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## Student Services Program Review

Program Name: **Health Services Center**

Program Contact: **Bartels, Sharon L.**

Academic Year: **2013-2014**

Status: **Submitted**

### 1. Description of Program

Provide a brief description of the program and how it supports the college's [College Mission and Diversity Statements](#), [Institutional Priorities, 2008-2013](#), [5 in 5 College Strategies, Spring 2011](#), and other [Institutional Program Planning](#) as appropriate.

The CSM Student Health Center provides comprehensive health services, in order to remove physical and emotional barriers that may impede **academic success**. Services include, but are not limited to birth control, diagnosis and treatment of episodic acute illnesses, prescription medication, physicals, lab work, first aid, health education and referral. The Health Center **supports academic programs** by providing low-cost screening physicals, immunization and lab work for students entering a specific program, or **transferring** to a four year institution. Additionally, the Health Center frequently serves as the clinical experience for the Medical Assisting students. The Health Center is welcoming of all students. It endeavors to provide a **safe zone** for all.

With every encounter with students seeking services in the health center, we foster their critical thinking skills and work with them on impulse control. Students are learning about the responsibility, personal and social, that accompanies decision making. We strive to assist them in making responsible, informed choices. The choices they make will impact them and society at large.

### 2. Summary of Student and Program Data

#### A. Student Learning Outcomes Assessment

Reflect on recent SLO assessment results for courses and degrees and certificates offered by the program.

For academic year 12-13, the SLO's which were assessed were for: Birth Control and STD's. For each of these topics, when a student came to the health center requesting one of these two services, a pre-test on that topic was given. This was to assess their current understanding and knowledge on the topic. After the pre-test, I reviewed the quiz with the student, using the questions as teaching points. At a future follow-up visit, the same quiz was again administered. We were looking to see if the students knowledge in this area had increased. The results showed that there was only a 21% increase in knowledge for STD's and a 30% increase for Birth Control. Upon further review, we found that some questions were not clearly worded. Additionally, and especially for STD information, the students were generally too anxious to absorb the information given. Our plan for next academic year is to rewrite the quiz and use it primarily as a teaching tool.

#### B. Student Support Indicators

1. Review student program usage and discuss any differences across demographic variables. Refer to SARS, Banner, [Planning, Research and Institutional Effectiveness \(PRIE\)](#) reports and other data sources as appropriate.

11/12: total clinic visits were 1298

12/13: total clinic visits were 2018. This is almost a 60% increase in clinic utilization. I believe this is a direct result of having a larger, more private health center.

Clinic utilization was as follows: 30% illness, 20% testing: blood work, preg tests, BP, TB skin test, 13% Birth Control, 12% Prescription Medications, 11% Health Information, 10% injuries, 9% Immunizations, 8% Physicals/PAP's.

In addition to clinic visits, the Health Center held 2 health fairs. Attendance was approx. 400 at each event

**Grand total: 2018 and 800 = 2818 student contacts.**

2. Discuss any differences in student program usage across modes of service delivery.

Over the years we have had to gradually reduce clinic hours, due to budgetary constraints. This year we have been open until 6pm, Mondays through Thursdays. We have seen a steady increase in utilization by the evening students, from 5-6pm.

C. Program Efficiency Indicators. Do we deliver programs efficiently given our resources?

Summarize trends in program efficiency. Discuss no-shows, group vs. individual delivery, etc.

The staffing for the health center is extremely efficient, bare bones efficient. I am full time, and my part time nurse works 3, 6 hour days. Her hours are during the busiest times of the days. Having two of us working on Mondays is extremely important. We are generally extremely busy on Mondays, and students are always in a hurry. The other two days, in addition to having two providers, it enables me to go to Canada and meetings as necessary.

We encourage our students to make appointments. However, about 80% of our visits are drop-ins. When we move to an Electronic Medical Record, I am hopeful that students will make appointments on a more regular basis.

### 3. Additional Factors

Discuss additional factors that impact the program, including, as applicable, changes in student populations, state-wide initiatives, transfer requirements, advisory committee recommendations, legal mandates, workforce development and employment opportunities, community needs. See [Institutional Research](#) as needed.

The Affordable Care Act has impacted our health center. I predict that we will continue to see an increased demand for services in the future. As the students gain access to health insurance, they will begin to access services as well. Since it is difficult to find a primary care provider in a timely manner, we are most often the first avenue of access.

### 4. Planning

A. Results of Program Plans and Actions

Describe results, including measurable outcomes, from plans and actions in recent program reviews.

In 12/13 we had a very successful year of consolidation. All three campus health centers are up to speed and running efficiently. We have had regular division meeting so that the staff can support and learn from each other.

We have been successful in implementing a uniform data collection system. It has been very useful in looking at trends and services requested.

## B. Program Vision

What is the program's vision for sustaining and improving student learning and success during the *next six years*? Make connections to the [College Mission and Diversity Statements](#), [Institutional Priorities, 2008-2013](#), and other [Institutional Program Planning](#) as appropriate. Address trends in the SLO assessment results and student program usage and data noted in Section 2.

[**Note:** Specific plans to be implemented in the *next year* should be entered in Section 4C.]

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

It is widely known that you need a healthy student before you can have a successful student. Health and academic success are intertwined.

We also know that the college aged student is discovering their freedom to make choices. Thus they need guidance on how to make the best personal choices. Because of this is it very important that we have a strong health promotion program. For years I have wanted to hire a full time health education specialist. We need one person dedicated to doing the prevention outreach, and working with the students and peer educators. We have a successful clinic and a wide variety of services, but we need to augment our program with effective health promotion. The health fairs held each semester are a start, but certainly not enough. With our skeleton crew we are not able to offer a more comprehensive health promotion program.

1. To guide future faculty and staff development initiatives, describe the professional enrichment activities that would be most effective in carrying out the program's vision to improve student success.

We have a diverse population, and our students come with many challenges. More sensitivity training about the needs of our students would be helpful.

Additionally, I hope we follow through with establishing Safe Zones around campus.

2. To guide future collaboration across student services, learning support centers, and instructional programs, describe the interactions that would help the program to improve student success.

I think it would be very helpful if we had some joint meetings of Instruction and Student Services. At these meetings various programs and services could be highlighted. Often we work in silo's and don't understand the concerns or activities of other departments. This could be a beginning to foster collaboration.

3. To guide the [Institutional Planning Budget Committee](#) (IPBC) in long-range planning, identify any major changes in resource needs anticipated during the next three years. Examples: faculty retirements, equipment obsolescence, space allocation.

## Faculty

In the next three years, the Nursing Director will retire. We need to start planning for that day. We should be looking to hire a NP who can be groomed to assume the Nursing Director position.

## Equipment and Technology

We need to move forward with the purchasing of an Electronic Medical Record system. Two new computers and printers will be required. Students go to all three campuses and expect to have their health information accessible where ever they go. This should be a priority.

Instructional Materials

NA

Classified Staff

Within the next couple of years, our Medical Director will retire. We should be hiring another part time MD who can gradually assume responsibility from Dr. Nichols.

Facilities

We have a wonderful health center. We have four exam rooms and the students appreciate the privacy it offers. If we are going to remain in this building, the heating and cooling systems need to be replaced.

C. Plans and Actions to Improve Student Success

Prioritize the plans to be carried out next year to sustain and improve student success. Briefly describe each plan and how it supports the [Institutional Priorities, 2008-2013](#). For each plan, list actions and measurable outcomes. (Plans may extend beyond a single year.)

1. Hire a full time Health Promotion Specialist. This person works directly with the students, fostering their critical thinking skills. They will sustain the current Peer Educator program. The peer educators will provide health education on a weekly basis.
2. Purchase an Electronic Medical Record system. Full implementation should be completed by June 2015.

**5. Resource Requests**

Itemized Resource Requests

List the resources needed for ongoing program operation.

Faculty

**NOTE:** To make a faculty position request, complete [Full-time Faculty Position Request Form, AY 2013-2014](#) and email to your Dean. This request is separate from the program review.

Full-time faculty requests	Number of positions
Full-time NP	one


Equipment and Technology

Description	Cost
EMR	\$20,000

Instructional Material

Description	Cost
NA	

Classified Staff

Description	Cost

Full-time Health Promotion Specialist	\$50,000

Facilities

For immediate or routine facilities requests, submit a [CSM Facility Project Request Form](#).

Description	Cost
NA	

**6. Program Maintenance**

A. Course Outline Updates

Review the [course outline update record](#). List the courses that will be updated in the next academic year. For each course that will be updated, provide a faculty contact and the planned submission month. See the [Committee on Instruction website](#) for [course submission instructions](#). Contact your division's [COI representatives](#) if you have questions about submission deadlines.

Courses to be updated	Faculty contact	Submission month
NA		


B. Website Review

Review the program's website(s) annually and update as needed.

Faculty contact(s)	Date of next review/update
Sharon Bartels	6/14

C. SLO Assessment Contacts

Faculty contact(s)	Date of next review/update
Sharon Bartels	6/14
