

Student Services COMPREHENSIVE PROGRAM REVIEW & PLANNING

Form Approved 9/2/2008: Governing Council Revised: 3/9/2010

DEPARTMENT OR PROGRAM:

I. DESCRIPTION OF PROGRAM

The CSM Student Health Center provides comprehensive services to promote mental and physical wellness, thus contributing to student retention and academic success. Services provided include: health education, personal counseling, first aid, emergency care, communicable disease control, environmental health & safety, teaching, research, and advanced clinical services, including but not limited to: blood tests, physicals, birth control, PAP smears, immunizations, prescription medications, vision and hearing tests.

II. STUDENT LEARNING OUTCOMES (SLOs)

For the last several years we have focused on improving the student's ability to manage their own reproductive health. We have looked at: the use of birth control methods, and knowledge of sexually transmitted diseases. We have attempted to improve student learning through the use of more written materials, and pre and post testing. We found that neither of these methods have been very successful. When the student is in the health center, they have a limited amount of time to adequately absorb the information. Therefore we would like to offer a one unit, six week class, titled Sexual Health: Anatomy, Contraception, and STD's. (addendum A)

The second area of focus has been on Student Learning Outcomes at the annual Health Fairs. We have offered various incentives to the students in order to evaluate what they have learned. We have found that the Health Fairs are an effective means of imparting health information to a large number of students. We will continue with the use of Health Fairs.

GE-SLOs→ Programs' and/or Courses ↓	Effective Communication	Quantitative Skills	Critical Thinking	Social Awareness and Diversity	Ethical Responsibility
Birth Control		XXX	XXX		XXX
STD's		XXX	XXX		XXX
Health Fairs	XXX		XXX	XXX	XXX

III. DATA EVALUATION

Core Staff: Sharon Bartels, RN, FNP Health Services Coordinator (FT)

Gloria D'Ambra Office Assistant II (FT)
Donald Nichols, MD Medical Director (5hrs/wk)

Beth Monticue, RN 12hrs/wk

	2006/07	2007/08	2008/09	2009/10
VISITS:	1,252	1,415	1,963	?
EVENT:	AB 982*	FPACT**	EAGLE***	Eliminated Fall HF
	Applied for Medi-Cal	Added Fall Health Fair	ACHA'S NCHA****	Flu Prevention##
			Added Fiesta de la Salud#	Defunded EAGLE
STAFF:	PT Health Educator 12hr/wk RN	½ time H.E. 12hr/wk RN	½ time H.E. 20hr/wk RN	Defunded H.E. 12hr/wk RN Hours reduced

SURVEY: In the Spring of 2009 we conducted the National College Health Assessment. This survey looks at various health issues and habits of college students. National statistics, since 2006, show that the top ten impediments to academic performance have consistently been: stress, colds and flu, sleep difficulties, relationship difficulties, depression/anxiety, internet usage, sinus infections, death of a friend, and alcohol use. The results of the survey we conducted, although we only sampled 226 students, show that our students have the same issues and concerns. They have the same top ten impediments to success. (addendum B)

*AB 982: changed the health fee regulations. As a result all students now pay a health fee. This has resulted in a stabilized funding source.

**FPACT: Family Planning, Access, Care and Treatment. This is a state funded program which provides free birth control, examinations, blood work and treatment to low income men and women of reproductive age. We provide this service to our students.

***EAGLE Project (Early Access Galvanizes Learning and Education). This was a health education project, conducted by our health educator. This project received some grant monies to sustain it. The program's goal was to promote healthy alternatives to the use of drugs and alcohol. Peer educators were trained and used to reach other students. This was a successful program, but has been defunded.

****ACHA's NCHA: American College Health Association's National College Health Assessment. This is the first time we have participated in the National Survey. This is a great tool which assesses a student's overall health habits. Because it is a National survey, we can look for trends and compare our student body population. Last year we surveyed 226 students. This was our first attempt, and we wanted to see what the challenges might be. We had intended to survey 800-900 this year, however due to reduced resources we are unable to participate this year.

#Fiesta de la Salud. This was the first time we offered a mini health fair which focused on the specific health needs of Latinos. Most of the written information was also available in Spanish. This program was well received. However we have been unable to provide this again, due to limited resources.

##Flu Prevention. This year we focused heavily of Flu prevention education. We provided hundreds of seasonal and H1N1 flu vaccine. These were given at various locations around campus, which gave us good visibility and accessibility. We also assembled and disseminated hundreds of flu prevention kits. The kits included written information in addition to hand sanitizers, soap and a mask. The health center also purchased 40 hand sanitizer units to be placed in labs and high traffic areas.

IV. STUDENT SUCCESS EVALUATION AND ANALYSIS

The CSM Health Center is proud of the variety of services it offers to our students, despite our size and location. Since 2003, we have provided full time advanced clinical services (prescription medications, immunizations, physicals, birth control etc). The numbers of students that utilize our services has steadily increased each year. Students who access our services are generally happy with the quality and care they receive. This is apparent in the student surveys which show that 88% of the respondents rated the quality of services received as either excellent-very goodor good (addendum C)

With over 20% of Californians uninsured or underinsured, the demand for our services continues to increase and becomes critical to the health and wellbeing of our students. With the ever increasing demand for our services, it is important to expand our hours of operation and to staff with two health care providers. This will allow us to continue to respond to medical emergencies on campus, participate in committee work, and to provide classes/courses to the campus community.

Providing a comprehensive health education program is equally as important to our students as providing clinical services. Our students need to learn about prevention strategies and develop life-long healthy habits. Statistics still show that 1700 college students, under the age of 24, die each year from alcohol related injuries. With statistics like this, it is imperative that college health centers be committed to health education. Unfortunately, this is an area that has been addressed on a sporadic basis. We need to devote a full time person to this area of great need.

V. REFLECTIVE ASSESSMENT OF INTERNAL AND EXTERNAL FACTORS AND PROGRAM/STUDENT

	Internal Factors	EXTERNAL FACTORS
Strengths	We have a health center with advanced clinical services. We have a staff that is devoted to providing services to our students. We facilitate emergency preparedness and safety through committee work, and training of campus employees. We currently address 4 areas of the top 10 Leading Health Indicators of Healthy People 2010 (access, immunizations, mental	We have an advisory committee with representation from the community and the medical community. Healthy People 2010: National priorities and objectives for disease prevention and health promotion. www.healthypeople.gov/About/hpfact.htm
Weaknesses	health, responsible sexual health) The physical location and size of the health center is inadequate. It is too small for our campus population, and it is invisible and inaccessible. The staffing levels and hours of operation are minimal. We do not adequately meet the needs of our students, especially the evening and Saturday students. The Health Educator position was defunded	Budgetary constraints have resulted in a reduction in hours and staffing.
Opportunities	Increase nursing staff to provide double coverage. Increase hours of operation. Add full time health educator. Remodel/relocate the health center.	With adequate space we could have nursing students, nursing assistant students, EMT students, dental assisting students obtaining clinical experience in the health center.
Threats	The student health fee alone will not completely support these activities. General fund monies must also be used.	Economy. College budget.

Before our recent budgetary challenges, we had expanded our breadth of services. We had increased the RN's hours and had added a half-time health educator. This allowed us to offer comprehensive services and expanded hours. At various times in the past, a health educator position has been partially funded by outside grants. It is time for this position to be institutionalized.

If you look at any large education institution (UC, CSU or large Calif. Community College) the health services offered are comprehensive and include dedicated health education professionals. Even at Ohlone, a small community college the size of ours, they have a health educator on staff. Obviously it is easier to offer more comprehensive services when there are more students paying a health fee. For this

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reason, our district should consider consolidation of health services. With consolidation of the health fees we could offer comprehensive services at all three campuses (addendum D).

VI. Goals, Action Steps, and Outcomes

- **G1**. Peer Educators for AOD (Alcohol and Other Drugs)
 - **A1**. Hire full-time Health Educator to train peer educators
 - **O1**. Peer educators (students) would conduct events which promote healthy alternatives to AOD usage. Students are more receptive to receiving this information from a peer.
- G2. Conduct Sexual Health Class/Course each semester.
 - **A2**. Increase work hours of RN or MD so that the coordinator can be in the classroom.
 - **O2.** Students will learn in-depth information and then, at the end of the class, they will share this information with fellow students at a health fair.
- G3. Provide campus wide health education events on a monthly basis.
 - **A3**. Hire a health educator to plan and implement.
 - **O3.** Increase awareness and understanding of health issues. It will also serve to promote the clinical services available to our students.
- **G4.** Expand clinical hours of operation, and staff with two providers.
 - **A4.** Hire a full-time nurse.
 - **O4.** Services delivered more expediently, and are available to more students. Visit numbers will increase and patient satisfaction will increase.
- **G5**. Relocate/remodel/expand the clinic.
 - **A5.** Administration, the health center, and an architect need to commit to a design/build of a proper health center.
 - **O5.** A larger facility will allow us to serve more students. Visibility and accessibility will bring more students to us. We will see an increase in the numbers of students served and an increase in patient satisfaction.

VII. SUMMARY OF RESOURCES NEEDED TO REACH PROGRAM ACTION STEPS

Full-Time Faculty Positions Requested (if applicable)	Expected Outcomes if Granted and Expected Impact if Not Granted	If applicable, <u>briefly</u> indicate how the requested resources will link to achieving department action steps based on SLO assessment.
Registered Nurse	If granted, we can expand health center hours of operation and provide double coverage of provider hours. Coverage will allow the program coordinator to give classes, and participate in campus committee work. Without more staff time, the Sexual Health class can not be conducted.	Sexual Health needs to be taught in a short course format. There is not enough time in a single clinic visit to adequately address this topic.

Classified Positions Requested	Expected Outcomes if Granted and Expected Impact if Not Granted	If applicable, briefly indicate how the requested resources will link to achieving department action steps based on SLO assessment.
Health Educator	The health educator would: Development and implement a peer educator program and provide monthly health education programs on campus.	Health Fairs and peer educators are effective tools for providing health information to students.

IX. Advisory and Consultation Team (ACT) (Applicable only for Programs with Advisory Groups)

- a. Jane McAteer, RN...faculty
- b. Makiko Ueda, MFT...faculty
- c. Jennifer Hughes, administration
- d. John Vehikite, staff
- e. Elise Stone, community member
- f. Dr. Ogawa, DDS, community member
- g. Dr. Nishimoto, DDS, community member

Review from Jane McAteer, RN:

This is a concise, well-written report regarding the health center. I agree with the comments regarding Health Education and the Registered Nurse position. The RN program has always wanted to partner with the health center to help expand its services by utilizing the RN nursing

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students in a number of capacities. In addition, a change in location and/or expansion/remodeling of the center would definitely improve its service and visibility to the campus community. As far as the proposed Sexual Health course goes, I don't think you can ever have enough information in this area.

Let me know if you need anything else.

Jane

X. PROGRAM REVIEW PARTICIPANTS AND SIGNATURES

Date of Program Review evaluation: 3/25/10

Please list the department's Program Review and Planning report team:

Primary program contact person: Sharon Bartels

Phone and email address: 574-6396 <u>bartels@smccd.edu</u>

Full-time faculty: Sharon Bartels Part-time faculty: Beth Monticue Administrators: Jennifer Hughes Classified staff: Gloria D'Ambra

Students: Zhan Llusha

Jose Vela-Acevedo

Primary Program Contact Person's Signature	Date
Full-time Faculty's Signature	Date
Part-time Faculty's Signature	Date
Administrator's Signature	Date
Classified Staff Person's Signature	Date
Student's Signature	Date
Dean's Signature	Date

Addendums:

A: Sexual Health Course Outline

B: National College Health Assessment Summary
C: Student Survey Results
D: Health Center Consolidation