



April 12, 2016

Board of Education
Columbia Gorge Community College

RECOMMENDATION:

Adopt one of two proposed 2016-17 Tuition and Fee Schedules effective Summer Term of 2016

DISCUSSION

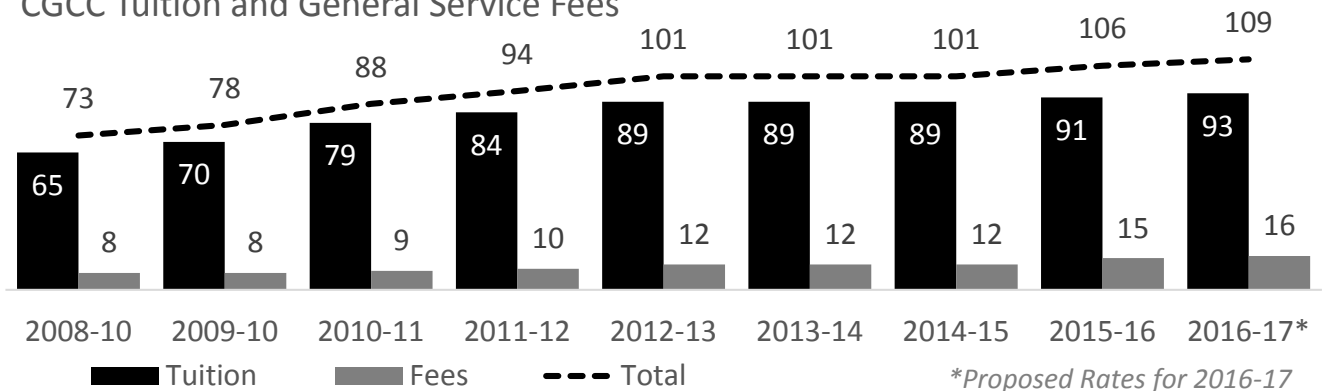
Oregon Revised Statutes 294.160 require the opportunity for public comment on new fee or fee increases by a unit of local government. This staff report and attached tuition and fee schedule for the 2016-17 Academic Year is presented to the Board of Education for review and public comment.

Background

Community Colleges, unlike most other local governments, must adopt fee schedule changes outside of the budget process in order to facilitate timely processing of student financial aid awards. The tuition and fee rates adopted by the Board of Education become the basis for the final Fiscal Year 2016-17 revenue estimate.

The anticipated budget gap for the Fiscal Year 2016-17 is \$748 Thousand. The proportion of next year's deficit not closed through increased revenue must be closed through college reductions, continued use of college reserves, or a combination of the two. If adopted, the rate increases included in the attached tuition and fee schedule are anticipated to generate approximately \$365 Thousand next fiscal year, equal to 49% of the estimated Fiscal Year 2016-17 shortfall.

CGCC Tuition and General Service Fees



Tuition and Fees constitute approximately 35% of the annual operating revenue for Columbia Gorge Community College (CGCC) and are the only major revenue source the college has direct control over. Tuition and General Service Fees were raised 5% last year after three-years at \$89 per credit tuition and \$12 per credit general service fees. Before the last rate freeze, tuition and fees increased a total of 38% between the 2008-09 and 2012-13 Academic Years. In the current academic year, five (5) Oregon community colleges charged lower tuition than CGCC and ten (10) colleges charged higher tuition. The proposed changes include a \$2 per credit increase to tuition, \$1 per credit increase to fees to fund reduced cost student mental health counselling, a fee on low-enrolled classes to reduce course cancellations, as well as various increases to other specific program and course fees.

Tuition and fee changes across Oregon's Community Colleges this year are mixed. Community College Business Officers self-report adopted changes through a state-wide email listserv. The latest summary of the reported changes are in the table to the right. As of 3/23/16, ten (10) of Oregon's seventeen (17) Community Colleges had not yet set 2016-17 Academic Year Tuition and Fees.

FY2015-16 Oregon CC Tuition & Fee Increases <i>As reported 3/23/15</i>	
Blue Mtn	TBD
Central Oregon	TBD
Chemeketa	No Change
Clackamas	+ \$3/cr. Tuition + \$3/term Service Fee
Clatsop	TBD
Columbia Gorge	TBD
Klamath	No Change
Lane	TBD
Linn-Benton	+ 5.63/cr. Tuition
Mt. Hood	TBD
Oregon Coast	TBD
Portland	+ \$1/cr. Tuition + \$5 Service Fee
Rogue	+ \$4/cr. In-district Tuition + \$5 /cr. Out-of-district Tuition + \$5/term Service Fee
Southwestern	+ \$2/cr. Incidental Fees + \$1/class Registration Fee + \$1 Online Class Fee Tuition TBD
Treasure Valley	TBD
Umpqua	TBD

PROPOSED CHANGES

Tuition

The proposed 2016-17 tuition and fee schedule targets the current year state-wide average for Oregon Community Colleges at \$93 per credit tuition. Targeting the state-wide average ensures that eligible Oregon Promise students will be able to avoid tuition costs at CGCC as this grant program only reimburses up to the state-wide average tuition. The proposed fee schedule also increases the College Now transcription fee to \$47 per class, continuing the practice of pegging this cost to 50% of full-priced tuition.

General Services Fee for Reduced Cost Mental Health Counseling

The Proposed 2016-17 Fee Schedule includes a \$1 per credit increase to the General Services Fee to pay for reduced cost mental health counselling. This fee is being proposed at the request of the Associated Student Government. Student representatives unanimously voted in favor of providing reduced cost mental health services by increasing General Service Fees at their March 2nd meeting.

A recent study released by Hope Lab (attached), affiliated with the University of Wisconsin, found that half of Community College students experience or have recently experienced a mental health condition, most commonly anxiety or depression. Students age 25 and younger are disproportionately likely to have an untreated mental health condition. The study notes that mental health conditions impeded both academic success and quality of life. The \$1 per credit increase in the General Services Fee is anticipated to generate approximately \$22,500 that will be used to provide increased access to mental health services to CGCC students. The form that these services will take, being either CGCC staff or contracted community providers, is still being determined.

"Moodle" Fee

"Moodle" is the platform that facilitates CGCC's online and hybrid classes. These online or partially online courses are commonly referred to as Distance Education. Distance Education fees at other Community College's range from \$0 to \$75 per class and average \$30. CGCC's Distance Education fee ("Moodle Fee") was set at \$5 in 2006. Moodle fees are expected to generate \$12,500 this year, down from \$17,700 in the 2012-13 Academic Year.

The Distance Education (Dept. 203) budget this year is \$132,000. The budget includes a full-time coordinator, budgeted overload for an assigned faculty member who serves as a technical liaison with instructional staff, and curriculum development wages, among other various smaller expenses. Distance Education costs will increase significantly next year as Oregon State University declined to continue hosting CGCC's Moodle website. A private vendor has been selected to continue CGCC's Moodle site at a cost of \$13,500 to \$17,500, dependent upon the number college users, with an automatic cost escalator of 4% per year.

The Proposed 2016-17 Moodle Fee moves the CGCC's Distance Learning program closer to covering its own costs. Increasing the fee to \$50 per course is anticipated to generate \$112,000 in the 2016-17 Academic Year.

\$9 per Credit Writing Increment

Writing classes require additional faculty time, over and above typical CGCC courses, to thoughtfully review and grade assignments. The Collective Bargaining Agreement (CBA) recognizes the increased workload associated with writing courses and provides a "Writing Increment" payment of \$590.17 per four (4) credit course to faculty (relevant page from the CBA is attached to this report). At an average writing class size of seventeen students in the current year, a \$9 per credit "Writing Increment" fee will

approximately offset the premium paid to writing instructors. In the past, this premium payment was absorbed in the General Fund and spread across the tuition and fees of all CGCC students.

\$5 Student ID Fee

The college intends to implement student identification cards (ID Cards) in the 2016-17 Academic Year. ID cards carry multiple benefits including increased campus security, student discounts at area businesses that provide them, and better organization of student records. The total annual cost is expected to be \$5,000. If 75% of CGCC's students obtain an ID card, a \$5 charge will generate \$5,500.

Program Specific Fees

The 2015-16 Proposed Tuition and Fee Schedule makes various other increases to program and course specific fees in the Nursing and Health Occupations and Welding programs. The Nursing and Health Occupations fee increases generally offset anticipated costs associated with state mandated clinical requirements for nursing and health occupations students and planned curricular updates.

\$150 Small Class Premium

Maintaining diverse academic program and course offerings, at different times and locations, has been a central challenge for CGCC over the last several years. CGCC Administrative Rule 040.001.000 adopted in 2012 (attached) works to balance student affordability with class variety by setting minimum class sizes at twelve (12) students, with the intention of increasing to fifteen (15) eventually. Enrollment declines have meant significant decreases in average class sizes and an inability to fully enforce course minimum enrollments. Average class sizes at CGCC have fallen from 22.8 in the 2010-11 Academic Year to 15.8 in the last full Academic Year.

As class sizes have fallen, the proportion of full-time faculty taught classes have increased. In 2013, CGCC's accrediting body stated that the college's "percentage of full-time faculty is very low" and recommended the college, "develop a plan to ensure that the number of full-time faculty ... is sufficient to achieve its educational objectives". From Fall Term of the 2012-13 Academic Year to the most recent Fall Term, Full-time Faculty Instructional Clock-hours have increased 17% while Part-time Faculty Instructional Clock-hours have decreased 26%. This shift was recommended and planned, but it also has a fiscal impact. On average, Full-time Faculty taught courses are over twice the cost of Part-time Faculty taught courses. The transition towards increasing proportions of Full-time Faculty taught classes, coupled with falling class sizes, places pressure on the college's ability to both maintain current class levels and match the state-wide average tuition rate without continuing to draw on reserves or fund balance.

The Proposed 2016-17 Fee Schedule includes a \$150 Small Class Premium to reduce course cancellations for those classes that fall below the minimum enrollment of twelve (12) set by Administrative Rule. The \$150 Small Class Premium, as opposed to a broad increase to tuition, will avoid students in well-enrolled courses bearing the cost to continue low-enrolled classes. Targeting course fees on only those specific classes currently running at a financial loss protects the college's ability to continue offering

an affordable educational option to those students who opt into well-enrolled, and therefore less costly, educational paths. The Small Class Fee also protects courses from cancellation for the students who make an informed choice as to the value they place on attending these low-enrolled classes.

The \$150 Small Class Premium Proposal was discussed with Instructional Council, Quality Council, and Student Government, with modifications occurring at each step. Student forums were facilitated by the Associated Student Government and held on both campuses at different times of the day over the first week of Spring Term. A copy of the Student Forum factsheet and survey is attached. Approximately two-hundred and thirty (230) students responded to the survey. Responses were collected and tallied by student leaders.

Of the students who responded to the survey, thirty-two percent (32%) reported having had a class they were registered for cancel. Fourteen percent (14%) reported taking classes at another college or delaying graduation plans due to a cancelled class. When asked whether they support a \$150 class fee to eliminate course cancellations, seventy-four percent (74%) were in favor. This was slightly higher than the sixty-one percent (61%) that supported raising tuition and fees in general to support current class offerings and student services. Overall, the student respondents were happy with the educational value they were receiving from CGCC. When asked to rate the CGCC's value on a scale of one, being "poor value", to five, being "great value", eighty-six percent (86%) rated the college as a four (4) or higher. Ninety-seven percent (97%) of students reported that they recommend CGCC to others. Graphs of survey results attached.

Timeline of Engagement on \$150 Small Class Premium	
2/23	Proposal initially discussed at Executive Leadership Team meeting.
2/26	Idea introduced to Instructional Council
3/1	\$150 Small Class Premium presented to Quality Council for input
3/2	Proposal presented to Student Government, unanimous vote to continue to evaluate the idea and gather additional student input
3/8	\$150 Small Class Fee idea included in Tuition & Fee informational report to the Board of Education. Report posted publicly at cgcc.edu/board-of-education
3/10	CGCC Student Life Newsletter announces tuition & fee student forums (<i>attached</i>)
3/11	Proposal discussed a second time at Instructional Council
3/17	Advising staff provided factsheet on \$150 Small Class Fee proposal
3/28 - 29	Student leaders make in-person classroom announcements introducing \$150 Small Class Fee proposal and student forums
3/28	All student email sent from Student Government announcing student forums on \$150 Small Class Fee proposal (<i>attached</i>)
3/30	9am – 6pm Student Forum on \$150 Small Class Fee on the Hood River Campus
3/31	9am – 6pm Student Forum on \$150 Small Class Fee on The Dalles Campus

While broadly supported by student survey respondents and Associated Student Government representatives, the fee does not have strong support from faculty and staff. A formal survey was not conducted of staff, but the majority of comments received were in opposition to the fee. It is important to note that the Chief Academic Officer and College Registrar are not in support of the \$150 Small Class Fee and prefer the alternative of a larger college-wide increase to tuition. Concerns have included

questions about the financial aid eligibility of the fee. College legal counsel has reviewed and found no federal rules precluding the \$150 Small Class Premium for financial aid reimbursement. Additionally, the Department of Veterans Affairs has confirmed that the fee is acceptable.

If the Board of Education chooses not to adopt the \$150 Small Class Premium proposal, several other more traditional increases to charges are proposed. These include course specific fees on classes which often must run with lower enrollment in order to maintain degree and certificate tracks. These courses include Renewable Energy Technology, Computer Science, and Japanese classes as well as the Business Administration classes of Principles of Marketing, Introduction to Investments, Small Business Management, Principles of Sales, Income Tax, and Financial Management. These course fees plus an additional tuition increase of \$4 per credit, to a total of \$97 per credit, will produce a roughly equivalent amount of revenue to the \$150 Small Class Premium proposal.

TIMING CONSIDERATIONS

Board of Education action on this matter is requested on April 12, 2016 to allow financial aid for summer term of 2016 to begin being awarded.

FISCAL IMPACT

Changes in the 2016-17 Proposed Tuition & Fee Schedule(s) are expected to generate \$362,010 to \$366,430 of additional revenue in the 2016-17 Fiscal Year in the General Fund (100) depending on the option chosen

Option A - 2016-17 Tuition & Fees			
Fee Name	Increase	Final Amt	Revenue
Tuition	\$ 2 cr.	\$ 93 cr.	\$ 45,000
College Now Fee	2.50	47	1,600
General Fee (Mental Health)	1 cr.	16 cr.	22,500
Small Class / Cancellation Elimination Fee	150	150	130,000
Moodle Fee	45	50	112,500
Writing Increment	9 cr.	9 cr.	27,200
Student ID Cards	5	5	5,500
Nursing Program Fee	75	975	9,900
Medical Assisting Program Fee	55	275	2,750
EMS 105 Pt. 1 Course Fee	100	400	1,500
EMS 106 Pt. 2 Course Fee	100	100	1,200
NUR 60 Lab Fee	150	200	3,900
NUR 90 Lab Fee	60	210	840
First Aid CPR Lab Fee	10	35	640
Welding Course Fee	50	200	1,400
		TOTAL	\$ 366,430

OPTION B - Alternative Additional Fees if \$150 Small Class Premium is not Adopted			
Fee Name	Add'l Increase	Final Amt	Est. Add'l Revenue
Tuition	\$ 4	\$ 97 cr.	\$ 90,000
College Now Fee	2	49	1,280
RET Course Fees	100	235 - 255	16,400
Computer Science Course Fee	200	200	10,000
Various Business Administration Course Fees	100	100	4,700
Japanese	100	100	3,200
TOTAL			\$ 125,580

SUGGESTED ACTION:

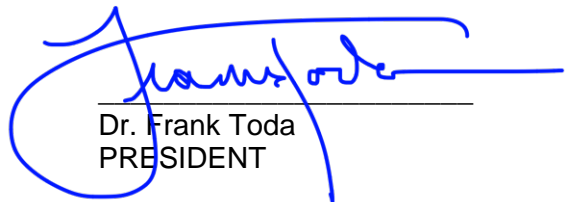
Adopt one of the two proposed tuition and fee schedules.

Respectfully submitted,



WILL NORRIS
 CHIEF FINANCIAL OFFICER

APPROVED:



Dr. Frank Toda
 PRESIDENT

Attachment(s):

- Option A FY2016-17 Tuition & Fee Schedule w/ Small Class Fee
- Option B FY2016-17 Tuition & Fee Schedule w/o Small Class Fee
- CGCC Faculty Collective Bargaining Agreement, page 31, writing increment
- Administrative Rule 040.001.000 – Class Size
- Example Student Forum Questionnaire
- Graphs from Student Survey Responses
- Copies of student-wide announcements of tuition & fee forums
- Full-time and Part-time Faculty Proportion Factsheet
- Hope Lab study on Mental Health among Community College Students

Columbia Gorge Community College

FY 2016-17 Tuition & Fee Schedule RECOMMENDATION A with Small Class Fee

	Unit	Rate
Credit Tuition	per credit	\$93.00
Credit Tuition - Residents of non-border states		\$225.00
Continuing Education Unit (CEU)	per credit	\$94.00
Non-Credit Tuition	minimum per clock hr	\$3.50
Non-Credit Lab Fees	per course	at cost
Service Fee for all credit students	per credit	\$16.00
Running Start Admin & Reporting Fee	per credit	\$10.00
Small Business Management	per business	\$507.00
Transcribing Fee		
RUSH Request Fee	per order	\$30.00
College Now single class		\$47.00
Pre-College Program Tuition and Fees		
Pre-College Tuition	per term	\$25.00
ESOL Tuition	per term	\$25.00
GED Tuition	per term	\$25.00
GED State Testing Fee	for first test	\$35.00
GED Test Fee	per test	\$38.00
GED Retake Test Fee	per test	\$38.00
Additional Fees		
Art Lab Fees	per course	\$0 - 135
First Aid and CPR/AID Lab Fee	per course	\$35.00
Late Payment Fee		10% of balance, maximum of \$75
Library Lost Materials Charge	per book	\$25.00
Library Lost Materials Charge	per laptop	\$1,200.00
Library Printing (B & W)	per page	\$0.10
Library Printing (Color)	per page	\$0.50
Emergency Medical Services EMS105	per course	\$400.00
Emergency Medical Services EMS106	per course	\$100.00
Medical Assisting Application Fee	per application	\$50.00
Medical Assisting MA180 Lab Fee	per course	\$100.00
Medical Assisting Program Fee	per term	\$275.00
Moodle Fee	per online course	\$50.00
Nursing Assistant NUR90 Lab Fee	per course	\$210.00
NUR 60 Lab Fee	per course	\$200.00
Nursing Program Application Fee	per application	\$50.00
Nursing Program Fee	per term	\$975.00
Pesticide Test Fee	per test	\$30.00
Physical Education Course Fee	per course	\$35.00
Print Making Materials Fee	per course	\$25.00
RET Lab Fees	per course	\$135.00-\$155.00
RET Program Application Fee	per application	\$50.00
Returned Check Fee	per check	\$25.00
Science Lab Fee	per course	\$35.00 - \$40.00
Soap stone for Sculpture	per lb	\$1.60
Small Class Fee (Enrollment <12)	per course	\$150.00
Student ID card	per ID issued	\$5.00
Test Proctoring Fee	per test	\$25.00
Welding Lab Fee	per test	\$200.00
Writing Increment on WR Courses	per credit	\$9.00

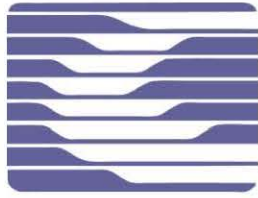
Effective Summer Term 2016

Columbia Gorge Community College

FY 2016-17 Tuition & Fee Schedule RECOMMENDATION B without Small Class Fee

	Unit	Rate
Credit Tuition	per credit	\$97.00
Credit Tuition - Residents of non-border states		\$225.00
Continuing Education Unit (CEU)	per credit	\$94.00
Non-Credit Tuition	minimum per clock hr	\$3.50
Non-Credit Lab Fees	per course	at cost
Service Fee for all credit students	per credit	\$16.00
Running Start Admin & Reporting Fee	per credit	\$10.00
Small Business Management	per business	\$507.00
Transcribing Fee		
RUSH Request Fee	per order	\$30.00
College Now single class		\$47.00
Pre-College Program Tuition and Fees		
Pre-College Tuition	per term	\$25.00
ESOL Tuition	per term	\$25.00
GED Tuition	per term	\$25.00
GED State Testing Fee	for first test	\$35.00
GED Test Fee	per test	\$38.00
GED Retake Test Fee	per test	\$38.00
Additional Fees		
Art Lab Fees	per course	\$0 - 135
Business Elective Fee	per course	\$100.00
Computer Science Course Fee	per course	\$200.00
First Aid and CPR/AID Lab Fee	per course	\$35.00
Japanese Language Fee	per course	\$100.00
Late Payment Fee		10% of balance, maximum of \$75
Library Lost Materials Charge	per book	\$25.00
Library Lost Materials Charge	per laptop	\$1,200.00
Library Printing (B & W)	per page	\$0.10
Library Printing (Color)	per page	\$0.50
Emergency Medical Services EMS105	per course	\$400.00
Emergency Medical Services EMS106	per course	\$100.00
Medical Assisting Application Fee	per application	\$50.00
Medical Assisting MA180 Lab Fee	per course	\$100.00
Medical Assisting Program Fee	per term	\$275.00
Moodle Fee	per online course	\$50.00
Nursing Assistant NUR90 Lab Fee	per course	\$210.00
NUR 60 Lab Fee	per course	\$200.00
Nursing Program Application Fee	per application	\$50.00
Nursing Program Fee	per term	\$975.00
Pesticide Test Fee	per test	\$30.00
Physical Education Course Fee	per course	\$35.00
Print Making Materials Fee	per course	\$25.00
RET Lab Fees	per course	\$235.00-\$255.00
RET Program Application Fee	per application	\$50.00
Returned Check Fee	per check	\$25.00
Science Lab Fee	per course	\$35.00 - \$40.00
Soap stone for Sculpture	per lb	\$1.60
Student ID card	per ID issued	\$5.00
Test Proctoring Fee	per test	\$25.00
Welding Lab Fee	per test	\$200.00
Writing Increment on WR Courses	per credit	\$9.00

Effective Summer Term 2016



COLUMBIA
GORGE
COMMUNITY
COLLEGE

COLLECTIVE BARGAINING AGREEMENT



A Union of Professionals

BETWEEN

**Local 4754
United Employees of
Columbia Gorge
Community College**

AFT, AFL-CIO

(Covering Faculty Employees)

AND

**Columbia Gorge
Community College**

FOR

July 1, 2012 through June 30, 2015

FACULTY COLLECTIVE BARGAINING AGREEMENT

Credit Lab and BSD Lab (ABE, GED and ESL)				
Level 1	Per Hour	33.24	33.82	34.33
Level 2	Per Hour	35.25	35.87	36.41
Level 3	Per Hour	37.35	38.00	38.57
Level 4	Per Hour	39.60	40.29	40.89
Level 5	Per Hour	41.98	42.71	43.35
Level 6	Per Hour		45.27	45.95
Independent Study: Hours will be determined by the Chief Academic Officer in consultation with the instructor.				
Level 1	Per Hour	43.62	44.39	45.05
Level 2	Per Hour	46.24	47.05	47.75
Level 3	Per Hour	49.01	49.87	50.62
Level 4	Per Hour	51.95	52.86	53.66
Level 5	Per Hour	55.07	56.04	56.88
Level 6	Per Hour		59.40	60.29
Alternative Instructional Delivery: Hours will be determined by the Chief Academic Officer in consultation with the instructor.				
Alternative Instruction	Per Hour	33.24	33.82	34.33
Writing Increment	Per 4 Credits	571.45	581.45	590.17
Other:				
Tutor Rate	Per Hour	21.28	21.65	21.97
Special Projects Rate	Per Hour	21.28	21.65	21.97
Compensation for Basic Skills Development (ABE, GED and ESL) is calculated at 80% lecture time and 20% lab time. For example, an instructor teaching 10 contact hours will receive compensation for 8 lecture hours and 2 lab hours.				
BSD (Basic Skills Development) ABE/GED/ESL/HSC				
Level 1 Blended Rate	Per Hour	41.54	42.28	42.91
Level 2 Blended Rate	Per Hour	44.04	44.81	45.48
Level 3 Blended Rate	Per Hour	46.68	47.50	48.21
Level 4 Blended Rate	Per Hour	49.48	50.35	51.11
Level 5 Blended Rate	Per Hour	52.45	53.37	54.17
Level 6 Blended Rate	Per Hour		56.57	57.42

ADMINISTRATIVE RULE

Rule Number/Name:	040.001.000 - Class Size
Responsible Department:	Instructional Services
Authority:	Chief Academic Officer

Overview

Average direct cost of instruction (salary + OPE) for classes taught is covered by a minimum of 12 enrolled students. To move toward a more self-sustaining model, a minimum of 15 students will be necessary to minimally address fiscal requirements for funding of instructional support, including administration and staff, library, distance learning, and instructional technology.

Applicability

Instructional Services and Student Services staff are responsible for the implementation of the rule.

These class size limitations will be applied to all credit classes. Adult Continuing Education and Contracted Training classes are not subject to class size limitations and will be cancelled at the discretion of the Adult Continuing Education Coordinator.

In times of increased enrollments and/or budget constraints, the Chief Academic Officer, in agreement with the President, may need to adjust the minimum number of students for a class to continue, the maximum number per class, and/or the time frame for when enrollment decisions are made.

Nothing in this administrative rule is designed to conflict with any provision in any collective bargaining agreement and in the event of an apparent conflict the College will apply a collective bargaining agreement provision.

Administrative Rule Statement

The minimum enrollment for a class to be held during the term is 12. The maximum class enrollment is 30 if the physical space and fire codes allow. For labs and/or courses where safety or access to equipment is a concern, the maximum enrollment in those lab sections and courses will be adjusted to a lower limit. Exceptions in maximum class size have been

made for all writing, Math 20 lecture, and Reading 90 classes, which will have a maximum class size of 25.

Classes with enrollments less than 12 may be approved to continue if students need the class to graduate in the current academic year, the class is not offered on an annual cycle, the class is needed for elective options, and/or an instructor agrees to teach the class on an independent study basis. Courses that are offered as a sequence if required for admission into a university or four-year college, such as foreign languages, may also be allowed to continue with fewer than 12 students.

Class enrollments are monitored throughout the registration period with class continuation decisions being made by the Chief Academic and Chief Student Services Officers or their designee(s) no later than three days prior to the start of the term.

If data indicates that student attainment of successful completion is being compromised by class size, the Chief Academic Officer will confer with the President to determine if class size will be adjusted. Such a decision will be communicated with the ELT, Instructional Directors, Instructional Council, and Instructional Staff.

Definitions

Not applicable

Interpretation of Administrative Rule

Chief Academic Officer

Cross Reference to Related Administrative Rules

1. CGCC Administrative Rule 030.023.000 –Waitlists

Further Information

Charlotte Lavender, Administrative Assistant to the Chief Academic Officer
clavender@cgcc.cc.or.us
(541) 506-6031

Strategic Direction

KFA 1, Standard 2C1, Core Themes A.2.2, B.2.1, B.2.3

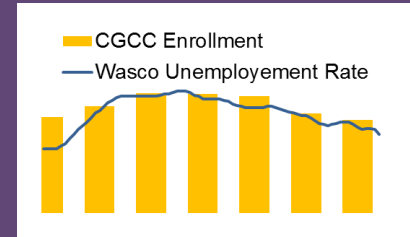
Appendix

1. CGCC Board Policy IHC – Scheduling for Instruction,
http://www.cgcc.cc.or.us/PresidentsOffice/Policies/documents/IHCD1_001.pdf
2. CGCC Operational Procedure 040.001.001 – Adding Classes Due to Enrollment Demand
3. CGCC Operational Procedure 040.001.002 – Class Cancellation
4. CGCC Operational Procedure 040.001.003 – Increase in Class Size Requests
5. Department Chair class size recommendations (see meeting minutes for 12-3-2010 & 4-1-2011)



ASG Student Forum: Small Class Premium

Background: Community College enrollment is cyclical, following the unemployment rate. When the economy is growing, enrollment decreases because fewer individuals need re-training. As the job market has improved, average class sizes at CGCC have fallen from 22.8 in 2010/11 to 15.8 in 2014/15. Falling class sizes put pressure on tuition rates and the college's ability to offer a wide variety of classes. Classes often must be cancelled due to low enrollment. This can make filling a schedule difficult for students.



The college is asking for your input on a proposal to help more offered courses go in the 2016/17 Academic Year. In other words, suspend class cancellations on a trial basis. Doing so would require a \$150 fee on sections with fewer than twelve (12) students. This proposal is simply under consideration at this point and would only move forward if it has the support of CGCC students.

1. Have you had a course that you were registered for cancel at CGCC? *Please Circle:*

Yes No

2. Have you had to take classes at another college or delay graduation plans due to a cancelled course?

Yes No

3. Do you support the \$150 Small Class Premium proposal as described in this handout?

Yes No

4. Do you generally support increasing tuition & fees as a strategy to continue current service levels?

Yes No

5. How do you rate the educational value at CGCC?

1	2	3	4	5
Poor Value			Great Value	

6. Do you recommend CGCC to others?

Yes No

1. When would the fee be applied to student accounts?

Currently, sections with less than twelve (12) students are cancelled one-week before the start of each term. The \$150 Small Class Premium would be applied at this same time, reducing the need for section cancellations.

2. How would the college help students avoid this fee?

Several resources would be made available to help students avoid paying this small class fee

- Historic course enrollments would be posted to the college website so that students can evaluate the likelihood individual classes will not make the twelve (12) student minimum.
- College Advisors would be available to help students find alternative courses, similar to the current process in place right now when sections are cancelled.
- To the greatest extent possible, sections with very small enrollments would be transitioned to Independent Study, which would then not incur the \$150 Fee

3. Will Financial Aid cover the cost?

Yes. The fee is an eligible cost for Financial Aid, just like current course or lab fees.

4. What are alternatives to the Small Course Fee?

Some increases to tuition and fees next year are unavoidable. However, the college is committed to minimizing these increases. The \$150 Small Class Premium is an option to reduce class cancellations without forcing students in well-enrolled classes to shoulder the added costs of continuing low-enrolled classes. An alternative way to generate a similar amount of revenue is to increase tuition by an additional \$4 per credit over the currently anticipated increases (potentially adding up to \$98 per credit for the 2016-17 Academic Year) and target generally low-enrolled programs with additional program fees.

5. What classes are included in this proposal?

The no-cancellation guarantee and small class fee would apply to courses of three (3) or more credits. The guarantee is also dependent on individual faculty members and their willingness to teach a very small class. Courses specifically excluded from this program are tentatively, Community Education, GED Preparation, Adult Basic Education, English for Speakers of Other Languages, and courses with two (2) or fewer credits.

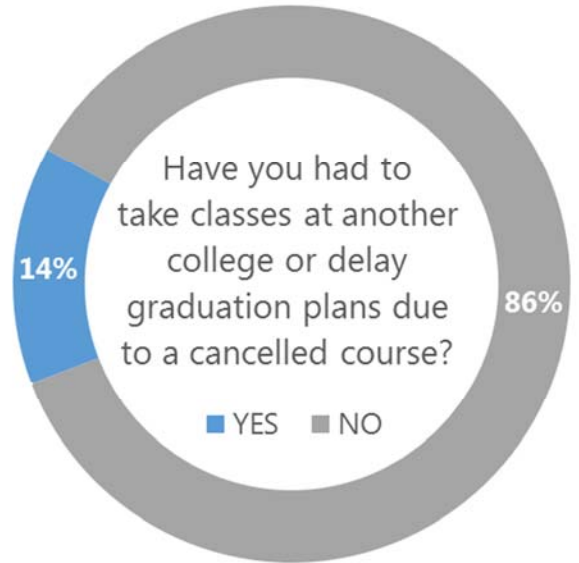
6. When will the decision to adopt the \$150 Small Class Premium be made?

The Board of Education adopts 2016/17 Tuition and Fees at their April 12th meeting. **The college will not move forward on this proposal without the strong support of CGCC Students.** Let us know your opinion!

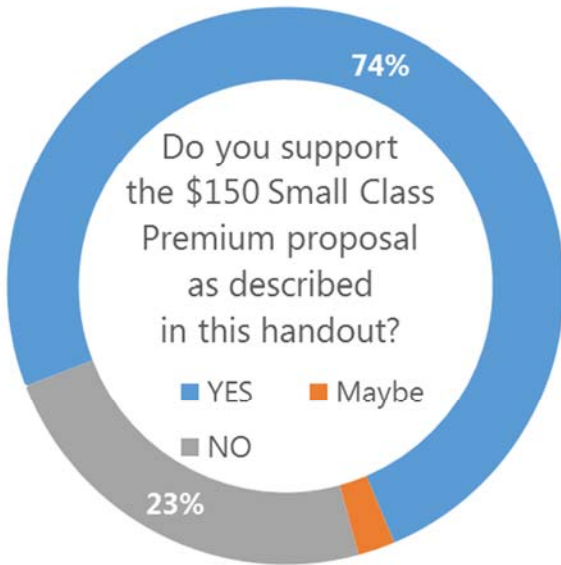
Student Survey Results



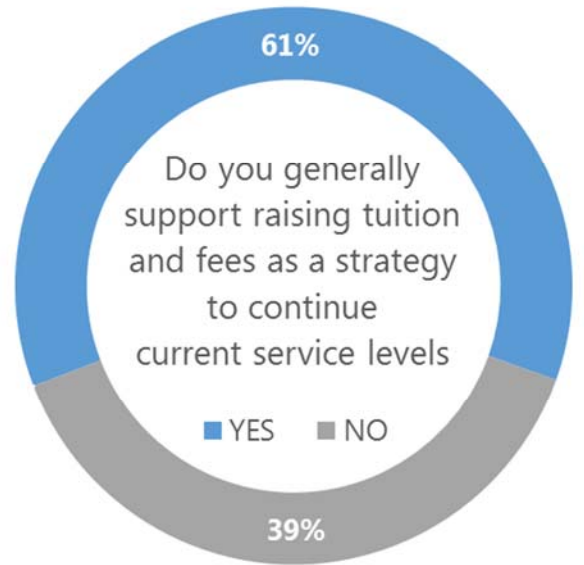
n = 231



n = 231

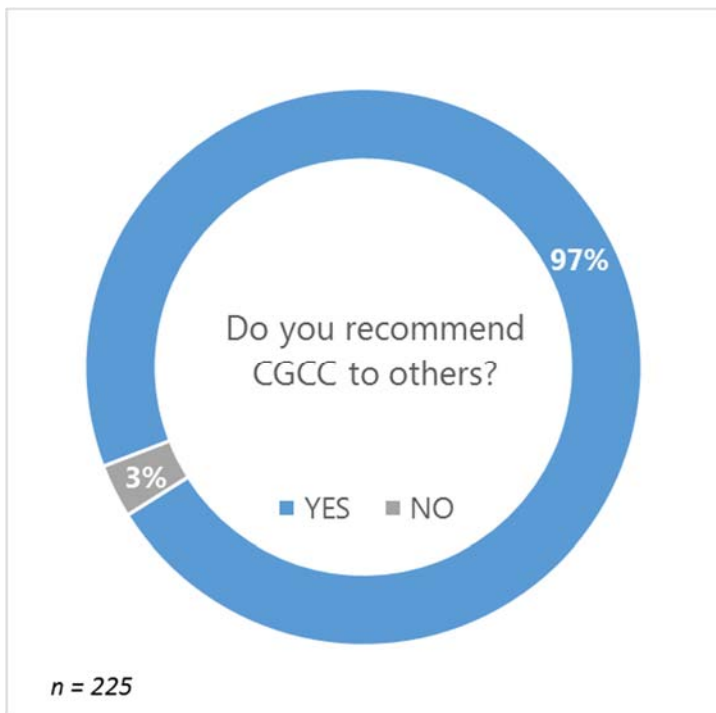
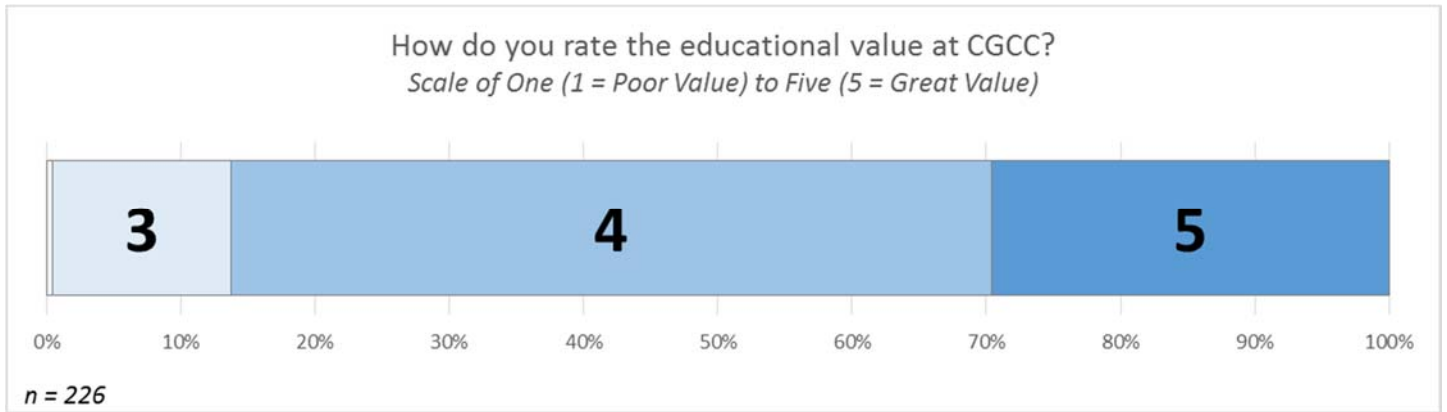


n = 231



n = 186

Student Survey Results, continued



Will Norris - Fwd: Re: CGCC Student Life March Newsletter

From: Michelle Gietl
To: Norris, Will
Date: 3/17/2016 3:53 PM
Subject: Fwd: Re: CGCC Student Life March Newsletter

Here is the march student newsletter with the forum information.

Thanks!

On Thu, Mar 10, 2016 at 11:32 AM, Michelle Gietl <mgietl@cgcc.edu> wrote:
Happy Spring CGCC Students! Here is your March Student Life Newsletter!

CGCC Student Life Newsletter- March 2016



CGCC Associated Student Government will be hosting several student forums the first week of spring term. We want as many students as possible to attend these forums. We will be discussing



Associated Student Government applications for the 16-17 school year are available NOW! You may pick one up at Student Services in Hood River and The

proposed small class fees, mental health counseling fees and increased tuition. We need as much student input as possible on these proposals. Without CGCC student body support, these proposals will not move forward. Come to any of the forums to get more information and make your voice heard.

Wednesday March 30th

Hood River Campus Conference Room

9:00 am-10:30 am
2:00 pm-3:30 pm
5:00 pm-6:30 pm

Thursday March 31st

The Dalles Campus Board Room Building 1 Floor 1

9:00 am-10:30 am
2:00 pm-3:30 pm
5:00 pm-6:30 pm

If you have any questions, please email our advisor at mgietl@cgcc.edu.



Would you like to volunteer in the community? Our next community meal we are

Dalles plus at the library. Are you looking for an opportunity to be involved at CGCC, in the community and more? Would you like to be paid to make a difference? You may be the person we are looking for. We are looking for a President, Vice President, Executive Secretary and Student Representative. Application deadline is Monday April 11th. Email mgietl@cgcc.edu for more information!



March 14th- Coffee Social 10:00 am-2:00 pm Student Life Center

March 28th- Spring Term Starts

March 30th- Student Forums (See to the left)

March 31st- Student Forums (see to the left)

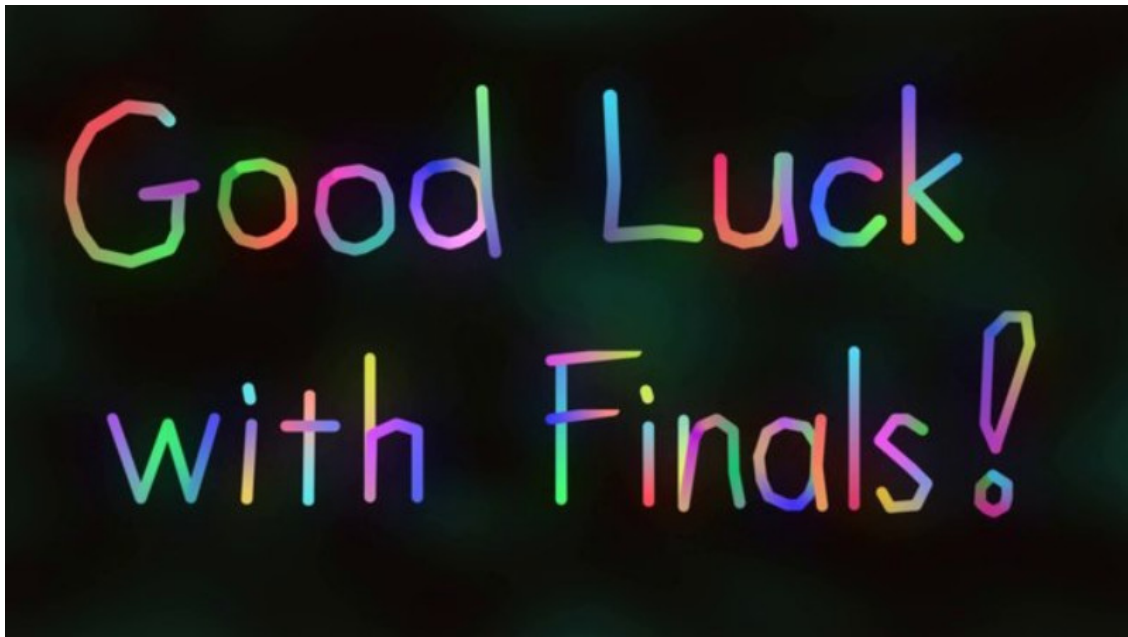
April 1st- Last day to drop classes with a refund

April 11th- Associated Student Government Application Deadline

serving is on Sunday March
13th from 3:00 pm-5:30 pm.
315 West Third St.



Do you have a 3.3 cumulative GPA?
Have you completed at least 12
credits? Look for an email from us to
join Phi Theta Kappa Honor Society!
If you can't wait email Michelle Gietl,
mgietl@cgcc.edu to find out more!



This email was sent to mgietl@cgcc.edu
[why did I get this?](#) [unsubscribe from this list](#) [update subscription preferences](#)
Columbia Gorge Community College · 400 E SCENIC DR · The Dalles, OR 97058 · USA



Will Norris - Fwd: Student Forums: Tuition and Fees

From: Michelle Gietl
To: Norris, Will
Date: 3/28/2016 3:27 PM
Subject: Fwd: Student Forums: Tuition and Fees

Here's what was sent to the students.

>>> Michelle Gietl 3/28/2016 3:27 PM >>>

**ASG Student Forums: Small Class Fee**

Community College enrollment is cyclical, following the unemployment rate. When the economy

is growing, enrollment decreases because fewer individuals need re-training. As the job market has improved, average class sizes at CGCC have fallen from 22.8 in 2010/11 to 15.8 in 2014/15. Falling class sizes put pressure on tuition rates and the college's ability to offer a wide variety of classes.

Classes often must be cancelled due to low enrollment. This can make filling a schedule difficult for students. The college is asking for your input on a proposal to help more offered courses go in the 2016/17 Academic Year. In other words, suspend class cancellations on a trial basis. Doing so would require a \$150 fee on sections with fewer than twelve (12) students.

This proposal is simply under consideration at this point and would only move forward if it has the support of CGCC students.

We are holding student forums to gain input from the student body on this proposal as well as other potential tuition and fee increases. This is an opportunity to find out more about the potential fees, ask questions and give input. There are 6 forums to choose from this week.

Wednesday March 30th

Hood River Campus

Conference Room (Behind the front desk)

9:00 am- 10: 30 am

2:00 pm- 3:30 pm

5:00 pm- 6:30 pm

Thursday March 31st

The Dalles Campus

Board Room (Building 1 across from the library)

9:00 am- 10: 30 am

2:00 pm- 3:30 pm

5:00 pm- 6:30 pm

We would love to see you there! If you have any questions please feel free to email Michelle Gietl, Student Life Advisor, mgietl@cgcc.edu.

Here's some more information on the CGCC Budget:



Latest college-wide budget PPT:

http://www.cgcc.edu/files/FY2016_17%20Budget%20Presenation.pdf

<http://www.cgcc.edu/budget>



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Our mailing address is:

400 East Scenic Dr. The Dalles, OR 97058

www.cgcc.edu

This email was sent to mgielt@cgcc.edu

[why did I get this?](#) [unsubscribe from this list](#) [update subscription preferences](#)

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MailChimp



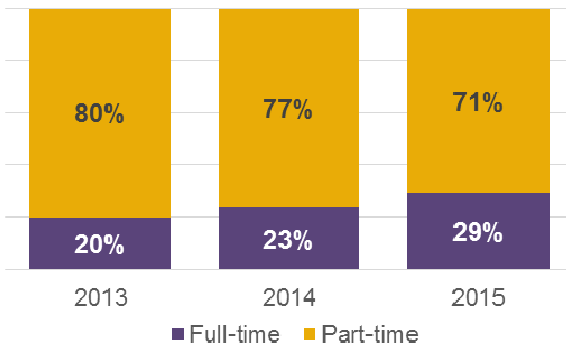
Northwest Commission on College and Universities (NWCCU) Recommendation

In 2013, Columbia Gorge Community College became independently accredited through NWCCU. At that time, the accreditation body included the following recommendation,

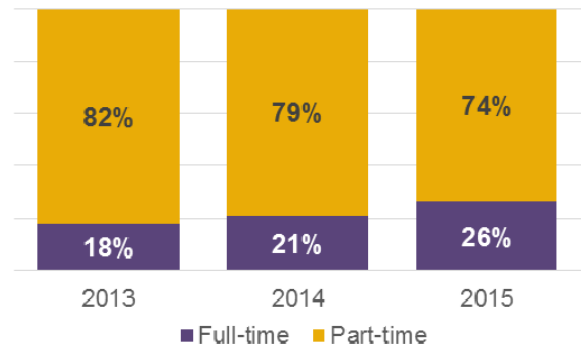
"While Columbia Gorge Community College may currently employ a sufficient number of qualified faculty to achieve its mission, the percentage of full-time faculty in the institution is very low. It is unclear to the evaluation committee that the current staffing level for full-time faculty is sustainable. It is recommended that the college develop a plan to ensure that the number of full-time faculty employed by the college is sufficient to achieve its educational objectives, establish and oversee academic policies, and assure the integrity and continuity of its academic programs, wherever offered and however delivered (Standard 2.B.4)"

There are multiple ways to calculate the proportion of full-time faculty to part-time faculty. Below are four (4) measures. Each graph excludes Community Education and Small Business Development Center courses. The charts may underrepresent the proportion of full-time faculty in the Nursing program as single courses often include multiple full-time instructors.

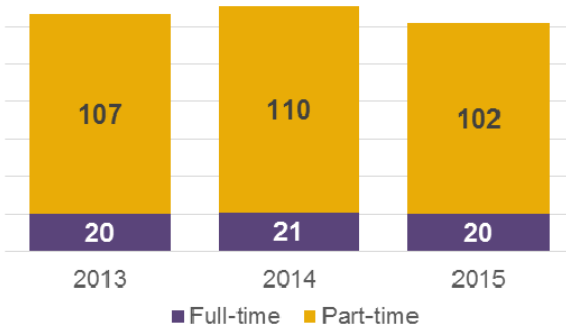
Proportion of Clockhours Taught



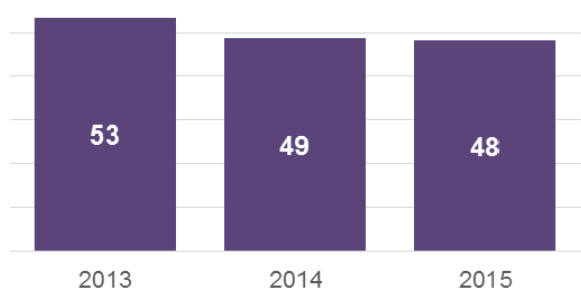
Proportion of Courses Taught



Headcount of Full-time and Part-time



Student FTE per Full-time Faculty Member



WISCONSIN
**HOPE
LAB**



Too Distressed to Learn?

Mental Health Among Community College Students

MARCH 2016

Daniel Eisenberg
University of Michigan

Sara Goldrick-Rab
University of Wisconsin-Madison

Sarah Ketchen Lipson
University of Michigan

Katharine Broton
University of Wisconsin-Madison

This report was made possible by a partnership between the Healthy Minds Network at University of Michigan, Wisconsin HOPE Lab at University of Wisconsin-Madison, Association of Community College Trustees, and Single Stop

A new study at 10 community colleges across the nation reveals that half of the more than 4,000 community college students surveyed are experiencing a current or recent mental health condition. Less than half of these students are receiving any mental health services. Students age 25 and younger are especially likely to have an untreated mental health condition. As mental illness can impair academic success and quality of life, there is a clear need for greater attention to and resources for mental health services and programs on community college campuses.

The Challenge: Mental Health Conditions among Community College Students

The number of college students struggling with mental illnesses such as depression and anxiety disorders is growing.¹ The best available information on the prevalence of mental illness comes from surveys at four-year colleges and universities, where approximately one in three students experience common mental health problems including depression and anxiety.² A small number of tragic campus shootings by mentally ill students has brought significant media attention to this issue, but the focus on the infrequent, extreme violence ignores the broader challenges facing colleges and universities and their students all over the country. In particular, we know very little about the mental health conditions of the nation's 11 million community college students, who attend institutions where resources tend to be scarce and mental health services are often lacking.³

Community colleges embrace their mission of accessibility, keeping barriers to enrollment at a minimum and intentionally opening their doors to students from all backgrounds. But the opportunities they provide come with challenges. On average, just 20% of first-time, full-time students pursuing a certificate or associate degree at community colleges complete a credential within 150% of the intended timeframe – usually one year for a certificate and two years for an associate degree.⁴ Eight years after beginning community college, 43% of students are no longer enrolled, nor have they earned a credential of any kind.⁵

Many students enroll in community college because they do not feel ready or prepared for other options. Mental health may affect their educational decisions and their performance in college. Yet mental health is rarely mentioned among the factors affecting community college graduation rates, even though challenges such as depression are strong predictors of adverse academic outcomes, including lower grade point average and lower persistence in college.⁶

1 American College Health Association. *American College Health Association-National College Health Assessment II: Reference Group Executive Summary* Spring 2015. Hanover, MD: American College Health Association; 2015; Healthy Minds Network. (2016). Data website (data.healthymindsnetwork.org) accessed January 29, 2016. Ann Arbor, MI; Twenge, J.M., Gentile, B., DeWall, C.N., Ma, D., Lacefield, K., & Schurtz, D.R. (2010). Birth cohort increases in psychopathology among young Americans, 1938–2007: A cross-temporal meta-analysis of the MMPI. *Clinical Psychology Review*, 30(2), 145-154.

2 Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease*, 201(1), 60-67.

3 National Center for Education Statistics. (2014). Integrated Postsecondary Education Data, Fall Enrollment Data 2012-13. Washington, DC: U.S. Department of Education.

4 National Center for Education Statistics. (2014). Integrated Postsecondary Education Data, Fall Enrollment Data 2012-13. Washington, DC: U.S. Department of Education.

5 Shapiro, D., Dundar, A., Chen, J., Ziskin, M., Park, E., Torres, V., & Chiang, Y. (2012). *Completing College: A National View of Student Attainment Rates*. Herndon, VA: National Student Clearinghouse Research Center.

6 Arria, A.M., Caldeira, K.M., Vincent, K.B., Winick, E.R., Baron, R.A., & O'Grady, K.E. (2013). Discontinuous College Enrollment: Associations With Substance Use and Mental Health. *Psychiatric Services*, 64(2), 165-172; Eisenberg, D., Golberstein, E., & Hunt, J.B. (2009). Mental health and academic success in college. *The BE Journal of Economic Analysis & Policy*, 9(1).

Policymakers and practitioners lack data about student mental health, and perhaps more importantly, they lack resources to provide support. For example, 58% of four-year colleges and universities have on-site psychiatric facilities appropriate for treating mental illness compared to just 8% of community colleges.⁷ Students with multiple risk factors for poor mental health, such as food and housing insecurity, are more likely to attend a community college rather than a four-year college or university.⁸ Thus, community colleges have fewer resources along with student populations with higher needs, which may contribute to low graduation rates.

In an effort to better understand the state of mental health on community college campuses, we conducted a new survey. The effort, described in this report, is a partnership between the Healthy Minds Network at University of Michigan, the Wisconsin HOPE Lab at University of Wisconsin-Madison, the Association of Community College Trustees, and Single Stop. In 2015, we conducted an online survey with students at ten community colleges around the nation and received participation from more than 4,000 undergraduates. The data indicate that poor mental health conditions are prevalent and inadequately addressed among community college students, both in absolute terms and in comparison to students at four-year colleges and universities.

Significance of Mental Health Services and Programs for Community Colleges

Young adulthood is an exciting but vulnerable period, during which the availability of mental health services and programs is especially important. Although the majority of all lifetime mental disorders have first onset by one's mid-twenties, most are not treated for nearly a decade despite effective treatment regimens.⁹ Left untreated, symptoms often increase in frequency and severity and are more likely to become treatment-resistant.¹⁰ The high prevalence of and low treatment for mental disorders in this age group is significant for several reasons. In addition to the direct effect on individual well-being, there are also substantial downstream consequences, including higher utilization of medical care and social services (e.g., criminal justice, unemployment insurance), reduced human capital (e.g., education, job skills, and productivity), unhealthy coping behaviors (e.g., substance use and risky sexual behavior), problems in interpersonal relationships, and increased risk of violence and

7 Gallagher, R. (2013). www.collegecounseling.org/wp-content/uploads/ACCA-survey-2013-14-FINAL.pdf.

8 Bastedo, M. & Jaquette, O. (2011). Running in place: Low-income students and the dynamics of higher education stratification. *Educational Evaluation and Policy Analysis*, 33(3), p. 318-339; Evans, G. W., Wells, N. M., & Moch, A. (2003). Housing and mental health: A review of the evidence and a methodological and conceptual critique. *Journal of Social Issues*, 59(3), 475-500; Melchior, M., Caspi, A., Howard, L. M., Ambler, A. P., Bolton, H., Mountain, N., & Moffitt, T. E. (2009). Mental health context of food insecurity: a representative cohort of families with young children. *Pediatrics*, 124(4), e564-e572.

9 Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359; Wang, P. S., Berglund, P., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 603-613.

10 Wang, P. S., Berglund, P., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 603-613.

incarceration.¹¹ According to a recent Institute of Medicine report, the total cost to society of mental disorders among people under age 25 is approximately \$250 billion each year.¹²

In recent years, there has been increasing attention paid to what many refer to as the campus mental health crisis.¹³ Recent results from the annual American Freshman Survey reveal the lowest levels of self-rated mental health among students at four-year colleges and universities since the measures were added in 1985.¹⁴ To address growing concerns about student mental health, many four-year institutions have developed extensive mental health services and programs. As reported in the most recent National Survey of College Counseling Centers, four-year campuses have made significant efforts to meet the growing demand for mental health services; 55% expanded off-campus referrals, 26% increased counseling staff, and 20% increased psychiatric consulting hours.¹⁵

The more limited data from community colleges suggests that the availability of services is much lower, especially compared to the greater need. For example, a recent study of student mental health at community colleges and four-year institutions in California found that community college students have more severe psychological concerns and fewer institutional mental health resources than university students.¹⁶ These findings are consistent with at least one other comparative study.¹⁷

11 Biggs, B. K., Vernberg, E. M., & Wu, Y. P. (2012). Social Anxiety and Adolescents' Friendships The Role of Social Withdrawal. *The Journal of Early Adolescence*, 32(6), 802-823; Breslau, J., Lane, M., Sampson, N., & Kessler, R. C. (2008). Mental disorders and subsequent educational attainment in a US national sample. *Journal of Psychiatric Research*, 42(9), 708-716; Currie, J., & Stabile, M. (2007). Mental health in childhood and human capital. In *The problems of disadvantaged youth: An economic perspective* (pp. 115-148). University of Chicago Press; Derntl, B., Seidel, E. M., Eickhoff, S. B., Kellermann, T., Gur, R. C., Schneider, F., & Habel, U. (2011). Neural correlates of social approach and withdrawal in patients with major depression. *Social neuroscience*, 6(5-6), 482-501; Elbogen, E. B., & Johnson, S. C. (2009). The intricate link between violence and mental disorder: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of General Psychiatry*, 66(2), 152-161; Lasser, K., Boyd, J. W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (2000). Smoking and mental illness: a population-based prevalence study. *The Journal of the American Medical Association*, 284(20), 2606-2610; Derntl, B., Seidel, E. M., Eickhoff, S. B., Kellermann, T., Gur, R. C., Schneider, F., & Habel, U. (2011). Neural correlates of social approach and withdrawal in patients with major depression. *Social neuroscience*, 6(5-6), 482-501; Markowitz, F. E. (2011). Mental illness, crime, and violence: Risk, context, and social control. *Aggression and Violent Behavior*, 16(1), 36-44.

12 O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. National Academies Press.

13 Eiser, A. (2011, September). The crisis on campus: APA is working with Congress to address serious mental health problems on college campuses. 42(8):18. Retrieved from: www.apa.org/monitor/2011/09/crisis-campus.aspx; Gabriel, T. (2010, December 19). Mental health needs seen growing at colleges. *The New York Times*. Retrieved from: www.nytimes.com/2010/12/20/health/20campus.html?pagewanted=all&_r=1&; Schwartz, V., & Kay, J. (2009). The crisis in college and university mental health. *Psychiatric Times*, 26(10), 32-32.

14 Eagan, K., Stolzenberg, E. B., Ramirez, J. J., Aragon, M. C., Suchard, M. R., & Hurtado, S. (2014). *The American freshman: National norms fall 2014*. Los Angeles: Higher Education Research Institute, UCLA.

15 Gallagher, R. (2014). *National Survey of Counseling Center Directors*. Alexandria, VA: National Association of Counseling Services. Retrieved from: www.collegecounseling.org/wp-content/uploads/NCCCS2014_v2.pdf.

16 Katz, D. S., & Davison, K. (2014). Community College Student Mental Health A Comparative Analysis. *Community College Review*, 42(4), 307-326.

17 Manzo L, Jones H, Freudenberg N, Kwan A, Tsui E, & Gagnon M (2011). *The Psychological Well-Being of CUNY Students: Results from a Survey of CUNY Undergraduate Students Healthy CUNY Initiative*, City University of New York. Available at: web.gc.cuny.edu/che/cunypsychwellbeing.pdf.

Although there are no nationally representative data regarding service availability at community colleges, a 2011 national survey of community college counselors offers useful information. Nearly 70% of responding colleges provide at least some mental health counseling services, but nearly all counselors (97%) have considerable duties in addition to personal counseling (e.g., academic advising, career counseling, and administrative duties). The vast majority of community colleges (88%) do not have a psychiatrist or other licensed prescriber on staff or contracted to provide services, and 57% do not offer suicide prevention resources or programming.¹⁸ The ratio of counselors to students at community colleges is 1 to 3,000, compared to 1 to 1,600 at four-year institutions.¹⁹

All counseling center directors at the responding community colleges in that 2011 survey, and nearly all (96%) of those at four-year institutions, said that they were seeing an increase in the number of students with serious psychological problems. To address this, 25% of four-year colleges and universities said that they increased the number of psychiatric treatment hours offered, compared to none of the community colleges in the survey. Community colleges did not hire more part-time staff during times of high service demand (while 26% of four-year institutions did so); instead 41% of community college counseling center directors had their staff work overtime without additional compensation to meet the increased need (18% of four-year institutions did so).²⁰

Methodology

In order to examine the prevalence of mental health challenges among community college students and their use of counseling and other supports, we partnered with 10 community colleges in seven states and administered a modified version of the Healthy Minds Study (HMS) to random samples of their student populations. The survey assessed mental health as well as several other topics, including food and housing insecurity.²¹ Invitations to participate in the study were fielded by the Association of Community College Trustees and the following colleges participated: Delgado Community College (Louisiana); Montgomery County Community College (Pennsylvania); State University of New York at Onondaga (New York); San Diego City College (California); San Diego Mesa College (California); San Diego Miramar College (California); San Diego Continuing Education (California); Essex County College (New Jersey); Moraine Park Technical College (Wisconsin); and Western Wyoming Community College (Wyoming). Six of the 10 colleges have typical rates of poverty in their surrounding communities (around the national average of 16%), while Montgomery County, Moraine Park, and Western Wyoming are in areas with lower than average rates of poverty (7 to 9%). Delgado

18 American College Counseling Association. *Community College Task Force Survey of Community/2 Year College Counseling Services*. www.collegecounseling.org/docs/ACCA-CCTF-2011SurveyBooklet.pdf.

19 Gallagher, R. (2013). *National Survey of Counseling Center Directors*. Alexandria, VA: National Association of Counseling Services. Retrieved from: www.collegecounseling.org/wp-content/uploads/Survey-2013-2-4-year-center-comparison-2.pdf.

20 Gallagher, R. (2013). *National Survey of Counseling Center Directors*. Alexandria, VA: National Association of Counseling Services. Retrieved from: www.collegecounseling.org/wp-content/uploads/Survey-2013-2-4-year-center-comparison-2.pdf.

21 Goldrick-Rab, S., Broton, K., & Eisenberg, D. (2015). *Hungry to Learn: Addressing Food & Housing Insecurity Among Undergraduates*. Wisconsin HOPE Lab, Madison, WI.

Community College's county rate is very high, at 27%.

Fielded between January and April 2015, the survey was conducted online, and over 48,000 students were recruited via emails obtained from institutional databases. Invitations were sent to random samples from each institution's full list of enrolled students, with the exception of one smaller institution at which all students were invited. The Institutional Review Boards at the researchers' home institutions and all participating sites approved the study.

Due to budget limitations we were unable to provide monetary incentives for participation in this survey, and community college students are difficult to reach for surveys, particularly because they do not appear to routinely use the email addresses on file with their colleges. The final survey response rate was 9% (N=4,312). Although the low response rate is obviously a significant limitation that creates the potential for biased estimates, it is fairly typical for an online survey without incentives, and it is unclear in which direction the estimated prevalence of key indicators might be biased.²² On the one hand, students struggling with mental health and related issues may have more personal interest in the survey, which would motivate them to participate and mean that our estimates are biased upwards. On the other hand, they might also be less likely to keep up with their email or feel like they have the time and energy to complete a survey, making these estimates conservative. Further research is needed to examine these possibilities, but we view these estimates as important to a nascent field.

Since women had higher participation rates in the survey, as in most survey studies, we used sample weights to ensure that all estimates are representative of the actual sex ratio at each institution.²³ In addition, the sample weights were constructed such that each of the 10 institutions in the study was given the same aggregate weight. All estimates in this report are weighted accordingly.

Table 1 summarizes the demographic and other background characteristics of the sample and indicates that the sample is similar to the national community college population. For example, the sample is 55% female, compared to 57% at the national level; the sample includes 54% non-Hispanic White students, compared to 50% at the national level; and the sample includes 67% financial aid recipients, compared to 72% at the national level.²⁴

22 Survey Gizmo (2015). Survey response rates [Web page]. Retrieved from www.surveygizmo.com/survey-blog/survey-response-rates.

23 Sax, L. J., Gilmartin, S. K., Lee, J. J., & Hagedorn, L. S. (2008). Using web surveys to reach community college students: An analysis of response rates and response bias. *Community College Journal of Research and Practice*, 32(9), 712-729.

24 American Association of Community Colleges (2015). *Community College Fast Facts*. www.aacc.nche.edu/AboutCC/Documents/Facts14_Data_R3.pdf.

Table 1: Sample Characteristics (N=4,312 at 10 Community Colleges)

Characteristic	Percentage
Sex	
Female	56.6%
Age	
18-20	21.4%
21-25	29.1%
26-30	16.2%
31+	33.2%
Race/ethnicity	
Black/African-American	15.0%
Hispanic/Latino	19.6%
Southeast Asian	3.8%
Other Asian	6.3%
White, non-Hispanic	54.2%
Other race or not specified	10.6%
Student Type	
International	4.9%
Family	
Has child(ren)	20.0%
Married or domestic partnership	22.0%
Aid status	
Financial aid recipient	67.1%
Highest level of parental education	
High school or less	33.9%
Some college	20.2%
Associate degree	11.1%
Bachelor's degree	21.5%
Graduate degree	13.3%
Household income	
<\$5,000	7.3%
\$5,000-\$15,000	10.7%
\$15,000-\$25,000	8.8%
\$25,000-\$50,000	16.4%
\$50,000-\$75,000	11.8%
\$75,000-\$100,000	6.7%
>\$100,000	9.3%
Not Reported	29.0%

Table 1, Continued

Year in program	
1st	42.7%
2nd	39.6%
3rd+	17.7%
Enrollment	
Full-time enrollment	53.6%
Employment status	
Employed in last week	61.8%
Hours worked last week	30.1

Note: Race/ethnicity categories add up to more than 100% because respondents could check more than one.

Measuring Mental Health

We employed survey measures of mental health focused on recent symptoms of depression, anxiety, and eating disorders, as well as past-year suicidal ideation and non-suicidal self-injury. The same measures are used as in the annual Healthy Minds Study that has been fielded primarily at four-year institutions.²⁵ For some analyses we constructed a composite measure of mental health, equal to 1 if the student had a positive screen for any of the measures described above, and 0 otherwise.

Depression is assessed using the Patient Health Questionnaire-9 (PHQ-9), a nine-item instrument based on the DSM-IV criteria for a major depressive episode. This screen is validated as highly correlated with diagnoses by clinicians and other depression assessment tools in a variety of populations, including young adults.²⁶ Anxiety is measured with the GAD-7, which has also been validated in a variety of populations.²⁷ Symptoms of eating disorders are assessed with the five-item SCOFF instrument, which has been used extensively in college and other populations.²⁸

25 Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease*, 201(1), 60-67.

26 Löwe, B., Gräfe, K., Zipfel, S., Witte, S., Loecherer, B., & Herzog, W. (2004). Diagnosing ICD-10 depressive episodes: superior criterion validity of the Patient Health Questionnaire. *Psychotherapy and Psychosomatics*, 73(6), 386-390; Martin, A., Rief, W., Klaiberg, A., & Braehler, E. (2006). Validity of the brief patient health questionnaire mood scale (PHQ-9) in the general population. *General Hospital Psychiatry*, 28(1), 71-77.

27 Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.

28 Cotton, M. A., Ball, C., & Robinson, P. (2003). Four simple questions can help screen for eating disorders. *Journal of General Internal Medicine*, 18(1), 53-56; Luck, A.J., Morgan, J. F., Reid, F., O'Brien, A., Brunton, J., Price, C., Perry, L., & Lacey, J. H. (2002). The SCOFF questionnaire and clinical interview for eating disorders in general practice: comparative study. *British Medical Journal*, 325(7367), 755-756; Mond, J. M., Myers, T. C., Crosby, R. D., Hay, P. J., Rodgers, B., Morgan, J. F., Lacey, H., & Mitchell, J. E. (2008). Screening for eating disorders in primary care: EDE-Q versus SCOFF. *Behaviour Research and Therapy*, 46(5), 612-622; Morgan, J. F., Reid, F., & Lacey, J. H. (1999). The SCOFF questionnaire: assessment of a new screening tool for eating disorders. *British Medical Journal*, 319(7223), 1467-1468.

Three questions adapted from the National Comorbidity Survey Replication are used to assess past-year suicidal ideation and behavior.²⁹ These questions ask first whether in the past year the respondent ever seriously thought about attempting suicide, and if yes, whether the respondent made a plan for suicide and/or attempted suicide. One question assesses self-injury in the past year:

This question asks about ways you may have hurt yourself on purpose, without intending to kill yourself. In the past year, have you ever done any of the following intentionally? (Select all that apply.)

Response categories include: “cut myself,” “burned myself,” “punched or banged myself,” “scratched myself,” “pulled my hair,” “bit myself,” “interfered with wound healing,” “carved words or symbols into skin,” “rubbed sharp objects into skin,” “punched or banged an object to hurt myself,” “other,” and “no, none of these.”³⁰

Mental health service utilization is measured with items adapted from the questionnaire used in the Healthcare for Communities Study, a national study of mental health care utilization.³¹ Regarding medication use, respondents are asked whether they took any of the most common types of psychotropic medications at least several times per week at any point in the past year. Respondents who indicate that they took a psychotropic medication are also asked about current use, the type of provider who prescribed the medication, and the frequency of discussing their medication use with a provider. Regarding psychotherapy, respondents are asked how many visits, if any, they had in the past year for therapy or counseling for their mental or emotional health. Those who indicate that they received counseling/therapy are then asked about current use and type of provider. In addition, to measure general contact with the health care system, students are asked whether they visited any health professional for any reason in the past year. We also assessed help-seeking from non-clinical sources by asking:

In the past 12 months have you received counseling or support for your mental or emotional health from any of the following sources? (Select all that apply).

Responses categories include: “friend or roommate,” “significant other,” “family member,” “religious counselor or other religious contact,” “support group,” “other non-clinical source,” and “none of the above.”

29 Kessler, R. C., Berglund, P., Borges, G., Nock, M., & Wang, P. S. (2005). Trends in suicide ideation, plans, gestures, and attempts in the United States, 1990-1992 to 2001-2003. *Journal of the American Medical Association*, 293(20), 2487-2495.

30 Gollust, S. E., Eisenberg, D., & Golberstein, E. (2008). Prevalence and correlates of self-injury among university students. *Journal of American College Health*, 56(5), 491-498.

31 Wells, K., Sturm, R., & Burnam, M. A. (2003). *Healthcare for Communities Household Survey public use files: Revised codebook*. Ann Arbor, MI: ICPSR.

All measures are examined in the overall student sample and also by gender (male versus female) and age group (25 and younger, versus 26 and older). We conducted stratified analyses because reported mental health symptoms and service use often vary by gender and age.³²

Prevalence of Mental Health Conditions among Community College Students

The overall prevalence of mental health conditions for community college students is presented in Table 2, which also shows estimates by gender and age group. As a point of comparison, we also provide estimates from the four-year colleges and universities that participated in the HMS in academic year 2014-2015.³³ These are also disaggregated by age group.

Nearly half (49%) of the community college students surveyed report at least one mental health condition, with depression (36%) and anxiety (29%) the most common issues. These rates are high when compared with incidence among four-year students, and the disparity persists within age groups. For example, among students age 25 and younger, 56% of community college students reported a mental health condition, compared to 46% of students at four-year colleges and universities (difference significant at $p < 0.001$). The difference is especially evident for severe depressive symptoms: 23% of younger community college students reported these symptoms compared to 11% of younger four-year students.

Within community college populations, mental health conditions appear more prevalent among students age 25 and younger when compared to older students (56% vs. 42%). There are no evident gender differences except when it comes to eating disorders (6% of males and 13% of females report this condition).

32 Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease*, 201(1), 60-67; Nam, S. K., Chu, H. J., Lee, M. K., Lee, J. H., Kim, N., & Lee, S. M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health*, 59(2), 110-116; Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 629-640.

33 There were 16 four-year schools in that study: University of Michigan, University of Denver, University of Lethbridge, Massachusetts Institute of Technology, Marietta College, Memorial University of Newfoundland, Miami University, New Mexico State University, Pennsylvania State University-Altoona, Pratt Institute, Randolph Macon College, School of the Art Institute of Chicago, St. John's University, Stanford University, Tulane University, and Wright State University.

This high prevalence of mental health conditions is not driven by a small subset of community colleges in the sample; on the contrary, eight of the ten colleges exhibit rates of 48% or higher (the remaining two colleges have rates of 35% and 40% respectively).

Table 2: Prevalence of Mental Health Conditions

	Community colleges					Four-year schools		
	All	Male	Female	Age ≤25	Age ≥26	All	Age ≤25	Age ≥26
N	4,312	1,348	2,922	2,101	2,097	15,816	11,803	4,013
Depression								
Depression (overall)	35.6%	34.4%	36.2%	39.8%	31.5%	24.4%	25.7%	20.1%
Severe (PHQ≥15)	20.0%	18.6%	20.7%	22.7%	17.4%	10.4%	11.1%	8.0%
Moderate (PHQ=10-14)	15.6%	15.8%	15.5%	17.2%	14.2%	14.0%	14.6%	12.0%
Anxiety								
Anxiety (overall)	29.1%	25.9%	31.3%	32.8%	25.6%	20.4%	21.4%	16.6%
Severe (GAD≥15)	13.7%	11.6%	14.9%	14.7%	12.9%	7.9%	8.6%	5.7%
Moderate (GAD=10-14)	15.4%	14.3%	16.4%	18.1%	12.7%	12.5%	12.9%	11.0%
Suicide, past year								
Suicidal ideation	11.0%	11.6%	10.3%	13.8%	8.1%	10.2%	11.0%	7.4%
Suicide plan	4.5%	4.3%	4.5%	6.3%	2.5%	3.2%	3.7%	1.5%
Suicide attempt	1.3%	1.2%	1.3%	2.1%	0.4%	0.9%	1.1%	0.4%
Injury, past year								
Non-suicidal self-injury	15.4%	14.4%	15.6%	21.6%	9.3%	18.5%	20.4%	11.6%
Eating disorder								
Eating disorder (SCOFF≥3)	9.8%	6.0%	12.7%	12.0%	7.6%	8.8%	9.1%	7.6%
Mental health overall								
Any mental health problem above	49.4%	46.6%	51.1%	56.4%	42.1%	43.8%	46.0%	36.0%
Mental health affected academics, past 4 weeks								
0 days	42.8%	44.8%	41.5%	36.1%	48.9%	43.5%	42.7%	46.4%
1-2 days	25.3%	22.8%	27.4%	28.9%	22.1%	28.2%	29.0%	25.0%
3-5 days	15.7%	15.2%	16.2%	17.4%	13.9%	15.7%	15.9%	14.9%
6+ days	16.2%	17.2%	15.0%	17.6%	15.1%	12.7%	12.4%	13.7%

Note: Male and female sample sizes do not quite sum to overall total because 10 students self-reported as transgender and 32 students did not identify a gender. Also, one hundred and fourteen students did not report their age. Due to co-occurrence of problems, the prevalence of individual conditions sums to more than the prevalence of "any problem".

Use of Mental Health Services Among Community College Students

Are students seeking and receiving assistance to support their mental health? The use of services among community college students (irrespective of mental health condition) is presented in Table 3. Reported use of services is considerably lower (30%) than the prevalence of mental health conditions (49%). Usage patterns among community college students appear similar to those of four-year students, but community college students are considerably less likely to have visited a health provider (including for reasons unrelated to mental health) (83% of four-year students did this compared to 70% of community college students). Community college students are also much less likely to report receiving informal (non-clinical) counseling or support for mental health, as compared to four-year students (46% versus 70%).

While students over age 25 are less likely than younger students to report a mental health condition, they are more likely to have received support (33% vs. 26%). Service usage rates are slightly higher for females than males (30% versus 28%).

Table 3: Prevalence of Service Use and Support among All Students

	Community colleges					Four-year schools		
	All	Male	Female	Age ≤25	Age ≥26	All	Age ≤25	Age ≥26
N	4,312	1,348	2,922	2,101	2,097	15,816	11,803	4,013
Clinical service and support, past year								
Psychotropic medication	21.7%	20.6%	22.4%	17.4%	25.6%	18.9%	18.1%	21.8%
Therapy or counseling	19.5%	18.8%	20.0%	17.7%	21.0%	22.2%	21.2%	25.6%
Any medication or therapy	29.5%	28.3%	30.4%	25.9%	32.8%	30.9%	29.6%	35.1%
Visit to any health provider	69.8%	63.3%	75.0%	65.9%	73.8%	82.6%	82.5%	83.1%
Non-clinical counseling/support, past year								
Friend or roommate	29.1%	22.9%	33.7%	32.9%	25.8%	53.4%	55.6%	45.9%
Significant other	20.0%	13.2%	25.3%	20.7%	19.5%	32.4%	30.6%	38.9%
Family member	24.6%	19.4%	28.4%	28.2%	21.5%	42.7%	44.3%	37.0%
Religious contact	6.1%	5.6%	6.7%	6.3%	6.0%	5.2%	5.3%	4.7%
Support group	2.9%	2.7%	3.0%	1.6%	4.2%	1.9%	1.8%	2.6%
Other non-clinical source	2.1%	2.3%	2.0%	1.9%	2.3%	1.4%	1.2%	1.9%
Any of the above	45.7%	38.3%	51.2%	49.4%	42.8%	69.5%	70.2%	67.0%

Note: Non-clinical counseling/support includes for reasons unrelated to mental health.

Table 4 restricts estimates of service usage to students experiencing mental health conditions, who are the most likely to benefit from services. Although the use of services is higher for this group, just 41% of community college students with reported mental health conditions indicate that they have received mental health services. This usage rate is low when compared to four-year students (46%), and the difference is more pronounced among students age 25 and younger: 35% for community college students with mental health conditions received support, compared to 45% of similar four-year students. Again, younger students are less likely than students over age 25 to receive support.

Perhaps students are receiving mental health support off-campus? Among students at four-year colleges and universities, campus services account for approximately half of mental health service use, according to our Healthy Minds Study comparison data. In the community college sample, however, this proportion is 10% or lower at most colleges, and only 36% at the college with the highest proportion (analysis not shown in tables).

Table 4: Prevalence of Service Use and Support among Students with Mental Health Conditions

	Community colleges					Four-year schools		
	All	Male	Female	Age ≤25	Age ≥26	All	Age ≤25	Age ≥26
N	1,878	523	1,327	1,067	768	5,791	4,582	1,205
Clinical service and support, past year								
Psychotropic medication	30.6%	29.6%	31.2%	24.3%	39.0%	29.8%	28.4%	35.8%
Therapy or counseling	27.7%	29.3%	26.6%	24.2%	32.0%	33.7%	32.7%	38.1%
Any medication or therapy	41.0%	41.9%	40.5%	35.4%	48.4%	45.7%	44.5%	51.1%
Visit to any health provider	71.9%	67.0%	75.8%	70.1%	75.0%	86.1%	86.1%	86.5%
Non-clinical counseling/support, past year								
Friend or roommate	38.7%	31.8%	43.3%	41.8%	35.8%	62.0%	63.7%	54.1%
Significant other	25.8%	17.1%	31.9%	27.0%	24.7%	37.2%	36.1%	42.3%
Family member	31.9%	27.9%	34.2%	34.2%	29.7%	47.8%	49.3%	40.8%
Religious contact	7.8%	7.7%	8.1%	7.6%	8.0%	5.5%	5.6%	5.0%
Support group	3.2%	2.5%	3.9%	1.6%	5.5%	2.8%	2.7%	3.2%
Other non-clinical source	3.6%	4.7%	2.9%	3.0%	4.5%	2.0%	1.8%	2.6%
Any of the above	59.6%	53.5%	63.6%	61.7%	58.1%	78.9%	79.5%	76.0%

The lower use of services among community college students is also related to higher rates of being uninsured (not shown in tables): 13.5%, as compared to just 3.1% in the four-year sample. Community college students rely heavily on public insurance, with 23.6% receiving Medicaid or other government-sponsored insurance, as compared to just 6.1% in the four-year sample.

The majority (60%) of community college students with a mental health condition receive some form of non-clinical counseling or support, but again, this rate is significantly lower than it is for four-year students (79%). The fact that 40% of community college students are not receiving support from friends, family, or other informal sources suggests that many students are isolated and do not have adequate social support networks.

Implications for Practice, Policy, and Future Research

Mental health conditions on campus clearly merit more attention, especially at the nation's community colleges. While most research and media attention has largely focused on students attending four-year institutions, this survey suggests that mental health conditions are more prevalent, and service use is lower, among community college students. While this initial study does not disentangle the reasons for the differences compared to four-year populations, socioeconomic factors are likely a key contributor, as suggested by our previous report focused on housing and food insecurity, *Hungry to Learn*, as well as the extensive literature documenting the relationship between poverty and mental health.³⁴

What can institutions and other stakeholders do?

The relatively low mental health service usage rate estimated among community college students is likely related to the lack of campus mental health services, as described earlier in this report. It seems clear that community colleges need more resources to address student mental health. These resources would ideally include some combination of the following:

- *counseling and health personnel and services;*
- *health promotion and prevention personnel and programs;*
- *efforts to link students seamlessly to additional services and resources in surrounding communities (e.g., helping low-income students enroll in Medicaid in states where they are eligible);*
- *initiatives providing education and reduce stigma regarding mental health issues;*
- *“gatekeeper” training programs for faculty and staff to provide basic knowledge and skills regarding mental health issues and referrals to appropriate resources;*
- *crisis and safety protocols related to students with mental health concerns who might be a danger to themselves or others.*

34 Evans, G. W., Wells, N. M., & Moch, A. (2003). Housing and mental health: A review of the evidence and a methodological and conceptual critique. *Journal of Social Issues*, 59(3), 475-500; Melchior, M., Caspi, A., Howard, L. M., Ambler, A. P., Bolton, H., Mountain, N., & Moffitt, T. E. (2009). Mental health context of food insecurity: a representative cohort of families with young children. *Pediatrics*, 124(4), e564-e572.

Some of these initiatives, such as communications to provide information and reduce stigma, do not necessarily require substantial financial resources, although they do require time and energy from the staff members who plan and implement them. Other initiatives, such as expanding counseling services, clearly do require new resources. Institutions would need to advocate effectively for these additional resources, as many have been doing in recent years. Potential audiences for this advocacy include policymakers (both local and national), foundations, and private donors. Advocacy also needs to occur within institutions; for example, student services professionals and students with a strong interest in mental health can advocate to the higher administrators who make budgetary and strategic decisions on behalf of the institution.

In our experience with the Healthy Minds Network, many schools have used survey data such as the findings in this report to advocate successfully for additional resources. For example, counseling center directors present the data to vice presidents, presidents, and private donors at their institutions. The data can be translated into an economic case for student mental health services, given the link between mental health and student retention.³⁵ These data are especially powerful when combined with personal narratives or stories.

There are partnership opportunities that can help community colleges seek resources more effectively, as many have already discovered. Active Minds is a national organization of student mental health advocacy groups; they already have chapters at many community colleges, and can help harness the power of student voices to educate and advocate in campus communities. On the administrative side, the Jed Campus Program can partner with community colleges to help them conduct an internal assessment of their programs, services, and opportunities for improvement. These partnerships can not only help colleges advocate more effectively for needed resources, but also increase the impact of their existing resources. Partnerships with organizations like Single Stop can help community college students access existing resources, particularly public benefits such as Medicaid and subsidized health insurance in the individual health insurance exchange markets created by the Affordable Care Act. At many community colleges across the country Single Stop has been providing resources, training, and support to facilitate access to these and other public programs. These programs could be especially valuable for students experiencing mental health conditions.

Policymakers also have an important opportunity to make a positive impact through addressing student mental health at community colleges. Policymaking in higher education has focused on financial factors, which remain important, but innovation and resources dedicated to health and wellbeing are necessary too. As noted above, mental health is an important predictor of academic performance and persistence. For policymakers interested in breaking the self-perpetuating cycle of poverty and inequality across the lifespan and across generations, mental health in community college populations is an ideal area for investment.

35 Arria, A.M., Caldeira, K.M., Vincent, K.B., Winick, E.R., Baron, R.A., & O'Grady, K.E. (2013). Discontinuous College Enrollment: Associations With Substance Use and Mental Health. *Psychiatric Services*, 64(2), 165-172; Eisenberg, D., Golberstein, E., & Hunt, J.B. (2009). Mental health and academic success in college. *The BE Journal of Economic Analysis & Policy*, 9(1).

What can researchers do?

This study provides some of the first large-scale survey data on the state of mental health among community college students. It should be an initial step in a progression of research and data that can inform solutions to this public health problem. The survey data have two important limitations that should be addressed in upcoming work: the low response rate and the relatively small number of institutions. A study with the resources for incentives to improve response rates and examine non-response bias (e.g., by recruiting more intensively a subset of initial non-respondents) could potentially yield more accurate estimates. More data are also needed on the extent to which mental health conditions are contributing to lower academic performance and persistence in college among community college students. In addition, future work will be needed to develop and rigorously evaluate programs and initiatives that provide greater support for student mental health in community colleges.

Conclusion

The data in this report highlight the vast number of community college students who are experiencing significant challenges related to their mental and emotional health. Most of these students are not accessing mental health services. These challenges are even greater than those that have been well-documented at four-year institutions. There are enormous implications for the wellbeing and productivity of our communities nationwide, as millions of these students enter the workforce each year. All stakeholders—students, families, institutional and community leaders, health professionals, insurers, policymakers, nonprofits and philanthropists—will need to work together to make better use of existing resources and identify opportunities for new programs and services.

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The Wisconsin HOPE Lab is supported by the Wisconsin Center for Education Research at the School of Education, University of Wisconsin-Madison. Funding by Great Lakes Higher Education Guaranty Corporation.
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