

Evaluating General and Sexual Health Services and Information on Western Washington

Community College (CC) Campuses

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**Abstract**

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**Purpose:** The objective of this study was to evaluate general and sexual health and violence services, resources and information available to CC students.

**Methods:** This qualitative case study used phenomenology to evaluate five diverse CC campuses in Western Washington. Campuses were located in both urban and suburban locations and had a range from 10,000-32,000 students/year. The variables of interest in evaluation of resources included accessibility, information and privacy. Data collection included photographs during field observation, interviews with administrative and health services staff, and content evaluation of webpages and social media posts.

**Results:** Across the 5 campuses there were no on-site health centers, but varied presence of counseling and other health resources. Many staff did not know what health resources were available. Websites were accurate but information was hard to find, and social media was rarely utilized for health. Privacy was limited around health services and information.

**Conclusion:** Findings indicate a need for improved staff knowledge, and effective use of websites and social media to disseminate health information.

## Introduction

Community colleges (CCs) are made up of a diverse group of students from all walks of life, who have unique health needs. With these health needs, students are faced with increased health risks and access to health resources and information can be challenging. CC students are more likely than 4-year college students to drive under the influence of alcohol and use higher levels of tobacco, marijuana, cocaine and amphetamines. (Chiauzzi et al., 2011; Lenk, Rode, & Fabian, 2012; Sanem, Berg, An, Kirch, & Lust, 2009) Students of 2-year programs also have poorer nutrition intake and eat fewer meals compared to their 4-year program counterparts. (Laska, Pasch, Lust, Story, & Ehlinger, 2011; Nelson, Larson, Barr-Anderson, Neumark-Sztainer, & Story, 2009) Students attending CCs have increased sexual health risks, which can lead to serious long term consequences. (Prince & Bernard, 1998) These students are more likely than 4-year students to have sex without a condom or reliable birth control, have unplanned pregnancy and sexually transmitted infections (STIs). (Eisenberg, Lust, & Garcia, 2014) According to one study, students at CCs in California had lower rates of HIV testing and higher rates of emergency contraception use. (Trieu, Bratton, & Hopp Marshak, 2011) Another study found that students who identified other than White on CC campuses were at higher risk of Chlamydia infection. (Sipkin, Gillam, & Grady, 2003) Sexual violence is also a particular concern on campuses by students both in 4-year and 2-year degree program, and can have a devastating impact on students both personally and academically. (Baker et al., 2016; Patterson Silver Wolf, Perkins, Van Zile-Tamsen, & Butler-Barnes, 2016; Ullman, 2016) As information and resources with an emphasis on sexual violence has increased in the past few years on 4-year campuses, students on 2-year campuses are still left with less access to these resources. (Garcia, Lechner, Frerich, Lust, & Eisenberg, 2012)

CC students are facing increased health risks as compared to students in traditional 4-year degrees, and they are limited in the access they have to health resources. (Chiauzzi et al., 2011; Eisenberg et al., 2014; Floyd, 2003) Many CC campuses do not have on site health centers or mental health counselors to meet these needs and avoid potential health related consequences. (Ottenritter, 2002) Despite increased health risks, only 42% of CCs had a student health center on campus, according to a nationwide study done by the American Association of Community Colleges (AACC) in 2000. (Ottenritter, 2002) Further, only 20% offered other forms of contraception besides condoms and only 27% of CC campuses offered STI testing. As CC are also more likely to represent ethnic minority and lower socioeconomic students, this leaves a gap of potential unmet health care needs in a population that has historically been underserved. (Bailey, Jenkins, & Leinbach, 2005; Heller & Sarmiento, 2016; Pokhrel, Little, & Herzog, 2014) Thus, it is key that in campuses that do not have an onsite health center, for staff members in contact with students to have accurate information about health resources on site and off campus. (Lechner & Garcia, 2013) There has not been a significant updated expansion of literature to evaluate what health resources are currently available to CC students, and specifically resources apart from clinical health services are lacking. Additionally, most of the studies done on sexual violence resources have focused on 4-year campuses and have looked mainly at student perceptions and utilizations, with little to no perspectives from staff. (Halstead, Williams, & Gonzalez-Guarda, 2017) To our knowledge there have been no studies that have looked at campus online health resources available to CC students.

Online tools such as websites and social media are an area of increasing interest to promote health information and resources in a private setting. People of all ages and demographics are accessing the internet, seeking answers to health concerns and questions. (Fox

& Rainie, 2002; Korda & Itani, 2013) Utilization of these online tools allows for customized, widespread dissemination to groups of individuals that do not always have ready access to or might have an inherent distrust of medical providers. (Corbie-Smith, Thomas, Williams, & Moody-Ayers, 1999; Hanauer, Dibble, Fortin, & Col, 2004; L. Neinstein, 2000) This is particularly pertinent for CC students, who have distinctive health risks and potentially face multiple barriers when accessing healthcare. (Floyd, 2003; Heller & Sarmiento, 2016) For information on sexual and reproductive health and sexual assault, finding this information in a private format is crucial given the sensitive and confidential nature of the topics being addressed.

As CCs continue to grow and attract more students, it is vital for students to have access to health care resources and information without difficulty, so they can complete their education without undue burden of disease. Most of the research of health promotion has focused on students attending 4-year degrees, and whether or not CC students are being provided with health resources both on campus and online is still an area that requires more investigation. (Pokhrel et al., 2014) The purpose of this study was to evaluate the health resources and information available to CC students, both on the campus and online through field observation, staff interviews and online evaluation.

## Methods

This case study to evaluate CC campus health services and information used the qualitative research design of phenomenology to explore the experience of seeking health resources from a CC student's perspective. (Giorgi, 2009) The phenomenological approach describes the lived experience of an individual, so a detailed narrative from a first person view can be formed. (Kottow, 2017) This methodology has been utilized in health care research to

build an optimized understanding of patients' personal experiences that can allow and advocate for improved care. (Barken, Thygesen, & Söderhamn, 2017; Kottow, 2017) Consistent with the qualitative design of phenomenology, our data collection was designed to be hypothesis generating, therefore we did not create a hypothesis. (Creswell, 2013) To capture the student perspective in this study, we included a combination of field observation, interviews with administrative and health services staff, and content evaluation of websites and social media sites. Data collection took place from June through December 2016. This study was approved by the Seattle Children's Hospital Institutional Review Board (IRB).

The two variables of interest, with focus on health services information, were: general health and sexual health. General health was defined as mental health, chronic illness, physical fitness and nutrition, and primary and preventative care. Sexual health was defined as STI testing/information, birth control information, sexual assault information, and Title IX information with coordinator contact information.

#### Community College Selection:

CC campuses were chosen based on their geographic location, student body size and demographic information to represent a diverse sample. All information on demographics was derived from the school's websites, specifically looking for size of college, gender, ethnicity, and age information. Only schools listed on the Washington State Board for Community and Technical Colleges were included in this study.

#### Field Observation:

#### Variables of Interest

During each campus field observation, a pre-determined, standard set of variables were investigated. The three variables of interest for both general health and sexual health were accessibility, information and privacy. Accessibility was defined as the presence or absence of a health service on campus, and the readability of posted signs to that service, including if the sign was well-maintained and on a major path in campus. Information was defined as the presence and content of printed health education material, such as pamphlets and posters referring to off campus resources. The location of the printed health education information, and if there were clear signs to identify it from its surroundings, was also noted. Privacy was defined as the amount of foot traffic by people immediately surrounding the health service or printed health educational material.

The sexual health variables of interest included accessibility, information, and privacy.

#### Procedure

The first step was location of an outside map on a major walkway that identified the buildings and health services on campus. The next step was a complete walk through of the campus. During this observation, the researchers wrote in notebook and photographed the presence and content of each map to evaluate for any potential health services. Next researchers photographed locations of signs to health services and noted the readability of those signs. If signs were found, then the location and ease of path to the health service department were undertaken, noted and photographed.

The next step was the identification of printed health educational material. The researchers started by searching in the student union building, including all accessible rooms, hallways and women's bathrooms. The researchers then walked to any main classroom buildings that were accessible without a campus ID and searched hallways and women's

bathrooms. All identified materials were photographed, including posters and pamphlets, with notation of the content of the material.

To assess privacy, it was noted how busy the areas surrounding health services or educational material were by counting number of persons walking by during observation.

### Staff Interviews:

#### Variables of Interest

Staff interviews were conducted from different departments on campus and focused on accessibility, information and privacy. To model a typical student experience, accessibility was defined by the presence of a staff member and their availability to meet without an appointment. The second variable was information, as defined by the detailed knowledge of at least one health service resource and accuracy of that knowledge. The third variable was privacy, which was elucidated by the number of people surrounding and walking close enough during interview to hear questions by researcher.

#### Procedure

Staff interviews were conducted after field observation was completed. Procedures were designed to mimic how a potential student might find health information. Approached first were staff from administration including registration and admission, as they are traditional first points of contact. Identification of health services staff followed administrative staff interviews. Health services staff were identified from field observation (signs indicating locations) or from administrative staff interviews. If health services staff were unavailable, the counseling center staff were interviewed; if they were not available, student services staff were interviewed. When staff were approached, the researchers introduced themselves with university photo

identification; they were then asked if they had time for questions. Only staff who were available within the next hour were interviewed. The study was explained to each staff participant and oral consent was obtained. Notes taken from the interview were written on a notepad. The interview was conducted at the location of the staff's choosing. During the interview, researchers documented the number of other people around to gauge privacy. One interview on campus was the targeted minimum, but no maximum number of interviews was set. Interviews were designed to take 10-20 minutes, as this was thought to be the maximum time limit a student would have for a visit.

The questions asked during the interviews were standardized for all staff to address the availability of both general and sexual health resources on campus. Example questions regarding health services for students included:

Do students ask for information on what health services are available on campus?

Researchers were interested in evaluating where students obtain their general and reproductive health services and asked:

Where do students obtain health services if they are not available on campus including reproductive health and STI screening?

To assess knowledge of sexual assault reporting and resources the staff knew of, a question included:

What is the protocol for sexual assault reporting including referral services and where can it be found?

#### Website and Social Media Evaluation:

#### Variables of Interest

The website and social media evaluation focused on the three variables of accessibility, information and privacy. Accessibility was defined as the rank of the school website on the search engine page and how many clicks, on average, to a health services page. To assess how accessible the social media posts were, we recorded the number of followers. The second variable of information was defined as the number and type of specific health topics on the website and social media posts. We also evaluated individual social media posts for general and sexual health information, noting the number of likes and retweets. Comments on social media posts were also examined to determine their nature and the speed of the response by the school. The third variable was privacy, which was identified as the presence of a separate section or form to submit private questions.

### Procedure

Website and social media evaluation were completed after field observation and staff interviews. The first step was to type into the search engine the name of the school. We used Google, as this is a common search engine used by students. The rank on the results page was noted for each school website. Once the website was found, health services were searched for by starting in the Student Life section, if there was one, and looking for a Health and Wellness section. If not found, then each website headers on the home page were clicked. Sexual health information search was conducted similarly, but sexual assault information was also searched for under Security sections and in the Student Handbook. If Title IX information was not found, then it was looked for by name in the search bar.

To assess information, after identification of a health service, additional links to health information were noted and the content of these links written down.

To address privacy, we searched for a form or section to ask private questions. This was evaluated under each section found on website.

Social media accounts linked to the school were identified by scrolling to the bottom of the website page and finding corresponding buttons. If they were not found, then we searched the sections under admissions, registration and health and wellness.

Once found, each social media account was evaluated first by determining number of followers. After that, each post in the account was read for the past one year and noted if it provided general or sexual health information. If a post was identified, then the number of likes, retweets and comments was noted. If a comment was found, then content of the comment or questions was noted as well as the response from the handler.

## Results

### Community College Demographics

A total of 5 community college campuses in Western Washington were sampled. There were 3 urban campuses and 2 sub-urban campuses. The size of the campus student bodies ranged from 10,000-32,000 students a year. The average age was 27-28 years old. Less than 50% of the student population identified as Caucasian on every campus. Gender was reported with 43-57% identifying as female, and 43-53 % identifying as male and one campus with 5% not reported. See Table 1.

### Field Observation:

#### Accessibility

For evaluation of the general health variable, there were no health centers on any of the five campuses evaluated. All five campuses had a Counseling Center, and included short term mental health counseling. One campus had a Health Educator and three campuses had a Women's Center. One campus had an Optical center and one campus had a Dental clinic. The location and ability to find each health service was variable both between different campuses as well as from within an individual campus. The Counseling Center was readily identified on each campus with very clear signage and an easily navigated location. However, none of the Women's Centers could be found without assistance from someone due to absent signage. The Health Educator was found with clear signs and directions on campus map. The Optical center and Dental center both were found by signs and their central location to the main student building.

There were no sexual health clinical services on any of the five campuses.

#### Information

Health education material was found on four of the five campuses. On three campuses, this material was found near a health service. On the fourth campus, material was found only in the Women's Center. General health information included pamphlets on smoking cessation, alcohol, substance use, tanning and mental health such as depression, anxiety and eating disorders. Primary care information was found on four of the campuses, however this ranged from one small sign posted to several fliers with contact information.

Sexual health posters and pamphlets found on four of the five campuses included information on different STIs, birth control and sexual assault. The health service that offered sexual health information varied depending on the campus. On one campus, the Student Life department offered sexual health pamphlets, which was identified immediately in the main

student building. On another campus, this material was in the Women's Center, which was in a separate building from the student union building. The third campus had a Health Educator, who offered the most sexual health information of all the campuses, which included multiple pamphlets and a list of off-campus clinics for reproductive health and sexual assault services. A fourth campus only had one small flyer for Planned Parenthood, which was not immediately recognized with no clear signs to distinguish it. The fifth campus had one booklet of health information that included a section on where to obtain STI testing and birth control. See Table 2 for further details. Title IX information was posted on all campuses, but was found only in one place on each campus. All five campuses had signs with information on the definition of Title IX and contact information of the campus Title IX coordinator posted.

#### Privacy

Health resources and educational material on three of the five campuses were in busy areas with 5-20 students around throughout the field observations. One campus had health education material, including a bowl of condoms and tampons in the middle of a hallway, next to a busy student café. Another campus had material that was found along a walkway with nearby desks that offered different campus services and had students at each desk. Two of the campuses offered this material in a more secluded area, with minimal interruptions by other students.

#### Staff Interviews:

None of the campuses had a health clinic, so interviews included staff from the Counseling Center, Women's Center, Health Educator, Student Life and Office of Diversity as these departments provided varying forms of health services and education. There were eleven total interviews conducted, with a range of 1 to 3 on each campus.

## Accessibility

Administrative staff were interviewed on four of the five campuses. Staff on three campuses were immediately found and readily available to talk to. One campus had an Admissions department that was easily accessible, however a Student Life department that could not be accessed without an appointment first. On one campus, a student could not talk to any administrative staff without an appointment first, so an interview was not done due to more than a one hour wait time. Health services staff were readily available on all five campuses, except for one campus whose Women's Center staff could not be found at desk, though the center was open.

## Information

On three of the campuses, no information on the Counseling Center was provided. On one campus, no information was provided on the Dental center and on another, no information on the Women's Center was provided. One campus provided directions to a clinic thought to be a part of the school, but it was not actually part of the campus and did not provide care to students unless they were established patients. Health services staff on two of the five campuses knew of all the available health resources on campus, as compared to field observation and online evaluation. One campus health services staff did not provide any information on other available health resources on site.

On all five campuses, no administrative staff provided directions for students on where to obtain information for STI testing and birth control, however three campuses directed to resources on campus they thought did provide this information. None of the administrative staff knew where to find information on sexual assault or how to report, but three of the campuses provided directions to resources on campus that they thought could provide that information.

Health Services staff on four of the five campuses provided contact information on the campus Title IX coordinator and resources for sexual assault. Three of the campuses' health services staff provided off campus information on locations to obtain STI and reproductive health services. See Table 2.

### Privacy

Administrative staff on four of the campuses were in busy areas with frequent student traffic. One campus had its administrative office in a separate building, isolated from the main buildings. The health services on two campuses were in areas with high student volume and little privacy, with the other three in more secluded areas.

### Website and Social Media Evaluation:

#### Accessibility

The websites of all 5 community colleges were the first link found on the Google search. Available health services on each campus were found on the corresponding website, however the location of the information varied between websites. For example, one website had the Counseling Center under Current Students, but the Women's Center was listed under Student Life and sexual assault information was found under Safety and Security. From the initial website page, it took a range of 3-4 clicks to access information on health services. On all but one campus website, Title IX information could not be found until typed into the search bar.

The social media accounts for all five campuses were found through links at the bottom of the school website. All 5 campuses had at least 3 social media accounts, with each campus having a Facebook, Twitter, and Instagram account. Four schools had YouTube accounts and one school had a Snapchat account. Facebook had the most followers with a range of 1,439 to

15,572, however health related posts were infrequent and ranged from 2 to 9 postings over one year. A total of 27 total health related posts were found on all 5 combined Facebook page accounts, with 9 posts that had at least one like, with a range of 1 to 22 likes. There were no comments noted on any of the health-related posts on Facebook. Twitter had a range of 69 to 4,444 followers, and was the mostly commonly used platform for health-related posts, with a range of zero to 17 posts over one year. Twitter had a total of 58 health related posts for all five campuses, with 9 posts that had at least one like, with a range of 1 to 18 likes and a range of zero to 33 retweets. There was one health related comment on Twitter, which was a question about how to report a sexual assault. The response from the handler of the account was on the same day and included contact information for the Title IX coordinator of the school. Instagram had a range of 537 to 1,365 followers, and was the least utilized platform for health content with a range of zero to two posts over one year. For all five campuses, there were a total of 5 health related Instagram posts, with a range of zero to 35 likes. There were no comments on any health-related posts on Instagram.

#### Information

Each website on all five campuses had information on mental health resources, with 3 campuses offering only crisis hotlines and the other 2 campuses offering additional general information on mental illness. Only one website had links to primary care health resources, which was information on local community health centers to obtain medical care. One website had information about STIs and reproductive health. There were 3 campus websites that offered additional sexual assault resources. Title IX coordinator information was found on all five websites, which included a brief definition of Title IX.

Health information on social media varied between campuses. Four of the campus Twitter accounts had at least one post about general health, such as nutrition or exercise, and four accounts had at least one posting on mental health. Three campus social media accounts promoted health related services on campus. For example, a one-time ‘Flu Clinic’ was promoted on two campuses, where students could pay to get their flu vaccine. Two schools had separate social media accounts for departments within the campus, with one campus that had a Student Life Twitter account, and the other had an account run by students in a health promotion degree. These two accounts had more postings than any other account, and were more likely to include links to articles on different health information. Only one social media account had posts on STIs and birth control, which was a post that advertised for free condom giveaways. Three campus accounts had one post on sexual assault, however only one of these posts offered a link to more information. There were three campuses that had one post referencing Title IX, with one of these only offered as a response to a student question on sexual assault. Of interest, the one campus with a YouTube account had a collection of videos regarding sexual assault, safety and Title IX information. See Table 3.

### Privacy

Only two campus websites had a general request form that students could submit online for any questions. Three campuses had a complaint form to fill out specifically for security concerns or Title IX, with two forms allowing electronic submission and one only allowing paper submission.

### Discussion

The results of our study suggest that health services and information on CC campuses is still an area of public health that requires more attention, support and resources.

The demographics of the sampled campuses appear to be representative of previously studied CC campuses. (Pokhrel et al., 2014) It is important to recognize that more than half of the student population identified as an ethnic minority on each campus. This is crucial to take into consideration from a health needs standpoint, given the increased health risks facing these marginalized populations. (Arliss, 2007; Boyd & Braun, 2007; Pokhrel et al., 2014)

Additionally, approximately half of the student population on each campus identified as female, who have a greater risk of sexual health related consequences. (Haderxhanaj, Gift, Loosier, Cramer, & Leichliter, 2014; Leichliter, Chandra, & Aral, 2013) This supports the need for readily available sexual health resources and information to CC students to prevent these complications. (Lechner & Garcia, 2013) The age of our sample corresponds to an older student population, however the average age was in the young adult range, and it is important to remember they are still in a vulnerable and at risk time of life. (L. S. Neinstein & Irwin, 2013)

This study supports that health services and information on CC campuses are not readily accessible to students. There were no health centers on any of the campuses studied, so students must rely on the information they receive from the different departments on campus, which was often confusing with a lack of overall knowledge on where and what type of health services students could access. Having clear and well defined signs and pamphlets is imperative, as CC classes are often catering to working students who attend in the evening or night, when health services and resources on campus are likely to be closed. (Laanan, 2000) Of note, the size of the campus and number of students enrolled did not lead to a greater variety or amount of health resources.

The information provided to the students, both on campus and online greatly varied between campuses, as well as between different staff members of the same campus. When compared with findings from observation of the campus and online evaluation, administration staff on all the campuses interviewed failed to mention at least one health service on site. Specifically, the sexual health information regarding STI testing and birth control options were difficult to find from all three of our data sources. Staff, website and social media sources were particularly lacking in information on all campuses. Sexual violence resources were limited except for Title IX information, which was eventually found on all campuses, but with difficulty. The sexual assault reporting process was unknown to many staff members, which is important to note as a first contact staff should ideally have information on sexual assault and the protocol for reporting, to prevent someone from having to disclose their trauma to multiple people. See Figure 1.

Privacy was difficult to ensure on campus, where health resources were often in busy areas. While having some health resources in a public place is important so it can be seen by a maximum number of students, having an area more secluded as well is crucial to ensure sensitive information, such as sexual health and sexual violence can be viewed with more privacy.

### Limitations

Our study was limited by a small sample size; however, campuses were representative of a varied demographic in both their location and student body size. We did not talk to students in our study, so we are limited in their perspective on health needs and resources. We chose to focus on foreseeable points of contact a student would have exposure to on a campus through the phenomenology method, encapsulating a different perspective on health resources available.

Site visits were done at one point in time during the year, so it is possible more health resources are available at different points in time, however by including website and social media evaluation we could follow campus events and information over a longer time line.

## Implications

Promoting health information and resources on CCs should be a focus of any campus to protect the health of its students, and ensure a greater degree of success later on. (Fish & Nies, 1996; Floyd, 2003) CCs are often limited in the funding they receive, and it might not be possible for many campuses to house a student health center to provide care. The results of our study support that social media and websites can be utilized more by CC campuses. Health information and posts focusing on health promotion by campus social media and websites are a cost-effective way to empower students to seek positive health behaviors. (Hanauer et al., 2004; Korda & Itani, 2013) Posting evidence based information on sexual health and sexual violence resources in particular, might bypass the feeling of stigma students could experience when seeking out this information in person. (Konradi & DeBruin, 2003; Walsh, Banyard, Moynihan, Ward, & Cohn, 2010) Disclosure of sexual assault to social supports such as friends and peer groups is important on the long-term impact of the survivor. (Littleton, 2010; Orchowski & Gidycz, 2015) Additionally, students are more likely to disclose assault to friends and peer groups than formal systems, such as police and health care providers. (Koo, Nguyen, Andrasik, & George, 2015; Nasta et al., 2005) Therefore, having robust sexual violence information on websites and social media may allow for peers and friends to be able to positively support those who initially only disclose to them.

The education of all staff members on basic general and sexual health resources is also a way to avoid potential barriers students have in accessing care. (Halstead et al., 2017; Lechner & Garcia, 2013; Tsui & Santamaria, 2015) In particular, sexual assault reporting information should be heavily emphasized in the training of all staff members, not just health services staff, to provide students with the least traumatizing experience as possible. (Smith & Freyd, 2013; Walsh et al., 2010) Title IX is already a mandatory part of every campus, therefore disseminating information about it in variety of ways is an effective strategy to ensure students have the necessary material when needed. (Garcia et al., 2012) This can be done with legible and distinctive signs and pamphlets on campus, as well as by making readily identifiable Title IX headers on websites with coordinator information. Utilizing social media more often to speak about sexual violence with clear links to off campus resources may help students not comfortable speaking to someone in person. (Smith & Freyd, 2013) Additionally, students might feel uncomfortable carrying around sexual assault and reproductive health pamphlets and forms which are also prone to getting lost. This supports having a strong presence of information online, with a confidential way to ask questions directly to the campus. Future research areas should include CC students' perspectives of accessing online health material through campus websites and social media.

The goal of every CC campus is the success of its students. By emphasizing health and providing adequate resources and information, all students are better situated to overcome barriers put in place by race, gender and socioeconomic status, thus providing an equitable opportunity for everyone.

## Tables and Figures

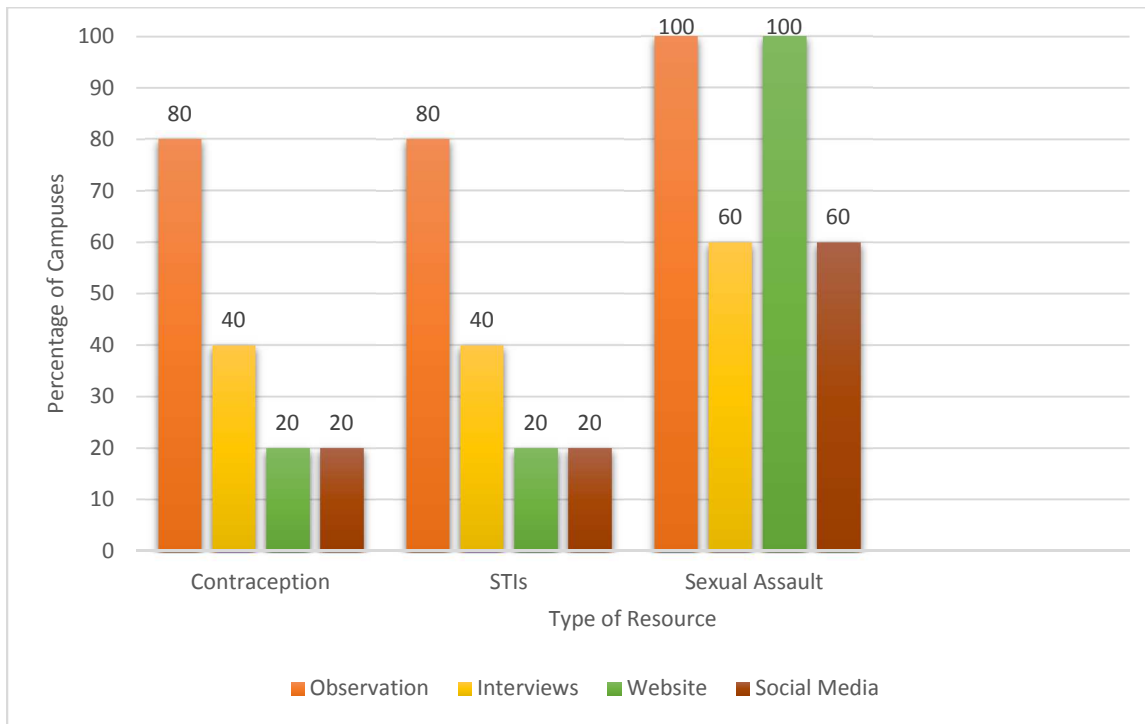
**Table 1: Demographic Information for Community College (CC) Campuses**

Approx. # of students	5-10k	10-20k	>20K
# of campuses	1	3	1
Gender	<50% Female		>50% Female
# of campuses	2		3
Approx. Average Age	27-28 years old		
Ethnicity - % Caucasian	30-40%		40-50%
# of campuses	1		4

**Table 2: Health Resources and Information found on Community College (CC) campuses through Observation, Interviews, Website and Social Media**

	#CCs with this health resource: Observation	#CCs with this health resource: Interviews with Admin Staff	#CCs with this health resource: Interviews with Health Services Staff	#CCs with this health resource: Website	#CCs with this health resource: Social Media
General Health Information	2	0	3	2	3
Dental clinic	1	0	0	1	0
Optic Center	1	0	0	0	0
Counseling Center	5	1	1	5	1
Fitness Center	0	1	1	5	2
Women's Center	0	2	0	3	0
Reproductive Health Information	4	0	3	1	1
Sexual Assault Information	5	0	4	5	2

**Table 3: Sexual Health Resources found on field observation, staff interviews and online on Community College (CC) Campuses**



**Figure 1**

<b>Examples of Health Categories of Pamphlets/Flyers found on Community College Campuses</b>	<b>Examples of Health Categories found online (website, social media) of Community College Campuses</b>
Community Health Centers Mental Health (Ex. depression, suicide risk, eating disorders) Birth control methods STI information and testing Sexual Violence/IPV/Consent Crisis hotlines Child care assistance Substance Abuse Smoking/Alcohol Use Bowl of condoms	Influenza vaccine Zika health information Energy Drinks and Hypertension Title IX coordinator information Physical activity health benefits Healthy nutrition recommendations Link to National Alliance for Mentally Ill (NAMI) Tips on Sleep Hygiene Counseling Center information World Rabies Day

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