care	Frequency		Percentage	
	Yes	No	Yes	No
L. Laboratory tests	26	456	5.4	94.6
M. Cuts and abrasions treatment	153	329	31.7	68.3
N. Communicable diseases treatment	41	441	8.5	91.5
O. Vaccinations and immunizations	54	428	11.2	88.8
P. Acute abdominal disorders	39	443	8.1	91.9
Q. Drug abuse information	114	368	23.7	76.3
R. Acute drug reactions	46	436	9.5	90.5
S. Severe emotional reactions	48	434	10.0	90.0

The most common types of health care administered by community colleges are general first aid, headache relief, menstrual relief, and cuts and abrasions treatment; approximately one-third of the respondents checked these categories affirmatively. Less than 11%were able to deal with severe emotional reactions, acute abdominal disorders, communicable diseases, acute drug reactions, alcohol problems, and with situations requiring laboratory tests. While contraceptive information was provided by21.%of the health centers, only2.5% actually

dispensed contraceptives to students.

Directly related to health care capabilities are the real problems of students that are dealt with by the health center. Table 7 depicts the variety of health problems on the community college campus occurring within the last five years.

TABLE 7

INCIDENCE OF EMERGENCIES AND HEALTH PROBLEMS ON COMMUNITY COLLEGE CAMPUSES

Emergency and Problems	Frequency		Percentage	
	Yes	No	Yes	No
A. Heart Attack	116	366	24.1	75.9
B. Epileptic seizure	334	148	69.3	30.7
C. Fire (resulting in injury)	13	469	2.7	97.3
D. Epidemics	20	462	4.1	95.9
E. Drug overdose	172	310	35.7	64.3
F. Laboratory accidents (resulting in injury)	229	253	47.5	52.5
G. Violence (with injuries)	56	426	11.6	88.4
H. Student demonstrations (with injuries)	10	472	2.1	97.9
I. Bomb explosion (injuries)	6	476	1.2	98.8
J. Suicide	27	455	5.6	94.4

Epileptic seizures have occurred in almost three-quarters (69.3%) of all colleges sometime within the last five years. Approximately one-half of the colleges have experienced laboratory accidents with resulting injuries. Drug overdose has become a recent phenomenon with 35.7% incidence reported, and heart attacks have occurred on the campus at about one-fourth of the institutions. The smallest number of emergencies resulted from bomb explosions (6 cases) and student demonstrations resulting in injuries (10 cases). Student suicide does occur on the community college campus; 27 cases were reported for the recent five year period.

The evidence presented on student health problems on the campus raises a question concerning the degree to which dropouts are precipitated by poor health. Student Personnel Deans were asked to estimate the per cent of dropouts caused by health problems. Table 8 contains their reactions.

TABLE 8

PERCEPTIONS OF STUDENT PERSONNEL DEANS ON PER CENT OF DROPOUTS ATTRIBUTABLE TO HEALTH PROBLEMS

Category	Frequency	Percentage
1. None	35	7.3
2. 1-5%	368	76.3
3. 6-10%	39	8.1
4. 11-20%	9	1.9
5. Over 20%	1	0.2
6. No response	30	6.2

A sizeable number of the Deans (368) believed that from 1-5% of their college's dropouts were related to problems of health. In 9 instances, estimates fell in the 11-20% area and in one case the Dean felt that more than twenty per cent of the dropouts occurred because of health problems.

Resources Utilized and Improvements Made in Health Service Programs

A central issue of this research was an investigation of the amount of interaction between the college and outside agencies in relation to student health. The Student Personnel Deans were requested to give information on the resources that were utilized in implementing and expanding the campus health service program. Also, they were asked to indicate what improvements were made in the health service program within the last five years. Findings in these two areas are presented in Table 9 with reactions of Presidents.

TABLE 9

RESOURCES UTILIZED IN MAKING IMPROVEMENTS IN HEALTH SERVICE PROGRAMS (PERCEPTIONS OF STUDENT PERSONNEL DEANS & PRESIDENTS)

Resource and Improvement	Yes Response Frequency		Yes Response Percentage	
	*Deans	**Presidents	Deans	Presidents
1. What resources have you utilized for implementing and expanding the campus health service program?				
A. Local professionals in medical fields	236	242	49.0	55.5
B. Local medical society	76	80	15.8	18.3

TABLE 9, Continued.

Resource and Improvement	Frequency		Percentage	
	*Deans	**Presidents	Deans	Presidents
C. State and municipal public health service	129	109	26.8	25.0
D. Nearby colleges and universities	69	38	14.3	8.7
E. Intra-institutional departments and divisions	80	45	16.6	10.3
F. Federal government agencies	25	30	5.2	6.9
G. American Association of Junior Colleges	27	20	5.6	4.6
H. American College Health Association	66	25	13.7	5.7
2. What improvements have been made in your health service program in the last five (5) years?				
A. None	234	208	48.5	47.7
B. Increased budget	110	123	22.8	28.2
C. Added professional staff	108	118	22.4	27.1
D. Increased clerical staff	42	44	8.7	10.1
E. Improved facilities	129	107	26.8	24.5
F. In-service education for staff	101	n.a.	21.0	n.a.

*482 Deans **436 Presidents

Responses of Presidents are given in the table as comparisons in the following discussion on the views of Deans.

Local professionals in the medical field are the primary source of outside assistance; almost half of the colleges had utilized these services in implementing and expanding their programs. A major role is also played by State and municipal public health services who have lent assistance in 26.8 per cent of the institutions. Over 13 per cent of the colleges found help from the American College Health Association. Verly limited utilization was made of Federal government agencies (5.2%) and the American Association of Community and Junior Colleges (5.6%).

The actual improvements made by colleges within the last five years are noted in Table 9. Again, these can be compared with reactions of Presidents.

Almost one-half of the colleges were reported to have made no improvements in their health service programs during this period; this figure includes the 282 respondents who reported that health programs were unavailable. Of the improvements made, facility expansion or addition was done by the largest number of colleges (129). Only 8.7 per cent of the colleges were able to obtain additional support staff in clerical areas. While almost one-half (47.7%) of the Presidents reported no improvements, slightly more than one-quarter reported budget increases and the addition of professional staff.

Table 10 reveals the perceptions of Student Personnel Deans as to effectiveness of communicating health service needs to their chief administrators. Regarding efficacy of communications, one-third of the Deans believed they had very effective links with their President where questions of student health were concerned. However, a substantial percentage (20.7) perceived their ability in this regard to be ineffective.

TABLE 10

PERCEPTIONS OF STUDENT PERSONNEL DEANS ON THEIR EFFECTIVENESS OF COMMUNICATING HEALTH SERVICE NEEDS TO THE COLLEGE'S CHIEF ADMINISTRATOR

Category	Frequency	Percentage
1. Very effective	152	31.5
2. Mildly effective	226	46.9
3. Ineffective	100	20.7
4. No response	4	0.9

Other Aspects of Student and Community Health

A substantial amount of data was collected to answer the third general question: What are the views of key college leaders regarding the status of student and community health services? Several questions to the different groups of respondents which were enumerated in Chapter III are subsumed under this question.

In addition to collecting primary data on student health service programs, this research sought to obtain the views of key college leaders on campus conditions in this arena. Table 11 shows the responses for each group.

TABLE 11

JUDGMENTS OF KEY COLLEGE LEADERS REGARDING THEIR CAMPUS HEALTH SERVICE PROGRAMS

RATING	PRESIDENTS N=436		STUDENT PERSONNEL DEANS N=482		ACADEMIC DEANS N=430		BOARD CHAIRMEN N=262		STUDENT BODY PRESIDENTS N=316	
	No.	%	No.	%	No.	%	No.	%	No.	%
1. Comprehensive program available	8	1.8	20	4.1	23	5.4	11	4.2	10	3.2
2. Adequate for our campus	101	23.2	105	21.8	107	24.9	83	31.7	71	22.5
3. Limited program available	183	42.0	177	36.8	185	43.0	112	42.7	109	34.4
4. No program available	143	32.8	179	37.1	112	26.0	56	21.4	126	39.9
5. No response	1	0.2	1	0.2	3	0.7	-	-	-	-

Question: Which best describes your campus student health service program?

Considering that the computer program which was written to analyze the data did not match respondents from the same institution, the evaluations of student health service programs show great similarity. Although the numbers in each category vary because of the different sizes in population (N), the response percentages reveal little divergence of opinion.

Comprehensive programs were available, according to all groups of key college leaders in only about 3.7 per cent of the institutions. Of the responding Presidents, 1.8 per cent judged their campus health service program as "comprehensive" while 3.2 per cent of the Student Body Presidents marked this category.

The health service programs were thought to be adequate for campus needs in approximately one-quarter of the institutions. Board Chairmen selected this definition more often than did the other groups (31.7%). The similarity of opinion noted above continued into the "limited program available" category as respondents selected this definition in the following manner: Presidents (32.8%), Student Personnel Deans (36.8%), Academic Deans (43.0%), Board Chairmen (42.7%), and Student Body Presidents (34.4%).

Again, on an average, respondents stated that no campus health service program was available in about one-third of the public community colleges. By adding percentages in this column to those in the "limited program available" column total responses become heavily weighted at the negative end of the judgment scale. Comparison of group reactions reveals a range from Presidents (74.8%) to Board Chairmen (64.1%). Also, ratings of college Presidents were almost identical to those of Student Body Presidents (74.3%).

Although not a primary issue in the research, the Academic Dean was asked to evaluate the health education aspects of the curriculum at his campus. Responses of Deans are found in Table 12.

TABLE 12

THE EFFICACY OF HEALTH EDUCATION ASPECTS OF COMMUNITY COLLEGE CURRICULUM OFFERINGS AS SEEN BY ACADEMIC DEANS

Ranking	Frequency	Percentage
1. Excellent	41	9.5
2. Good	108	25.1
3. Average	176	40.9
4. Poor	102	23.7
5. No response	3	0.8

In this rating, Deans were requested to consider health education aspects of the general curriculum aside from Occupational Health and Physical Education courses. The intent was to discover what was being done about health education in the general education segment of the total college offerings.

Less than 10 per cent of the Academic Deans considered that an "excellent" rating was appropriate in defining what was prevalent at their campuses. Most Deans (40.9%) chose the "average" rating and about one-quarter (23.7%) declared their effectiveness as "poor."

Among the respondents, Student Body Presidents considered the campus health service programs below average; they also were not positive in their evaluations of community health resources. Table 13 details their reactions to the topic of student health fees.

TABLE 13

OPINIONS OF STUDENT BODY PRESIDENTS ON INCREASING STUDENT FEES TO EXPAND HEALTH SERVICE

Question	Frequency			Percentage		
	Yes	No	Undecided	Yes	No	Undecided
Would students at your campus support increasing student fees to expand health service offered on campus?	42	143	131	13.3	45.3	41.4

In this case, Student Body Presidents were giving their opinions without the benefit of surveying their own peer group on campus. Only 13.3 per cent believed that the student body would favor increasing fees to expand health services while 45.3 per cent reacted negatively. A very large percentage (41.4) were undecided about how their peers would respond.

It is possible that many of the respondents' views on campus programs were influenced by the availability of health resources in the surrounding community. The evaluations of key college leaders are found in Table 14.

TABLE 14

EVALUATIONS OF COMMUNITY HEALTH RESOURCES
BY KEY COLLEGE LEADERS

HEALTH RESOURCES	PRESIDENTS N=436		STUDENT PERSONNEL DEANS N=482		ACADEMIC DEANS N=430		BOARD CHAIRMEN N=262		STUDENT BODY PRESIDENTS N=316	
	No.	%	No.	%	No.	%	No.	%	No.	%
1. Excellent	123	28.2	142	29.5	132	30.7	81	30.9	62	19.6
2. Good	176	40.4	193	40.0	163	37.9	98	37.4	92	29.1
3. Average	108	24.8	114	23.7	106	24.7	71	27.1	119	37.7
4. Poor	27	6.2	30	6.2	29	6.7	11	4.2	42	13.3
5. No response	2	0.4	3	0.6	-	-	1	0.4	1	0.3

Question: How do you rate the availability of health care resources in your surrounding community?

On the basis of response statistics there is a noticeable difference in the evaluations of health resources available in the surrounding community. Members of the college administration and governing body expressed a higher rating of community facilities and services than did spokesmen for the students.

The President, both groups of Deans, and the Chairmen rated community resources as "excellent" in almost one-third of the communities. However, Student Body Presidents found this to be the case in only 19.6 per cent. Further accentuation of the differences between college representatives and the students' spokesmen is seen by combining the negative end of the scale. The combined "average" and "poor" categories for Presidents, Deans, and Chairmen amounted to about 30 per cent. By contrast, Student Body Presidents' combined scores for "average" and "poor" totalled 51 per cent.

Generally, however, all groups of respondents rated health resources in the surrounding community on the positive end of the scale.

Information on certain demographic features of communities was germane to the topic under investigation. The health resources delineated above are found in several different types of communities. The following table describes areas served by the colleges in the survey.

TABLE 15

TYPES OF COMMUNITIES SERVED BY COLLEGES IN THE SURVEY AS DETERMINED BY PRESIDENTS AND BOARD CHAIRMEN

Community Type	Presidents No.	Presidents %	Board Chairmen No.	Board Chairmen %
1. Urban	60	13.8	32	12.2
2. Suburban	69	15.8	25	9.5
3. Rural	156	35.8	64	24.4
4. Mixed area	149	34.2	141	53.9
5. No response	2	0.2	-	-

Both Presidents (34.2%) and Governing Board Chairmen (53.9%) saw their institutions as serving mixed geographical regions. There was a large percentage who described regions as rural: in both cases it was over one-quarter. Similar percentages (13.8 and 12.2) were found among regions described as urban.

In addition to describing areas served by the campus, Presidents and Board Chairmen were requested to define the socio-economic status (S.E.S) of their

communities. Responses to this question are found in Table 16.

TABLE 16

SOCIO-ECONOMIC STATUS (S.E.S.) LEVELS OF COMMUNITIES SERVED BY COLLEGES IN THE SURVEY

Community Socio-economic Status (S.E.S.)	Presidents		Board Chairmen	
	No.	%	No.	%
1. Upper S.E.S.	2	0.5	2	0.8
2. Upper Middle S.E.S.	21	4.8	21	8.0
3. Middle S.E.S.	161	36.9	82	31.3
4. Lower Middle S.E.S.	135	31.0	63	24.0
5. Lower S.E.S.	32	7.3	15	5.7
6. Mixed S.E.S.	83	19.0	78	29.8
7. No response	2	0.5	1	0.4

Public community colleges are located in communities representing a wide spectrum of socio-economic levels. Response data indicate that Presidents and Governing Board Chairmen see their institutions serving constituencies that are middle and lower-middle class. Presidents used these two categories in 67.9 per cent of the responses and Governing Board Chairmen 55.3 per cent. Less than one per cent of the areas was considered upper class S.ES. and only 7.3 per cent of the Presidents and 5.7 per cent of the Chairmen saw their constituency as lower S.E.S. Any assumption that public community colleges serve predominantly mixed S.E.S. citizen areas was not supported as this descriptive

adjective was selected by only 19.0 per cent of the Presidents and 29.8 per cent of the Chairmen.

One question in the study sought to determine the degree of familiarity that key college leaders had with periodical literature in the two-year college field. For the query, three different publications were selected because a review of literature determined them to have a concentration of articles dealing with topics on student health and community services. All leaders (with the exception of Student Body Presidents) were requested to indicate how often they read the following publications: Junior College Journal, ERIC Junior College Research Review, and Journal of the American College Health Association. Their responses are found in Table 17.

The major publication in the two-year college field, the Junior College Journal, is widely read according to the survey respondents. The ERIC Junior Research Review has a much smaller audience and the Journal of the American College Health Association is rarely read by any of the key college leaders.

Presidents appear to be most familiar with the publications: 80.5 % indicated they always read the Junior College Journal. However, they marked the "always" indicator for the Research Review 41.7% of the time and only 9.2% for the ACHA Journal. This same sliding scale was found in responses of Student Personnel Deans and Academic Deans: both groups "always" read the Junior College Journal almost 70 % of the time, the Research Review approximately one-quarter, and the ACHA Journal less than 7% of the time. Governing Board Chairmen have the least familiarity with these publications: almost 50 % of the Chairmen indicated they "always" read the Junior College Journal, whereas only

TABLE 17

FREQUENCY WITH WHICH KEY COLLEGE LEADERS READ THE JUNIOR COLLEGE JOURNAL, THE ERIC RESEARCH REVIEW AND THE JOURNAL OF THE AMERICAN COLLEGE HEALTH ASSOCIATION

Group		Junior College Journal		ERIC Research Review		Journal of the ACHA	
		N	%	N	%	N	%
Presidents	Always	351	80.5	182	41.7	40	9.2
	Sometimes	77	17.7	205	47.0	74	17.0
	Rarely	8	1.8	46	10.6	318	72.9
	N.R.*	-	-	2	0.7	4	0.9
Student Personnel Deans	Always	333	69.1	97	20.1	29	6.0
	Sometimes	125	25.9	240	49.8	113	23.4
	Rarely	23	4.8	142	29.5	337	69.9
	N.R.	1	0.2	3	0.6	3	0.7
Academic Deans	Always	336	78.1	122	28.4	22	5.1
	Sometimes	83	19.3	226	52.6	69	16.0
	Rarely	11	2.6	79	18.4	335	77.9
	N.R.	-	-	3	0.6	4	0.9
Governing Board Chairmen	Always	125	47.7	27	10.3	13	5.0
	Sometimes	92	35.1	82	31.3	46	17.6
	Rarely	45	17.2	153	58.4	203	77.4
	N.R.	-	-	-	-	-	-

*No response.

10.3 % and 5.0 % read the Research Review and the ACHA Journal, respectively, with the same degree of frequency.

Although the open-door admissions policy of the community college was not under direct investigation, one survey question attempted to uncover perceptions of leaders regarding their position on admitting applicants with specific health problems. Table 18 lists the types of health problems included in the question and gives responses of the leaders.

On the basis of these responses, it appears that all key college leaders favor the admission of applicants with speech disorders, hearing loss, blindness, confined to wheelchairs, and those having minor emotional or mental disorders. In all cases, at least 70 % of all leaders indicated favoring applicants with these kinds of problems, and applicants with speech disorders or confined to wheelchairs received over 90 % positive responses.

College leaders were less likely to favor admission of applicants with major mental or emotional disorders, problems of drug abuse, venereal disease, and those with criminal records indicating that others may be endangered by their admission. The acceptance of applicants with these types of health problems was supported by an average of approximately one-third of the leaders. In one case (applicants with criminal records) only an average of 15 % of the leaders answered in the affirmative.

Considering all types of health problems, Student Personnel Deans and Student Body Presidents expressed the least hesitation about admissions. In the case of drug abusers, 42.9 % of the Deans and 54.0 % of the Student

TABLE 18

NUMBERS AND PERCENTAGES OF RESPONDENTS BY GROUP FAVORING ADMISSION OF APPLICANTS WITH SPECIFIC HEALTH PROBLEMS *

Group	Speech Disorders N	%	Hearing Loss N	%	Blind N	%	Wheelchair Occupants N	%	Major Mental Disorder N	%	Minor Mental Disorder N	%	Drug Abuser N	%	Venereal Disease N	%	Criminal Records N	%
Presidents (N=432)	405	93.7	348	80.6	342	79.2	406	94.0	144	33.3	330	76,4	147	34.0	103	23.8	58	13.4
Student Personnel Dean (N=482)	439	91.1	372	77.2	377	78.4	452	93.8	195	40.5	384	79.7	207	42.9	151	31.4	76	15.8
Academic Dean (N=428)	399	93.2	336	78.5	360	83.7	411	95.6	144	33.7	345	80.6	154	35.9	108	25.2	54	12.6
Governing Board Chairmen (N=262)	236	90.1	190	72.5	184	70.2	244	93.1	62	23.7	183	69.8	59	22.5	45	17.2	20	7.6
Student Body President N=316)	286	91.1	222	70.3	225	71.2	290	91.8	111	35.2	227	71.8	170	54.0	139	44.1	81	25.7

*Answered "Agree" or "Tend to Agree"

Presidents favored admission. Also, Deans favored admitting applicants with criminal records 15.8 per cent of the time and Student Body Presidents 25.7 per cent.

Governing Board Chairmen were more restrictive in admitting applicants with health problems. In all categories, favorable responses from Board Chairmen were the lowest of any group of respondents. In contrast to Student Personnel Deans (42.9%) and Student Body Presidents (54%), Board Chairmen favored admission of drug abusers in 22.5 per cent of the cases, and only 7.6 per cent of the Chairmen supported the admission of applicants with criminal records.

In summation, it must be recalled that several assumptions were inherent in the foregoing data, discussion, and conclusions. In addition to the broad assumptions noted in Chapter I, others are applicable to the health service data discussed above.

The entire discussion of extant health service programs was predicated on Student Personnel Deans supplying accurate information on campus conditions. In specific instances, data collection was dependent upon records and information kept on file and on willingness of Deans to participate in the survey. Emphasis was placed on activities within campus health centers rather than on referrals made to outside agencies. The data included actual contacts between students and college personnel. It must be reiterated that these figures do not represent the complete state of student health and incidence of health problems on the campus. No attempt was made to estimate the number of students with illness or health-related social problems who do not come to the attention of college representatives.

Discussion of certain tables of data presented above can be better understood by mentioning specific assumptions. For example, some areas of health care (Table 6) may be administered by other departments of the college, i.e. where professional counselors are employed, they are qualified to assist students with alcohol problems, minor emotional disorders, and can give information on contraceptives and drug abuse. Also, some campus emergencies (Table 7) such as laboratory accidents assumes the presence of lab facilities, and the necessity of having wheelchair ramps and elevators (Table 3) does not preclude campuses

built on a single level.

It is possible that college officials other than the President and Student Personnel Dean may have contact with outside resources (Table 9) such as the AAJC and ACHA in efforts to improve the health service program. Because of their positions, however, it was assumed that either group would have had some familiarity with the efforts of other college representatives in this regard.

As stated in Chapter I, this study was designed to report the perceptions of key college leaders. In giving responses, they are reflecting degrees of familiarity with the topics under investigation.

ANALYSIS OF THE DATA

PART II

To this point, Chapter IV has been devoted to the first part of the Statement of the Problem: determine and describe the characteristics of student health services in public community colleges. Part II of this chapter will analyze the perceptions of key college leaders in dealing with health-related social problems on the campus and in the community. Source data for this aspect of the study were a series of questionnaire statements directed to all respondents. Eight statements dealt with student health and health services on the community college campus; the college and its community involvement were the subjects of nine other statements. Also, leaders gave their perceptions of their college's participation in a variety of activities designed to ameliorate health-related social problems.[151]

The foregoing description of extant student health service programs in public community colleges serves as a preface for the analysis of key college leaders' perceptions. Although the instrument employed a five-point evaluation scale for each

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[151] Tables in this section of the study report statistical data on each of the statements. The actual questionnaire items to which the survey participants responded are included with the tables to facilitate the reader's understanding of the data.

Chi-square values are reported in the right hand column. The symbol df refers to degrees of freedom and the p notes the significance level existing between the groups in each category. Groups whose level of significance falls outside the 5 per cent confidence level are indicated as p=NS (not significant).

statement, responses were categorized by the computer program and condensed to three areas: agree, undecided, and disagree. A final question, using four categories, asked respondents to indicate what percentage of next year's budget they would re-allocate to college-operated programs aimed at solving health-related social problems.

Statements Regarding Health and Health Services

Eight statements were used to derive the perceptions of key college leaders on various aspects of student health and the responsibility of the community college to provide services that help to maintain healthful conditions on the campus. The questions were designed to detect points of agreement and disagreement in leaders' perceptions. Tables in Part II list each group of respondents and include numbers and percentages for each statement.

In order to determine if there were significant differences between the responses of key leaders, answers of each group were submitted to further analysis. The statistical tool employed in analyzing the degree of difference was the chi-square test. For all statements, then, answers of each group of respondents were compared with every other group and the differences were noted at the .01 or .05 level. (In the following tables, 19-35, a chi-square at the .01 level with 2 degrees of freedom = 9.210, and at the .05 level = 5.991).

The statements are discussed in the order in which they appeared on the instrument.

1. College Staff Handling Emergencies (Table 19)

An average of 52.6 per cent of the five groups agreed that administrators,

TABLE 19

PERCEPTIONS OF KEY COLLEGE LEADERS ABOUT COLLEGE STAFF WITH FIRST AID KNOWLEDGE HANDLING EMERGENCIES

Group		Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)		236	54.6	13	3.0	183	42.4	X^2=3.6999 df=2 p=NS
	Board Chairmen (N=262)	151	57.6	14	5.3	97	37.0	
	Student Personnel Deans (N=482)	234	48.5	16	3.3	232	48.1	X^2=3.3793 df=2 p=NS
	Academic Deans (N=430)	223	52.0	18	4.2	188	43.8	X^2=1.2316 df=2 p=NS
	Student Body Presidents (N=315)	160	50.6	33	10.4	123	38.9	X^2=17.477 df=2 p=.01
Board Chairmen		151	57.6	14	5.3	97	37.0	
	Academic Deans	223	52.0	18	4.2	188	43.8	X^2=3.2464 df=2 p=NS
	Student Personnel Deans	234	48.5	16	3.3	232	48.1	X^2=9.1700 df=2 p=.05
	Student Body Presidents	160	50.6	33	10.4	123	38.9	X^2=6.0216 df=2 p=.05
Academic Deans		223	52.0	18	4.2	188	43.8	
	Student Personnel Deans	234	48.5	16	3.3	232	48.1	X^2=1.9150 df=2 p=NS
	Student Body Presidents	160	50.6	33	10.4	123	38.9	X^2=11.485 df=2 p=.01
Student Personnel Deans		234	48.5	16	3.3	232	48.1	X^2=19.580 df=2 p=.01
	Student Body Presidents	160	50.6	33	10.4	123	38.9	

STATEMENT 1: Administrators, faculty, or staff with some knowledge of first aid can take care of most of the emergency situations occurring on the campus.

faculty, or staff with some knowledge of first aid could take care of emergency situations occurring on the campus. Board Chairmen revealed the most agreement (57.6%) with this item and Student Personnel Deans the least (48.5%). Opposition to the statement found Student Deans expressing the largest disagreement (48.1%) and Board Chairmen the least (37.0%). Four groups were similarly undecided (average 3.9%) with Student Body Presidents having the largest percentage of uncertainty (10.4%).

Chi-square analysis was used to determine whether or not there were significant differences in the perceptions of groups. Differences between Presidents and Student Body Presidents were significant at the .01 level (17.477). The perceptions of Board Chairmen vis-a-vis those of Student Personnel Deans and Student Body Presidents were statistically significant at the .05 level (9.1700 and 6.0216 respectively). Significant differences at the .01 level were also found between Academic Deans and Student Body Presidents (11.485) and between Student Deans and Student Presidents (19.580).

From these findings, it seems reasonable to conclude that key college leaders agree that college staff members with first aid knowledge can handle emergency situations on campus. Although there was a large percentage of disagreement, all groups except Student Personnel Deans expressed over 50 per cent agreement with the statement. College administrators revealed a greater degree of accord than did spokesmen for students and student personnel services. With the exception of Student Presidents, all groups agreed with Presidents and Academic Deans. However, significant differences were found between the perceptions of Board Chairmen and those of Student Deans and Student Body Presidents.

2. Responsibility for Student Health (Table 20)

A great divergence of opinion was found in the perceptions of leaders regarding the primary responsibility of parents and family physicians for the student's health care. With the exception of student leaders who showed limited agreement (44.9%), all groups reacted positively (average, 75.0%). Similarly, Student Body Presidents disagreed 48.1 per cent of the time while other leaders answered in the negative less than one-half that percentage. Very few of the respondents were undecided about the statement: a low of 3.1 per cent for Board Chairmen and a high of 7.0 per cent for Student Body Presidents represented extremes of frequency.

The chi-square values were greatly affected by the responses of Student Body Presidents. When compared with other groups, the difference in perceptions of student leaders were statistically significant at the .01 level: Presidents, 92.901; Student Personnel Deans, 50.255; Academic Deans, 61.076; and Board Chairmen, 73.032. There were also significant differences between Presidents vis-a-vis Student Deans (10.903) and Student Presidents (73.032), and between Board Chairmen and the same two groups (10.490 and 73.032 respectively). Also at the same .01 level, differences were discovered between Student Body Presidents and Academic Deans (61.076) and Student Personnel Deans (50.255).

The results indicated that significantly more spokesmen for the community college than spokesmen for the students believed that student health care is primarily the responsibility of his parents and his family physician. Almost one-half (48.1%) of the Student Body Presidents indicated that this should not be the case. In every

TABLE 20

PERCEPTIONS ABOUT THE RESPONSIBILITY OF PARENTS AND PHYSICIANS FOR THE STUDENT'S HEALTH CARE

Group	Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)	340	78.7	18	4.2	74	17.1	X^2=.56317 df=2 p=NS
Board Chairmen (N=262)	209	79.8	8	3.1	45	17.2	
Student Personnel Deans (N=482)	333	69.1	31	6.4	118	24.5	X^2=10.903 df=2 p=.01
Academic Deans (N=429)	312	72.7	22	5.1	95	22.1	X^2=4.2015 df=2 p=NS
Student Body Presidents (N=316)	142	44.9	22	7.0	152	48.1	X^2=92.901 df=2 p=.01
Board Chairmen	209	79.8	8	3.1	45	17.2	
Academic Deans	312	72.7	22	5.1	95	22.1	X^2=4.6654 df=2 p=NS
Student Personnel Deans	333	69.1	31	6.4	118	24.5	X^2=10.490 df=2 p=.01
Student Body Presidents	142	44.9	22	7.0	152	48.1	X^2=73.032 df=2 p=.01
Academic Deans	312	72.7	22	5.1	95	22.1	
Student Personnel Deans	333	69.1	31	6.4	118	24.5	X^2=1.6176 df=2 p=NS
Student Body Presidents	142	44.9	22	7.0	152	48.1	X^2=61.076 df=2 p=.01
Student Personnel Deans	33	69.1	31	6.4	118	24.5	X^2=50.255 df=2 p=.01
Student Body Presidents	142	44.9	22	7.0	152	48.1	

STATEMENT 2: The health care of the community college student is primarily the responsibility of his parents and the family physician.

case of comparison with other key leaders, Student Presidents had significantly different perceptions. Closest to agreement with the student spokesmen were the Student Personnel Deans although differences between the two groups were still significant. In all cases but one, the reactions of these two groups to the statement were significantly different when compared to Presidents, Academic Deans, and Board Chairmen. This suggested to the investigator that student leaders and student personnel administrators perceive other agencies, including the college, to have some responsibility for student health.

3. Providing More Professional Help (Table 21)

Inspection of Table 21 reveals that Student Personnel Deans feel the strongest (71.5 % agreed) about the advisability of providing more professional help in the form of trained counselors, clinical psychologists, and psychiatrists. They were supported by Student Body Presidents who agreed with the statement in 67.1 per cent of the responses. The least support for this proposition was found among Board Chairmen: 52.7 per cent agreed and 32.4 per cent disagreed. Also, over 20 per cent of the Presidents, Academic Deans, and Student Body Presidents expressed disagreement.

Variances in responses were found when the chi-square test was run. Differences between Student Personnel Deans and all groups except Student Body Presidents were significant at the .01 level: Presidents, 13.301; Board Chairmen, 26.844; and Academic Deans, 12.297. While there was no significant difference between the perceptions of Academic Deans and Student Presidents, the latter group and Student Personnel Deans displayed significant differences when compared to all other groups.

TABLE 21

THE ADVISABILITY OF PROVIDING MORE PROFESSIONAL HELP (COUNSELORS, PSYCHOLOGISTS, PSYCHIATRISTS) FOR COLLEGE STUDENTS

Group		Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)		260	60.2	65	15.0	107	24.8	X^2=5.0800 df=2 p=NS
	Board Chairmen (N=262)	138	52.7	39	14.9	85	32.4	
	Student Personnel Deans (N=481)	344	71.5	48	10.0	89	18.5	X^2=13.301 df=2 p=.01
	Academic Deans (N=428)	259	60.5	58	13.6	111	25.9	X^2=.45510 df=2 p=NS
	Student Body Presidents (N=313)	210	67.1	37	11.8	66	21.1	X^2=3.8114 df=2 p=NS
Board Chairmen		138	52.7	39	14.9	85	32.4	
	Academic Deans	259	60.5	58	13.6	111	25.9	X^2=4.3662 df=2 p=NS
	Student Personnel Deans	344	71.5	48	10.0	89	18.5	X^2=26.844 df=2 p=.01
	Student Body Presidents	210	67.1	37	11.8	66	21.1	X^2=12.918 df=2 p=.01
Academic Deans		259	60.5	58	13.6	111	25.9	
	Student Personnel Deans	344	71.5	48	10.0	89	18.5	X^2=12.297 df=2 p=.01
	Student Body Presidents	210	67.1	37	11.8	66	21.1	X^2=3.4375 df=2 p=NS
Student Personnel Deans		344	71.5	48	10.0	89	18.5	X^2=1.7811 df=2 p=NS
	Student Body Presidents	210	67.1	37	11.8	66	21.1	

STATEMENT 3: More professional help on campus in the form of trained counselors, clinical psychologists and psychiatrists ought to be available to our students.

It is clear from the above figures that Student Personnel Deans believe that more professional help should be available to community college students. A possible explanation for this response is that Deans are more familiar with staff needs in the student personnel area. Spokesmen for students expressed a similar need indicating a concern for the welfare of their peers.

4. Health Service Concern of the Total College (Table 22)

A very high percentage of affirmative responses were given by Presidents (79.2), Board Chairmen (77.9), Student Personnel Deans (85.0), Academic Deans (81.8), and Student Body Presidents (79.0) to the statement that health service should concern every sector of the college. Even though there was great support displayed, variances in the "undecided" and "disagree" columns caused some statistically significant differences to appear at the .05 level. For example, perceptions of Presidents differed with those of Academic Deans (7.7554) and Student Personnel Deans (6.9676). There were also significant differences at the .05 level between Board Chairmen and Student Personnel Deans (6.038) and between Academic Deans and Student Body Presidents (9.2088). Although they expressed considerable support for this item, there were significant differences for Student Deans and Student Presidents (7.5686). A possible explanation for this was the percentage of responses in the "undecided" column, i.e., 7.5% to 13.4%.

On the basis of these responses it is clear that there exists wide support for the proposition that health service is not the sole responsibility of only one division of the the college. Respondents definitely perceived health service as an issue concerning all

TABLE 22

SUPPORT FOR THE PROPOSITION THAT HEALTH SERVICES SHOULD BE A CONCERN OF EVERY SECTOR OF THE COLLEGE

Group		Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)		342	79.2	54	12.5	36	8.3	X^2=1.6175 df=2 p=NS
	Board Chairmen (N=262)	204	77.9	29	11.1	29	11.1	
	Student Personnel Deans (N=481)	409	85.0	36	7.5	36	7.5	X^2=6.9676 df=2 p=.05
	Academic Deans (N=428)	350	81.8	31	7.2	47	11.0	X^2=7.7554 df=2 p=.05
	Student Body Presidents (N=314)	248	79.0	42	13.4	24	7.6	X^2=.21682 df=2 p=NS
Board Chairmen		204	77.9	29	11.1	29	11.1	
	Academic Deans	350	81.8	31	7.2	47	11.0	X^2=3.0465 df=2 p=NS
	Student Personnel Deans	409	85.0	36	7.5	36	7.5	X^2=6.0381 df=2 p=.05
	Student Body Presidents	248	79.0	42	13.4	24	7.6	X^2=2.4608 df=2 p=NS
Academic Deans		350	81.8	31	7.2	47	11.0	
	Student Personnel Deans	409	85.0	36	7.5	36	7.5	X^2=3.3384 df=2 p=NS
	Student Body Presidents	248	79.0	42	13.4	24	7.6	X^2=9.2088 df=2 p=.05
Student Personnel Deans		409	85.0	36	7.5	36	7.5	X^2=7.5686 df=2 p=.05
	Student Body Presidents	248	79.0	42	13.4	24	7.6	

STATEMENT 4: Health service is not the sole responsibility of only one division of the college. It is an issue that concerns every sector of the community college.

sectors of the college. Heavy favorable responses from Academic Deans may have been precipitated by their interest in and responsibility for health education. These perceptions also suggest that the topic of health service is one concern which generates a collegial bond among spokesmen for the community college.

5. Health Needs of Commuting Students (Table 23)

It was widely accepted by all respondents that commuting students have substantially less need for health services than students attending a residential college. Over three-quarters of Presidents (76.9%), Board Chairmen (77.5%), and Academic Deans (76.2%) also agreed with the statement. While Student Personnel Deans and Student Body Presidents agreed, their affirmative vote was smaller (67.8% and 60.8%, respectively).

When the chi-square test was applied, it revealed no significant differences between Student Deans and Student Presidents. The perceptions of these two groups again were highlighted as they differed significantly from the other key leaders. Differences between both groups and Presidents were statistically significant at the .01 level (Student Deans, 9.2259 and Student Presidents, 22.895). The perceptions of Board Chairmen differed with Student Deans at the .05 level (7.7010) and with Student Presidents at the .01 level (18.583). The same was true for Academic Deans and the two groups: Academic Deans differed with Student Deans at the .05 level (7.9695) and with Student Presidents at the .01 level (21.187).

According to these findings, we may conclude that key college leaders perceive commuting students having less need for health services than students living away from home in a residential college. Still, there was a sizable percentage of respondents

TABLE 23

JUDGMENTS PERTAINING TO THE STATEMENT THAT COMMUTING STUDENTS HAVE LESS NEED FOR HEALTH SERVICES THAN RESIDENTIAL STUDENTS

Group		Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)		332	76.9	14	3.2	86	19.9	X^2=.83394 df=2 p=NS
	Board Chairmen (N=262)	203	77.5	9	3.4	50	19.1	
	Student Personnel Deans (N=482)	327	67.8	23	4.8	132	27.4	X^2=9.2259 df=2 p=.01
	Academic Deans (N=428)	326	76.2	13	3.0	89	20.8	X^2=.12457 df=2 p=NS
	Student Body Presidents (N=316)	192	60.8	21	6.6	103	32.6	X^2=22.895 df=2 p=.01
Board Chairmen		203	77.5	9	3.4	50	19.1	
	Academic Deans	326	76.2	13	3.0	89	20.8	X^2=.35317 df=2 p=NS
	Student Personnel Deans	327	67.8	23	4.8	132	27.4	X^2=7.7010 df=2 p=.05
	Student Body Presidents	192	60.8	21	6.6	103	32.6	X^2=18.583 df=2 p=.01
Academic Deans		326	76.2	13	3.0	89	20.8	
	Student Personnel Deans	327	67.8	23	4.8	132	27.4	X^2=7.9695 df=2 p=.05
	Student Body Presidents	192	60.8	21	6.6	103	32.6	X^2=21.187 df=2 p=.01
Student Personnel Deans		327	67.8	23	4.8	132	27.4	X^2=4.4463 df=2 p=NS
	Student Body Presidents	192	60.8	21	6.6	103	32.6	

STATEMENT 5: Commuting students have substantially less need for health services than students living away from home in a residential college.

who disagreed with the statement (ranging from 19.1% to 32.6%). This reaction may have been caused by a realization that being a commuting student is not synonymous with living at home. Administrators at Cape Cod Community College, one of the colleges visited by the researcher (Appendix J), indicated that they were impelled to enlarge their health service staff and facilities after discovering that a very large number of their students did not live at home where treatment and care are usually available. Reactions to this statement and to the responses noted in Table 20 have implications for the amount of health services offered by community colleges. Responses suggest that key leaders see the college as having only a limited, secondary responsibility for student health care.

6. Medical Examination Requirement (Table 24)

The statement requiring applicants to the college wishing to be full-time, day students to submit a medical examination form produced a uniformity of responses from key college leaders. Over 60 per cent of all groups agreed with the statement with Presidents giving the lowest per cent of agreement (61.6) and Student Body Presidents the highest (68.9). All groups had very similar reactions to the "undecided" (averaging 11.2%) and the "disagree" categories (averaging 24.3%).

This consensus of response was substantiated by the chi-square analysis which uncovered no significant differences in perception among any of the groups.

From these findings, it seems reasonable to conclude that a majority of the key college leaders believe that a medical examination form should be submitted by all full-time, day applicants to the college. However, it was not within the scope of the present research to determine what was done with the form after its submission.

TABLE 24

THE PERCEIVED NEED FOR REQUIRING FULL-TIME, DAY STUDENTS TO SUBMIT A MEDICAL EXAMINATION FORM FOR ADMISSION

Group	Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)	266	61.6	51	11.8	115	26.6	X^2=.17958 df=2 p=NS
Board Chairmen (N=262)	165	63.0	31	11.8	66	25.2	
Student Personnel Deans (N=482)	298	61.8	55	11.4	129	26.8	X^2=.34699 df=2 p=NS
Academic Deans (N=430)	280	65.1	47	10.9	103	24.0	X^2=1.1782 df=2 p=NS
Student Body Presidents (N=315)	217	68.9	32	10.2	66	21.0	X^2=4.3674 df=2 p=NS
Board Chairmen	165	63.0	31	11.8	66	25.2	
Academic Deans	280	65.1	47	10.9	103	24.0	X^2=.33538 df=2 p=NS
Student Personnel Deans	298	61.8	55	11.4	129	26.8	X^2=.22239 df=2 p=NS
Student Body Presidents	217	68.9	32	10.2	66	21.0	X^2=2.2451 df=2 p=NS
Academic Deans	280	65.1	47	10.9	103	24.0	
Student Personnel Deans	298	61.8	55	11.4	129	26.8	X^2=1.1406 df=2 p=NS
Student Body Presidents	217	58.9	32	10.2	66	21.0	X^2=1.2118 df=2 p=NS
Student Personnel Deans	298	61.8	55	11.4	129	26.8	X^2=4.3737 df=2 p=NS
Student Body Presidents	217	68.9	32	10.2	66	21.0	

STATEMENT 6: All applicants to the college wishing to be full-time, day students should be required to submit a medical examination form.

7. Role of the Nurse (Table 25)

The statement of limiting the role of the community college nurse to providing temporary care of sick or injured students precipitated a variety of responses from college leaders. Strongest agreement for this definition was found among Board Chairmen who expressed 77.1 per cent agreement. Strongest opposition came from Student Personnel Deans who saw this as a narrow definition of role and indicated support at 52.9 per cent. Affirmative responses from Presidents, Academic Deans, and Student Body Presidents amounted to above 60 per cent. With the exception of Board Chairmen, all groups disagreed with the statement at least one-quarter of the time and Student Deans opposed it by 42.3 per cent.

Significantly less support for the statement was exhibited by Student Deans in the chi-square values. When compared to each group, perceptions of Student Deans were statistically significant at the .01 level: Presidents, 27.039; Board Chairmen, 45.061; Academic Deans, 16.428; and Student Presidents, 13.775. There were also significant differences at the same level between Presidents and Board Chairmen (11.138), and between Chairmen vis-a-vis Academic Deans (11.169) and Student Presidents (18.382).

Findings regarding this statement indicate that the role of the nurse should be limited to providing temporary care for sick or injured students. The least amount of support for this item was given by Student Personnel Deans who seem to favor a broader role definition for the college nurse. However, it appears that a majority of the key college leaders see the nurse fulfilling a rather limited role on the campus.

TABLE 25

THE PERCEIVED NEED FOR LIMITING THE ROLE OF THE NURSE TO PROVIDING TEMPORARY CARE TO SICK OR INJURED STUDENTS

Group	Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)	282	65.3	36	8.3	114	26.4	X^2=11.138 df=2 p=.01
Board Chairmen (N=262)	202	77.1	12	4.6	48	18.3	
Student Personnel Deans (N=482)	255	52.9	23	4.8	204	42.3	X^2=27.039 df=2 p=.01
Academic Deans (N=427)	280	65.6	21	4.9	126	29.5	X^2=4.5255 df=2 p=NS
Student Body Presidents (N=316)	191	60.4	28	8.9	97	30.7	X^2=1.9343 df=2 p=NS
Board Chairmen	202	77.1	12	4.6	48	18.3	
Academic Deans	280	65.6	21	4.9	126	29.5	X^2=11.169 df=2 p=.01
Student Personnel Deans	255	52.9	23	4.8	204	42.3	X^2=45.061 df=2 p=.01
Student Body Presidents	191	60.4	28	8.9	97	30.7	X^2=18.382 df=2 p=.01
Academic Deans	280	65.6	21	4.9	126	29.5	
Student Personnel Deans	255	52.9	23	4.8	204	42.3	X^2=16.428 df=2 p=.01
Student Body Presidents	191	60.4	28	8.9	97	30.7	X^2=5.1202 df=2 p=NS
Student Personnel Deans	255	52.9	23	4.8	204	42.3	X^2=13.775 df=2 p.01
Student Body Presidents	191	60.4	28	8.9	97	30.7	

STATEMENT 8: The role of the community college nurse should be limited to providing temporary care of sick or injured students.

8. Financial Aid for Disadvantaged Students (Table 26)

Table 26 shows the responses to the issue of whether or not financial aid to economically-disadvantaged students should cover costs of medical, dental, and other health-related needs. A great deal of variance was found in the perceptions of college leaders. While a majority of the leaders favored the idea, Board Chairmen responded affirmatively only 46.9 per cent of the time. The greatest support came from Student Body Presidents who voiced 69.2 per cent assent to the statement. More than one-quarter of the Chairmen (34.7%) and Academic Deans (25.1%) disagreed with this proposal. Rather than dividing respondents into two distinct camps, the statement produced a rather large undecided response (averaging 18.8%).

The general agreement of Student Personnel Deans and Student Body Presidents was again highlighted on this issue by the chi-square values which showed both groups having significant differences at the .01 level when compared with (11.545 and 22.850) and Board Chairmen (25.509 and 33.816). Although there were no significant differences between Presidents and Student Deans, differences between Presidents and Student Body Presidents were significant at the .05 level (6.7625). Differences at this level were also noted between Chairmen and Academic Deans (7.8413).

Financial assistance for disadvantaged students to cover health-related costs is favored by a small majority of college leaders but the future of this proposal is questionable on the basis of the above findings. Board Chairmen are particularly reluctant to endorse such a plan and Academic Deans displayed similar perceptions. The investigator interprets these findings to indicate limited support for the expansion of aid

TABLE 26

THE ADVISABILITY OF PROVIDING FINANCIAL AID FOR DISADVANTAGED STUDENTS TO COVER MEDICAL, DENTAL, AND HEALTH-RELATED NEEDS

Group		Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)		259	60.0	83	19.2	90	20.8	X^2=17.163 df=2 p=.01
	Board Chairmen (N=262)	123	46.9	48	18.3	91	34.7	
	Student Personnel Deans (N=482)	303	62.9	89	18.5	90	18.7	X^2=.92167 df=2 p=NS
	Academic Deans (N=427)	221	51.8	99	23.2	107	25.1	X^2=5.8530 df=2 p=NS
	Student Body President (N=315)	218	69.2	47	14.9	50	15.9	X^2=6.7625 df=2 p=.05
Board Chairmen		123	46.9	48	18.3	91	34.7	
	Academic Deans	221	51.8	99	23.2	107	25.1	X^2=7.8413 df=2 p=.05
	Student Personnel Deans	303	63.9	89	18.5	90	18.7	X^2=25.509 df=2 p=.01
	Student Body Presidents	218	69.2	47	14.9	50	15.9	X^2=33.816 df=2 p=.01
Academic Deans		221	51.8	99	23.2	107	25.1	
	Student Personnel Deans	303	63.9	89	18.5	90	18.7	X^2=11.545 df=2 p=.01
	Student Body President	218	69.2	47	14.9	50	15.9	X^2=22.850 df=2 p=.01
Student Personnel Deans		303	63.9	89	18.5	90	18.7	X^2=3.4246 df=2 p=NS
	Student Body Presidents	218	69.2	47	14.9	50	15.9	

STATEMENT 9: Financial assistance for economically disadvantaged students should cover costs of medical, dental, and other health-related needs.

programs to include money for health costs. At present, most Federal and State programs of aid to needy students do not include this item as a specific part of the financial aid package. If, as Knoell[152] points out, more economically-disadvantaged students are to be served, there will be a need for expanding financial assistance to include health-related expenses.

Statements Regarding the College and Its Community Involvement

Nine statements were employed to examine the perceptions of key college leaders on the manner and degree to which their college should be involved with its community. Some literature on community colleges, particularly in the community services area, calls for maximum interaction between college and community and indicates that complete involvement with the community is a major objective of the college. The following statements aimed at discovering elements of agreement with this stated objective as it specifically applies to health and social problems in areas served by public community colleges.

1. Community Colleges and Health-related Social Problems (Table 27)

Over 70 per cent of all key college leaders agreed that the community college must help its community to recognize crucial health-related social problems and extend itself outward for the resolution of these problems. Strongest support came from Student Body Presidents (87.3%), Presidents (78.5%), and Academic Deans (71.8%).

Although all leaders gave wide support to the statement, some varying degrees

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[152] Knoell, op.cit.

TABLE 27

PERCEPTIONS ABOUT THE COMMUNITY COLLEGE EXTENDING ITSELF TO HELP RESOLVE HEALTH-RELATED COMMUNITY SOCIAL PROBLEMS

Group	Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N432)	339	78.5	50	11.6	43	10.0	X^2=4.0766 df=2 p=NS
Board Chairmen (N=262)	191	72.9	32	12.2	39	14.9	
Student Personnel Deans (N=482)	355	73.7	78	16.2	49	10.2	X^2=4.1624 df=2 p=NS
Academic Deans (N=430)	336	78.1	62	14.4	32	7.4	X^2=2.9078 df=2 p=NS
Student Body Presidents (N=316)	276	87.3	25	7.9	15	4.7	X^2=10.569 df=2 p=.01
Board Chairmen	191	72.9	32	12.2	39	14.9	
Academic Deans	336	78.1	62	14.4	32	7.4	X^2=9.9612 df=2 p=.01
Student Personnel Deans	355	73.7	78	16.2	49	10.2	X^2=5.0178 df=2 p=NS
Student Body Presidents	276	87.3	25	7.9	15	4.7	X^2=22.146 df=2 p=.01
Academic Deans	336	78.1	62	14.4	32	7.4	
Student Personnel Deans	355	73.7	78	16.2	49	10.2	X^2=2.9636 df=2 p=NS
Student Body Presidents	276	87.3	25	7.9	15	4.7	X^2=10.593 df=2 p=.01
Student Personnel Deans	355	73.7	78	16.2	49	10.2	X^2=21.630 df=2 p=.01
Student Body Presidents	276	87.3	25	7.9	15	4.7	

STATEMENT 11: The community college cannot wait for the community to come to it. It must help its community to recognize crucial health-related social problems and extend itself outward for the resolution of these problems.

of "agree" percentages contributed to noticeable chi-square values. When compared with all groups, the perceptions of Student Body Presidents were determined to be significantly different at the .01 level: Presidents, 10.569; Board Chairmen, 22.146; Academic Deans, 10.593; and Student Personnel Deans, 21.630. The only other groups having significantly different perceptions were Chairmen and Academic Deans (9.9612).

The results clearly indicate that college leaders give a strong endorsement to the action role prescribed by the statement. Responses seem to confirm that leaders agree with community college philosophy which proclaims as primary tenets interaction and responsiveness to the community.

2. Role of Teaching and Learning (Table 28)

The comparisons presented in Table 28 disclosed the highest favorable percentages of any statement included in the study. Key college leaders believe that priorities should be arranged to emphasize the role of teaching and learning. Affirmative responses were particularly high among Board Chairmen (93.9%), Presidents (91.7%), and Academic Deans (92.6). Lesser, but still large, degrees of support were elicited from Student Personnel Deans (80.1%) and Student Body Presidents (77.2%). The percent of disagreement among Presidents (4.9), Chairmen (3.1), and Academic Deans (4.2) was minor.

Chi-square analysis revealed that while Student Deans and Student Presidents had similar views, when compared to the other three groups perceptions were significantly different at the .01 level. In reference to Presidents, chi-square values for Student Personnel Deans and Student Body Presidents were

TABLE 28

THE ADVISABILITY OF THE COMMUNITY COLLEGE ARRANGING ITS PRIORITIES TO EMPHASIZE THE ROLE OF TEACHING AND LEARNING

Group		Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)		396	91.7	15	3.5	21	4.9	X^2=1.4490 df=2 p=NS
	Board Chairmen (N=262)	246	93.9	8	3.1	8	3.1	
	Student Personnel Deans (N=482)	386	80.1	40	8.3	56	11.6	X^2=24.739 df=2 p=.01
	Academic Dean (N=430)	398	92.6	14	3.3	18	4.2	X^2=.26565 df=2 p=NS
	Student Body Presidents (N=316)	244	77.2	33	10.4	39	12.3	X^2=31.006 df=2 p=.01
Board Chairmen		246	93.9	8	3.1	8	3.1	
	Academic Deans	398	92.6	14	3.3	18	4.2	X^2=.60800 df=2 p=NS
	Student Personnel Deans	386	80.1	40	8.3	56	11.6	X^2=25.524 df=2 p=.01
	Student Body Presidents	244	77.2	33	10.4	39	12.3	X^2=30.924 df=2 p=.01
Academic Deans		398	92.6	14	3.3	18	4.2	
	Student Personnel Deans	386	80.1	40	8.3	56	11.6	X^2=29.346 df=2 p=.01
	Student Body Presidents	244	77.2	33	10.4	39	12.3	X^2=35.773 df=2 p=.01
Student Personnel Deans		386	80.1	40	8.3	56	11.6	
	Student Body Presidents	244	77.2	33	10.4	39	12.3	X^2=1.2421 df=2 p=NS

STATEMENT 12: Since the community college does not have the financial resources to do all the jobs, it should arrange its priorities to emphasize the role of teaching and learning.

24.739 and 31.006 respectively; for Board Chairmen, 25.524 and 30.924; and for Academic Deans, 29.346 and 35.773.

Consistent with beliefs that the purpose of institutions of higher education is to educate are the perceptions of leaders of community colleges. From these findings, it is clear that the role of teaching and learning should be given priority. Considering the high percentages expressed here and the reality of limited financial resources, these findings have implications for figures reported in Table 27. Although there was high agreement with the statement on community involvement, Table 28 statistics imply that this topic will occupy a place of secondary importance at most community colleges.

3. Obligations of the Community College (Table 29)

Inspection of Table 29 reveals that key college leaders believe that the community college has an obligation to take stands on the central social and political issues of the day that relate to health. Almost 80 per cent of the Student Body Presidents saw this as an obligation while only 57.3 per cent of the Board Chairmen reacted in the affirmative. Over 18 per cent of the Presidents, Chairmen, and Student Personnel Deans were undecided in their perceptions; they also displayed sizable percentages in the disagree category (18.3%, 24.4%, and 16.7% respectively).

The high agreement of Student Body Presidents caused significant differences at the .01 level in chi-square values of Presidents (26.823), Chairmen (41.835), Academic Deans (18.231), and Student Presidents (10.981). Differences between Student Deans vis-a-vis Presidents (9.1976) and Academic Deans (7.0698) were

TABLE 29

ATTITUDES ABOUT THE OBLIGATION OF THE COMMUNITY COLLEGE TO TAKE STANDS ON HEALTH-RELATED SOCIAL AND POLITICAL ISSUES

Group	Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)	274	63.4	79	18.3	79	18.3	X^2=4.0020 df=2 p=NS
Board Chairmen (N=262)	150	57.3	48	18.3	64	24.4	
Student Personnel Deans (N=482)	333	69.1	95	19.7	54	11.2	X^2=9.1976 df=2 p=.05
Academic Deans (N=430)	290	67.4	68	15.8	72	16.7	X^2=1.5969 df=2 p=NS
Student Body Presidents (N=315)	251	79.7	42	13.3	22	7.0	X^2=26.823 df=2 p=.01
Board Chairmen	150	57.3	48	18.3	64	24.4	
Academic Deans	290	67.4	68	15.8	72	16.7	X^2=8.1591 df=2 p=.05
Student Personnel Deans	333	69.1	95	19.7	54	11.2	X^2=22.548 df=2 p=.01
Student Body Presidents	251	79.7	42	13.3	22	7.0	X^2=41.835 df=2 p=.01
Academic Deans	290	67.4	68	15.8	72	16.7	
Student Personnel Deans	333	69.1	95	19.7	54	11.2	X^2=7.0698 df=2 p=.05
Student Body Presidents	251	79.7	42	13.3	22	7.0	X^2=18.231 df=2 p=.01
Student Personnel Deans	33	69.1	95	19.7	54	11.2	X^2=10.981 df=2 p=.01
Student Body Presidents	251	79.7	42	13.3	22	7.0	

STATEMENT 13: The college has an obligation to take stands and be counted on the central social and political issues of the day that relate to health.

statistically significant at the .05 level. Perceptions of Chairmen and Academic Deans (8.1591) were also significant at this level.

It is reasonable to conclude that key leaders support the statement that the community college has an obligation to document positions on issues related to health. Board Chairmen and Student Body Presidents represent separate ends of the perception spectrum with the latter group favoring a dramatic stand by the college. Those who ultimately would speak out on issues, Board Chairmen and administrators, exhibited more reticent positions in comparison to the spokesmen for students.

4. Obligations of Faculty Members (Table 30)

The responses of college leaders shown in Table 29 were almost duplicated in Table 30. Leaders indicated that faculty members, both individually and as a group, have an obligation to take stands on issues related to health. Although in agreement with the statement, Presidents and Board Chairmen had lower percentages (64.4 and 59.9) of affirmative responses. Student Body Presidents declared the most agreement (72.4%) and were followed closely by Academic Deans (70.2%), and Student Personnel Deans (67.6%).

The similarity of responses found in frequencies and percentages reported in both tables continued to be matched in chi-square values. In almost all cases, significant differences found among groups on the question of the college taking stands were repeated on the issue of faculty doing likewise. In two cases the degree of differences varied from .01 to .05, and where differences among Student Presidents, Academic Deans, and Student Deans had been significant at the .01 level in Table 29, no significant difference was found for these groups in Table 30.

TABLE 30

THE PERCEIVED IMPORTANCE OF COMMUNITY COLLEGE FACULTY MEMBERS TAKING STANDS ON HEALTH-RELATED SOCIAL AND POLITICAL ISSUES

Group		Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)		278	64.4	73	16.9	81	18.7	X^2=2.7887 df=2 p=NS
	Board Chairmen (N=262)	157	59.9	42	16.0	63	24.0	
	Student Personnel Deans (N=482)	326	67.6	99	20.5	57	11.8	X^2=9.2111 df=2 p=.01
	Academic Deans (N=430)	302	70.2	60	14.0	68	15.8	X^2=3.3934 df=2 p=NS
	Student Body Presidents (N=315)	228	72.4	52	16.5	35	11.1	X^2=8.5957 df=2 p=.05
Board Chairmen		157	59.9	42	16.0	63	24.0	
	Academic Deans	302	70.2	60	14.0	68	15.8	X^2=8.9126 df=2 p=.05
	Student Personnel Deans	326	67.6	99	20.5	57	11.8	X^2=19.091 df=2 p=.01
	Student Body Presidents	228	72.4	52	16.5	35	11.1	X^2=17.436 df=2 p=.01
Academic Deans		302	70.2	60	14.0	68	15.8	
	Student Personnel Deans	326	67.6	99	20.5	57	11.8	X^2=8.5140 df=2 p=.05
	Student Body Presidents	228	72.4	52	16.5	35	11.	X^2=3.8156 df=2 p=NS
Student Personnel Deans		326	67.6	99	20.5	57	11.8	X^2=2.3358 df=2 p=NS
	Student Body Presidents	228	72.4	52	16.5	35	11.1	

STATEMENT 14: The college faculty, both individually and as a group, has an obligation to take stands and be counted on the central social and political issues of the day that relate to health

On the basis of these responses we may conclude that leaders of community colleges perceive their faculty members as having an obligation to express views on issues related to health. These perceptions, coupled with those detailed in the preceding table, strongly suggest that the community college through its governing board, administrators, and faculty should be vocal in giving viewpoints on central social and political issues which relate to health.

5. Recruiting Youth with Health Problems (Table 31)

A review of the data in this table reveals that no group differed significantly in their perceptions about recruiting youth with health problems. A great unanimity was displayed as all of the key college leaders reacted in the affirmative in at least 84 per cent of the returns. Also, there was little opposition to the statement with 5 per cent of the Board Chairmen being the highest negative vote.

With these findings, we can conclude that college leaders agree that the college should work closely with secondary schools and other community agencies to seek out and encourage educable youth with health problems to attend the community college. The investigator interprets the data as supporting the open-door policy with emphasis placed on whether or not the applicant is capable of being educated. While leaders gave great support to this statement, they were not as favorable when requested to give perceptions on admitting applicants with specific health problems. Table 18 data indicated that key leaders were less likely to endorse the admission of applicants with mental disorders, drug abuse problems, and/or records of venereal disease or dangerous criminality.

TABLE 31

PERCEPTIONS OF KEY COLLEGE LEADERS REGARDING THE RECRUITMENT OF YOUTH WITH HEALTH PROBLEMS

Group	Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)	383	88.7	37	8.6	12	2.8	X^2=3.2913 df=2 p=NS
Board Chairmen (N=262)	221	84.4	28	10.7	13	5.0	
Student Personnel Deans (N=482)	429	89.0	34	7.1	19	3.9	X^2=1.5828 df=2 p=NS
Academic Deans (N=430)	385	89.5	32	7.4	13	3.0	X^2=.40289 df=2 p=NS
Student Body Presidents (N=316)	275	87.0	28	8.9	13	4.1	X^2=1.0485 df=2 p=NS
Board Chairmen	221	84.4	28	10.7	13	5.0	
Academic Deans	385	89.5	32	7.4	13	3.0	X^2=4.1053 df=2 p=NS
Student Personnel Deans	429	89.0	34	7.1	19	3.9	X^2=3.5196 df=2 p=NS
Student Body Presidents	275	87.0	28	8.9	13	4.1	X^2=.84139 df=2 p=NS
Academic Deans	385	89.5	32	7.4	13	3.0	
Student Personnel Deans	429	89.0	34	7.1	19	3.9	X^2=.60103 df=2 p=NS
Student Body Presidents	275	87.0	28	8.9	13	4.1	X^2=1.2073 df=2 p=NS
Student Personnel Deans	429	89.0	34	7.1	19	3.9	X^2=.90080 df=2 p=NS
Student Body Presidents	275	87.0	28	8.9	13	4.1	

STATEMENT 15: The college should work closely with secondary schools and other community agencies to seek out and encourage educable youth with health problems to attend.

6. The College and Social Action Programs (Table 32)

Reactions to the statement that community colleges should not become involved directly in the operation of social action programs were very diverse. In only one group, Board Chairmen, did "agree" responses approach the 50 per cent mark, and only 27.2 per cent of the Student Body Presidents were in agreement. Those disagreeing with the statement were led by the Student Presidents (54.1%) and Presidents (43.5%). Over 40 per cent of the Student Personnel Deans and Academic Deans checked the "disagree" column. Almost one-fifth of all groups were undecided about their response.

Chi-square analysis revealed Student Presidents having statistically significant different perceptions when compared with other groups. At the .01 level Student Presidents differed with Board Chairmen (33.162), Academic Deans (15.888), and Student Deans (11.516). They also differed with Presidents at the .05 level (8.6324). This statement produced a rare occasion of disagreement between Presidents and Chairmen; their differences were significant at the .01 level (12.023). In only three of the 17 statements included in this section of the study were there major differences in the perceptions of these two groups. Chairmen also differed with Student Deans in responding to this statement ($X^2 = 9.6321$ was significant at the .01 level).

It seems reasonable to conclude from these findings that a significant number of key leaders disagree with the statement that while the college may produce ideas for health-related social action programs, it should not become involved directly in the operation of such programs. This position seems consistent with views regarding social action as defined in community college literature. The social action role is seen

TABLE 32

THE ADVISABILITY OF COMMUNITY COLLEGES NOT BECOMING INVOLVED IN THE OPERATION OF HEALTH-RELATED SOCIAL ACTION PROGRAMS

Group		Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)		153	35.4	91	21.1	188	43.5	X^2=12.023 df=2 p=.01
	Board Chairmen (N=262)	125	47.7	54	20.6	83	31.7	
	Student Personnel Deans (N=482)	180	37.3	97	20.1	205	42.5	X^2=.38196 df=2 p=NS
	Academic Deans (N=430)	169	39.5	87	20.3	172	40.2	X^2=1.5775 df=2 p=NS
	Student Body Presidents (N=31)	86	27.2	59	18.7	171	54.1	X^2=8.6324 df=2 p=.05
Board Chairmen		125	47.7	54	20.6	83	31.7	
	Academic Deans	169	39.5	87	20.3	172	40.2	X^2=5.7688 df=2 p=NS
	Student Personnel Deans	180	37.3	97	20.1	205	42.5	X^2=9.6321 df=2 p=.01
	Student Body Presidents	86	27.2	59	18.7	171	54.1	X^2=33.162 df=2 p=.01
Academic Deans		169	39.5	87	20.3	172	40.2	
	Student Personnel Deans	180	37.3	97	20.1	205	42.5	X^2=.57641 df=2 p=NS
	Student Body Presidents	86	27.2	59	18.7	171	54.1	X^2=15.888 df=2 p=.01
Student Personnel Deans		180	37.3	97	20.1	205	42.5	X^2=11.516 df=2 p=.01
	Student Body Presidents	86	27.2	59	18.7	171	54.1	

STATEMENT 16: While the college may produce ideas for health-related social action programs, it should not become involved directly in the operation of such programs.

mainly in terms of activism, social criticism, and in the operation of special programs or projects designed to bring about direct change. In regard to this study, it means college-operated activities aimed at correcting dysfunctions in individual and corporate health and in ameliorating health-related social problems in the surrounding community. It appears that leaders who showed agreement to this statement are saying that community colleges should operate programs as well as produce ideas along social action lines.

7. Responsibility for Assisting the Community (Table 33)

With reference to the statement that in terms of priority allocations, the community college has a special responsibility to assist in the amelioration of health-related social problems, only about one-half of the respondents answered in the affirmative. Three groups were below this level: Presidents, 49.3%; Board Chairmen, 48.9%; and Student Body Presidents, 48.9%. The statement also produced a large percentage of uncertainty with over one-quarter of the respondent selecting the "undecided" box. Wide variance was seen in the "disagree" category which ranged from 30.5 per cent for Board Chairmen to 14.8 per cent for Student Body Presidents.

Analysis of the data by group showed that perceptions of Chairmen differed significantly from those of all groups: at the .05 level, Presidents (7.9261) and at the .01 level, Academic Deans (9.6964); Student Deans (16.157) and Student Presidents (27.983). Differences between Presidents and Student Presidents were significant at the .01 level (9.2670), and those between Academic Deans and Student Presidents (8.5827).

The results to the proposition that the college has a special responsibility for

TABLE 33

SUPPORT FOR THE PROPOSITION THAT THE COMMUNITY COLLEGE HAS A SPECIAL RESPONSIBILITY FOR ASSISTING COMMUNITIES WITH HEALTH-RELATED SOCIAL PROBLEMS

Group		Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)		312	49.3	122	28.2	97	22.5	X^2=7.9261 df=2 p=.05
	Board Chairmen (N=262)	128	48.9	54	20.6	80	30.5	
	Student Personnel Deans (N=482)	256	53.1	138	28.6	88	18.3	X^2=2.6375 df=2 p=NS
	Academic Deans (N=426)	222	52.1	116	27.2	88	20.7	X^2=.73338 df=2 p=NS
	Student Body Presidents (N=305)	149	48.9	111	36.4	45	14.8	X^2=9.2670 df=2 p=.01
Board Chairmen		128	48.9	54	20.6	80	30.5	
	Academic Deans	222	52.1	116	27.2	88	20.7	X^2=9.6964 df=2 p=.01
	Student Personnel Deans	256	53.1	138	28.6	88	18.3	X^2=16.157 df=2 p=.01
	Student Body Presidents	149	48.9	111	36.4	45	14.8	X^2=27.983 df=2 p=.01
Academic Deans		222	52.1	116	27.2	88	20.7	
	Student Personnel Deans	256	53.1	138	28.6	88	18.3	X^2=.87350 df=2 p=NS
	Student Body Presidents	149	48.9	111	36.4	45	14.8	X^2=8.5827 df=2 p=.05
Student Personnel Deans		256	53.1	138	28.6	88	18.3	X^2=5.5729 df=2 p=NS
	Student Body Presidents	149	48.9	111	36.4	45	14.8	

STATEMENT 17: In terms of priority allocations, the community college has a special responsibility to assist in the amelioration of health-related social problems.

assisting in the amelioration of social problems appeared to be inconclusive. While almost one-half of the responses were affirmative, a like number of respondents disagreed or were undecided about the statement. It will be recalled from Table 27 that over three-quarters of the college leaders agreed that the community college must help its community to recognize crucial health-related social problems and extend itself outward for the resolution of these problems. The difference between data in the two tables may have been precipitated by the phrase "in terms of priority allocations." We have already seen that the groups reacted most favorably to one major priority: teaching and learning.

8. Colleges Being Prescriptive Rather Than Descriptive (Table 34)

Table 34 reports that only Student Body Presidents showed wide acceptance of the proposal that community colleges should be prescriptive rather than descriptive in dealing with health-related social problems in the community. Over 58 per cent of the Student Presidents reacted affirmatively and were followed by Student Personnel Deans who gave a 43.2 per cent rating. Farther down the "agree" category were Academic Deans (39.7%), Board Chairmen (34.7%), and Presidents (33.3%). An average of 31.8% of all respondents were undecided in their response. More than 30 per cent of the Presidents (31.2) and Academic Deans (30.2) were opposed to the statement. The lowest disagree percentage (17.0) was found among Student Presidents.

Responses of Student Presidents were statistically significant at the .01 level when compared with each of the other groups; chi-square values were Presidents (46.688); Board Chairmen (33.175); Academic Deans (28.657); and Student Personnel Deans (18.494). The only other groups displaying

TABLE 34

JUDGMENTS ABOUT THE COLLEGE BEING PRESCRIPTIVE RATHER THAN DESCRIPTIVE IN DEALING WITH HEALTH-RELATED COMMUNITY SOCIAL PROBLEMS

Group	Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)	144	33.3	153	35.4	135	31.2	X^2=.89692 df=2 p=NS
Board Chairmen (N=262)	91	34.7	98	37.4	73	27.9	
Student Personnel Deans (N=481)	208	43.2	155	32.2	118	24.5	X^2=10.191 df=2 p=.01
Academic Deans (N=421)	167	39.7	127	30.2	127	30.2	X^2=4.2184 df=2 p=NS
Student Body Presidents (N=311)	183	58.8	75	24.1	53	17.0	X^2=48.688 df=2 p=.01
Board Chairmen	91	34.7	98	37.4	73	27.9	
Academic Deans	167	39.7	127	30.2	127	30.2	X^2=3.9022 df=2 p=NS
Student Personnel Deans	208	43.2	155	32.2	118	24.5	X^2=5.1210 df=2 p=NS
Student Body Presidents	183	58.8	75	24.1	53	17.0	X^2=33.175 df=2 p=.01
Academic Deans	167	39.7	127	30.2	127	30.2	
Student Personnel Deans	208	43.2	155	32.2	118	24.5	X^2=3.6183 df=2 p=NS
Student Body Presidents	183	58.8	75	24.1	53	17.0	X^2=28.657 df=2 p=.01
Student Personnel Deans	208	43.2	155	32.2	118	24.5	X^2=18.494 df=2 p=.01
Student Body Presidents	183	58.8	75	24.1	53	17.0	

STATEMENT 18: The community college should be prescriptive rather than descriptive in dealing with health-related social problems in its surrounding community.

significantly different perceptions were Presidents and Student Deans (10.191, p=.01).

The results seem to indicate that most key leaders do not perceive the college as being prescriptive rather than descriptive in reacting to health-related social problems. The sole group supporting this idea was Student Presidents. However, the large number of respondents from all groups who indicated they were undecided caused the investigator to question the clarity of the statement. It is possible that because of narrow vocabulary distinctions, the statement may not have been understood by the participants. In the literature, prescription is the step between describing dysfunctional conditions and/or social problems within the community and actually conducting social-action programs to remedy these conditions. A striking example of the whole process was found during visitations by the investigator to Malcolm X College in Chicago (Appendix J). While more respondents agreed with the statement than disagreed, percentages in favor did not reach a simple majority.

9. College Influences on Community Life (Table 35)

A review of the data in Table 35 revealed that an average of 48.9 per cent of all groups agreed that the college should reach into and influence all phases of community life related to health. The highest percentage (57.0) was produced by Student Body Presidents and the lowest (45.8) represented Board Chairmen. Over one-fifth of all respondents were undecided about the statement, and an average of more than one-quarter disagreed with it. In this latter regard, Board Chairmen led all groups with a 30.9 percentage.

TABLE 35

PERCEPTIONS OF LEADERS REGARDING THE PERVASIVE NATURE OF THE COMMUNITY COLLEGE'S INVOLVEMENT WITH ITS COMMUNITY'S HEALTH

Group		Agree N	Agree %	Undecided N	Undecided %	Disagree N	Disagree %	
Presidents (N=432)		193	44.7	104	24.1	135	31.2	X^2=.94648 df=2 p=NS
	Board Chairmen (N=262)	120	45.8	61	23.3	81	30.9	
	Student Personnel Deans (N=482)	239	49.6	121	25.1	122	25.3	X^2=4.1173 df=2 p=NS
	Academic Deans (N=427)	203	47.5	120	28.1	104	24.4	X^2=5.3874 df=2 p=NS
	Student Body Presidents (N=314)	179	57.0	66	21.0	69	22.0	X^2=12.010 df=2 p=.01
Board Chairmen		120	45.8	61	23.3	81	30.9	
	Academic Deans	203	47.5	120	28.1	104	24.4	X^2=4.1435 df=2 p=NS
	Student Personnel Deans	239	49.6	121	25.1	122	25.3	X^2=2.6880 df=2 p=NS
	Student Body Presidents	179	57.0	66	21.0	69	22.0	X^2=8.1711 df=2 p=.05
Academic Deans		203	47.5	120	28.1	104	24.4	
	Student Personnel Deans	239	49.6	121	25.1	122	25.3	X^2=1.0459 df=2 p=NS
	Student Body Presidents	179	57.0	66	21.0	69	22.0	X^2=7.2016 df=2 p=.05
Student Personnel Deans		239	49.6	121	25.1	122	25.3	X^2=4.2267 df=2 p=NS
	Student Body Presidents	179	57.0	66	21.0	69	22.0	

STATEMENT 19: The community college should reach into and influence all phases of community life related to health.

The chi-square test failed to show any significant differences except for Student Presidents and the other groups. When compared, the responses of Student Presidents were significantly different at the .01 level for Presidents (12.010), and at the .05 level for Board Chairmen (8.1711) and Academic Deans (7.2016).

Although the chi-square values were not significant for all groups, more key college leaders agreed than disagreed with the statement. Perceptions were certainly influenced by whether the respondent saw the statement as a broad challenge or an impossible task. The results suggest that there was not a clear majority of key leaders who perceived this as a viable role of the community college. It is assumed that the descriptive adjective, "all," contributed much to this conclusion.

Perceptions of Leaders About the Funding and Appropriateness of Selected College-Operated Programs

After giving their perceptions on various statements related to student health services and the community college's involvement with its surrounding community, key leaders were requested to react to proposed college-operated programs designed to deal with health-related social problems. Table 36 contains the responses from each group of college leaders.

Participants in the survey were reminded to consider present budget conditions and constraints at their institution before reacting to each proposed activity. They then indicated if the activity would be supported with additional expenditures from their present budget or, if outside funding could be obtained, would they favor the activity. Leaders were also asked if they believed certain projects or programs to

TABLE 36

PERCEPTIONS OF KEY COLLEGE LEADERS REGARDING THE FUNDING AND APPROPRIATENESS OF SELECTED COLLEGE-OPERATED PROGRAMS FOR STUDENTS AND COMMUNITY MEMBERS

		Seminars on community health problems	Expand college health service	Mental health clinic	Family counseling service	Center for drug studies & rehabilitation	Suicide prevention center
Presidents (N=432)	Support	44.2	24.3	3.5	4.4	5.4	4.4
	Outside Funding	52.3	63.8	45.0	56.1	52.6	34.0
	Inappropriate	3.5	11.9	51.5	39.5	42.1	61.6
Student Personnel Dean (N=482)	Support	36.5	34.3	4.2	7.1	7.5	5.0
	Outside Funding	58.5	56.5	48.1	59.9	58.1	38.7
	Inappropriate	5.0	9.2	47.7	33.0	34.4	56.3
Academic Dean (N=430)	Support	48.5	28.9	3.5	5.4	6.3	3.1
	Outside Funding	50.1	59.9	49.6	53.4	51.5	37.1
	Inappropriate	1.4	11.3	46.8	41.3	42.2	59.9
Governing Board Chairmen (N=262)	Support	36.2	20.8	4.2	6.9	5.8	2.7
	Outside Funding	59.2	62.7	40.2	48.1	47.3	27.3
	Inappropriate	4.2	16.5	55.6	45.0	46.9	70.0
Student Body President (N=316)	Support	41.1	36.2	11.8	16.1	23.3	15.0
	Outside Funding	50.6	51.3	46.6	58.5	55.3	39.6
	Inappropriate	3.3	12.5	41.5	25.3	21.4	45.4

*Values are expressed in percentages.

QUESTION 20: Taking into consideration present budget conditions at your college, indicate which of the following college-operated programs for students and members of the surrounding community you would support additional expenditures for. Also, indicate which you would support if outside funding were available and which activities are inappropropriate for your community college.

TABLE 36 Continued.

Group		Rehabilitation program for juvenile delinquents	Seminars on alcoholism	Child care center	Rehabilitation program for alcoholics	Clinic for pregnancies, birth control and contraceptive advice
Presidents	Support	2.6	37.1	11.9	3.3	4.2
	Outside Funding	36.8	55.1	55.0	35.9	39.0
	Inappropriate	60.7	7.7	33.1	60.8	56.8
Student Personnel Dean	Support	2.1	25.9	12.8	1.9	11.6
	Outside Funding	44.0	59.1	50.0	37.0	48.8
	Inappropriate	53.9	15.0	37.2	61.1	39.6
Academic Dean	Support	6.1	39.2	14.7	3.7	6.5
	Outside Funding	38.0	54.1	53.6	35.0	43.8
	Inappropriate	55.9	6.8	31.7	61.3	49.7
Governing Board Chairmen	Support	4.7	26.5	9.6	2.3	5.4
	Outside Funding	38.0	58.8	41.4	29.6	37.3
	Inappropriate	57.4	14.6	49.0	68.1	57.3
Student Body President	Support	6.7	27.8	22.3	4.8	35.2
	Outside Funding	52.5	54.0	50.6	49.4	49.8
	Inappropriate	40.8	18.2	27.1	45.8	14.9

*Values are expressed in percentages.

be inappropropriate for their community college.

Findings in this area showed that none of the selected programs received majority support for additional expenditures from any of the groups. Over one-fifth of all respondents checked this category for proposals to provide a series of seminars on community health problems, expanding the college health service program, and offer a series of seminars on alcoholism. Largest support for these activities came from Academic Deans whose percentages for these specific programs were 48.5, 28.9, and 39.2, respectively. None of the other activities could hope to receive additional expenditures from any college leaders except possibly Student Body Presidents. Favorable percentages of this group were more than double those of other groups. In specific areas, Student Body Presidents supported establishment of a mental health clinic (11.8%), Family Counseling Service (16.1%), a center for drug studies and rehabilitation (23.4%), a 24-hour suicide prevention center (15.0%), and a clinic for problem pregnancies, birth control and contraceptive advice (35.2%). Other key college leaders endorsed these same activities only 3-7 per cent of the time.

Favorable percentages for all activities took an appreciable jump when moved to the position of possibly being covered by outside funding. In this category, responses of all leaders approached or exceeded the 50 per cent mark for all proposed activities except for suicide prevention centers, alcoholic rehabilitation programs, juvenile delinquency rehabilitation, and birth control clinics. All groups gave highest ranking to expanding the college health service program.

There were several activities which leaders considered inappropriate for

community colleges. Almost 50 per cent of the respondents (excluding Student Body Presidents) placed mental health clinics, suicide prevention centers, rehabilitation programs for juvenile delinquents and alcoholics, and birth control clinics in this classification. Views of Board Chairmen were very precise in this regard: two activities, suicide prevention and alcoholic rehabilitation, received inappropriate ratings of 70.0% and 68.1%, respectively.

Of all the groups, Student Body Presidents appeared less hesitant in having the college operate programs for students and members of the community. All of the activities received less than 25 per cent "inappropriate" ratings by Student Presidents except mental health clinic (41.5%), suicide prevention (45.4%), juvenile delinquent rehabilitation (40.8), child care center (27.1%), and alcoholic rehabilitation (45.8%).

These findings suggest that key college leaders would support college-operated programs that (1) would not require major budget allocations (i.e.,seminars on community health problems and alcoholism) and (2) would contribute to the general well-being of the entire campus community while meeting some campus needs (i.e., expand college health service). Conversely, leaders would be less likely to expend additional funds for activities which have overtones of being controversial (i.e., birth control clinic, drug rehabilitation, and suicide prevention). and which are probably being provided by outside agencies (i.e., rehabilitation of juvenile delinquents and alcoholics, family counseling, and mental health). In a question (Table 14) related to this topic, key leaders determined community health resources to be at least "average." Apparently, leaders consider these resources to be primarily responsible for handling the health-related social problems mentioned here. A

detailed investigation of the type and adequacy of health resources in surrounding communities was beyond the scope of the present study.

Re-allocation of Funds to College-Operated Programs

The final question in the survey asked key college leaders to mark the percentage of their next year's budget they would be willing to re-allocate to college-operated programs (Table 37) aimed at dealing with health-related social problems on the campus and in the community. The intent of this question was to see if stated interest and agreement in various programs would result in commitment of additional funds to these activities. Their responses are depicted in Table 37.

With the exception of Student Body Presidents, almost one-half of the key leaders answered "none" to this query, indicating that no funds would be re-allocated. Board Chairmen (50.2%) and Presidents (48.6) led the college spokesmen in this response while only 21.1 per cent of the Student Body Presidents answered "none."

There was great consensus among key leaders in the "1-3%" re-allocation percentage. An average of 43.5 per cent of the leaders chose this percentage with a high of 46.1 per cent for Student Body Presidents and a low of 38.2 per cent for Student Personnel Deans. The variance of over 12 percentage points was found among groups in the third category, "4-6%." Very few leaders were willing to commit "over 6%" to the proposed activities. While Student Body Presidents chose this category in 13.3 per cent of the cases, none of the other groups exceeded 4.5 per cent.

Note should be taken of the fact that there were fewer participants in this

TABLE 37

KEY COLLEGE LEADERS' ATTITUDES ABOUT RE-ALLOCATING FUNDS TO SELECTED COLLEGE-OPERATED PROGRAMS FOR STUDENTS AND MEMBERS OF THE COMMUNITY

Group	None		1-3%		4-6%		Over 6%	
	N	%	N	%	N	%	N	%
President (N=418)	203	48.6	180	43.1	30	7.2	5	1.2
Governing Board Chairman (N=253)	127	50.2	111	43.9	14	5.5	1	.4
Student Personnel Dean (N=455)	208	45.7	174	38.2	55	12.1	18	4.0
Academic Dean (N=416)	174	41.8	190	45.7	34	8.2	18	4.3
Student Body President (N=308)	65	21.1	142	46.1	60	19.5	41	13.3

QUESTION 21: What percentage of your 1972-73 budget would you be willing to re-allocate for the above activities? (Various college-operated programs for students and members of the surrounding community: see Table 36).

part of the study than in other parts. Some of the respondents simply omitted answering this question and a few (particularly Board Chairmen and Student Body Presidents) felt they lacked individual power to make such a decision.

SUMMARY

This chapter has discussed findings in the study in two major divisions: (1) a description of health services programs in public community colleges at the present time and (2) an analysis of the perceptions of key college leaders regarding health service and health-related social problems on campus and in the community.

Tables of data were presented using frequencies and percentages, and chi-square tests of significance between groups of respondents were executed. The findings related to each table were discussed.

A general summary of the study, conclusions, and recommendations will be presented in Chapter V.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Higher education literature contains numerous references to the diverse roles of the public community college in serving its clientele on campus and responding to needs identified by its constituencies in the surrounding community. By definition, the community college is differentiated from other two-year institutions and is seen by many spokesmen in the literature as possessing a variety of specialized roles and obligations. Where junior colleges of a few decades ago emphasized the undergraduate liberal arts function, and technical/vocational institutions have promoted career orientations, today's public community colleges have accepted both responsibilities as well as adding others. Two activities that are vital to this study are the community college's roles in comprehensive student development and concern for total community development.

Purpose of the Study

The purpose of this descriptive study was to determine and describe the characteristics of student health service programs in public community colleges in the United States. Secondly, the study was designed to investigate the perceptions of key college leaders (Presidents, Student Personnel Deans, Academic Deans, Governing Board Chairmen, and Student Body Presidents) in dealing

with health-related social problems on the campus and in the community.

Procedures

The study was limited to public community colleges listed in the 1971 Junior College Directory and excluded private colleges, two-year branch campuses of universities, and institutions whose names indicated they had a primary technical/vocational orientation. After these were omitted, 630 institutions were included in what became a national study.

Data for this survey were collected through the use of mailed questionnaires. The instrument developed by the investigator resulted from a thorough review of the literature related to the topics. A modified form of content analysis was used to select various role prescriptions of the community college which appear in the literature. These prescriptions were converted into a series of statements to which the survey participants responded. The instrument was reviewed by the researcher's doctoral committee, critiqued by a national panel of judges, and field tested by key college leaders at two community colleges.

The population consisted of five key leaders at each of 630 public community colleges and included 3,059 potential respondents. Usable returns, after a follow-up mailing, were received from 1,926 or 62.9 per cent of the key college leaders.

While the mailing was in progress, other goals of the research were completed. Visitations were made to five institutions identified as having model health service programs and case studies on these were prepared. Also, a brief questionnaire was mailed to State-level administrators for community colleges and findings were summarized with examples of State statutes placed in the appendix.

Conclusions of the Study

Summary and General Interpretation of the Findings Relative to Student Health Service

For the descriptive portion of the study, the following summary and interpretations were based on the frequency and percentage findings in relation to the positive and negative responses to questions in each of the main areas of the instrument. Certain aspects of health service programs at public community colleges were highlighted by information from the 482 institutions that participated in this part of the study.

Type and amount of health service. The findings in this area indicate that less than one-half of the colleges have campus health service programs as defined by this study, and approximately one-fifth have contractual arrangements with off-campus agencies to provide health care for their students. Where services were available, students are not assessed a health service fee nor charged for treatment in the centers. Those colleges with health service programs employ full-time directors in only one-quarter of the cases. Most commonly, the director is a nurse who reports directly to the Student Personnel Dean.

Generally, health service advisory committees are not in operation and campus sanitation is not a responsibility of health services.

However, a majority of the colleges have made some provision for accommodating the physically-handicapped student on campus. Almost one-half of the institutions provided ramps for wheelchairs, medical parking, and elevators.

It must be noted that survey responses in these areas did not indicate a pervasive student health consciousness on campus. For example, only 20 per cent of the institutions had made a comprehensive study of campus health problems within the five year period preceding the survey.

Health personnel, facilities, and capabilities. Returns in the survey show that community colleges have very few health personnel on the campus. Aside from nurses who are available in 40.5 per cent of the institutions, support staff with expertise in medical fields are seldom available to students. It seemed obvious that if health personnel were not hired, health facilities would not be supplied. This, too, is the case. Offices were provided for the nurses but other physical facilities are found only on a small scale and only in some colleges. The most common facilities were examination and treatment rooms available in about one-third of the colleges, and storerooms and waiting areas in approximately one-quarter.

Probably of greatest interest to students is the quantity of health care that is offered on the campus. Findings indicated that little provision was made for regular and continuous medical care. General first aid is the primary consideration of most institutions offering health services. For the total population, however, this activity amounted to only 36.1 per cent. In regard to some prominent health-related social problems, few community colleges are providing opportunities for treatment or solution as part of their health programs. Survey figures show that slightly more than one-tenth of the colleges were able to administer care to

students with alcohol problems, acute drug reactions, or severe emotional disorders.

Concomitant with types of health care offered are the actual health problems or emergencies that occur on community college campuses. Epileptic seizures and laboratory accidents are the most common health problems with reported incidences of 69.3 per cent and 47.5 per cent,respectively. While student suicide, demonstrations, and bomb explosions were found, there were relatively few instances of these types of emergency at most campuses.

Some health problems incurred by students may be responsible for decisions to discontinue educational plans. Three-quarters of the Student Personnel Deans perceived health problems to be a cause in a rather small per cent (1.5) of student withdrawals.

Resources used and improvements made in health service programs. In implementing and expanding health service programs, campus administrators have utilized the expertise of local professionals in medical fields and public health services at the State and municipal levels. Both Presidents and Student Personnel Deans listed these two sources as providing greatest assistance. They also had little occasion to use services of appropriate Federal government agencies and the American Association of Junior Colleges (such as staff specialists, lists of consultants, and referrals).

Almost one-half of all responding Presidents and Student Personnel Deans reported making no improvements in health services in the last five year period. Where modifications were made, both groups noted that budgets were increased, professional staff was added, and facilities were improved in about one-quarter of the institutions.

It appears that the communication between Presidents and Deans has mainly positive overtones, at least from the Deans' viewpoint. Over three-quarters of the Deans reported that they had been at least mildly effective in informing the chief administrator of health service needs.

Other aspects of student and community health. The predominant evaluation of student health services by key college leaders is that limited or no programs are available. In less than four per cent of the institutions did respondents judge programs to be comprehensive. It is doubtful that students can be looked upon as a possible source of funds for improving health services. Student Body Presidents believed that their constituents would not support increasing student fees to enlarge health service programs.

In determining the efficacy of health education offerings of the community college curriculum, Academic Deans felt that an average or poor rating was dominant.

All groups of respondents considered community health care resources as readily available. There was, however, a noticeable difference in evaluations of college administrators and student representatives, with the former rating community resources higher.

These health care resources are located in communities described by Presidents and Governing Board Chairmen as geographically mixed. Although census figures characterize the United States as primarily suburban and urban, college leaders see their constituencies as predominantly a combination of types: urban, suburban, and rural. These areas, according to respondents, are populated by citizens who are

middle and lower-middle class from a socio-economic description.

On the topic of periodical literature pertaining to community college student health, related research, and community service, key college leaders expressed a divergence of familiarity. Presidents read journals most frequently while Governing Board Chairmen had little opportunity to keep abreast of writings in the field. The Junior College Journal was widely read by all groups and the Research Review was known to most. However, the Journal of the American College Health Association has a very tiny reading audience among key college leaders.

In considering the admission of applicants with health problems, college leaders supported, in most cases, the philosophy of the open-door. However, where there appeared to be possible danger of contagion or threat to total student welfare, some hesitation was expressed. For example, applicants with criminal records and/or venereal disease received limited support from all groups of respondents. In comparison with other leaders, Board Chairmen were the most conservative in their views on admissions. More liberal views were expressed by Student Personnel Deans and Student Body Presidents. It may be that the former had greater confidence in student personnel services' helping to remedy the pathologies involved while the latter may oppose exclusion of any applicant.

Findings on the Statements

On the basis of the data and discussion in Chapter IV, Part II, the following conclusions relative to statements on student health and the college's involvement with the community can be made.

I. Statements Regarding Health and Health Services

1. Key college leaders tend to agree that administrators with knowledge of first aid can handle emergency situations on campus. College Board Chairmen and college administrators (Presidents and Academic Deans) gave greater support to this statement than did Student Personnel Deans and Student Body Presidents.

2. Most college leaders see primary responsibility for student health care residing with parents and the family physician. However, significantly more spokesmen for the college (Presidents, Chairmen, and Deans) than spokesmen for students had this perception.

3. Providing more professional help (counselors, psychologists, and psychiatrists) is generally supported by key college leaders. Strongest endorsement for this statement was generated by the Student Personnel Deans.

4. Some of the highest affirmative percentages were given by college leaders to the statement that health service should concern every sector of the community college. Results clearly indicated acceptance of this concept.

5. Commuting students are perceived by key leaders to have substantially less need for health services than students attending a residential institution.

6. College leaders gave strong endorsement to the statement thata medical examination form be required of all applicants wishing to be full-time, day students.

7. A majority of the college leaders believed that the role of the college nurse should be limited to providing temporary care for sick or injured students. However, only about one-half of the Student Personnel Deans agreed with this role description.

8. Key college leaders tended to support the proposal that financial assistance for economically-disadvantaged students should cover costs of medical, dental, and other health-related needs. Student spokesmen reacted most favorably while Board Chairmen expressed the least amount of support.

II. Statements Regarding the College and Its Community Involvement

1. A statement eliciting very high "agree" responses from key college leaders dealt with the college helping its community to recognize health-related social problems and extending itself outward for the resolution of these problems. Leaders clearly perceived this to be a responsibility of the community college.

2. Key leaders gave the highest favorable percentages of any statement to the one proclaiming that priorities should be arranged to emphasize the role of teaching and learning. Responses clearly indicated that projects not directly related to the educational process would be considered of secondary importance.

3. College leaders agreed that the community college has an obligation to take stands and be counted on the central social and political issues of the day relating to health. A substantially large percentage (79.7) of the Student Body Presidents supported the statement while only 57.3 per cent of the Board Chairmen answered affirmatively.

4. In addition to the college taking stands on issues related to health, key leaders perceive their faculties, both individually and as groups, as having the

same obligation.

5. All key college leaders gave almost unanimous endorsement to the statement that the college should work closely with secondary schools and other agencies to seek out and encourage educable youth with health problems to attend. Over 84 per cent of all respondents expressed agreement.

6. Findings on the question of colleges not becoming directly involved in the operation of social action programs showed that key leaders did not agree with the statement. It appears that respondents in this survey favor, where funds are available, the involvement of the college in social action programs.

7. Results of the statement that the college has a special responsibility to assist in the amelioration of health-related social problems in its surrounding community appeared to be inconclusive. Further analysis showed slightly more than 50 per cent of the leaders favored the statement although there were large numbers who disagreed or were undecided.

8. Most key leaders did not perceive the college serving a prescriptive rather than a descriptive role in reacting to health-related community social problems. Student Body Presidents, however, took a dissenting stand and expressed 58.8 per cent agreement with the statement.

9. A divergence of perceptions were displayed by key college leaders on the subject of the college reaching into and influencing all phases of community life related to health. Similar to responses in item 7 above, slightly less than one-half of all groups responded affirmatively to the statement. The remaining responses were almost evenly divided between "undecided" and "disagree."

Testing Hypotheses

Even though this was primarily a descriptive study, four general hypotheses were formulated. On the basis of data collected and analyzed, conclusions were reached on each hypothesis.

Although each item of the questionnaire was deemed valuable to the study, several questions and statements were considered key items in testing stated hypotheses.

Hypothesis 1: The key leaders in public community colleges will describe health services at their respective institutions as "adequate" as measured by the responses in this survey.

This hypothesis was rejected on the basis of data presented in Table 11.

In the survey, respondents were asked: Which best describes your campus health service program? For purposes of this study, an operational definition of adequacy included any respondent who checked their student health service program as "comprehensive" or "adequate for our campus." Those respondents who indicated that their health programs was limited or not available were excluded from this definition of adequacy.

A review of the findings revealed that comprehensive programs were available, according to the participants, in only about 3.7 per cent of the institutions. Student health service programs were thought to be adequate for campus needs in approximately one-quarter of the colleges.

Of the groups selecting either of the "adequate" descriptions (i.e., comprehensive or adequate for our campus), Board Chairmen displayed the highest percentage (34.9) and were followed by Academic Deans (30.3), Student Personnel Deans (25.9), Student Body Presidents (25.7) and Presidents (25.0). The same

groups had combined percentages (i.e., limited program available and no program available) considered to be inadequate: Board Chairmen (64.1), Academic Deans (69.0), Student Personnel Deans (73.9), Student Body Presidents (74.3), and Presidents (78.8).

Thus, the data showed that significantly more key college leaders considered health service programs at their campus as less than adequate.

Hypothesis 2: Presidents, Academic Deans, and Board Chairmen will favor minimal health service programs and will support the position that health-related social problems should be treated by outside community agencies.

Hypothesis 2 is accepted. The results of six key statements in the survey were deemed appropriate for proving this hypothesis. They were statements 1,2,3, and 5 regarding health and health services, and statements 6 and 7 regarding the college and its community involvement. Data on Presidents, Board Chairmen, and Academic Deans on each statement was as follows:

1.1. A significant percentage of Presidents (54.6), Board Chairmen (57.6), and Academic Deans (52.0) endorsed the statement that college administrators, faculty, and staff with some knowledge of first aid could take care of most of the emergency situations occurring on the campus. The chi-square test found no statistically significant differences among the responses of Presidents, Board Chairmen, and Academic Deans.

1.2. Significantly more Presidents, Board Chairmen, and Academic Deans than Student Personnel Deans and Student Body Presidents supported the proposition that the health care of the student is primarily the responsibility of parents and the family physician. High affirmative percentages were supplied by Presidents (78.7), Board Chairmen (79.8), and Academic Deans (72.7).

No significant differences were found in the chi-square values of these three groups when the test was performed.

I.3. Although they revealed significantly smaller percentages of support than Student Personnel Deans and Student Body Presidents, the Presidents (60.2), Board Chairmen (52.7), and Academic Deans (60.5) tended to favor the proposal calling for more professional help in the form of counselors, psychologists, and psychiatrists being available to students. Again, the chi-square test showed no significant differences among the latter three groups at the .01 or .05 level.

I.5. A significantly larger percentage of Presidents, Board Chairmen, Academic Deans than Student Personnel Deans and Student Body Presidents supported this statement. Affirmative percentages of Presidents (76.9), Board Chairmen (77.5), and Academic Deans (76.2) revealed strong backing of the statement that commuting students have substantially less need for health services than students living away from home in a residential college. There were no significant differences among these groups according to chi-square results.

II.6. Less than one-half of the Presidents (35.4%), Board Chairmen (47.7%), and Academic Deans (39.5%) agreed that the community college should not become involved directly in the operation of health-related social action programs. The chi-square test showed significant differences at the .01 level between the perceptions of Presidents and Board Chairmen (12.023).

II.7. Presidents (49.3%), Board Chairmen (48.9%), and Academic Deans (52.1%) tended to support the statement that, in terms of priority allocations, the community college has a special responsibility to assist in the amelioration of health-related social problems. Sizable numbers of undecided and disagree responses produced significant differences at the .05 level between Presidents and Chairmen (7.9261).

Also related to the second part of this hypothesis were a variety of proposed college-operated activities that college leaders considered inappropriate for community colleges. Of the 11 proposed activities (Table 36) receiving at least 40% "inappropriate" judgments, six were so designated by Presidents, eight by Board Chairmen, and seven by Academic Deans.

Minimal support for health service programs was indicated by Presidents, Board Chairmen, and Academic Deans in 3 of the 4 areas regarding student health services. In regard to the position that health-related social problems should be treated by outside agencies, the results were not as distinct. The leaders tended to support involvement in the operation of social action programs and assistance to the community, but in only one case (Academic Deans) did the agreement exceed 50 per cent. Also, responses to the proposed college-operated programs showed that a majority of the activities were seen by Presidents, Board Chairmen, and Academic Deans as inappropriate. Therefore, the hypothesis was accepted as stated.

Hypothesis 3: Student Body Presidents will favor expansion of college health services on campus and an elaboration of the college's social action role in its surrounding community.

Hypothesis 3 was accepted. Statements considered applicable to making a judgement about this hypothesis were items 3 and 9 regarding health and health services and items 6 and 9 regarding the college and its community involvement.

1.3. Significantly more Student Body Presidents than other key leaders, except Student Personnel Deans, favored having more counselors, psychologists, and psychiatrists available to students. When the chi-square test was applied, it found no statistically significant differences when Student Presidents were compared to Presidents, Academic Deans, and Student Personnel Deans. However, significant differences at the .01 level were noted between Student Presidents and Academic

Deans (12.297).

I.9. Of all key college leaders, Student Body Presidents gave the highest support (69.2%) to the statement that financial assistance to economically-disadvantaged students should cover costs of medical, dental, and other health-related needs. Perceptions of Student Body Presidents were significantly different at the .05 level when compared with Presidents (6.7625), and were significant at the .01 level when compared to Board Chairmen (33.816) and Academic Deans (22.850).

II.6. Significantly more Student Body Presidents than other key leaders disagreed with the statement that the community college should not become involved directly in the operation of health-related social action programs. Over one-half (54.1%) of the Student Body Presidents disagreed compared to lesser percentages for Presidents (43.5), Board Chairmen (31.7), Student Personnel Deans (42.5), and Academic Deans (40.2). Significant differences at the .01 level were revealed by the chi-square values when Student Body President were compared with Board Chairmen (33.162), Academic Deans (15.888), and Student Personnel Deans (11.516). Differences in the perceptions of Student Body Presidents and Presidents were significant at the .05 level (8.6324).

II.9. On the proposal that the college should reach into and influence all phases of community life related to health, Student Body Presidents had significantly more agreement than did other key leaders. Also, according to the chi-square test, Student Body Presidents had significantly different perceptions at the .05 level when compared to Board Chairmen (8.1711) and Academic Deans (7.2016), and at the .01 level when compared to Presidents (12.010).

In reference to proposed college-operated programs, Student Body Presidents had the smallest number of "inappropriate" labels of any of the groups. Also, they displayed the highest percentage of support for the program to "expand the college health service."

On the four statements deemed applicable to this hypothesis, Student Body Presidents seemed to significantly favor expansion of college health services and the elaboration of the college's social action role. On the basis of these conclusions, the hypothesis was accepted.

Hypothesis 4: Presidents, Academic Deans, Student Personnel Deans, and Board Chairmen will have similar views regarding percentage of funds allocated to programs aimed at ameliorating health-related community social problems.

Hypothesis 4 was rejected on the basis of data found in Table 37.

Almost one-half of the key college leaders indicated that no funds from their next year's budget would be re-allocated to programs for solving community social problems. A sizable percentage of the leaders were willing to commit funds in the "1-3%" category with a high of 45.7 per cent coming from Academic Deans and a low of 38.2 per cent from Student Personnel Deans. The "4-6%" re-allocation category averaged less than 10 per cent and a very few of the leaders indicated a willingness to go over "6%".

The percentages for Student Personnel Deans and Academic Deans were significantly different than those of Presidents and Board Chairmen. The Deans had significantly lower percentages in the "none" and "1-3%" categories. The major differences are best seen in the larger percentages of re-allocation, Student Personnel Deans and Academic Deans were willing to go beyond 3% in 16.1 per cent and 12.5 per cent of the cases, respectively. By contrast, Presidents and Board Chairmen expressed this commitment in only 8.4 per cent and 5.9 per cent of the cases.

On the basis of these differences of percentages, it was determined that the views of Presidents, Academic Deans, Student Personnel Deans, and Board Chairmen were not similar and the hypothesis was rejected.

Conclusions: Survey of State-level Administrators and Visitations

Survey

In the third phase of this study, State-level administrators of two-year institutions were requested to provide information on statements of philosophy, public statutes, or any other information from the State office that would affect local community college health service programs. Administrators were asked to respond to the following question:

> Does your State have a statement of philosophy regarding the health service program that is, or should be , offered to public community college students

Responses were received from forty-nine (49) State administrators with four indicating that a statement of philosophy did exist while 45 stated that no policy statement had been developed by the State. In four cases (Indiana, Maine, South Carolina, and South Dakota) respondents stated that public community colleges were not in operation in their higher education system. Those States having a statement of philosophy on health service programs revealed a clear understanding of the need for providing such services and gave State recognition and sanction to their creation and maintenance. Examples of philosophy statements and statutes are found in Appendix K.

Visitations

The visitations to campuses identified by respondents as having model student health service programs were conducted over a period of several months. Interviews were held with Student Personnel Deans, Nurses, Community Service Directors, and students at each institution with a total of 20 different individuals participating. The questioning followed the format of the queries raised in Chapter I.

1. What type and amount of student health service is provided by public community colleges in the United States?

2. What kinds of health service personnel are employed on campus?

3. What are the views of key college leaders regarding the status of student and community health services?

In each case the interviewee was requested to give his perception of the condition of the health service program at his campus. It was not possible to quantify the responses for computer analysis but comments were categorized according to the general impressions perceived by the investigator.

Appendix J consists of case study summaries of the model campus programs. Several general conclusions may be gleaned from the studies: these may be of value to those institutions seeking to expand and improve their student health service program. Characteristics of model programs include the following:

1. Support for the student health service program emanates from the President and other chief administrative officers of the college.

2. Expertise of campus and community resource persons has been utilized in the planning, creation, and expansion of health service programs.

3. In establishing and modifying programs, an investigation and analysis is made of student health problems on the campus.

4. Extensive attention is given to publicizing to students, faculty, administrators, and staff the availability of programs and services rendered.

5. Emphasis is placed on maintaining viable communication links and interaction between college and community representatives in discussion and working toward resolution of mutual concerns related to student health.

Concluding Comment

One of the objectives of this research was to examine the perceptions of key college leaders on campus health services and health-related social problems and to determine the degree of commitment to these activities. Inherent in this commitment is the amount of financial resources devoted to projects and activities in these areas.

Findings showed that while leaders supported ideas for ameliorating health-related social problems on the campus and in the community, relatively few were willing to allocate funds to these activities. Statement results showed that leaders favored such things as providing more professional help, additional aid for economically-disadvantaged students, and college involvement in the solution of health-related community social problems.

Directions to the survey participants requested them to keep in mind financial

resources available at their institution. The reality of budget constraints at many public community colleges was evident in the responses of leaders (see Table 36 and Table 37). Although there tended to be a philosophical commitment to campus and community involvement on health issues, few leaders expressed a willingness to redirect funds. From the responses, it appears that the great support that leaders gave to the statement proclaiming that priorities should be arranged to emphasize the role of teaching and learning possibly influenced opinions on budget re-allocation. Key college leaders expressed great hesitance about taking funds from educational programs and commiting them to other activities.

Recommendations

This study represents the first known effort to determine on a national scale the status of student health service programs at public community colleges and the perceptions of key college leaders pertaining to health-related social problems on the campus and in the community.

In view of the findings of this study, the following recommendations are made:

1. A replication of this study should be carried out within the next five years to see if improvements have been made in health service programs and to determine what changes have occurred in leaders' perceptions.

2. In cooperation with the American Association of Community and Junior Colleges and the American College Health Association, a detailed study should be conducted of the health problems of community college students and a determination made of the effectiveness of community health resources in meeting health needs of students.

3. A study should be made of the budgets of public community colleges to examine the percentage of funds allocated to student health service programs and to health-related social action programs in the community.

4. Because study participants put great emphasis on outside funding to help with health-related social action projects, an investigation should be made of private, foundation, and public sources of outside assistance.

5. A study of faculty members' views on funds allocated to student health service programs and health-related community services activities should be undertaken.

6. The AACJC and the ACHA should be encouraged to publicize the conditions and needs in the area of community college health services and to sponsor regional and State workshops and seminars so that key college leaders and the general public can be better informed about student health and social problems. This especially applies to a better dissemination of information through publications of these organizations.

7. State Departments of Education should be encouraged to write State statutes, regulations, and guidelines covering minimum requirements for community college health service programs. They should also be encouraged to support legislation designed to provide funds for health service programs.

8. A study of health services at technical/vocational institutions and at two-year branches of universities should be made along the lines of the present study.

In their concern for the education of a broad range of student types, key leaders of public community colleges should be cognizant of any factor which deters from maximum learning. Thus, the mental, emotional, and physical health of the student requires attention for "if health is absent, wisdom cannot reveal itself."

APPENDICES

APPENDIX A

This appendix contains the printed questionnaire which was mailed to each of the key college leaders in the survey. It appears in its original format.

Those included in the follow-up mailing were printed without the May 7 return date.

The instruments had a separate front cover for each of the key college leaders. Identical statements for each respondent were included on the inside of the folded instrument.

An insert page with questions was sent to the Student Personnel Deans for completion.

UNIVERSITY OF MICHIGAN

CENTER FOR THE STUDY OF HIGHER EDUCATION

NATIONAL SURVEY ON HEALTH SERVICES AT PUBLIC COMMUNITY COLLEGES

This survey is part of a broad investigation designed to better understand the nature of Community College health service programs in terms of the perceptions and views of those actively affiliated with such institutions. Several recommendations will be made on the basis of data collected by this survey.

The success of this study depends upon information you can provide about your institution. Your cooperation is, thus, a vital factor and will be greatly appreciated.

Thank you

PRESIDENT

Statistical Information:

1. Sex: __Male __Female

2. Age: __Under 35 __46–55 __35–45 __Over 55

3. Length of time in present position:
__Under 5 yrs. __11–15 yrs.
__5–10 yrs. __Over 15 yrs.

4. Professional experience in higher education:
__Under 5 yrs. __16–25 yrs.
__5–15 yrs. __Over 25 yrs.

5. Other types of positions held in education:
Check all that apply
__Vice President
__Academic Dean
__Business Officer
__College Teacher
__Other_____
__Counselor
__Student Personnel Dean
__Teacher: Secondary Level
__Teacher: Elementary Level

6. Present enrollment: Student headcount_____
Full-time, day students_____

7. Total 1971–72 College budget: _____

8. Check the size of population served by your campus:
__Less than 50,000 __300,000–400,000
__50,000–100,000 __400,000–500,000
__100,000–200,000 __500,000–1,000,000
__200,000–300,000 __Over 1,000,000

9. Which best describes the area served by your campus:
__Urban __Rural
__Suburban __Mixed area

10. Which best describes the socio-economic status (S.E.S.) levels of the area served by your campus:
__Upper S.E.S. __Lower Middle S.E.S.
__Upper Middle S.E.S. __Lower S.E.S.
__Middle S.E.S. __Mixed S.E.S.

11. Which best describes your campus student health services program:
__Comprehensive program available __Limited program available
__Adequate for our campus __No program available

12. How do you rate the availability of health care resources in your surrounding community?
__Excellent __Average
__Good __Poor

13. What improvements have been made in your campus health services program within the last five (5) years:
__None __Increased clerical staff
__Increased budget __Improved facilities
__Added professional staff __Other_____

14. What resources have you utilized for implementing and expanding the campus health services program:
__Local professionals in medical fields
__Local Medical Society
__State and Municipal Public Health Service
__Nearby colleges and universities
__Intra-institution departments or divisions
__Federal Government agencies
__American Association of Junior Colleges
__American College Health Association
__Other_____

15. How often do you read the Junior College Journal, the ERIC Junior College Research Review, and the Journal of the American College Health Association.

	Always or nearly always read it	Sometimes read it	Rarely or never read it
J.C. Journal	___	___	___
ERIC Review	___	___	___
Journal ACHA	___	___	___

16. List public community colleges that you consider to have outstanding or model campus health services with programs designed to help ameliorate health-related community social problems.

_____

_____

UNIVERSITY OF MICHIGAN

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NATIONAL SURVEY ON HEALTH SERVICES AT PUBLIC COMMUNITY COLLEGES

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The success of this study depends upon information you can provide about your institution. Your cooperation is, thus, a vital factor and will be greatly appreciated.

Please return the completed questionnaire in the stamped, addressed envelope by May 1. Thank you.

STUDENT PERSONNEL DEAN

Statistical Information:

1. Sex: ___Male; ___Female

2. Age:
   ___Under 35 yrs. ___46–55
   ___35–45 ___Over 55

3. Length of time in present position:
   ___Under 5 yrs. ___11–15 yrs.
   ___5–10 yrs. ___Over 15 yrs.

4. Professional experience in higher education:
   ___Under 5 yrs. ___16–25 yrs.
   ___5–15 yrs. ___Over 25 yrs.

5. Professional experience in education: Check all that apply.
   ___Counselor ___Teacher: Secondary level
   ___Department chairman ___Teacher: Elementary level
   ___Academic Dean ___Other: _____
   ___College Teacher

6. Which statement best describes your institution?

   ___ It is part of a K-14 public school system.
   ___ It is part of a multi-institution district.
   ___ It is in a single institution district.
   ___ It is under direct control of the state.
   ___ Other_____

7. Which best describes your campus student health services program?
   ___Comprehensive program available ___Limited program available
   ___Adequate for our college ___No program available

8. How do you rate the availability of health care resources in your surrounding community?
   ___Excellent ___Average
   ___Good ___Poor

9. How often do you read the Junior College Journal, the ERIC Junior College Research Review, and the Journal of the American College Health Association?

	Always or nearly always read it	Sometimes read it	Rarely or never read it
J. C. Journal	___	___	___
ERIC Review	___	___	___
Journal ACHA	___	___	___

10. List public community colleges that you consider to have outstanding or model campus health services with programs designed to help ameliorate health-related community social problems.

_____

UNIVERSITY OF MICHIGAN

CENTER FOR THE STUDY OF HIGHER EDUCATION

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Please return the completed questionnaire in the stamped, addressed envelope by May 1. Thank you.

ACADEMIC DEAN

Statistical Information:

1. Sex: ___Male ___Female

2. Age: ___Under 35 yrs. ___46–55
   ___35–45 ___Over 55

3. Length of time in present position:
   ___Under 5 yrs. ___11–15 yrs.
   ___5–10 yrs. ___Over 15 yrs.

4. Professional experience in higher education:
   ___Under 5 yrs. ___16–25 yrs.
   ___5–15 yrs. ___Over 25 yrs.

5. Other types of positions held in education: Check all that apply.
   ___College teacher ___Teacher: Secondary level
   ___Department Chairman ___Teacher: Elementary level
   ___Student Personnel Dean ___Other_____
   ___Counselor

6. Which best describes your campus student health services program:
   ___Comprehensive program available ___Limited program available
   ___Adequate for our campus ___No program available

7. How do you rate the availability of health care resources in your surrounding community?
   ___Excellent ___Average
   ___Good ___Poor

8. How do you rate the effectiveness of the health education aspect of your curriculum offerings (Omit consideration of Occupational Health courses and Physical Education courses).
   ___Excellent ___Average
   ___Good ___Poor

9. How often do you read the Junior College Journal, the ERIC Junior College Research Review, and the Journal of the American College Health Association?

	Always or nearly always read it	Sometimes read it	Rarely or Never read it
J. C. Journal	___	___	___
ERIC Review	___	___	___
Journal ACHA	___	___	___

UNIVERSITY OF MICHIGAN

CENTER FOR THE STUDY OF HIGHER EDUCATION

NATIONAL SURVEY ON HEALTH SERVICES AT PUBLIC COMMUNITY COLLEGES

This survey is part of a broad investigation designed to better understand the nature of Community College health service programs in terms of the perceptions and views of those actively affiliated with such institutions. Several recommendations will be made on the basis of data collected by this survey.

The success of this study depends upon information you can provide about your institution. Your cooperation is, thus, a vital factor and will be greatly appreciated.

Please return the completed questionnaire in the stamped, addressed envelope by May 1. Thank you.

BOARD CHAIRMAN

Statistical Information:

1. Sex: __Male __Female

2. Age: __Under 35 __46–55
   __35–45 __Over 55

3. Occupation_____

4. Board members at our college are: __elected; __appointed.

5. Length of terms for Board members:
   __1–2 yrs. __6 yrs.
   __4 yrs. __over 6 yrs.

6. Which best describes the area served by your college?
   __Urban __Rural
   __Suburban __Mixed area

7. What best describes the socio-economic status (S.E.S.) level of the area served by your college?
   __Upper S.E.S. __Lower Middle S.E.S.
   __Upper Middle S.E.S. __Lower S.E.S.
   __Middle S.E.S. __Mixed S.E.S.

8. Which best describes your college's student health service program?
   __Comprehensive program available __Limited program available
   __Adequate for our campus __No program available

9. How do you rate the availability of health care resources in your surrounding community?
   __Excellent __Average
   __Good __Poor

10. How often do you read the Junior College Journal, the ERIC Junior College Research Review, and the Journal of the American College Health Association?

	Always or nearly always read it	Sometimes read it	Rarely or never read it
J.C. Journal	—	—	—
ERIC Review	—	—	—
Journal ACHA	—	—	—

UNIVERSITY OF MICHIGAN

CENTER FOR THE STUDY OF HIGHER EDUCATION

NATIONAL SURVEY ON HEALTH SERVICES AT PUBLIC COMMUNITY COLLEGES

This survey is part of a broad investigation designed to better understand the nature of Community College health service programs in terms of the perceptions and views of those actively affiliated with such institutions. Several recommendations will be made on the basis of data collected by this survey.

The success of this study depends upon information you can provide about your institution. Your cooperation is, thus, a vital factor and will be greatly appreciated.

Please return the completed questionnaire in the stamped, addressed envelope by May 1. Thank you.

STUDENT BODY PRESIDENT

Statistical Information:

1. Sex: __Male __Female

2. Age: __Under 18 __21–23
__18–20 __Over 23

3. Class: __Freshman __Sophomore

4. Curriculum: __Transfer __Technical/Vocational
Major_____

5. In your opinion, which term best describes your campus student health service program?

__Comprehensive program available __Limited program available
__Adequate for our campus __No program available

6. How do you rate the availability of health care resources in your surrounding community?

__Excellent __Average
__Good __Poor

7. Would students at your campus support increasing student fees to expand health services offered on campus?

__Yes __No __Undecided

8. What suggestions do you have for improving the student health service program at your campus?

_____

_____

_____

_____

STATEMENTS REGARDING HEALTH SERVICES, HEALTH-RELATED SOCIAL PROBLEMS AND YOUR COLLEGE'S COMMUNITY INVOLVEMENT

DIRECTIONS: The following statements are selected from many sources and are expressive of frequently voiced points of view regarding public community college Health Services and the role of the institution in dealing with social problems related to health on campus and in your surrounding community.

Please give your opinion on each statement as it applies to your college while keeping in mind financial resources available.

Even though some statements or choices may not coincide exactly with your personal view, please react to each by checking the appropriate box on the following scale:

1. Strongly Agree
2. Tend to Agree
3. Undecided
4. Tend to Disagree
5. Strongly Disagree

STATEMENTS REGARDING HEALTH AND HEALTH SERVICES

	Strongly Agree	Tend to Agree	Undecided	Tend to Disagree	Strongly Disagree
	1	2	3	4	5
1. Administrators, faculty, or staff with some knowledge of first aid can take care of most of the emergency situations occurring on the campus.	☐	☐	☐	☐	☐
2. The health care of the community college student is primarily the responsibility of his parents and the family physician.	☐	☐	☐	☐	☐
3. More professional help on campus in the form of trained counselors, clinical psychologists, and psychiatrists ought to be available to our students.	☐	☐	☐	☐	☐
4. Health service is not the sole responsibility of only one division of the college. It is an issue that concerns every sector of the community college.	☐	☐	☐	☐	☐
5. Commuting students have substantially less need for health services than students living away from home in a residential college.	☐	☐	☐	☐	☐
6. All applicants to the college wishing to be full-time, day students should be required to submit a medical examination form.	☐	☐	☐	☐	☐
7. Applicants who desire only part-time or evening classes should not be required to submit a medical examination form.	☐	☐	☐	☐	☐
8. The role of the community college nurse should be limited to providing temporary care of sick or injured students.	☐	☐	☐	☐	☐
9. Financial assistance for economically-disadvantaged students should cover costs of medical, dental, and other health-related needs.	☐	☐	☐	☐	☐
10. Applicants with the following kinds of health problems should be admitted to the community college:					
A. Speech disorders	☐	☐	☐	☐	☐
B. Severe hearing losses	☐	☐	☐	☐	☐
C. Blind	☐	☐	☐	☐	☐
D. Confined to wheelchairs	☐	☐	☐	☐	☐
E. History of major mental or emotional disorder	☐	☐	☐	☐	☐
F. History of minor mental or emotional disorder	☐	☐	☐	☐	☐
G. Drug abusers	☐	☐	☐	☐	☐
H. Active venereal disease	☐	☐	☐	☐	☐
I Criminal records that indicate that others may be endangered	☐	☐	☐	☐	☐

STATEMENTS REGARDING THE COLLEGE AND ITS COMMUNITY INVOLVEMENT

11. The community college cannot wait for the community to come to it. It must help its community to recognize crucial health-related social problems and extend itself outward for the resolution of these problems.

12. Since the community college does not have the financial resources to do all the jobs, it should arrange its priorities to emphasize the role of teaching and learning.

13. The community college has an obligation to take stands and be counted on the central social and political issues of the day that relate to health.

14. The college faculty, both individually and as a group, has an obligation to take stands and be counted on the central social and political issues of the day that relate to health.

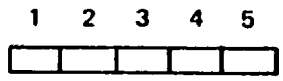
15. The college should work closely with secondary schools and other community agencies to seek out and encourage educable youth with health problems to attend.

16. While the community college may produce ideas for health-related social action programs, it should not become involved directly in the operation of such programs.

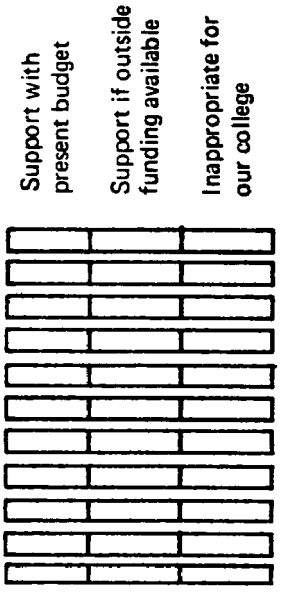
17. In terms of priority allocations, the community college has a special responsibility to assist in the amelioration of health-related community social problems.

18. The community college should be prescriptive rather than descriptive in dealing with health-related social problems in its surrounding community.

19. The community college should reach into and influence all phases of community life related to health.



20. Taking into consideration present budget conditions at your college, indicate which of the following college-operated programs for students and members of the surrounding community you would support additional expenditures for. Also, indicate which you would support if outside funding were available and which activities are inappropriate for your community college.



A. A series of seminars on community health problems
B. Expansion of the college Health Service program.
C. Establishment of a mental health clinic.
D. Creation of a family counseling service
E. A Center for Drug Studies and Rehabilitation.
F. A 24-hour suicide prevention center.
G. Rehabilitation program for juvenile deliquents.
H. A series of seminars on alcoholism
I. Creation of a Child Care Center with medical care and meals provided.
J. A rehabilitation program for alcoholics.
K. Clinic for problem pregnancies, birth control, and contraceptive advice.

21. What percentage of your 1972–73 budget would you be willing to re-allocate to the above activities?

___None ___4–6%
___1–3% ___Over 6%

Please return completed forms to:

Don D. Nichols
33002 Maplenut
Farmington, Michigan 48024

(To be completed by Student Personnel Deans)

DESCRIPTIVE INFORMATION: STUDENT HEALTH SERVICE STAFF, FACILITIES AND PRACTICES

1. College enrollment: Student headcount _____
   Full-time, day students _____

2. Number of students who live in College dormitories: _____

3. Does your College have a Health Services program on-campus?
   __Yes __No

4. Does your College have a contractual arrangement with an off-campus agency to provide health service for students?
   __Yes __No

5. Does your College employ a full-time Health Service director?
   __Yes __No

6. Is the director a __physician or __nurse?
   __full-time or __part time?

7. To whom does the director report?
   __President
   __Dean of Student Personnel
   __Other _____

8. Which of the following are included as part of your Health Service facility:
   __Examination and treatment room
   __Nurse's office
   __Physician's office
   __Restrooms
   __Adequate waiting area
   __Storerooms and closets
   __Record room
   __Library
   __Wheelchair ramps
   __Isolation areas
   __Secretarial office
   __Other _____

9. Which of the following personnel are on duty within the Health Services facility.
   __Nurse
   __Nurse's aide
   __Clerical Personnel
   __Physician
   __Psychiatrist
   __Psychologist
   __Dentist
   __Laboratory Technician
   __Physical Therapist
   __X-ray Technician
   __Ophthalmologist
   __Gynecologist
   __Other _____

10. What areas of health care is your Health Center capable of administering? Indicate the number of cases handled in each area during the most recent twelve (12) month period.

	No.		No.
__ General first aid	_____	__ Lab tests	_____
__ Common allergic reactions	_____	__ Cuts and abrasions treatment	_____
__ Common cold	_____	__ Communicable diseases treatment	_____
__ Gastrointestinal upsets	_____	__ Vaccinations and immunizations	_____
__ Minor emotional disorders	_____	__ Acute abdominal disorders	_____
__ Fractures and dislocations	_____	__ Drug abuse information	_____
__ Headache relief	_____	__ Acute drug reactions	_____
__ Menstrual problems	_____	__ Severe emotional reactions	_____
__ Contraceptive information	_____	__ Other _____	
__ Dispense contraceptives	_____	_____	
__ Alcohol problems	_____	_____	

11. Are students charged a Health Service Fee?
    __Yes __No Amount _____

continued on back

12. Is there a charge to students for treatment?
    ___Yes ___No

13. Is the College sanitation a responsibility of the Health Service?
    ___Yes ___No

14. Does an operational campus health advisory committee exist?
    ___Yes ___No

15. Is the campus designed to accommodate students with health problems or physical handicaps?
    ___Yes ___No Check below:

    ___Ramps ___Restrooms with doors for wheelchairs
    ___Elevators ___Medical parking
    ___Other_____

16. What emergencies have occurred on your campus within the last five (5) years? Give the number in each area below:

	No.		No.
___Heart attack	_____	___Violence (with injuries)	_____
___Epileptic seizures	_____	___Student demonstrations (with injuries)	_____
___Fire (resulting in injuries)	_____	___Bomb explosions (with injuries)	_____
___Epidemics	_____	___Suicide	_____
___Drug overdose	_____	___Other_____	
___Laboratory accidents (resulting in injuries)	_____	_____	

17. What improvements have been made in your Health Service program in the last five (5) years?
    ___None ___Increased clerical staff
    ___Increased budget ___Improved facilities
    ___Added professional staff ___In-service education of staff
    ___Other_____

18. What resource have you utilized for implementing and expanding the campus Health Services program?
    ___Local professionals in medical fields ___Intra-institutional departments or divisions
    ___Local Medical Society ___Federal Government agencies
    ___State and Municipal Public Health Service ___American Association of Junior Colleges
    ___Nearby colleges and universities ___American College Health Association
    ___Other_____

19. Has a comprehensive study been made of health problems on campus within the last five (5) years?
    ___Yes ___No

20. Estimate the percentage of dropouts from your college that may have been caused by health problems during the past year.
    ___0 ___1–5% ___6–10% ___11–20% ___Over 20%

21. Generally, how effective have you been in communicating health service needs to the Chief Administrator of the college?
    ___Very effective ___Mildly effective ___Ineffective

APPENDIX B

Names of the Panel of Judges who evaluated the original instrument appear in this appendix. Each judge was sent an abstract of the study and copies of questionnaires for each key college leader.

PANEL OF JUDGES

Dr. Robert Berridge
Center for Community Education
Texas A & M University
College Station, Texas

Dr. Todd Bullard, Provost &
Vice-President Academic Affairs
Rochester Institute of Technology
Rochester, New York

Dr. Albert Canfield
School of Graduate Studies
University of Florida
Gainesville, Florida

Willard Dalrymple, M.D.
Director of Health Services
Princeton University
Princeton, New Jersey

James W. Dilley
Executive Director
American College Health Association
Evanston, Illinois

Dana L. Farnsworth, M.D.
Harvard University
Cambridge, Massachusetts

Robert W. Gage, M.D.
Vice-Chancellor for Student Affairs
University of Massachusetts
Amherst, Massachusetts

Dr. Donald Godbold
Campus Director
Community College of Denver
Denver, Colorado

Dr. John Grede, Vice-Chancellor
Chicago City Colleges
Chicago, Illinois

Dr. Ervin L. Harlacher, President
Brookdale Community College
Lincroft, New Jersey

Dr. Robert L. Huxol, Associate
Superintendent for Higher
Education
Michigan Department of Education
Lansing, Michigan

E. D. Lovett, M.D., Editor
Community College Health Services
P.O. Box 506
Clearlake Oaks, California

Dr. Jane E. Matson
School of Education, California State
College at Los Angeles
Los Angeles, California

Dr. Leland Medsker, Director
Center for Research in Education
University of California at Berkley
Berkley, California

Dr. Terry O'Banion
College of Education
University of Illinois
Champagne-Urbana, Illinois

Dr. Max R. Raines
Professor of Higher Education
Michigan State University
East Lansing, Michigan

Dean George Spear
Continuing Education Division
University of Missouri
Kansas City, Missouri

Dr. Dyckman Vermilye
Executive Director
American Association for
Higher Education
Washington, D. C.

Dr. Richard E. Wilson
Associate Executive Director
American Association of
Junior Colleges
Washington, D. C.

Dr. Frederic Zook
Professor of Education
Ottawa University
Ottawa, Kansas

APPENDIX C

This appendix contains the covering letter sent with copies of the questionnaires to the Panel of Judges. Each letter contained a stamped, addressed return envelope. The letter is presented in its original form on the following page.



OAKLAND COMMUNITY COLLEGE/ORCHARD RIDGE CAMPUS 27055 ORCHARD LAKE ROAD FARMINGTON, MICHIGAN 48024/PHONE 476-9400

February 24, 1972

For my doctoral study at the Center for Higher Education, University of Michigan, I am conducting a national survey of the perceptions of key leaders, (Presidents, Deans, Board Chairmen, and Student Body Presidents) in public community colleges regarding health services and health-related social problems.

Because of your involvement in higher education, I want to request your assistance in serving as an evaluator of my research instrument.

The study in process will attempt to describe existing health service staffs, facilities and practices, and analyze leaders' views regarding their college's involvement in dealing with health-related social problems in the surrounding community. Each leader will be asked to respond to questions giving statistical data on his position and his views on "Statements Regarding Health Services."

Will you please read through the enclosed questionnaires and make suggestions for improving the survey instrument? Comments can be written in the right-hand margin space provided on each page.

Your reactions and those from other educators will be used to revise the instrument before the final version is mailed in early April. We hope that you will be able to return, in the enclosed envelope, your comments by March 7.

Thank you for assisting in this national study.

Sincerely,

Donald Dean Nichols
Dean of Students
Oakland Community College

Mott Fellow 1969–70

Doctoral Committee:

Prof. Norman C. Harris, Chairman
Prof. Michael Decker
Prof. Murray Jackson
Prof. Hal Stahly

APPENDIX D

The covering letter sent to participants in the Pilot Study is contained in this appendix. Each was addressed by name to the key college leader who evaluated the questionnaire relating to his position in the institution.

A stamped, addressed return envelope was enclosed with each letter. The letter appears in its original form on the following page.



OAKLAND COMMUNITY COLLEGE/ORCHARD RIDGE CAMPUS 27055 ORCHARD LAKE ROAD FARMINGTON, MICHIGAN 48024/PHONE 476-9400

March 10, 1972

For my doctoral study at the Center for Higher Education, University of Michigan, I am conducting a national survey of the perceptions of key leaders (Presidents, Deans, Board Chairmen, and Student Body Presidents) in public community colleges regarding health services and health-related social problems. The enclosed questionnaire was reviewed by a panel of leaders in the field of higher education.

Before mailing the questionnaire, I need your reaction as part of a pilot study. Your institution was selected because some panel members indicated that it has a well-developed Health Service Program.

Will you please take a few minutes to complete the questionnaire, list your comments, and return it in the attached envelope by March 22.

Your comments will be used in making the final revision for national distribution. Thank you for assisting in this research.

Sincerely,

Doctoral Committee:

Prof. Norman C. Harris, Chairman
Prof. Michael Decker
Prof. Murray Jackson
Prof. Hal Stahly

Donald D. Nichols
Dean of Students
Oakland Community College

DDN/sk
Enclosure

APPENDIX E

This appendix contains the covering letter sent with the questionnaire in the initial mailing. Letters were addressed to the respective position of each key college leader in the survey. The letter appears in its original form.

The University of Michigan

Ann Arbor
48104

CENTER FOR THE STUDY OF HIGHER EDUCATION

April 15, 1972

Dear Mr. President:

The enclosed questionnaire is part of a national survey designed to collect data on health service programs in all public community colleges.

The present study will attempt to describe existing health service staffs, facilities and practices, and will analyze key college leaders' views regarding their college's involvement in dealing with health-related social problems in the surrounding community. Each leader will be asked to respond to questions giving statistical data on his position and his views on several "Statements Regarding Health Services."

It will take about ten (10) minutes to complete the instrument, and in doing so a significant contribution can be made to the general body of research concerning two-year institutions.

Your responses will be kept strictly confidential and your institution will not be identified in any way. The instruments have been coded to enable recording those returned in this dissertation research.

Thank you for taking a few minutes to assist in this national survey. A stamped, addressed envelope is enclosed for your convenience. Will you please return the instrument by May 1.

Sincerely,

Donald D. Nichols
Dean of Students
Oakland Community College

Professor Norman C. Harris
Doctoral Committee Chairman

DDN/sk
Enclosures: Return envelope
Questionnaire

The University of Michigan
Ann Arbor
48104
CENTER FOR THE STUDY OF HIGHER EDUCATION

April 15, 1972

Dear Dean:

The enclosed questionnaire is part of a national survey designed to collect data on health service programs in all public community colleges.

The present study will attempt to describe existing health service staffs, facilities and practices, and will analyze key college leaders' views regarding their college's involvement in dealing with health-related social problems in the surrounding community. Each leader will be asked to respond to questions giving statistical data on his position and his views on several "Statements Regarding Health Services."

It will take about ten (10) minutes to complete the instrument, and in doing so a significant contribution can be made to the general body of research concerning two-year institutions.

Your responses will be kept strictly confidential and your institution will not be identified in any way. The instruments have been coded to enable recording those returned in this dissertation research.

Thank you for taking a few minutes to assist in this national survey. A stamped, addressed envelope is enclosed for your convenience. Will you please return the instrument by May 1.

Sincerely,

Donald D. Nichols
Dean of Students
Oakland Community College

Professor Norman C. Harris
Doctoral Committee Chairman

DDN/sk
Enclosures: Return envelope
Questionnaire

The University of Michigan
Ann Arbor
48104

CENTER FOR THE STUDY OF HIGHER EDUCATION

April 15, 1972

Dear Mr. Chairman:

The enclosed questionnaire is part of a national survey designed to collect data on health service programs in all public community colleges.

The present study will attempt to describe existing health service staffs, facilities and practices, and will analyze key college leaders' views regarding their college's involvement in dealing with health-related social problems in the surrounding community. Each leader will be asked to respond to questions giving statistical data on his position and his views on several "Statements Regarding Health Services."

It will take about ten (10) minutes to complete the instrument, and in doing so a significant contribution can be made to the general body of research concerning two-year institutions.

Your responses will be kept strictly confidential and your institution will not be identified in any way. The instruments have been coded to enable recording those returned in this dissertation research.

Thank you for taking a few minutes to assist in this national survey. A stamped, addressed envelope is enclosed for your convenience. Will you please return the instrument by May 1.

Sincerely,

Donald D. Nichols
Dean of Students
Oakland Community College

Professor Norman C. Harris
Doctoral Committee Chairman

DDN/sk
Enclosures: Return envelope
Questionnaire

APPENDIX F

The follow-up letter appears in this appendix in its original form. Where possible, it was addressed to each key college leader by name. A second copy of the questionnaire was mailed with the follow-up letter and a stamped, addressed return envelope was included.

The University of Michigan

Ann Arbor

48104

CENTER FOR THE STUDY OF HIGHER EDUCATION

May 19, 1972

Dear Sir;

About a month ago you were sent a questionnaire which sought your opinions on student Health Services at public two-year colleges.

The research in process will provide, for the first time, information regarding college Health Services and will result in several recommendations and models.

I have enclosed a second copy of the questionnaire for information from your institution. Will you please take a few minutes to complete it and return it to me?

Your contribution to this study is urgently needed and will be greatly appreciated. If you have already mailed the questionnaire, please accept my thanks for this assistance.

Sincerely,

Donald D. Nichols
Dean of Students
Oakland Community College

DDN/bh

P.S. A stamped, addressed envelope is enclosed for your convenience.

APPENDIX G

This appendix contains the covering letter sent to state-level administrators responsible for community colleges. Each letter was addressed to the administrator by name and included a sample of the questionnaire. The letter is presented in its original form on the following page.



OAKLAND COMMUNITY COLLEGE/ORCHARD RIDGE CAMPUS 27055 ORCHARD LAKE ROAD FARMINGTON, MICHIGAN 48024/PHONE 476-9400

June 10, 1972

Dear Sir:

At the Center for the Study of Higher Education at the University of Michigan I am presently conducting a national survey of public community college Student Health Services. A copy of the research instrument is enclosed.

Would you please assist in this research by responding to the following question:

> Does your State have a statement of philosophy regarding the Health Service program that is, or should be, offered to public community college students?
>
> _____Yes _____No

If such a statement, policy and/or set of guidelines is available, please send me a copy. I am also interested in receiving any published materials regarding the health of community college students that your State office makes available.

Thank you for this assistance.

Sincerely,

Donald D. Nichols
Dean of Students

DDN/bh

APPENDIX H

Separate attachments that were used in the mailing of instruments are included in this appendix. Each attachment was used for the purpose indicated with the example.

Attachment I: The definition listed below was printed as a separate part of each questionnaire and attached to the front page.

> Health Service Program: For the purposes of this study, this definition includes those provisions made by the college to maintain student health on the campus. Health service programs refer to those policies, practices, and procedures carried out by college administrators, instructors, counselors, physicians, and other health workers. The basic areas of health service are generally considered to be:
>
> Appraisal of student health status.
> Dectection of health deficiencies.
> Counseling of students on matters concerning their mental or physical health.
> Prevention of disease with a special emphasis on communicable diseases.
> Provision of emergency medical care.
> Regulation of campus sanitary conditions.
> Promotion and protection of the health of college faculty and staff.
> Development of research which is concerned with the promotion of campus health.

Attachment II: The short note below was directed to Student Personnel Deans in the follow-up and was printed on goldenrod-colored paper.

Dear Dean,

May I make a special appeal for your participation in this study? As a Dean of Students, I am familiar with the demands that are made on your time.

You are probably aware that there is almost no information available on Student Health Services at community colleges. The aim of this study is to provide that descriptive information on a national basis.

The data that you can provide is essential to the success of the study. I hope that you will take a few minutes to complete the questionnaire; other student personnel workers will benefit from your participation. Thank you.

Donald D. Nichols
Dean of Students

Attachment III: The insert noted below was printed on goldenrod colored paper and included with each follow-up letter in the survey.

CAN YOU SPARE A FEW MINUTES?

1. TO HELP US KNOW MORE ABOUT COMMUNITY COLLEGES.

2. PROVIDE INFORMATION SO THAT STUDENT SERVICES CAN BE IMPROVED.

A COMPLETE COMMUNITY COLLEGE PROFILE CAN BE MADE WITH DATA FROM YOUR CAMPUS.

APPENDIX I

This appendix contains a list of public community colleges which were identified by respondents as operating outstanding or model student health service programs. Two key college leaders, Presidents and Student Personnel Deans, responded to an open-ended question included on their copy of the survey instrument.

COLLEGES WITH OUTSTANDING HEALTH SERVICES

This survey sought to identify those institutions offering outstanding campus health service programs. Presidents and Student Personnel Deans responded to the following request on the questionnaire:

> List public community colleges that you consider to have outstanding or model student health services with programs designed to help ameliorate health-related community social problems.

Colleges which were identified are listed below. The number of times the college was named is also given.

Community College	Frequency
City College of San Francisco, California	21
*Harper, Illinois	18
San Jose, California	14
Rochester, Minnesota	14
*Genesee, Michigan	13
*Cape Cod, Massachusetts	13
El Centro, Texas	12
*Broward, Florida	12
Miami-Dade, Florida	10
Tarrant District, Texas	9
Los Angeles District, California	8
Highline, Washington	7
Dallas District, Texas	6
*Malcolm X, Illinois	6
Triton, Illinois	6
Foothill, California	5
Lane, Oregon	5
Cuayhoga, Ohio	4

*Selected for case study treatment.

Community College	Frequency
St. Louis District, Missouri	4
American River, California	4
Broome, New York	4
Cypress, California	4
Eastfield, Texas	4
El Camino, California	4
Kansas City, Kansas	3
Mesa, Colorado	3
Monroe, New York	3
Montgomery, Maryland	3
Central Piedmont, North Carolina	3
Cerritos, California	3
College of DuPage, Illinois	3
Delta, Michigan	3
Grossmont, California	3
Lansing, Michigan	3
Mt. Hood, Oregon	2
Moorpark, California	2
Auburn, New York	1
Bronx, New York	1
Clark, Washington	1
College of Marin, California	1
Contra Costa, California	1
Denver, Colorado	1
Essex, Maryland	1
Fullerton, California	1
Green River, Washington	1
Harrisburg, Pennsylvania	1
Henry Ford, Michigan	1
Hudson Valley, New York	1
Jefferson State, Alabama	1
Chabot, California	1
Pensacola, Florida	1
DeKalb, Georgia	1
Daytona Beach, Florida	1
Maricopa District, Arizona	1
Meridian, Mississippi	1
Modesto, California	1
North Orange District, California	1
Northern Virginia, Virginia	1
Oregon Central, Oregon	1

Community College	Frequency
Palomar, California	1
Staten Island, New York	1
St. Petersburg, Florida	1
Tacoma, Washington	1
Wayne, North Carolina	1
Western Piedmont, North Carolina	1
Sandhills, North Carolina	1
Moraine, Illinois	1
Oakland, Michigan	1
Golden West, California	1
Seattle, Washington	1
Palm Beach, Florida	1

APPENDIX J

This appendix contains case studies of those institutions which were included in the visitation part of the study. The researcher visited the following institutions which were identified by respondents as having model health service programs for students.

Each administrator who served as the chief contact person and who provided permission for the case study treatment is listed for each college

1. Broward Community College, Ft. Lauderdale, Florida
   (Dr. George Young, Dean of Student Affairs)
2. Cape Cod Community College, West Barnstable, Massachusetts
   (Dr. Richard Sullivan, Dean of Students)
3. Genesee Community College, Flint, Michigan
   (Dr. Marie Prahl, Dean of Student Personnel Services)
4. William Rainey Harper College, Palatine, Illinois
   (Mr. Donn Stansbury, Director of Admissions and Registrar)
5. Malcolm X College, Chicago, Illinois
   (Mr. Frederick Gittens, Assistant Director Community Services)

BROWARD COMMUNITY COLLEGE

FORT LAUDERDALE, FLORIDA

In 1959, Broward Community College was authorized by the Florida State Legislature and began to take shape with the appointment of a local Advisory Board operating under State Board of Education regulations. In the fall of 1960, the College opened its first session with 701 students in temporary facilities at the Fort Lauderdale-Hollywood Airport. Three years later, the College moved to its beautiful, spacious, new Central Campus site in suburban Fort Lauderdale. A second campus is now open, a third is in the planning stage, and total Fall, 1972 enrollment is expected to exceed 9,000.

Starting with a limited junior college program, the College has expanded to become a multi-campus, comprehensive community college with technical curricula, counseling, and community services involvement. Consistent with this enlarged philosophy, the College has moved to create a multiplicity of activities aimed at providing opportunities for its local, regional, and State community.

The Community Education outreach includes seminars, workshops, and special educational programs designed to meet expressed community needs.

At Broward the counseling and guidance function is vested in staff members in the Human Development Center. A full range of potential and real

student problems in the emotional and physical health areas, and personal-social concerns are encountered and resolved by the counselors.

The Student Health Service Program

Creation of the health service program at Broward resulted in large part from a problem of geographic proximity. When the College moved to its Central Campus location, it was a considerable distance from medical and hospital resources. Early work of a health advisory committee and support of College administration produced a health service program with emphasis on first aid. The student handbook announces the following service:

> In case of accident or illness, students should report to the Health Center which is located on the first floor in the Student Services Building. First aid and emergency service are provided with a full-time registered nurse in attendance.

An attractive Health Center with reception room, Nurse's office, rest area, and treatment rooms is located in a high traffic area of the campus. The new North Campus of the College also has a health services area which is presently staffed on a part-time basis with a physical education instructor. As enrollment increases, professional nursing and clerical staff will be added to that location.

Health appraisal is accomplished by utilizing a good medical history from students. (The health examination by physicians was eliminated because

of the high cost to students.) Appraisal histories are surveyed by the nurse and students with problems are seen and referred when necessary. As soon as the student is enrolled, the health service attempts to inform him of services available by using handbooks, student newspaper, and student-faculty orientation sessions.

Much of the success of the health service is attributed to the Health and Safety Committee which has representatives of students, faculty, classified staff, and administration. Functioning as a recommending body, this Committee has direct input into the health service and College administration. In the past few years it has carried on an extensive investigation of health problems of students, and recommended provisions to bring correction. The Committee has been instrumental in getting local physicians and authorities in health care fields to participate in campus informational ventures. Complications occurring on the campus attached to dysfunctions in health---drug abuse, abortion requests, alcoholism---are resolved through professional advice and referral with community agencies.

In this cooperative process which melds college to community students have not been overlooked. Many serve as leaders in "rap sessions" on health problems, are members of committees in student personnel, and have communicated the availability of health service programs to their peers. In one special Broward outreach program, students formerly involved in the drug scene are

serving on a committee to deal with drug abuse problems on the campus. They have recommended and are assisting in implementing a low profile drug counseling format using professional and peer counselors. Cases of hard drug usage are referred to public agencies outside the College.

Observations of the Visitation

The health service at Broward Community College exhibits an excellent example of highlighting first aid at a multi-campus college. Results of this study show that few colleges are offering even minimal health service programs. It may be that institutions, in moving to expand services, can move to a sound first aid operation with a registered nurse on duty. In this regard, Broward's program is an outstanding model.

Date of Visit: April 28, 1972

CAPE COD COMMUNITY COLLEGE

WEST BARNSTABLE, MASSACHUSETTS

Cape Cod Community College is part of a state-wide system of colleges, under the Massachusetts Board of Regional Community Colleges, and with an advisory board of local citizens. In addition to transfer, general, and career programs, the College offers an extensive continuing education program with evening, summer, general, career and community service courses.

The College opened its doors in September, 1961, to 166 students using the renovated buildings of the former Hyannis Normal School. At the 1964-65 Town Meetings the citizens of Barnstable voted to give seventy acres of land for a new campus. With an adjacent forty-six acres acquired, the College has a magnificent pine-covered site. The new campus includes two classroom buildings, a science center, a library, a lecture hall-auditorium complex, a student commons, a gymnasium and playing fields, an administration building, and support facilities. The total cost of $13,754,000 was appropriated by the General Court, with Federal reimbursement of $1,202,327 under a construction grant awarded through the Higher Education Act of 1963.

Classes began at the new campus in September, 1970. In the following year, enrollment was 2,539 with 1,261 in the day session and 1,278 in the evening; another 404 students attended the 1971 summer session.

Student Services and Health Services

Student services at Cape Cod are the responsibility of the Dean of Students. Designed to support and assist the faculty in fulfilling the goals of the College, Student Services provides counseling and advisement, student activities, financial aid, placement, admissions, orientation, health services, testing, career information, and other extra-class activities.

The College maintains on campus a Student Health Office, with two nurses and a physician available at stated hours. To assist in student care, a complete medical history must be filed before registration. All information given to the Student Health Service is confidential and is released only with the student's consent. Twenty-four hour emergency service is provided through the Cape Cod Hospital at the student's own expense.

Community Services

Responsibility for community outreach is vested in the Department of Continuing Education. This Department maintains a Community Services Center which tries to assist the community to organize and unite in identifying and solving problems beyond the scope of the regular educational field.

Evening and summer sessions of the department combine its community services and continuing education programs to offer courses in four different categories. These are: elementary credit courses, advanced credit courses, non-credit courses of general interest, community service, vocational, or skill type, and courses leading to the associate degree. The expressed needs of any group in the community

are considered in the scheduling of the Department's offerings.

The Student Health Services Program

In the Health Services program, the administrative organization encompassing related duties includes a Medical Director and an Administrative Director. The Medical Director, a physician, has the following responsibilities:

1. Medical responsibility for the entire Health Services operation under the aegis of the Dean of Students.

2. Office hours at the Community College Health Service Clinic at least two days a week, with availability on campus at pre-scheduled hours.

3. Liaison between the College and the local community.

4. Development of health services including psychiatric and athletic affiliations in cooperation with the Dean of Students.

5. Authorization and direction of the ordering of supplies and equipment to be used by Health Service personnel within established college guidelines.

6. Consultant to the entire College community on medical matters.

7. In-service training for the Nursing staff.

8. Direction and coordination of informal educational seminars related to the health concerns of students at the College.

The Administrative Director is a full-time employee of the College and has the appropriate nursing credentials. The Director's responsibilities include the following:

1. Assist the Medical Director in carrying out programs, in planning, and with other duties as assigned.

2. Assume responsibility for routine supervision of the clinic operation.

3. Coordinate the activities of personnel employed on campus in the Health Services.

4. Liaison between the College community and the Medical Director during those hours when the Director is not available on campus.

5. Responsible to the Dean of Students for on-going and routine operations.

6. Prepare a monthly report on the clinic operation to be presented to the Medical Director and the Dean of Students.

7. Participate actively in Health Service planning and be involved with student groups in areas related to health.

8. Prepare and propose an annual budget with advice and supervision of the Medical Director and submit the budget request through the appropriate channels.

Observations Relating to the Visitation

The Health Service program at Cape Cod exemplifies what can be done at a relatively small community college by melding creative leadership on the part of the health personnel, administrative direction, student support and utilization, and effective liaison with community resources.

While Massachusetts has thirteen public community colleges, only Cape Cod has a functioning Health Service program and, therefore, is seen as a model for the State. The impetus for a student health service concern on the part of

the College arose in the institution's early history, and was promoted by the president and the dean of students. The product of this concern is a comprehensive Health Service program which includes the following:

1. A full-time Administrative Director who is funded by the State budget in Student Personnel. She is assisted by a part-time nurse. In addition, two part-time nurses provide coverage for evening students and those attending summer school.

2. Primary medical care is provided by a consulting physician on campus four hours per week who also serves as the Medical Director of the program.

While no health fees are charged to students, the Health Service program is unique in that ten (10) per cent of all student activity fees go toward supporting the program. These monies are voted by the Student Senate each year and are used for medicine, supplies, and for the part-time day nurse's salary.

Housed in a new physical education complex, the Health Center is large enough to handle the projected maximum enrollment of the College and includes:

Comfortable waiting area
Clerical office and reception window
Nurse's office
Two treatment rooms
Recuperation and rest area
Patient's lavatories
Supply and storage room

Operating from the base of a sound and comprehensive statement of philosophy, the Health Service has produced and distributed a campus emergency procedures plan for all faculty and staff, as well as organizing teams in the event of a campus disaster.

Statistics on student utilization of the Health Service show wide recognition and acceptance. The program is well advertised in the College catalog, student handbook, campus newspaper, and reaches the campus community by providing

class discussions and speakers on health topics. A Health Service monthly report goes to the Student Senate, all administrators, and annual reports on the health service operation are widely distributed to campus and community.

Adding to a broad range of clinical services, the Health Service recently improved provisions for immediate treatment of injuries or illness. Resuscitators, stretchers, and wheelchairs are located in all buildings and each faculty member is sent a list of locations and first aid instructions which are up-dated each academic year. Among educational and consultant activities of the Center, staff members provide seminars on health and health-related social problems. The staff has also made presentations to the Council of Presidents of Massachusetts' Community Colleges and to the State-wide organization for Deans of Students.

In-service education of staff and community is a vital criteria; the Health Service has developed a program whereby the campus nurses use the expertise of community physicians and specialists, as well as using the inhalation therapy, laboratory, and out-patient departments of Cape Cod Hospital to acquire new skills in evaluating and providing more efficient primary medical care.

One admitted weakness of the Health Service lies in the area of mental health concerns of students. Additional help is being requested from other areas of the College, i.e., the counseling staff and members of the Psychology Department. The Dean of Students has instituted a student "Outreach" program which includes some peer counselors to supplement work being done by the counseling and Health Service staffs.

In assisting in the amelioration of health-related social problems in the

community, the Health Service works in tandem with the Community Services Department. Although most programs have been descriptive in nature, seminars designed to inform the public about problems requiring solution are being conducted. Cape Cod's general philosophy in regard to community involvement is one of preventive education which includes working with the student and his family to resolve conflict and solve problems.

Both the Dean of Students and the Administrative Director conclude that Cape Cod Community College has a model student Health Service program because of an "enthusiastic commitment on the part of the total College staff."

Date of Visit: July 20, 1972

GENESEE COMMUNITY COLLEGE

FLINT, MICHIGAN

The story of Genesee Community College is representative of innumerable two-year institutions that make the transition from being single purpose junior colleges to becoming comprehensive, multi-purpose community colleges. Beginning in 1923 as Flint Junior College with two-year liberal arts and sciences programs, the College broadened its base to offer Associate Degrees in such areas as health, education, business and industrial technologies. In 1971 voters of Genesee County approved provisions for county-wide support and a year later, with a new name, the College was enrolling almost 12,000 students.

Charles S. Mott is a name that looms large in the development of the College; grants of land and funds from the philanthropist enabled the College to grow and expand its services to the community. Because Flint is basically an industrial, automotive town, it is quite natural that an extensive trades apprentice program and technical/vocational offerings are a large part of the campus scene. Through all its growth, a variety of community groups have been instrumental in adding to the College's effectiveness.

In its community services, student personnel, and student health services programs the College exhibits an extension of the community school concept into higher education. This idea, fostered by Frank Manley, had its birth in Flint over thirty years ago,and has spread across the country with Centers

for Community Education located at many major universities. Central to the community school concept is the philosophy that the local schools, staff, facilities, and resources, are vital tools in identifying and working for the resolution of community problems.

Office of Community Services:

Special educational, cultural, and recreational programs beyond the regular campus activities are provided by the Genesee Community Services office. Designed to serve all age groups, the programs are aimed at providing leadership capabilities of the College for the solution of community social problems. In this effort, the College is directly involved in the following activities:

1. In the area of extension education, the College has moved quickly to offer educational opportunities in the inner city as well as in various parts of its new county-wide territory. A cooperative arrangement with the local Intermediate School District has resulted in continuing education programs in 17 of the 21 school districts surrounding the city of Flint. Job-related courses such as auto repair, welding, traffic management, clothing construction, and others are offered. In each of the districts, citizens' advisory committees provide necessary input for program review, addition, and evaluation.

2. Conscious of the existence of community problems, the College is attempting to identify and solve many of those facing its citizenry. It presently operates a child care program for its students, trains Day-Care Mothers,

and provides a fine arts series for the Model Cities area of Flint.

3. For conferences, meetings, recreation, or other programs, the College encourages the community to use facilities and services of the central campus. The community school ideal of complete utilization of local facilities finds expression in this offering of the College.

The Health Services Program:

With two full-time, registered professional nurses available year round for day and evening classes, the Genesee Health Service program has been able to meet emergency and on-going health problems of students. Students' pre-enrollment health appraisal records are on file in the Health Center and are used as a basis for health counseling. All health services contacts are, of course, confidential. Operating under the Student Personnel umbrella, the health service provides primary medical care by employing two part-time physicians who are on campus four hours per week. Students are charged no additional fees for this treatment. The services of a consulting psychiatrist are used for off-campus referral. Arrangements are being made with a local hospital to have psychiatric interns obtain clinical experience with on-campus contacts with students. The professional staff in the Health Center is supported by classified and work-study student help who handle patient flow and maintain records and communication.

While staffing conditions are good, rapid growth of enrollment in the past two years has placed a heavy burden on facilities. Centrally-located in a large classroom administration complex, the Health Center has offices, treatment, and examination rooms. A new student union building opening Fall, 1972 will house the counseling staff and permit the Health Center to expand into part of these vacated facilities. A large part of the student traffic will move to the union building and health services will face the task of maintaining a profile of availability to the student body. Present publicity to students is done by utilizing handbooks, college newspaper, and student bulletin as well as monthly reports to student government, faculty, and administration.

Because Flint includes other institutions of higher education, Genesee College participates in cooperative ventures to bring better health conditions to its citizens. With personnel at General Motors Institute and at Flint College of the University of Michigan, it recently implemented informational programs using speakers, films, and seminars on venereal disease, planned parenthood, and effective nutrition. Tuberculosis and sickle cell anemia testing and referral are conducted each year for students and staff. The College dental hygienist staff provides examinations, and staff at the Michigan School for the Deaf offers free hearing tests.

All of these activities reflect a recognition of the problems that students from diverse backgrounds bring with them to an open-door community college.

By extending its boundaries beyond the city of Flint, the College will respond to the health needs of students who will be coming from rural environments. The influx of additional students puts greater emphasis on maximizing campus health service staff and facilities.

Observations on the Visitation:

The health services program at Genesee is a model program from a phisophy, staffing and utilization point of view. Facilities are a problem at present because of increasing enrollment, but plans are underway to provide expansion. It deserves to be looked at because it serves a clientele representative of urban-suburban-rural community colleges with enrollments in the 9,000 to 14,000 range.

Also, of the colleges included in the visitations, Genesee Community College is the best example of administrative support, a key element for establishing and maintaining viable health service programs.

Date of Visit: May 23, 1972

WILLIAM RAINEY HARPER COLLEGE

PALATINE, ILLINOIS

Reflecting a philosophy statement which declares that "a true community college answers to the demands of the total community," Harper College offers a broad range of programs designed to meet the needs of its suburban Chicago community. This philosophy is further defined in several stated objectives of the College:

> To provide retraining and upgrading courses and programs to facilitate adjustment to, or re-employment or advancement in a work environment that is undergoing rapid technological changes.
>
> To complement the educational programs with effective counseling services, including guidance and assistance to each individual student.
>
> To encourage the use of its facilities and services for educational and cultural programs by all citizens of the community.

Created in 1964, Harper College enrolled its first class of over 1,700 students in an evening program utilizing temporary, leased facilities. Moving to a new, handsome campus in 1969, the College continued to grow with Fall, 1971 enrollment up to 9,193.

Community Services Program

The responsibility for the community services function is vested in the office of Evening and Continuing Education. This office seeks to provide adults

with a variety of opportunities for continuing their education in a formal or informal manner. Various seminars and other activities are conducted, which are planned to meet the special needs of community interest groups. For example, the needs of business and industry are met through management training and development seminars, short courses, and workshops. Also offered are special programs relating to women's roles and family life.

Harper College seeks to extend its educational offerings to other community locations. Credit and non-credit courses are offered at various off-campus locations such as high schools, industrial plants, and local government offices throughout the district. Expansion of Harper's role in assisting community agencies and institutions to achieve their goals is an objective of the College.

A recent example of this responsiveness has been the creation of a Federally-funded adult basic education program launched with a curriculum in English as a second language for foreign-speaking residents. A unique special educational program for homemakers resulted from survey instruments returned by 3,000 Harper district homemakers.

Student Personnel Services

Counseling and guidance are important functions of Harper's student personnel program administered by the Vice-President for Student Affairs. In addition to offering a full complement of services to students on campus, the program includes a Community Counseling Center for non-Harper students of all ages. Vocational and personal-social concerns are resolved in counselor

contacts with community members.

The Student Health Services Program

The Health Service became operational in the Fall of 1969 when Harper College occupied its permanent facilities after two years in temporary buildings. Considerable planning had preceded the opening: In December, 1966, Arthur D. Little, Inc. submitted "Development Guidelines for Harper College" which included plans for the student health facility based on full-time equated (FTE) enrollment levels.

Administered by the Director of Environmental Health, a registered nurse, the present program includes complete day and evening nurse coverage. The spacious, comfortable Health Center includes offices, waiting room, examination and treatment rooms, and patient restrooms, and is located adjacent to the Counseling Center. It is open during the college day and evening and offers the following services without charge to students, faculty, and staff: first aid, medication, confidential health counseling, health education, and medical parking permits. Utilization by the campus community is dramatically seen in comparative figures for the most recent periods. Contacts of all types---student, telephone, written, faculty and staff, and health service referrals---amounted to 1,275 in the 1969-70 academic year and totalled 9,266 during 1971-72.

The above utilization has resulted from several factors: the availability of professional staff, convenient location of excellent facilities and resources, and efficacious advertising of services to the community. Health services are

publicized in the following ways:

College catalog
Student handbook
Student Newspaper:
1. Health column
2. Advertisements
3. Feature articles on health education programs

Student magazine
Videotape shown to classes on closed-circuit television
Announcements on campus radio station

The role of the Health Service is further publicized by contacts with student, parent, faculty, and classified staff orientation sessions each semester. In addition, the nursing staff works closely with Student Government, Academic Divisions, and the Health Service Advisory Committee.

In its outreach to the community, the Health Service relies heavily on the following community organizations in program development:

The Women's Advisory Board
Citizens Advisory Boards for Career Programs
The Harper Industrial Steering Committee
League of Women Voters
Neighborhood Youth Corps
The Citizens Long-Range Planning Committee
Adult Basic Education

On-going contact is made with the following groups in areas specifically related to health concerns:

The Northwest Planned Parenthood Association
The Cook County Department of Public Health North District District Office:
A. Family Planning Service
B. Referrals for diagnosis and treatment of venereal disease

Seminars sponsored by the Health Service on health-related social problems are open to the public and are publicized in community newspapers.

Observations Relating to the Visitation

The Health Service program at Harper College is certainly deserving of its recommendation as a model program. With excellent facilities, staffing, budget, and administrative and student support, it is adequately meeting the needs of the student body and has an impact that goes beyond the campus boundaries. As a suburban community college model program, it serves a clientele that is primarily middle and upper-middle S.E.S.

Date of Visit: March 5, 1972.

MALCOLM X COLLEGE

CHICAGO, ILLINOIS

As one of seven colleges in the City Colleges of Chicago system, Malcolm X is unique in several ways. As a model health services program selected by respondents for this study, it represents a program with problems and challenges presented by large, urban community colleges. In a larger sense, Malcolm X College represents an institution-wide attempt to establish a new prototype for urban higher education.

Formerly Crane Junior College, Malcolm X, under the leadership of an aggressive president and staff, sought to re-establish sound academic programs, and in 1970 the college moved into a new, $26 million campus building located on Chicago's West Side. In the fall of 1971, its enrollment had grown to more than 8,000.

From a structural point of view, Malcolm X appears similar to any community college in an urban setting. It offers a full complement of curricula, including transfer for students desiring pre-university studies, and technical/vocational studies. But, because it serves a lower S.E.S. and undereducated constituency in Chicago, Malcolm X concentrates on a wide variety of programs designed to prepare graduates for entry level position in technical fields. Included are curricula in the medical arts,

allied health fields, and diploma programs in the business sciences, technologies, and commercial arts.

The real difference at Malxolm X is found in its dedication to a student body that is primarily black, economically-disadvantaged, and with many students handicapped by incomplete academic backgrounds. This dedication is reflected in the College's statement of philosophy:

> Malcolm X rejects the educational process which places didactic instruction at the core, and proposes that the time has come to control our zeal for imparting knowledge and skills and to concentrate our efforts on developing the individual student. We desire to promote such qualities as flexibility, creativity, openness to new experiences , responsibility, accountability, and commitment.

The Community Services Program

Rather than being a model for its health service program on campus, Malcolm X exhibits an exemplary plan for dealing with health-related social problems in its immediate community. The Division of Community Service and Continuing Education is responsible for a broad range of programs which includes the following as examples of the College involving itself in helping solve the community's problems:

1. Continuing education offerings for high school dropouts, adults, and senior citizens leading to high school equivalency diplomas. Courses

are added to the curriculum based on interests and requests from citizens.

2. Two full-time counselors work with a drug-abuse program aimed at rehabilitating addicts, educating the community to the dangers, and working with human service agencies.

3. High school dropouts too young to qualify for equivalency tests are served by a street academy. Enrollees are encouraged to pursue further higher education opportunities offered by the community college.

4. The College's new, spacious physical education facilities are open during the evenings for community recreation activities.

5. The Division operates a Weekend College for working members of the community unable to attend during the week. Open full-time both Saturday and Sunday, it enrolls almost 1,000 students who may, when the program is fully developed, earn a degree by participating only in weekend classes.

6. Correspondence courses are available to prisoners, and a parolee program is aimed at providing work-study experiences and financial assistance as a means of rehabilitation.

In addition to these activities, the Division of Community Service and Continuing Education administers programs of general education, public information, and veterans affairs. It is one of only two junior colleges participating in the Federally-funded "University Year of Action"

involving 22 senior institutions. The two primary objectives of this program are (1) to alleviate poverty through the application of the College's resources directed to the problems of poor people in the communities which surround it, and (2) to assist the College in providing their students with an opportunity to solve actual problems in real situations. Students are involved in three major areas of concentration: Criminal Justice, Health, and Education.

In a specific activity related to health, the Division of Community Service recently conducted a community-wide survey to detect and refer for treatment victims of tuberculosis, hypertension, venereal disease, and sickle cell anemia. With field representatives and student assistants identifying with the community, and utilizing a variety of media , including a Division newsletter which publicizes programs, there is great interaction between the College and its constituency.

Of special significance to institutions seeking greater involvement in community life has been the success of staff members at Malcolm X in obtaining, Federal, State, and local funding for various projects. Few community colleges can undertake the financial obligations of a host of community projects. By soliciting outside funds and volunteer assistance, some college-community programs can become operative.

The Health Service Program

Although in a stage of infancy, the health service program at Malcolm X is attempting to meet student needs. The health service program was created in the fall of 1971, and provisions for such services were written into the Master Labor Agreement between the Board of Trustees and the College teachers' union.[1] Specifically, the contract made the following statement:

> Health Service: An emergency health service program shall be established at each of the City Colleges of Chicago.

At the time of the second visitation by the writer, August 11, 1972, Malcolm X was the only college in the system which had operated a health service program during the 1971-72 academic year. The other six campuses were in the process of establishing programs and were using the experiences of the Malcolm X staff as a model.

The program at Malcolm X is headed by a full-time nurse responsible to the Vice President for Student Affairs and is aided by part-time nursing staff. An arrangement with professional personnel in the Allied Health curricula also provides additional coverage and assistance in times of emergency. For health counseling, a close liaison is maintained

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[1]"Two and One-Half Year Agreement Between the Board of Trustees of Junior College District No. 508, Cook County, Illinois and the Community College Teachers Union, Local 1600, AFT, AFL-CIO," Chicago, Illinois, January, 1971, p.32.

with counselors in the Student Personnel Division. Primary medical care is provided by part-time physicians who are paid consulting fees from a $3,000. annual budget for this purpose. No charges are made to students who see the physician.

The Health Center is located in the basement level of the three-floor, self-contained campus. Although this location is not ideal from a student traffic point of view, it is adjacent to the physical education facilities, and utilization records show that the student body is aware of its location. The Center is open from 8:30 A.M. to 9:00 P.M. and offers some on-the-job experiences for nursing students who assist on a part-time basis. The Center contains adequate office space, treatment and recuperation rooms, lavatories, equipment, supplies, and emergency provisions.

Effective means are employed to publicize the Health Center to the campus community. At the beginning of each semester an informational survey is directed to all students; flyers, bulletins, and the student newspaper are used as important vehicles of communicating with the student body. The Center conducts comprehensive on-campus screening for tuberculosis, sickle cell anemia, and diabetes. A venereal disease clinic also operates periodically under the sponsorship of the Center.

Observations Relating to the Visitation:

Malcolm X deserves its model program status primarily for its health-related outreach endeavors to its surrounding community. There are probably few community service and health service programs in the United States that are as vitally concerned with community problems and in dynamic ways are attempting to find answers.

While the health service program is not as comprehensive as others visited, it appears to be meeting campus needs. More surprising is the fact that it exists at all since the following health care resources are within easy walking distance of the campus: Cook County Hospital, Veterans Hospital, Presbyterian Hospital, and the University of Illinois Medical Center. The Malcolm X program certainly reflects a concern for on-campus student welfare on the part of the College's leadership.

Dates of Visits: March 4, 1972 and August 11, 1972.

APPENDIX K

State regulations and statements relating to student health service are contained in this appendix. Examples were provided by State-level administrators listed in the 1971 Junior College Directory.

State Regulations

An index of State-level concern for student health services at community colleges was found in the following examples:

Department of Public Instruction, State of Iowa

Departmental rules for area community colleges and area vocational schools:

> 5.11 (3) Health Services. Provisions should be made for health services adequate to meet those student needs which fall within the responsibility of the area institution operated by a merged area board.

Department of Community Colleges, State of Virginia

Standards of the College Delegate Assembly of the Southern Association of Colleges and Schools, December 3, 1969.

> The size, location, and nature of an institution will partly determine the extent to which it should provide for medical care. An adequate health record made before or upon entrance shall be a part of every student's file."

On October 28, 1971, the Advisory Council of Presidents of the Virginia Community College System recommended that "appropriate arrangements be made at each college to discuss the health and physical condition of each student admitted to the college and that the arrangements comply with State law and the requirements of the Southern Association of Colleges and Schools." This action was approved by the Chancellor and the colleges are presently defining health service programs according to these guidelines.

Wisconsin Board of Vocational, Technical and Adult Education, State of Wisconsin

State Director's Communication Bulletin 72-76: Health Services.

> The provision of minimal student health services is the responsibility of the individual district with the supervision of the program delegated to student services. The individual districts must determine the level and extent of such services. The employment of a community health nurse to ascertain health and physical condition, maintain records, referral procedures, and other related services will assure the physical well-being of students. In addition, the employment of a physician on a consultative basis is necessary and desirable. It will be the decision of the district whether or not to employ a physician beyond the consulting role.

Laws Concerning Michigan Community Colleges, State of Michigan

> Services for handicapped persons.
>
> Sec. 8. Institutions, programs and services for the care, treatment, education or rehabilitation of those inhabitants who are physically, mentally or otherwise seriously handicapped shall always be fostered and supported.

Department of Higher Education, State of New Jersey

Regulations Governing County Community Colleges:

> Student Health Services - Each county community college shall file with the Chancellor of Higher Education a policy statement regarding Student Health Services, and shall make such services available to all students.
>
> Employee Health Services - Each county community college shall file with the Chancellor of Higher Education a policy statement regarding Employee Health Services, and shall make such statement available for all employees.

APPENDIX L

This appendix consists of a listing of the States and the number of questionnaires returned by respondents in each State.

QUESTIONNAIRE RETURNS BY STATE

STATE	NUMBER	STATE	NUMBER
Alabama	36	Montana	13
Alaska	8	Nebraska	21
Arizona	29	Nevada	4
Arkansas	6	New Hampshire	0
California	255	New Jersey	48
Colorado	56	New Mexico	4
Connecticut	33	New York	105
Delaware	0	North Carolina	49
Florida	96	North Dakota	9
Georgia	33	Ohio	11
Hawaii	13	Oklahoma	22
Idaho	6	Oregon	50
Illinois	128	Pennsylvania	54
Indiana	3	Rhode Island	4
Iowa	49	South Carolina	0
Kansas	68	South Dakota	0
Kentucky	22	Tennessee	17
Louisiana	4	Texas	145
Maine	3	Utah	10
Maryland	51	Vermont	0
Massachusetts	34	Virginia	60
Michigan	112	Washington	90
Minnesota	57	West Virginia	0
Mississippi	39	Wisconsin	0
Missouri	48	Wyoming	21

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