Implementing an Alcohol and Other Drug Use Prevention Program Using University–High School Partnerships: Challenges and Lessons Learned

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Abstract:

Background: School-based alcohol and other drug use prevention remains an important national strategy. Collaborative partnerships between universities and high schools have the potential to enhance prevention programming; however, there are challenges to sustaining such partnerships. **Purpose:** The purpose of this commentary is to underscore challenges faced by health education practitioners when implementing and sustaining a university–high school partnership–based alcohol and other drug education program, emphasize strategies for addressing these challenges, and discuss implications for practice based on lessons learned. Three common themes emerged: (a) lack of regular face-to-face meetings, (b) novice implementation personnel, and (c) teacher turnover. Strategies for overcoming these challenges are presented in this commentary and discussed in detail. **Translation to Health Education Practice:** Program developers ought to consider lessons learned presented in this commentary to enhance and sustain university–high school partnerships in health promotion.

Keywords: university–high school partnerships | drug use prevention | alcohol use prevention | education program | collaborative partnerships | health promotion

Article:

Substance use continues to be a problem among our nation's youth.[1] Therefore, school-based alcohol and other drug (AOD) use prevention remains an important national strategy that requires important programmatic resources.[2,3] Peer education and partnerships between universities and high schools have been used to capitalize on the naturally occurring process whereby young people share health-related information with each other in day-to-day life and the ability of community partnerships to sustain health education programming.[4] These strategies have been used with varying degrees of success to address contemporary chronic disease issues in health education.[5-12] Specifically, collaborative partnerships between university programs and high schools have the potential to enhance AOD prevention programming.[13] These types of partnerships provide unique environments for college students to interact with high school students.

BACKGROUND

The development of *Crossroads* was funded by the National Institute on Drug Abuse. *Crossroads* is a substance abuse prevention and education program dedicated to advancing thoughtful and healthy decision making. *Crossroads* was designed to prevent or delay the impact of the lifestyle behaviors (e.g., alcohol and other drug use) on major chronic diseases and illnesses among youth. Since 2004, the program has been implemented in over 40 high schools, involving 54 university mentors and 1061 high school peer health educators, and reached more than 9000 high school students. Implementation requires a collaborative effort between participating high schools and the Crossroads Prevention Center (CPC) located at a southeastern university. Program components are implemented at high schools by health teachers and peer health educators. Both health teachers and peer health educators are provided with extensive training and ongoing support by CPC staff and undergraduate student mentors. Implementation is directed by highly structured program manuals and curriculum guides. Additionally, the CPC website provides a virtual environment for mentors to deliver further instruction, direction, support, and communication. The cooperative approach of the CPC provides the context for providing support necessary for the success of this peer-led drug prevention program.

Ultimately, the goal of *Crossroads* is to address well-established mediating processes that accounts for both late onset and early cessation of AOD use among adolescents.[14] Specifically, *Crossroads* addresses the following: (1) normative beliefs, (2) beliefs about consequences, (3) making good decisions, (4) resistance skills, (5) goal setting skills, (6) making healthy commitments, and (7) having accurate knowledge. The program targets these variables through 4 main components that are made available to high school students, teachers, administrators, and parents: (1) classroom curriculum, (2) social norms campaigns, (3) drug information booths, and (4) online resources. Combining the approach of peer education with social norms campaigns, drug information booths, interactive classroom learning, and emerging web-based technologies, high school students receive and actively participate in a variety of experiences designed to impact key mediating variables delivered by peer health educators.

Most important, collaborative relationships between colleges and high schools are important to the success of *Crossroads* because the program is based on a peer health educator model that relies heavily on mentoring from undergraduate college students. Additionally, mentorship

provides an opportunity for high school peer health educators to make positive associations with college students. Likewise, general high school students are likely to seriously consider health messages from peer health educators who are seen as similar, familiar, and more knowledgeable due to their training.[15]

There are important lessons that can be learned from the use of these health promotion strategies to address contemporary chronic disease issues in health education practice. The purpose of this commentary is to report challenges related to developing and sustaining university–high school partnerships, emphasize strategies for addressing these challenges, and discuss implications for practice based on lessons learned.

PROCEDURE

Partnerships established with 4 high schools in North Carolina to implement *Crossroads* were the focus of this article. The principal and health teacher from each school served as primary contacts for the project and participated in data collection described below. Individual interviews with teachers and principals and focus group interviews with the college mentors were conducted for the primary purpose of informing program improvement. Upon completion of the project, field notes were analyzed to inform program improvement and increase sustainability of the partnerships.

DISCUSSION

As with any collaborative program, there were challenges to overcome in an effort to sustain these relationships throughout program implementation. A summary of important themes, challenges, and strategies to overcome challenges that emerged from individual and focus group interviews and regular check-in and planning meetings is presented in Table 1.

TABLE 1
Strategies to Overcome Implementation Challenges

Themes	
Challenges	*Strategies to Overcome Challenges*
Lack of regular face-to-face meetings	Regular informal web-based meetings Social media
Novice implementation personnel	Mandated training Emphasize fidelity
Teacher turnover	Identify secondary administrator of implementation

Collaborative relationships between universities and high schools can be an effective strategy to enhance the quality, efficacy, and sustainability of health promotion programming. The longevity of *Crossroads* can be directly related to the successful university–high school partnerships that were developed and maintained over time.

Because *Crossroads* is based at a southeastern university and implementation sites were nationwide, geographical distance strained communication between the CPC and high schools.

The lack of regular face-to-face meetings made it more difficult to meet the needs of all community partners. In this case, regular informal web-based meetings (e.g., webinars) between the college student mentors and peer health educators provided the most effective method for communicating with non-local high school administrators and students. It is essential for any program that may be delivered from a distance for program staff and college mentors proactively initiate communication with non-local high school partners on a regular basis. For example, the CPC used social media (e.g., Facebook) to enable college mentors to informally engage with peer health educators on a regular basis.

Programs that depend on novices to carry out programming (e.g., Peer Health Educators) are inherently faced with the challenge of maintaining program fidelity. In an effort to deal with this challenge, 2 days of training was mandated for the Peer Health Educators and classroom teachers prior to implementation. Trainings provided the CPC staff with an opportunity to explicitly establish the importance of fidelity among participants and developed skills necessary to carry out the program as intended. Trainings such as this can create a more personal bond between partners and may ultimately contribute to sustainability.

Over the course of time, the likelihood of losing important members of any partnership, due to retirement or turnover, must be addressed. The CPC staff identified more than one classroom teacher or administrator as a *Crossroads* coordinator at each school. Therefore, if one coordinator was absent for a long period of time or departed the school, there was an informed individual who could support *Crossroads* activities until a replacement could be recruited. Program developers and practitioners relying on collaborative partnerships ought to have specific processes and procedures in place for dealing with personnel loss.

Whereas the previous lessons learned were related to specific unforeseen challenges encountered by the CPC, the following strategies were implemented preemptively. Program personnel developed an evaluation plan to collect, monitor, and disseminate process and outcome data in collaboration with participants. Doing so encouraged peer health educators and classroom health teachers to value the purposes of evaluation activities and increased their perception of inclusion and compliance. Additionally, program personnel established procedures for providing technical support during implementation. Responding to requests for technical assistance promptly expressed to partners that program personnel were fully committed to the partnership by meeting the needs of individual schools.

TRANSLATION TO HEALTH EDUCATION PRACTICE

The challenges and lessons learned discussed in this article were encountered during the implementation of *Crossroads* at various sites. Though additional research to further explore effective strategies to develop and sustain partnerships between universities and high schools for the purpose of health promotion is necessary, findings presented in this article may benefit health education practitioners in the interim.

AOD prevention programs that employ university–high school partnerships ought to ensure that all partners are included in training, implementation, and evaluation. Although collaborative

relationships are intended to be bidirectional, findings of this article suggest that program developers ought to consider several strategies for developing and sustaining such partnerships:

- Identify secondary site coordinators and develop contingency plans for turnover and loss of personnel.
- Utilize social media to enhance lines of communication between partners.
- Consider use of regular, informal web-based meetings.
- Provide mandated training and ongoing supervision by the directing agency.
- Monitor program fidelity; this naturally encourages regular contact with the implementation site and may serve to improve the collaborative relationships.

Ultimately, collaborative partnerships between university programs and high schools have the potential to enhance adolescent health education and prevention programming and should be carefully considered.

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