

All Fields Report

Program	Student Health--Health Office
Does this program have a CTE component?	Yes
Academic Year	2017/2018
Review Period	6 Year
Service Areas	

A. Program Description and Goals

This section addresses the big picture. Prompts should help you describe your program and goals and the relationship to the institutional mission, vision and goals, and how the program is funded.

1. Describe the program and/or service area under review and how the program supports the mission of Santa Monica College.

Health Services is a Student Services Program that serves an integral role for student success at Santa Monica College. Without health, learning cannot happen; illness hinders student success and delays student goals, graduation and transfer. SMC Student Health Services is committed to a variety of healthcare delivery domains. These domains include: health promotion and education, illness prevention and early intervention, and primary medical intervention for enrolled, health fee paid, on-ground Santa Monica College students. Services in each domain overlap quite a bit and are often interconnected. Below is a list of these domains and the services the Health Center Provides.

Health Promotion and Education

Each year the Health Center participates in VIP Day for students. This is a crucial event where Health Services promotes it's services to new incoming students and their families. Students are able to speak one-on-one with a registered nurse, nurse practitioner, and dietician. Students learn the scope of services provided as well as learn about a variety of preventative measures they can take to keep healthy. This past year, Student Health Services passed out information on health and nutrition in a variety of areas as well as handed out small packets of hand sanitizer, condoms, band-aids, sunscreen, and chapstick. These items drew students over to the Health Services table, which then started a conversation about health and wellness.

In March of each year, Health Services hosts its Annual Health Fair. This fair brings in a variety of community partnerships who promote health and wellbeing and connects students to these needed resources. The Health Fair aims to educate students on healthy choices and prevention and early intervention. A variety of partners help to support the event. Community partners who attend include: Ascension insurance for international students, American Red Cross, Airport Marina psychiatric services, Be the Match bone marrow registry, Beverly Hills Center Orthognathic and Maxillofacial Surgery, California Family Health Council, Cancer Support Community, Chicago School of Professional Psychology Counseling Center, Claris Health, Connections for Children, Crohn's Colitis Foundation of America, Daniel's Place psychiatric services, Dental

Club One, Department of Mental Health, Didi Hirsch Mental Health Services, Dr. Elkins Chiropractic Services, Holy Family Services Adoption and Foster Care, Independent Adoption Center, Edelman Mental Health Services, LA County Department of Mental Health Emergency Outreach Bureau School Threat Assessment and Response Team, LA County Department of Public Health, LA County Public Health Emergency Preparedness, LA County STD Program, National Alliance for the mentally ill NAMI, Ocean Park Community Center (now the People Concern), Planned Parenthood, UCLA's Rape Treatment Center, Recovery International, Santa Monica Homeopathic Pharmacy, SHARE Organization, Libby Hartigan, SMC Psych Services, Student Insurance, UCLA, OBGGN Clinic, Venice Family Clinic, VITAS, Healthcare, West Coast Urgent Care, Westside Family Health Center, LA County Nutrition Program, LA County Department of Public Health Network for Healthy California, St. Joseph's Center, Step up on Second, Self Defense Studios, Asian Pacific Health Care Venture, UCLA Department of Medicine, YWCA Santa Monica, Common Ground and Each Mind Matters.

Student Health Services also attends Counseling 20 classes and hosts a variety of Student Services workshops throughout the year. This past Fall, Health Services was asked to participate in 13 counseling 20 classes and similar numbers of presentations occur each semester. During each presentation, a registered nurse or nurse practitioner along with the nutritionist go out to educate student on healthy life choices including healthy food choices that are affordable. In addition, Health Services hosts Student Services workshops that are well attended by students. Health Services partners with UCLA and Westside Family Health Center to conduct these workshops and student learn about a range of prevention topics including how to engage in safe sex and engaging in healthy intimate partner relationships.

Illness Prevention and Early Intervention

Student Health Services provide students with services on a daily basis that promote and treat illness prevention and early intervention. This is done within the Center itself and in collaboration with partner organizations. The following are some of the essential services that the Health Center provides to students to promote health and wellbeing:

- Educating students toward healthy living and disease prevention through our website www.smc.edu/StudentServices/SHSC, relevant handouts and flyers, and one-on-one confidential conversations with our nurses, nurse practitioner, dieticians, or social worker
- Encouraging students to advocate for their own wellness by understanding the health information/education given to them with each Health Services Center visit
- Anonymous/confidential HIV testing, in partnership with a local Community Resource Center
- Self-weight monitoring and instructions on how to calculate Body Mass Index, BMI
- Referrals to quality health care providers at low or no cost for student with and without insurance
- One-on-one information on health insurance, including the Affordable Care Act (Obama Care), insurance for F1 international students through Ascension, and referrals to agencies that assist with insurance

- One-on-one instruction and referral for uninsured students including referrals to community clinics that are low or no cost
- Assisting International Students with medical referrals, insurance claims and billing procedures.
- Collaborating campus-wide with other departments and programs to promote wellness, healthy living and self-care through workshops, guest speaking in classes, health and wellness fairs
- Collaborate with community based organizations and local health clinics to come on-campus for health fairs, and information for students on education and prevention of disease
- Collaborate with Los Angeles County Clinics, Public Health and community agencies to provide risk reduction information, treatment of illness and/or therapeutic intervention in cases of domestic violence, assault, rape, bullying, etc.
- Collaborate with the Los Angeles County Public Health Department as required by law when communicable disease exposures occur

Health Services also staffs a Registered Dietician who helps to promote preventive care through healthy eating habits. This is promoted through the following services:

- One-on-one consultation for students
- Collaboration with other departments such as Sustainability and Associated Students to engage students in the Santa Monica Farmers Market on-campus
- Collaboration with community partnerships to establish food pantries
- Working with vendors to determine student food allergy foods on campus
- Acts as a preceptor for interns through USC's School of Dieticians

In addition to meeting the primary health care needs of students, SMC Student Health Services renders valuable services to SMC employees, which includes the following:

- Administering new employee Mantoux (TB) Test
- Administering employee mandatory TB tests and/or Health Risk Assessments every four years, as required by the Education Code
- Chest x-ray referrals for positive TB tests
- EHR documentation of TB test/chest x-ray clearance
- Administering first aid for on-campus injury (both walk-ins and responding to emergencies)
- Reporting on-campus accidents to Risk Management
- Blood pressure monitoring
- Administering over-the-counter medications
- Administering seasonal flu vaccinations at low cost
- Workers Compensation referrals and documentation
- Consultation and referrals to community based organizations and clinics

SMC Health Center also provides unique and essential services to F1 International Students and acts as a

liasion and advocate for students to receive medical services outside of the campus setting.

International Student Insurance policy Ascension requires that students visit the Health Services office first, prior to seeking medical attention. This visit then triggers a referral to a primary care doctor or specialist, depending on the students need. If students are experiencing an emergency situation and need to go to urgent care/emergency department, the student visits the Health Center at their earliest convenience for the referral, including after their visit to urgent care in emergency situations. Nurses and Nurse Practitioners spend time with international students assessing their need prior to referring them, because often their ailments can be treated on-site.

Primary Medical Intervention

Student Health Services has a multidisciplinary team to provide a variety of essential services for students in need of medical intervention. Our staffing consists of nurses, nurse practitioner, and dietician. These disciplines work together to create a holistic care plan for students, which often can lead to a referral in the community for speciality care. The following are a list of these services provided:

- Providing quality primary care of acute illness by the Nurse Practitioner and contracted Medical Doctors through the Medical Director, including prescribing medication as needed
- Nursing assessment, intervention and referral
- Assessment and consultation for students by the Registered Nutritionist/Dietician including information on healthy eating and disease prevention through nutrition
- First Aid administration for walk-ins and emergency response throughout the campus
- Campus Emergency Response and assess need for Paramedics
- Service walk-in students who need feminine products, condoms, and provide education around these services if needed
- Blood pressure and pulse monitoring
- Vision and hearing tests
- Tuberculosis testing and referrals
- Administration of oral and topical over-the-counter medications, free of cost
- Administration of requested immunizations or as required for transfer or compliance with Academic Program-specific requirements (i.e. provide vaccination against Measles, Mumps, Rubella, Tetanus, Diphtheria, Pertussis, Hepatitis B and others as required by the Nursing Program), at low cost
- Facilitating monthly gynecological examinations in partnership with a local Community Health Clinic
- Instruction and distribution of contraceptives

The central location of Student Health Services allows easy and disability access for students and staff. Student Health Services collaborates and supports SMC's Mission by advocating and empowering students with knowledge regarding their own health, self-care and well-being. In summary, Health Services offers holistic services to students including illness prevention in the form of treatment, referrals and health

information/education, access to affordable and low cost services in-house or through community referrals, medical consultation, prescription medications, low cost laboratory (blood) work, free gynecological services, free confidential STD testing, and a variety of informative educational workshops in the form of outreach and classroom presentations. Empowering students to take responsibility for their own health assists their success in skill-building techniques to foster responsibility and accountability. The Student Health Services staff's commitment to evidence-based treatment and best practices directs their effort in developing goals that foster and encourage student success. Health Services advocates for students in the form of connection to community referrals and doctors, empowers students by increasing their health knowledge so they can make better health care choices and informs each student with health information/education during each encounter in Student Health Services.

2. Identify the overarching goal(s) or charge/responsibilities of the program or service area. If appropriate, include ensuring/monitoring compliance with state, federal or other mandates.

The SMC Student Health Services Center provides easily accessible, confidential, one-on-one student contact with one our Registered Nurses, Nurse Practitioner, Registered Dietician/ Nutritionist, and/or Health Assistants. A new Director of Health and Wellbeing is also a Licensed Clinical Social Worker and provides a bridge to services within the Center for Wellness and Wellbeing as well as being able to meet with students in the Health Center who are experiencing a mental health crisis in the moment. The Health Center aims to promote healing, wellness, illness prevention, and holistic health education through advocating, empowering, and informing students every day. The Student Health Center is licensed by the Los Angeles County Department of Public Health, and serves as a member of the Health Services Association of California Community Colleges (HSACCC). The Center follows confidentiality laws as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) for students and staff and has a HIPAA secure electronic health record (EHR) for documentation. All staff employed by the center are also mandated reporters under California State law to report elder and child abuse, neglect, etc.

The overarching goals and objectives to meet those goals include the following:

Goal #1: The Health Services Center will ensure the health and wellbeing of students while they are on campus

Goal # 2: The Health Services Center will ensure that students receive and understand health information, specifically prevention and early intervention

3. If applicable, describe how the Institutional Learning Outcomes (ILOs), Supporting Goals, and/or Strategic Initiatives of the institution are integrated into the goals of the program or service area.

The goals of the Health Services Center are in alignment with several of the institutions goals, including one of the supporting goals to the Institutional Learning Outcomes (ILO) and one of the latest strategic initiatives developed for 2017-2022. The following lists the relevent supporting ILO goals and the strategic initiatives of

the institution and how Health Services model its services after each:

1. Supporting ILO Goal #2: Supportive Learning Environment

- Provide access to comprehensive student learning resources, such as library tutoring and technology
- Provide access to comprehensive and innovative student support services such as admissions and records, counseling, assessment, outreach and financial aid.

Health Services staff provide access to wide range of comprehensive student health resources such as health education and information to students on their healthcare, prevention, and early intervention modalities. By giving students the tools to take control of their healthcare, Health Services promotes self-confidence and advocacy about students healthcare needs. Health Service staff communicate with students through one-on-one appointments that allow for consultation, questions, and evaluation of their healthcare needs. This type of high-touch treatment allows for students to improve their understanding of preventive as it relates to their own health and well-being.

Health Services staff work with students to understand how their behaviors impact their health, and those around them. Through individual meetings with healthcare professionals, students learn on a micro level how their daily health-related behaviors are connected to their overall physical and mental health. Health Services also provides culturally sensitive treatment, taking into account the differences of the students served.

Health Services promotes its services through educational classroom workshops and health fairs/tables events throughout the year. Students are provided with opportunities to acquire knowledge on personal health and well-being related topics that will encourage them to make healthier choices throughout their life-span.

2. Strategic Initiative 2017-2022 #1: Close the gaps in educational outcomes among student groups

- Maintain an innovative, responsive, and inclusive academic environment, curricular programs, learning strategies, and services

Keeping students healthy ensures that they are able to focus better in their classes, and handle the stressors that come with higher education. Without these supportive services, learning is much more challenging. Health Services is always aiming to provide innovative services to students. This is done through maintaining relationships with State level associations that ensure best practices are shared. The Director and Nurse Practitioner attend these association meetings and always bring back relevant best practice information to the team. Much of what is learned help to promote student equity. For example, one of the last meetings included a representative from an organization that helps students navigate Pep and Prep, an HIV preventive and medical treatment. Both are difficult to obtain but can help students a great deal, once they are connected, in either preventing HIV, or addressing the signs and symptoms of HIV. Other areas that promote equity include the wide-range of healthcare services provided to all students, including international students, who

may be dealing with entirely different healthcare system. Health Services staff help students to understand these differences and have materials in multiple languages to meet students linguistic needs.

Additionally, Health Services aims to operate with optimal efficiency so it can serve all students who walk in the door. One new area being explored is a MediCal billing option for colleges. This would allow Health Services and the Center for Wellness and Wellbeing to bill for the services they provide, and increase both programs overall revenue. This would allow both programs to serve more students, decreasing wait times, and expanding upon the services already provided in the form of direct service campus-wide workshops.

4. If your program receives operating funding from any source other than District funds identify the funding source. If applicable, note the start and end dates of the funding (generally a grant), the percentage of the program budget supported by non-District funding, and list any staff positions funded wholly or in part by non-District funds. Do not include awards for non-operational items such as equipment (ex. VTEA) or value added activities (ex Margin of Excellence).

Student Health Services is funded by a variety of different revenue streams including funding from the International Student Insurance program Ascension, revenue from direct services rendered, and Student Health Fees. Ascension provides Health Services with approximately \$12,000 each semester. This money is provided for the unique services that Health staff provide to international students in connecting them to primary care and specialist doctors. In addition, limited direct service that Health Services charge for is also included in the revenue (i.e. flu shots for students and staff). Both of these revenue sources are deposited into Health Services Auxillary Account.

Each student also has to pay a health fee each semester, which is currently \$19.50 for Fall and Spring semesters and \$16 for summer and winter intersession. A one dollar increase permitted by the Chancellor's Office in 2014 has benefited Student Health Services significantly. In 2015 the Center was able to hire a permanent full-time Nurse Practitioner. This discipline has helped our students to receive primary medical care on a daily basis. Prior to this position, Health Services was utilizing the NP and Medical Director on a contracted basis.

The additional health fee revenue has also allowed SMC Student Health Services to upgrade their medical and office equipment by purchasing and maintaining the following items:

- An easy to read self-weighing scale for student use
- A specialized vaccine refrigerator
- Essential vaccines
- Blood glucose monitoring devices
- Isolation equipment
- A small 'pharmacy' to provide low cost prescription medications for students and staff
- Up-to-date and current educational resources, pamphlets and brochures to raise the student's awareness and knowledge of a variety of topics including but not limited to: self-breast exams and self-testes examination, the effects of narcotics, tobacco and vaping, signs and symptoms of STI's (sexually transmitted infections), diabetes and high blood pressure information, eating on limited income, nutrition facts, etc.

- Update and maintain eight AED's (Automatic External Defibrillators), purchased by Student Health Services in 2006.

The full-time Nurse Practitioner brings many benefits, but one is the reduction in use of the Medical Director and medical professionals. This cost savings is a direct result from the Nurse Practitioner being able to assess, evaluate and treat all health-fee paid, enrolled students that require advanced assessment and treatment for acute illnesses.

The reduction in cost of physicians has also allowed the Health Services Center to hire a part-time Registered Dietician/Nutritionist, RDN. The RDN started in Spring of 2016 and has been a much needed addition to the Health Services team.

Student Health Services budget depends on the number of enrolled students. All students who attend on-campus classes are required by law to pay semester Health Fees. Student Health Service Fee's provide revenue for both the Health Center and the Center for Wellness and Wellbeing. According to the Education Code, student health fees must be used for student health services only. As a result, the Health Services Center was working to obtain reimbursement from the District for TB tests administered for current SMC staff and new hires. The Health Services Center finally received reimbursement for these services which has also helped to generate revenue and increase the Health Services auxillary budget.

As mentioned above, the international student insurance Ascension provides the Health Services Center a 'stipend' for assisting their students with insurance questions, referrals, claim forms, etc. This stipend is deposited into the Auxiliary Account and used to purchase needed supplies. These funds are utilized for the following: upgrading electronics such as purchasing a new HIPAA compliant EHR that will meet the ever evolving needs of the Health Services Department, vaccines, medications, educational materials, office supplies, and most recently for purchasing protein rich food and nutritious beverages for the increased number of students who come to the Health Services office food insecure. In addition to providing these students with a small snack, they are also encouraged to apply for the Associates Students FLVR food voucher program

B. Populations Served

In this section you will provide information that describes who your program or service area serves. When comparing data from different periods, use a consistent time frame (ex. Compare one fall term to another fall term)

Information For Populations Served

Area/Discipline Information Pertains To

Health Office

1. Describe the students your program serves in terms of ethnicity, race, gender, age, residency status, citizenship, educational goal, enrollment status, and full/part-time status. Note any changes in student or enrollment data since the last program review.

The Health Services Office serves all Santa Monica College Students who have paid their health fee. Our office serves a diverse group of students who are representative of all Santa Monica College students. Our Health Service Staff documents each student visit in an electronic health record (EHR) system called Chart Logic. This EHR is HIPAA compliant and contains personal health information (PHI) that is kept confidential from other departments. The only captured demographic data in the EHR is gender and age, therefore it was important to work with the Institutional research department to match the student ID's in order to get an accurate picture of who the Health Office serves. Attachment 1 Demographic Data with Comparison Group is an Institutional Research report looking at students served in the Health Center in Fall 2011 and Fall 2016, and compares this to the general SMC population. According to this data, in Fall 2016 Health Services served more females than males (62.7% and 37.3% respectively) (see page 1, Gender Table) and most students are 24 or younger (80.5%) (see page 1, Age Group Table). A wide-range of ethnicities are represented with the largest Latino and next largest Asian and Pacific Islander (28.5% and 25.4% respectively) (see page 1, Ethnic Group Table). The vast majority of students have only a high school diploma or GED at 93.3% and most also have a goal of transferring (79.9%) (see page 2, Education Status Table). Most of the students served as also continuing students, with the next largest group first year students (65.7% and 23.1% respectively) (see page 3, Enrollment Status Table).

2. Compare your student population with the college demographic. Are the students in your program different from the college population? Reflect on whether your program is serving the targeted student population.

Data from the EHR was pulled from the Fall 2011 Semester and again in the Fall 2016 semester (September 1-January 1, respectively) to get a true understanding of the population served (see Attachment 1). This data was then compared with the general SMC population for the same time periods through the help of Institutional Research. In comparing the students served to the general SMC population, the Health Services Center serves more females than males (63% compared to 37% in 2011 and 62.7% compared to 37.3% in 2016) and this is somewhat consistent with the general SMC population (56.5% compared to 43.4% in 2011 and 55.4% compared to 44.6% in 2016), although Health Services tends to attract more females compared to the general population (see page 1, Gender Table). This trend is consistent with what research has shown over the years. According to a 2000 study, conducted by the University of California, David School of Medicine, women have higher healthcare utilization than men and more associated healthcare costs as well.

With regard to age, the most notable differences when comparing the Health Services usage to that of the SMC general population, in 2011 and 2016 48.2% and 49.7% of the Health Services usage was between the ages of 20-24, while only 35% and 36.5% of the SMC general population were in this age range (in 2011 and 2016, respectively) (see page 1, Age Group Table). Even more interesting, only 1.6% of the students serviced in the Health office in 2016 were over the age of 50 years old, while 11.4% of the SMC general

population was over 50 years old. The lower rate of older adult learners using the Health Service office could be a result of the Health Service office hours of operation (if the adult learners are taking primarily evening class). Alternatively, it can be speculated that adult learners over the age of 50 are well connected to their primary care physician and do not need to utilize the Health Service office as much as their younger, less connected counterparts.

In looking at ethnicity, Latino students tend to be underrepresented in the Health Service Center (28.5% in 2016 compared to 36.7% in the SMC general population). Asian students were more represented in Health Service than SMC (with 25.4% and 15%, respectively). This could be a result of more Asian students being affiliated with International Student status and needing to come to the Health Center to receive a referral prior to seeking any medical care from a primary care or specialist providers (see page 1, Ethnic Group Table).

Students with a Student F1 Visa are represented at a much higher rate than the SMC general population. In 2016, Health Services students with a Student Visa represented 42.1% while they represented only 9.6% of the general SMC population (see page 2, Citizenship Table). In addition, US citizens represent a much lower percentage with 48.5% represented in the Health Center and 78.7% represented throughout SMC. This higher percentage of Student F1 Visa students and lower percentage of US citizen students is likely a result of students with Ascension international insurance needing to receive a referral from Health Services prior to seeking any medical care. It could also be that F1 Visa students are unclear about their healthcare insurance and/or how the healthcare system in the US works and therefore seek services at the Health Center. In addition, students who were foreign-born represent a larger pool of the population served compared to the general SMC population (42.7% and 9.9%, in 2016 respectively) (see page 2, Resident Status Table). This again seems to be a result of the increased F1 Visa students seen in the Health Services Center. Out-of-state students were represented at a similar rate in both groups.

Education status showed a higher percentage of high school graduate students utilizing Health Services in 2016 compared to the general SMC population (93.3% compared to 78.3%, respectively) (see page 2, Education Status). Students who already had a Bachelor degree were less represented in Health Services (4.3% compared to 14.8%). That difference could be a result of Bachelor degree students taking more evening classes when Health Services is closed and/or already being employed fulltime and having full insurance coverage. In looking at a student's Education goal, students with the goal of transferring to another school were represented at a larger rate in Health Services (79.9% and 65.5%, respectively) and students with the goal of "Educational Development" were represented at a lower rate in Health Services (1.4% and 5.3% respectively) (see page 3, Educational Goal Table). First time students were represented in Health Services at a slightly higher rate (23.1% and 17.6%, respectively) and a much lower rate for first time

transfer students (6.7% and 12,4%) and returning students (4.2% and 10.7% respectively) (see page 3, Enrollment Status Table). The higher rate in first time students might be due to student getting acclimated to college and seeking out health services more than usual. There could perhaps be more minor injuries due to the unfamiliarity of campus, or more visits to Health Services due to things like panic, etc. that newer students might experience more.

3. Discuss any significant change(s) in the population(s) served since the last full program review and the possible reasons for the change(s).

Previous Health Service Program Reviews have not collected and reported on demographic data, therefore it is difficult to speak to differences in the population served. That said, after examining the differences between Fall 2011-2012 and Fall 2016-2017 (see Attachment 1), there are some differences that are noteworthy.

In comparing the Fall 2011 and Fall 2016, students seeking services ages 30-39 decreased from 8% to 4.9% (see page 1, Age Group Table). There was a slight decrease campus-wide but not as much of a drop as the Health Service Center experienced. Although Health Service tries to advertise and promote it's services, it is likely the Center caters to younger students with VIP day generally serving younger students, and some of the Center's health information catering to a younger demographic. It is also possible that the 30-39 age range of individuals are already connected to health services and primary care doctors, making them need the services less than their younger counterparts.

There was also a decrease in African American service utilization with 10.3% seeking services in Fall 2011 and only 6.3% seeking services in 2016 (see page 1, Ethnice Group Table). This is not in alignment with what the college experienced as their population remained steady. It would be interesting to look at this years Fall data and see if there is a continuing reduction of service utilization or if it peaks up again. One thought for the decrease of African American students could be the introduction of the Affordable Care Act (ACA) and more students seeking services through the ACA.

In looking at resident status longitudinally, residents born in a foriegn country peaked from 34% in 2011 to 42% in 2016, with out-of-state residents also slightly increasing (see page 2, Resident Status Table). This seems to be a result of SMC's global advertisement.

C. Program Evaluation

In this section programs/units are to identify how, using what tools, and when program evaluation takes place. Evaluation must include outcomes assessment as well as any other measures used by the program. Please use Section D to address program responses to the findings described in this section.

Programs/units with multiple disciplines or functions may choose to answer the following questions for each area. If this is your preferred method of responding, begin by selecting a discipline/function from the drop down, answer the

set of questions and click "Save", your answers will be added to the bottom of page. Do this for each discipline/function. If you would like to answer the questions once, choose "Answer Once" from the drop down.

How would you like to answer these questions?

Saved Information For Program Evaluation

Area/Discipline Information Pertains To

Health Office

1. List your student or instructional support service SLOs or UOs.

SLOs are specific, measurable statements of what a student should know, be able to do, or value when they complete a program/course or sequence of activities. An SLO focuses on specific knowledge, attitudes, or behaviors that students will demonstrate or possess as a result of instruction or program activity.

UO statements focus on service or operational outcomes such as:

- *Volume of unit activity*
- *Efficiency (responsiveness, timeliness, number of requests processed, etc.)*
- *Effectiveness of service in accomplishing intended outcomes (accuracy, completeness, etc.)*
- *Compliance with external standards/regulations*
- *Client/customer satisfaction with services*

The Health Services Center aims to serve students and staff with the highest quality of care. The Center takes pride in customer service and would like to ensure that any areas needing improvement are addressed. In order to achieve the goals and objectives, students and staff are asked to complete a satisfaction survey with a variety of questions, both Likert scale and open ended, that help Health Services to better understand the quality of services provided. This survey is distributed intermittently throughout the year, is anonymous and is optional. The Unit Outcomes are obtained from the survey because they are a direct way to provide measurable feedback on an ongoing basis.

The following is a list of our Unit Outcomes:

UO 1. Students that use Health Services will rate their overall satisfaction of the services received as 'very good'

UO 2. Students will receive health information /education with each encounter in Health Services at least 95% of the time

UO 3. Students will learn at least two concepts related to their health and wellbeing that fosters student success after the Health Information Presentation is given in their classroom

2. Describe when and how the program assesses these SLOs and UOs and uses the results to inform program planning including:

- **how outcomes are assessed and how often**
- **the assessment tool(s) used**
- **the sample (who gets assessed)**
- **how and when the program reviews the results and who is engaged in the process**

The Health Services Office is working closely with the Institutional Research (IR) Department to measure the Unit Outcomes. Satisfaction surveys are the primary method of collected data to inform the UO's at this time. The IR Department has provided valuable feedback to the Health Services Office that has been shared with all staff to help with continuous quality improvement. Latest satisfaction survey data is available for 2016/2017 academic year (see Attachment 2 Satisfaction Survey Data) and the Director of Health and Wellbeing has been using that data as a focus point for areas of growth and improvement. Historically, surveys were distributed intermittently and during random times of the year. Moving forward, surveys will be distributed two times per year: Fall and Spring. The surveys will be provided to every encounter for a one week duration randomly selected, mid-semester. The same survey will be given each semester. Health Service staff enter the surveys into a database, that is then analyzed by the IR Department. Both students and staff will be asked to complete the survey.

Upon completion of the analysis by IR, the Director of Health and Wellbeing will review the results of the data and consult with the IR Department with any questions or concerns about the data. Next, the Director will present the results in a dedicated staff meeting where there will be time for discussion and questions. All staff will be present in those discussions including Health Assistants, Registered Nurses, Nurse Practitioner, and Registered Dietician. Should areas of improvement arise on the surveys, there will be training provided to staff in those areas.

Below is a list of the survey questions asked:

1. Status: Student or Staff
2. Gender
3. Age Group: 19 or younger; 20-24; 25-29; 30-39; 40-49; 50 or above
4. Ethnic Group: White; Asian, Hispanic, Africian American, Pacific Islander; Native American; Two or More Races; Unreported
5. Do you have health insurance: yes/no; if yes, what type?
6. If you are a student, do you have a BOG waiver?

7. Were you given health information/education on today's visit? yes/no
8. How did you hear about our services?
9. How many times have you used the Health Services Center this semester?
- 10/ What, if anything, can we do to improve our services?

Next are a series of Likert Scale questions with the scores ranging from 1 being Very Good, 2 being Satisfactory, to 3 being Poor.

1. Were your health concerns taken care of?
2. Were you treated with respect?
3. Were you satisfied with the help received?
4. Were instructions/treatments clearly explained?
5. How would you rate the overall quality of the services?
6. How would you rate the hours of operation?
7. Rate the cost of services/immunizations?

3. What other evaluation measures does your student or instructional support service use to inform planning? (For example, surveys, longitudinal data, support service use etc.) Note trends, differences in performance by group (ethnicity, gender, age), and any unusual patterns in student success and retention.

Currently, administering surveys is the primary method for measuring student feedback of health services to inform planning for Health Services. Over the last six years, these surveys have been entered into a database that will allow for analysis. The Health Services Coordinator, and now Director, will be sharing trends that come up from the survey results. Additional tools to measure and inform program planning include demographic data reported on earlier to ensure that a representative sample of the College population is served.

In a report conducted by IR for surveys distributed October 2016 through June 2017 (Attachment 2 Satisfaction Survey Data), a total of 380 surveys were analyzed with a 99.2% completion rate (n=377 complete, n=3 partially complete) (page 1). With regard to demographics, 89.9% of the completed surveys

were completed by students (n=338) with the remainder 10.1% completed by faculty or staff (n=38) (page 2, #1). Gender consisted of 64.6% females (n=179) and 35% males (n=97) suggesting that nearly double the survey completers were females (page 3, #2). Age range consisted of 24.9% (n=93) 19 or younger, 46.6% 20-24 (n=174), 10.5% 25-29 (n=39), 2.4% (n=9) 40-49, and 7.2% 50 and above (n=27) (page 4, #3). With regard to ethnicity, 26.6% (n=97) students identified as White, 26.8% (n=98) students identified as Asian, 22.7% of students identified as Hispanic (n=83), 0.5% (n=2) identified as Pacific Islander, 5.8% (n=21) identified as African American, 5.8% also identified with two or more ethnicities, and 11.8% (n=43) identified as either unknown or ethnicity was not reported (page 5, #4).

Students identifying with health insurance responded 87.2% (n=306) and those without at 12.8% (n=45) (page 6, #5). Types of health coverage varied widely with the following being some of the more likely student responses. Collecting health insurance information on surveys will be improved upon in the future, as many students listed health plans but did not clarify whether the plan is through covered California or a MediCal plan. Perhaps in the future, the survey might be altered to created check box options for a more accurate method of data collection. Below is a snapshot of the data collected by larger health insurance categories.

Response	Count
Medi-Cal/Covered California/ACA/Obamacare	37
Unknown/Unsure/Student Insurance/SMC Student	17
Other Insurance	52
PIA/International/F1/First Health	48

Additionally, while the number of students who wrote in "Student Health", "from school", "student", etc. remain small, it would be interesting to know whether these students were international and actually have international insurance, versus students who do not have insurance and are using the Health Services Center or believe that the Center is their form of health insurance/health coverage provider. Again, future surveys will look to fine tune the data collection so that we can truly understand the types of students we serve with regard to health insurance coverage and needs.

With regard to Board of Governors (BOG) waiver, 202 students responded to this question with 61.4% (n=124) students reported having a BOG waiver while 38.6% (n=78) reported not being a recipient (page 11, #7).

The following questions were looking at student satisfaction of the Health Services Center. Below is a table of the satisfaction scale (page 12, #8):

	Very Good	Satisfactory	Poor	Responses
Were your health concerns taken care of?	94.1% (n=352)	3.5% (n=13)	2.4% (n=9)	n=374
Were you treated with respect?	95.2% (n=356)	1.9% (n=7)	2.9% (n=11)	n=374
Were you satisfied with the help you received?	93.6% (n=351)	3.7% (n=14)	2.7% (n=10)	n=375
Were instructions/treatments clearly explained?	95.2% (n=355)	2.1% (n=8)	2.7% (n=10)	n=373
How would you rate the overall quality of services?	94.1% (n=354)	3.7% (n=14)	2.1% (n=8)	n=376
How would you rate the hours of the operations?	90.7% (n=340)	6.1% (n=23)	3.2% (n=12)	n=375
Rate the cost of services/immunizations	91.7% (n=331)	6.4% (n=23)	1.9% (n=7)	n=361
Total Responses				376

The results are overwhelmingly positive with over 90% of students and staff responding "Very Good" and allowing Health Services to reach our UO #1 "Students that use Health Services will rate their overall satisfaction of services received as 'very good'." Despite reaching this goal, it is important to continuously strive for better performance and customer service. Notable responses indicate Health Services still needs to consider the hours of operation with 6% of students feeling the hours are only satisfactory in meeting their needs. Additionally, students rate the cost of services/immunizations as satisfactory at 6% as well. While these are small numbers comparatively, it is important to look at them as we continue to evolve to meet our student's needs.

Student's responded to receiving health information/education on their visit at 85.2% (n=306) while 14.8% (n=53) reporting that they did not receive health information/education during their visit (page 13, #9).

Health Services UO # 2 "Students will receive health information and education with each encounter in Health Services at least 95% of the time" was not reached for this period of survey data collection. Health Service staff aim to provide education and information during each visit and therefore it is important that staff find ways to deliver information and education with each and every interaction with students, faculty, and staff. Staff will receive training on how to weave in both education and information that is valuable to students, regardless of what they come to the Health Services office for. There is an array of information on health and wellbeing, as well as information on other programs and services within the college community. This information should be shared during each visit with students, even if they are only coming in for a simple question or service.

Students hear of the Health Service Center mostly through the college website/information package (20.5%), college events such as orientation, counseling classes, etc. (19.9%) or friends and family (13.4%) (page 14, #10). Interestingly, most students report hearing about Health Services through "Other" (21.4%). Perhaps future surveys might want to look at expanding other to an open ended question given the high percentage of students who learn about Health Services.

The vast majority of students use health services only once (58%), per semester with a good number of students using health services two times per semester (24%) (page 15, #11). When asked what Health Services can do to improve upon our services, students mostly respond with "None", "Nothing", or "N/A" (page 16, #12). Additionally, an overwhelming number of students responded very positively to services. Students reported "service is always professional", "Very good!!!", "you guys are perfect", "excellent service", "Perfect [nursing staff] is amazing and wonderful", "she's great [dietician]", and "my needs were fully met, thank you!" were a few of the positive comments received about the services and staff. There were however some interesting responses that should be mentioned that look at potential areas for improvement. One student felt as though "Appointments should be made over the phone" and "Be open late" was also an important area of consideration with additional comments made with regard to the hours of operation needing to expand, particularly on Friday. "Computerized check-in to reduce wait times" was mentioned in the theme of reducing wait times for students. There were also references to "advertise more" with one student saying they didn't know we had a nutritionist for one year. "Administer immunizations more often" as well as more references to providing expanded services such as dispensing medications and increasing the number of nursing staff. It is important to note that previous data evaluation suggested a decrease in the number of students served after 6pm when Health Services had expanded office hours in the past. As our populations needs change, Health Services will continue to explore the new and changing needs of students to assess when expanded office hours has enough demand to justify a change in office hours.

In an additional analysis of the surveys by IR in 2016 (Attachement 3 Unit Outcome Measurement) , UO #1

was also met. Table 1 (page 2) shows a weighted average mean satisfaction rate of 2.6 on a three scale measure of satisfaction. This is very positive and shows that overall both students and staff are satisfied with the services the Health Center provides. One thing that's important to note is that 13% of the respondents rated overall the services provided were "Poor". While Health Services met the first UO, it is still valuable to look at where there is room for improvement. Additionally, after ratings were disaggregated by student demographics, students from the "Two or More Race" group, 25-29 age group, and males have a higher rate of dissatisfaction with the services provided compared to their counterparts. This is an area to look at in future surveys to see whether there is a trend.

In looking at health information and education, Attachment 3 Unit Outcome Measurement also look at whether health information was provided during the students visit (page 4 of 7, question 5). This group of survey respondents reported they did not receive health information at a rate of 27.5%. While the vast majority of students did receive health information, it is important that Health Services strives to provide each and every student with new information/education. This will be an area of focus for the upcoming year. Finally, while this report is helpful, it is important to note that the surveys did not include completion dates during this sample period and so there is no timeframe for distribution. This has since been changed and surveys now include a date field.

D1. Objectives

As part of the planning process, programs are expected to establish annual objectives that support the program's goals. Please document the status of the program/function's previous year's objectives. Add comments if you feel further explanation is needed.

Objectives

<p><u>Objective:</u> The primary objective for the coming year is to work with Institutional Research to analyze data collected from Satisfaction Surveys to assess and analyze the stated SLO's.</p> <p><u>Status:</u> Completed</p> <p><u>Comments:</u> The Health Services office has successfully looked at the data analyzed from the Satisfaction Surveys and discussed the results with the health services staff. All major trends, and open-ended questions that were noteworthy for discussion, were presented in a Health Services Staff meeting. Staff had the opportunity to ask questions, share their comments and concerns, and discuss overall areas where there is room for improvement. Overall, this objective in working with IR to collect and</p>	
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analyze data, although complete for the purposes of this Program Review, is an ongoing process of continuous quality improvement.

Objective:

Health Services will distribute and analyze student and staff completed surveys two times per year in the Fall and Spring and discuss results in monthly staff meetings.

Status: In Progress

Comments:

To review during next program review

Objective:

Health Services will conduct a cost analysis of EMR's and choose an EMR that allows for data analysis and reporting, documentation, and billing.

Status: In Progress

Comments:

None at this time.

Objective:

Health Services will explore the ability to bill MediCal for services rendered in Health and Center for Wellness and Wellbeing.

Status: In Progress

Comments:

None at this time

Objective:

The Health Center and Center for Wellness and Wellbeing will become more integrated in services and proximity. The Director will work with Senior Administrative Dean and Faculty Coordinator in the Center for Wellness and Wellbeing to identify an appropriate location/space to move closer and integrate services more fluidly once the Student Services building is

<p>complete. Additionally, other areas of collaboration will be explored such as nurses giving students PHQ-2 or 9 depression screenings, cross-training front line staff for coverage and to streamline care for students.</p> <p><u>Status:</u> In Progress</p> <p><u>Comments:</u> None at this time.</p>	
<p><u>Objective:</u> The secondary objective is to evaluate the current electronic medical record (EMR) program Health Services uses, Clinix MD. Early this year this EMT had plans to terminate their contract with all their clients. They were discontinuing services forcing all Health Services who utilize them to find another vendor. Fortunately, Clinix MD was acquired by another company and Health Services continued to use the new company without a gap. By working with IR, Health Services will investigate ways for data collection and analysis with the current EMR.</p> <p><u>Status:</u> Completed</p> <p><u>Comments:</u> The current EMR does collect data but the reporting is insufficient for what the programs needs require. A new EMR is being investigated that meets the programs demands.</p>	
<p><u>Objective:</u> Work with Institutional research to create new Unit Outcomes</p> <p><u>Status:</u> In Progress</p> <p><u>Comments:</u> Director will schedule an initial meeting with IR in the next few months to discuss.</p>	

D1. Looking Back

In this section, please document what you did last year as a result of what you described in Section C.

1. Describe any accomplishments, achievements, activities, initiatives undertaken, and any other positives the program wishes to note and document.

Over the last six years, Student Health Services has had a great deal of accomplishments and achievements. In addition, the Health Services Center has also been through some transitions. Recently, the long time Faculty Coordinator, has decided to retire in December 2017. This transition was an opportunity to

look at the structure of Health Services and decide whether to replace the position, or to restructure in a new way. After advocating with the Center for Wellness and Wellbeing, the Faculty Association and with Senior Administration, it was decided that hiring a management level position to oversee Health Services made sense. An extensive requirement and hiring process took place to search for candidates who had both a health and behavioral health background. The newly hired Director of Health and Wellbeing was hired in August 2017 to oversee both the Health Services staff and operations, as well as the Center for Wellness and Wellbeing. In the Health Services Department, the new Director will take over all administrative tasks that the Faculty Coordinator was responsible for in addition to oversee all the classified Health Services staff. The goal of this new role and new model is to bring together both the Health and Wellness and Wellbeing Centers. This is a long term model, and the new Director will take steps to slowly bring the programs together in a way that makes sense for both Centers. As the new Student Services building is complete and space on campus becomes available, Health and Wellness and Wellbeing could be located either together or in a much closer proximity to integrate the two.

Other significant achievements include hiring a fulltime Nurse Practitioner in 2015/2016 after many years of negotiating for the position. The Nurse Practitioner (NP) meets with student individually and breaks down any previous barriers our students experienced who needed more extensive treatment by a contracted NP or an MD. Our NP sees approximately 557 students per year and has seen approximately 1760 students in total since being hired fulltime. She is also able to do TB Risk Assessments (a new option for employee's who are due for their required TB test), write prescriptions for students who need medication, and meets with students for a variety of other complex health conditions such as colds, allergies, dermatology concerns, urinary track infections, kidney infections, sprains, viral and bacterial infections, abdominal pain, gynecological issues, and sexually transmitted diseases.

Having a fulltime NP has reduced the cost associated with the Centers needing to have the Medical Director, Dr. Madden, and colleagues from his medical practice present for such complex issues. The cost savings from this has also allowed the Health Services office to bring on board a part-time Registered Dietician in February of 2016. Our Registered Dietician has provided so much value to the Health Services Center. Since inception, she has met with 225 students individually to discuss their nutrition goals and areas of concern. The types of visits usually involve the following discussions as they relate to nutrition: Allergies such as lactose intolerance, eating disorders (anorexia binge eating, bulimia), weight loss or weight gain issues, auto-immune issues, balanced meals, pre-bariatric diet, pregnancy and breast feeding, cancer, constipation and/or gas, carbohydrate controlled diet, diverticulitis, elevated blood sugar, heart healthy diet, nausea and vomiting, sports nutrition, yeast infection, and pre-diabetic diets, to name a few.

2. Summarize how the program or service area addressed the recommendations for program strengthening from the executive summary of the previous six-year program review.

The Health Services Center values any opportunity to improve and generally sees challenges as opportunities as opposed to barriers. There were several important recommendations made during the last 6 year program review that will be addressed. These areas include the following:

1. Develop an instrument and establish a process by which data and user satisfaction is consistently collected, and document plans to respond, and how program improvements relate to these results.

2. Work with the S/ILO committee and/or Institutional Research to investigate ways to effectively assess and analyze SLOs.

3. Investigate options to digitally document signatures to streamline unit processes.

4. Develop priorities for levels of services to be provided.

To address recommendation #1 Develop an instrument and establish a process by which data and user satisfaction is consistently collected, and document plans to respond, and how program improvements relate to these results:

The Health Services Office uses a platform called Clinix MD (soon to be Chart Logic) that is a server based electronic health record (EHR) where all student and faculty health information is documented. This EHR allows the Health Center to run data reports on a variety of important statistics including numbers of students and faculty/staff served, reason for visit, and age. The EHR also collects student ID's which can then be matched to WebISIS's platform to collect other demographics such as race/ethnicity, gender, address, financial aid status, etc. While the matching process is useful, it does require Institutional Research to do the matching, which is an additional and time consuming step. Currently, Clinix MD is in the process of changing

all their users to Chart Logic as they were recently purchased. This has provided an opportunity for the Health Services Center to re-evaluate their data reporting needs and look into other EHR platforms. The current Faculty Coordinator and Director of Health and Wellbeing have taken the lead in researching new EHR's that are more commonly used by college health center's where there is a high level of satisfaction and where the data reporting is sophisticated. One EHR that is being reviewed, Medicat, is cloud based and allows for communication between its EHR and WebISIS. This would essentially allow for the "matching process" to happen internally within the two systems so IR can avoid that step. It also allows for custom reporting on all data elements that both the EHR and WebISIS collect. In addition to the custom data reporting, this EHR is also used for college behavioral health and is being explored for our own Center for Wellness and Wellbeing. Since both services are now under one Director and the goal is to integrate them more, the Center for Wellness and Wellbeing will be involved in assessing whether this EHR also meets their needs. The benefit of having one system is that reports on shared encounters will be easily accessible. For example, we will be able to run reports on how many student (duplicated and unduplicated) accessed both the Health and Wellness Centers. It would be interesting to assess if there is high usage by the same students. This will enable Health Services to make better programmatic decisions and provide a more holistic model of care. The decision on whether to change EHR's is in process, and since Health Services has signed a one year contract with Clinix MD/Chart Logic, there is some time to explore and find the right fit.

In terms of looking at program satisfaction, Health Services currently has students complete surveys on paper and Health Assistants enter them into Survey Gyzmo. This data is then analyzed by IR and provided back to the Health Services Center. The data is shared with staff to allow for program improvement as well as to acknowledge staff for all the hard work they currently do.

With regard to recommendation #2 Work with the S/ILO committee and/or Institutional Research to investigate ways to effectively assess and analyze SLOs:

The Health Services Center works closely with IR when analyzing program satisfaction surveys. Satisfaction surveys are administered randomly, at least annually, and every person who enters the Center is asked to complete it anonymously (students and staff). This data is entered into Survey Gyzmo and IR analyzes the data. In the past, the Faculty Coordinator has received this data and shared it with staff during staff meetings. This data allowed for program and staff development, as well as helped to acknowledge staff for all the hard work they do.

Moving forward, the Health Services staff will be administering surveys during two times per calendar year (Fall and Spring semesters). Surveys will be administered for one week or longer with a minimum collection rate of 100 annually. If in one week we have less than 50, we will expand the timeframe to collect at least 50 surveys. This timeframe will occur around the same time each semester. The new Director of Health and Wellbeing will work closely with IR to collect data regularly for ongoing and continuous quality improvement of the program and services.

Recommendation # 3 Investigate options to digitally document signatures to streamline unit processes:

The Health Services Center has spent some time investigating other IT options to streamline services. Not only has health Services investigated alternative EHR's but also other forms of data collection (i.e. Tablets, laptops, etc.). After consulting with SMC IT department and proposing the use of laptops to use in exam rooms where nurses and NP can document *in real time* with students, it was shared with the Health Services Center that this type of documentation would not be HIPAA compliant. The new Director is going to continue that conversation with IT as we consider other EHR's that are cloud based and potentially could offer HIPAA compliant *real time* documentation options. This will be a cost savings to the college and save on hours of time each day for the clinical staff.

Lastly, recommendation # 4 Develop priorities for levels of services to be provided:

The Health Services Center does prioritize services intuitively, however this is not done in a systematic manner what is clear and documented for Health Services staff, students, or campus staff. Over the course of the next year, the current Director will work to create in writing, a list of services provided and corresponding levels of priority.

3. Describe any changes or activities your program or service area has made that are not addressed in the objectives, identify the factors (e.g., licensure requirements, state or federal requirements, CCCO mandates, regulations, etc.) that triggered the changes, and indicate the expected or anticipated outcomes.

Most major changes have been discussed throughout the review, however several could be elaborated on. Recently, the California Department of Public Health mandated the administering of a TB Risk Assessment tool for individuals who had previously tested negative on the TB test and who have new risk factors since the last assessment. Historically, SMC's HR Department would require a new TB test every 4 years for existing employees according to the Education Code, however this new rule allows for those employee's to receive the assessment as an alternative. The assessment does need to be completed by an MD or NP, so our NP conducts them for those employees who are eligible. This is a new practice for Health Services and started in September 2017 and as a result it is being closely monitored to ensure compliance and proper workflow.

An additional change that was mentioned previously is the new Director of Health and Wellbeing who oversees both Health Services and the Center for Wellness and Wellbeing. As previously discussed, the new Director will work over time to streamline processes including IT, data collection and reporting for both departments. Additionally, the two programs over time will begin to work in a more integrated fashion, which is in alignment with many colleges and universities. Not only will health and wellness/wellbeing move physically closer together, they will also begin to inter-refer on a regular basis. According to The Lancet

(2007), a peer-reviewed general medical journal, individuals with behavioral health needs are at increased risk for communicable and non-communicable diseases, and contribute to unintentional and intentional injury. Conversely, many health conditions increase the risk for behavioral health conditions, and comorbidity complicates help-seeking behavior, treatment, and influences prognosis. Brining these two programs together will allow for a more evidenced based approach to health and wellness and provide better quality of care to our most at risk students.

4. If your program received one time funding of any kind indicate the source, how the funds were spent and the impact on the program (benefits or challenges).

The Health Services Center has not received one time funding from any sources. Funding for the Health Services comes from both student health fees (also shared with the Center for Wellness and Wellbeing) as well as regular yearly revenue from international students insurance, Acension, for the services we provide to their students.

D2. Moving Forward

Discuss and summarize conclusions drawn from data, assessments (SLO, UO) or other evaluation measures identified in Section C and indicate responses or programmatic changes planned for the coming year(s) including:

- **how the assessment results are informing program goals and objectives, program planning, and decision-making**
- **specific changes planned or made to the program based on the assessment results**

The Health Center Moving Forward

The Health Services Center uses data to inform all program decisions, and will continue to do so even more as it enhances its data collection methods through advanced IT platforms. Additionally, looking into cloud-based services allows for more efficiencies and additional time spent on data analysis and program improvement. Moving forward, the Health Services Department will take its Satisfaction Survey data collection to the next level by increasing the frequency of administering these surveys. Each Fall and Spring semester, the surveys will be administered for a minimum of one week. These surveys will be entered into Survey Gyzmo in a timely manner and the Director of Health and Wellbeing will work with IR to collect the data twice per year following the data entry to review with the team. This ongoing process of continuous quality improvement (CQI) will allow for staff development, training, and recognition for all their diligent hard work.

Addressing Unit Outcomes

Health Services will also work more closely with Institutional Research to develop new UO's in addition to finetune the existing UO's. The current UO's will be slightly adjusted to be more measurable. UO # 1 "Students that use Health Services will rate their overall satisfaction of services received as 'very good'." will be adjusted for more specificity. The most recent survey results are overwhelmingly positive with over 90%

of students and staff responding "Very Good" and allowing Health Services to reach our UO #1. While 90% is very good, we want to ensure our UO includes some form of how we measure "overall satisfaction", therefore the current UO's will include something like the following: "95% of students and staff that use Health Services will rate their overall satisfaction of services received as 'very good'" This increase in percentage reporting 'very good' service will allow for the Health Services Department to take into consideration some of the qualitative/open-ended feedback given on how we can improve our services and strive for better service. Steps to increase consumer satisfaction include the following:

1. Discuss in monthly staff meetings the open-ended qualitative positive comments written on the surveys and find ways to increase those interactions with more students
2. Ensure that any comments indicating poor service are discussed in staff meetings so staff can come to an understanding of what happened and how to avoid those interactions in the future

It should be noted that some steps have already been taken to increase program satisfaction. First, the new Director is coordinating with HR to expand the hours that TB testing can be done for new employee's. We hope that this will increase the level of satisfaction among students and new hires and reduce any frustration previously experienced by having limited TB testing times available. Additionally, the Center is obtaining a credit card machine to internally handle financial transactions for students and staff who need paid services. Historically, students and staff would have to go to the bookstore first and pay for the service, prior to obtaining the service. Obtaining a credit card machine would ease this burden and allow for less confusion and frustration of students and staff.

Health Services UO # 2 "Students will receive health information and education with each encounter in Health Services at least 95% of the time" was not reached for the most recent survey period. Student's responded to receiving health information/education on their visit at 85.2% (n=306) while 14.8% (n=53) reporting that they did not receive health information/education during their visit. This is a very important aspect of Health Services, and therefore this UO will remain in effect for the next academic year. Steps to meet this goal will include the following:

1. Increasing training opportunities for Health Services staff during staff meetings and outside trainings so that all staff have an opportunity to grow. Staff will be permitted to attend outside training to gain insight to relevant resources with the goal of sharing those resources with students.
2. Additionally, key educators such as community partnerships and vendors will be asked to come to the Health Services office for on-site training and development across the department.
3. Staff meetings will occur on a monthly basis and a component of each staff meeting will include training and development. Training topics will range and include areas such as customer service, community resources, dealing with challenging behaviors, documentation, linking students to services, to name a few.

Changes and More Areas of Opportunity

One area that will be structured different moving forward is staffing. With the new Director overseeing both Health and Center for Wellness and Wellbeing and the current Faculty Coordinator retiring in December, there will be a change in disciplines from Registered Nurse to Licensed Clinical Social Worker overseeing the program. This is significant because the current Faculty Coordinator has historically spent 50% of her time doing direct practice with students in the Health Center. The loss of this position will mean that direct practice time may be lost, depending on the volume moving forward. While it is true that both FTES and headcount of students are down, there is no data on volume changes for students in the Health Center that this Director has been able to capture. Over the course of this year, it will be important to track the volume of the Center given the loss of a half-time RN and determine the need moving forward.

With positions changing and enrollment decreasing, it is important to look for opportunities to grow as a department. An area for potential growth is becoming a MediCal service provider and being able to bill for services provided. In a recent visit to HSACCC, the new Director learned of the ability to work with MediCal as a Local Educational Agency (LEA) MediCal service provider and bill for services in the Health Service Center and the Center for Wellness and Wellbeing. This revenue would be brought back into the program to expand upon the services already provided. This is an exciting opportunity to increase revenue for two programs that would benefit from an increase in staffing and direct service hours. Thus far, seven community colleges are engaged in this process and it seems like an area of growth to be explored.

The new Director is in process of working a new EMR, Mediat, to view the platform. This EMR would have billing and reporting capability that is more sophisticated than the current platform. Mediat also hosts a platform for Mental Health programs so this will be looked into as well, especially as the ability to bill for both services is discussed.

Participation at the State level is important as the new Director moves forward. Attendance at association meetings, going to lobby in the capital and following important Assembly and Senate Bills is crucial to ensuring SMC is at the forefront of student health issues.

Lastly, the new Director will look for ways to partner with Center for Wellness and Wellbeing in order to integrate the services more fluidly. There are several steps that will occur in order for this to happen. First, the programs will relocate to be closer to one another. Second, there will be exploration of sharing the same EHR platform, which helps with data sharing and reporting. Third, both programs can bill for services which will allow both to expand and enhance their services. While these are exciting times, change also can cause disruption in services and stress among the employees. The new Director will work closely with both departments, the Senior Administrative Dean, HR, Finance, and IT, to ensure the transition is one that is smooth and thoughtful.

D2. Objectives (Moving Forward)

Objective #1

Objective:

Health Services will distribute and analyze student and staff completed surveys two times per year in the Fall and Spring and discuss results in monthly staff meetings.

Area/ Discipline/ Function Responsible: Health Office

Assessment Data and Other Observations:

UO Assessment Data

Institutional Research Data

External Factors:

Timeline and activities to accomplish the objective: 1 year

Describe how objective will be assessed/measured: Objective will be measured by creating a report which shows survey administration dates and quota. Additionally, discussion with staff will be measured by reviewing staff meeting agendas that are documented to ensure continuous quality improvement.

Comments: To review during next program review

Objective #2

Objective:

Health Services will conduct a cost analysis of EMR's and choose an EMR that allows for data analysis and reporting, documentation, and billing.

Area/ Discipline/ Function Responsible: Health Office

Assessment Data and Other Observations:

Other data or observed trends

External Factors:

Timeline and activities to accomplish the objective: 1 year

Describe how objective will be assessed/measured: This objective will be measured by evidence of a new EMR in place by the next program review period and all staff having sufficient training to document their encounters.

Comments: None at this time.

Objective #3

Objective:

Health Services will explore the ability to bill MediCal for services rendered in Health and Center for Wellness and Wellbeing.

Area/ Discipline/ Function Responsible: Health Office

Assessment Data and Other Observations:

Other data or observed trends
HSACCC reports 7 community colleges have moved to MediCal billing and report satisfaction of this.

External Factors:

Timeline and activities to accomplish the objective: 1 year

Describe how objective will be assessed/measured: Director and Senior Administrative Dean will meet with fiscal services to conduct a cost analysis of billing MediCal to assess if moving in this direction is appropriate

Comments: None at this time

Objective #4

Objective:

The Health Center and Center for Wellness and Wellbeing will become more integrated in services and proximity. The Director will work with Senior Administrative Dean and Faculty Coordinator in the Center for Wellness and Wellbeing to identify an appropriate location/space to move closer and integrate services more fluidly once the Student Services building is complete. Additionally, other areas of collaboration will be explored such as nurses giving students PHQ-2 or 9 depression screenings, cross-training front line staff for coverage and to streamline care for students.

Area/ Discipline/ Function Responsible: Health Office

Assessment Data and Other Observations:

Other data or observed trends
Students who come in for health related services often have underlying mental health concerns and additionally, students who have a mental health concerns, can have their physical health impacted. It is key that students seeking mental health services have access to nurse and nurse practitioners as well as nutritionists to address their whole body's needs. This also will likely reduce mental health stigma and reach more students that would typically self-select to seek out services.

External Factors:

Other Factors
There is a great deal of evidence that suggests integrating care helps to reduce mental health stigma and identifies those who would not self-identify with depression or anxiety. Additionally, a variety of state and county agencies work as integrated care models (public health and mental health) and doctors offices more and more have social workers meeting with their patients who have identified with behavioral health needs. This kind of innovative care allows SMC to remain an

innovator and leader in student services.

Timeline and activities to accomplish the objective: 2 years

Describe how objective will be assessed/measured: This objective will begin to be measured by both Centers being in closer proximity.

Comments: None at this time.

Objective #5

Objective:

Work with Institutional research to create new Unit Outcomes

Area/ Discipline/ Function Responsible: Health Office

Assessment Data and Other Observations:

UO Assessment Data

External Factors:

Timeline and activities to accomplish the objective: 1 year

Describe how objective will be assessed/measured: As measured by the creation of 1 or more new UO's that are specific, measurable, and time-bound

Comments: Director will schedule an initial meeting with IR in the next few months to discuss.

F. Community Engagement

In the prompts that follow, please delineate the partnerships you have with the rest of the SMC community as well as those you have with external organizations.

1. If applicable, describe how your department staff members engage in institutional efforts such as committees and presentations, and departmental activities.

The Health Services engage in a variety of outreach efforts across the campus. Our registered dietician, nurses, and nurse practitioners attend counseling 20 classes regularly to provide health education and information to students. This occurs on a faculty invitation only, and our office is open to presenting to all counseling 20 classes, if invited to participate. Additionally, we participate in numerous fairs across the campus. VIP day for new incoming students, is an important day for Health Services. We have representation from each discipline, and program students with basic health information as well as where to find our office. We also give free handouts to attract students to our table. Student Life is an event that started in Fall 2017 and Health Services attend that event in conjunction with the Center for Wellness and Wellbeing. This was a very successful event with over 500 students present. Again, we ensured there were staff present from each discipline to provide relevant health information to students. The Health Fair is another very important event that our office organizes and hosts, where other community partners/vendors come together to promote health

and wellness to students. Health Services is at the forefront of this event and over the last few years it has been hugely successful.

Additional outreach activities include workshops on the Student Services Calendar each year that are run by Health Service staff and community partners such as UCLA and Westside Family Health Center. These workshops consist of discussions around safe sex, STD's, nutrition and eating habits.

Serving on task force's and committee's is also an important role of the Health Services Center. Previously the Faculty Coordinator served on the Crisis Prevention Team and Glasses for Classes. Continuing with these memberships, currently, the new Director of Health and Wellbeing will serve on these teams. The new Director is also currently sitting on the Transportation Task Force and the District Environmental Affairs committee.

2. If applicable, discuss the engagement of program members with the local community, industry, professional groups, etc.)

The Health Services office has some long standing community partnerships of many years, as well as connection to other professional groups. Westside Family Health Center (WFHC) is a partnership that has been in existence for over two decades. This partnership allows for us to refer students who get priority into one of the two Westside clinics. Westside provides free and low cost services to students in need. Their services include birth control, rapid HIV testing, STD testing, emergency contraception, safe sex kits, pap tests, and more.

UCLA medical Center Santa Monica and Ronald Reagan has been a strong partner for decades, providing free workshops to our students during "lunch and learn" as well as accepting countless referrals to their medical departments when students need referrals.

Red Cross is another important partnership that the Health Center has had for many years. The Red Cross comes to our campus 1 or more times per year and sets up blood-mobiles where students and staff can donate blood to those in need. From 2013-2017, SMC donated 1,773 pints of blood which is estimated to serve 5,319 patients across the country. This is a valued partnership that we hope to see continue over the years.

Another valued partnership is with Be the Match, who identifies bone marrow transplant matches. Be the Match comes on campus from time to time (during Red Cross event and the Health Fair to recruit new matches and share their work).

The Health Services Center also refers client with mental health needs to CWW, however when full, refers clients to Didi Hirsch Mental Health services. Didi Hirsch continues to be a strong community partner that is local, and provides a wide array of mental health and substance abuse services to our college students.

Health Services is a member of Health Services Association of California Community Colleges (HSACCC) and National organization of community college health centers that aim to promote health education and awareness, cutting edge and streamlined practices, and share general information and support. SMC will continue to be a member of HSACCC through this leadership transition.

3. Discuss the relationship among program faculty and staff, between program faculty, staff and students, and the involvement of program faculty and staff with other programs or areas.

Given the nature of the services that the Health Center provides, it interacts mostly with students. The Health Services Center also gets the benefits of seeing many new hires for their TB testing prior to starting their position. In many ways, we are the first point of entry for new staff and sometimes students as well, especially international students. The Health Center also interacts with many departments within the SMC landscape. The Center for Wellness and Wellbeing is a department that our staff are often referring students to, and at times providing "door through door" service by walking students over to CWW who are appearing to struggle. As time goes on, this collaboration between the Health Services Center and CWW will be increasingly helpful as the two programs merge to work more closely together.

Health Services also works closely with Student Life, particularly Associated Students. One important committee, Glass for Classes, is funded ongoing through Associated Students, and therefore we remain very connected to the work they do. It is also not uncommon for students to come to the Health Services office and talk openly about a struggle they are having that may require Ombudsman. We therefore work with the Ombudsman to refer, when appropriate, students in need.

G1. Current Planning and Recomme

The following items are intended to help programs identify, track, and document unit planning and actions and to assist the institution in broad planning efforts.

1. Identify any issues or needs impacting program effectiveness or efficiency for which institutional support or resources will be requested in the coming year. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request support or resources through established channels and processes].

While the Health Services Center works well with the resources and support it currently has, there is always room for improvement in any program. The first area that could improve efficiency is with our documentation process. Health Service Staff do their best to document with a high level of efficiency. Document is completed for each event by the end of the day. An average day of visits, takes one staff approximately 90

minutes-2 hours to document. This is either done after each visit or at the end of the day. The current system requires each student to fill out their information (date of birth, name, student ID, and reason for visit) on a piece of paper. The information is then entered into the EMR by a Health Assistant, at which point the student is seen by a nurse. The visit takes place in an exam room with no computer. Following the visit, the nurse then documents the treatment and course of action. Although the documentation is not extensive, all together and with multiple visits throughout the day, the time it takes to documents each encounter can be extensive. Health Services would benefit greatly from a more *real time* approach to documentation. This would allow our staff to (1.) see more students; (2.) reduce wait times; (3.) reduce frustration surrounding wait times; (4.) Allow for more time spent on other tasks such as spending a long period of time with students providing information and support.

Allowing for *real time* data collection would require desk tops in each exam room, as well as either tablets or desk tops next to every check-in station. As students provide their initial information, the Health Assistants could enter them into the system to start the encounter. During each visit in the exam room, the nurse or nurse practitioner could be documenting as the visit occurs, saving time after the visit and/or at the end of each day. Many Health Organizations are already using this method of documentation (UCLA, Kaiser, Cedars) and this would allow Student Health Services to be using the most current form of documentation creating an optimal level of efficiency.

2. If applicable, list additional capital resources (facilities, technology, equipment) that are needed to support the program as it currently exists. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

The Health Service Center functions very well without the additional technology as listed above. That said, if our Center truly wanted to meet the needs of the population we serve and strive for continuous quality improvement and efficiencies, our office would require three additional desk tops in each exam room, and one additional computer at the second check-in station (there is currently one computer up front). Alternatively, as the Health Service office relocates once the new building is up, and Health and CWW relocate together, the current desk tops in each office could be repurposed for the exam rooms. Ideally, there would be one open staff/nursing station where all Health Staff employee's work, with several shared desk tops. This shared work station model would create even more efficiency as the current computers could be repurposed to the exam rooms.

3. If applicable, list additional human resources (staffing, professional development, staff training) needed to support the program as it currently exists. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

The Health Services Center has acquired two new disciplines over the last 2 years that have helped the Center meet the students needs. Our Nurse Practitioner and Registered Dietician have added tremendous value to the Center and we have seen their services utilized daily by students. The addition of these disciplines have allowed our Center to feel much more holistic. Having different disciplines work together, can also present its challenges. Staff are challenged to understand and appreciate what each discipline does and work together to create an optimal level of teamwork. Like many departments, Health Service staff would benefit greatly from

trainings that help support teamwork and a sense of community within the department. Currently, the Director of Health and Wellbeing is working with HR to purchase some recommended teamwork trainings. These trainings would come out of the Health Services budget.

Also, as mentioned in the Moving Forward section, the loss of the Faculty Coordinator in the Spring will mean the loss of an RN part-time. This direct practice position of RN will be evaluated with staff, satisfaction surveys and IT using data to assess if the wait-times for students have increased, etc. due to a reduced staffing model. Future program reviews will discuss whether the loss of this position has created a hardship for the program that will need to be addressed.

4. List all current positions assigned to the program.

Susan Fila, LCSW Director of Health and Wellbeing (Fulltime)

Gloria Lopez, Faculty Coordinator (Fulltime until December 2017)

Kasiani Gountoumas, Nurse Practitioner (Fulltime)

Diane Chen, Registered Dietician (Parttime)

Fauzia Hassan, Registered Nurse (Fulltime)

Maria Aranga, Registered Nurse (Fulltime)

Nancy Alfaro, Health Assistant (Fulltime)

Alexandra Vargas, Health Assistant (Parttime)

G2. Future Planning and Recommendations

The following items are intended to help programs identify, track, and document unit planning and actions and to assist the institution in broad planning efforts.

1. Projecting toward the future, what trends could potentially impact the program? What changes does the program anticipate in 5 years; 10 years? Where does the program want to be? How is the program planning for these changes?

The biggest upcoming change is the hiring of the new Director of Health and Wellbeing, and over the course of the next few years Health Services merging with the Center for Wellness and Wellbeing. These two programs have been operating for some time as separate entities that refer to each other when necessary. Over the next few years these programs will move into a new location and be more formally integrated into one Health and Wellness and Wellbeing Center. The services will remain the same but be provided in a holistic preventive model of care addressing both physical and mental/behavioral health concerns in one location. Students who come in for physical health concerns can also receive a brief depression screening, and be referred to a mental health professional internally should the student be open to talk therapy. Alternatively,

students who are receiving talk therapy, can also get other health related needs met such as nutrition education, over-the-counter medication for headaches or nausea, or just information and support that relates to health and wellness. This new model of care is key to addressing the students whole being and is in alignment with other more cutting edge service models.

2. If applicable, list additional capital resources (facilities, technology, equipment) that will be needed to support proposed changes. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

There are several things needed to merge these two program models. The new Student Services building will house Student Services, as well as the large counseling department. That will open up other facilities to house the Health and Wellness and Wellbeing Centers together. The facility used will be repurposed and so a new facility does not need to be built for these programs. The ideal model will have one centralized front desk manager who assists in checking students in for their appointment or walk-in reason. Students will then have a seat in a shared waiting room with more than one area to wait (perhaps an area that is more quiet or private and one that is more central). Students will be called in to service by the discipline they are scheduled to see (NP, Therapist, RN, RD). The hope is for this model to reduce stigma for students seeking mental health services and in a sense normalize mental and behavioral health treatment just as one would normalize taking advil for chronic headaches. As the move gets closer, the Director will work with the Faculty Coordinator of Center for Wellness and Wellbeing and the remaining staff to ensure their needs are met in terms of sound proofing rooms, and ample space that ensures confidentiality of students. All of this will requires furniture for both programs.

In addition, it would be beneficial to have desktops in exam rooms for *realtime* documentation in Health Services. This would also improve efficiencies and save on student wait time. Depending on the number of exams rooms after relocation, this could be 3-4 new desktops. Another area that could improve operations are tablets for students to do a self-check in at the front desk. This is a model being used by many health organizations and would reduce the staffing time spent on entering in student information. A similar model is needed for Center for Wellness, which will be discussed during their program review.

3. If applicable, list additional human resources (staffing, professional development, staff training) that will be needed to support proposed changes. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

The new Director of Health and Wellbeing is the most significant recent staffing change to this model. The current Faculty Coordinator will retire in December, and the Director will take over all administrative duties. The RN's and NP will take over all direct service activities that the Faculty Coordinator is currently engaged in. At this time there is no immediate request for an additional RN position, however as previously mentioned, this direct service need that the Faculty Coordinator filled at 50% of her time will create a gap and as a result will be closely monitored. It is important to note that one consistent report by students in the satisfaction survey are hours of operation and long wait times. Staff also report that some students have to wait up to 45 minutes to meet with a nurse. The hope is that this trend does not increase. The Center for Wellness

and Wellbeing, on the other hand, will require additional support. All full analysis of their needs will be discussed in the Wellness and Wellbeing Program Review. This is mentioned because the Center for Wellness and Wellbeing is paid for by student health fees and in the future, budgets and Program Reviews may be combined as time goes on.

4. If applicable, note particular challenges the program faces including those relating to categorical funding, budget, and staffing.

Thus far, Health Service has some foreseeable budget issues for the next fiscal year. One shortfall in the budget is the lower anticipated FTES and student headcount that has decreased and is projected to continue to decline. Health Services (and the Center for Wellness and Wellbeing) both operate off of student health fees that are mandatory for students to pay regardless of the number of units enrolled. A reduction in headcount and FTES means an overall reduction of revenue. Thus far, Health Services has not experienced a hardship as a result of this shortfall, because the Center also receives ongoing revenue in the form of a stipend from Ascension insurance as well as revenue for services provided such as TB tests, flu shots, etc.

Another shortfall is a result of the Faculty Coordinator and Director overlapping for one semester. The estimated projected shortfall or deficit in 2017/2018 as a result of the overlapping positions and the reduction in FTES has led to a projected deficit in the amount of \$309,374, according to fiscal services. While there is a small amount of money in Auxillary to address this, Health Services will need to come up with a plan to bring the Center back to balance for 2018/2019. Without the guarantee of an increase in FTES, Health Services will have to think creatively over the next few months for how to address this issue. One potential way of brining in revenue is becoming an LEA MediCal billing provider, which will be evaluated with fiscal services over the course of this year.

5. Summarize any conclusions and long term recommendations for the program resulting from the self evaluation process.

As Health Services moves forward into the next 1-6 years, the Center will benefit from a variety of efficiencies that will impact training and development, budget, student and staff satisfaction, and overall performance. As Health and Wellbeing merge together, it would valuable for Health Services to document services in *real time*, reducing wait times, and allowing for more time for staff to engage in other administrative activities and/or spending more face-to-face time with students. A more advanced IT platform with tablets and desk tops in exam rooms will save staff time and help the overall budget. This will advance staff development, as they learn to become more efficient with time and learn new platforms. It also allows for an increase in overall satisfaction, as one of our more common suggestions is to decrease wait times.

Merging with the Center for Wellness and Wellbeing will also allow for an opportunity to look at our current staffing model in both program and determine if there are any efficiencies to be had in either area. Changes such as one front office manager could streamline process for students and staff, and help to reduce staffing

costs as we move forward.

6. Please use this field to share any information the program feels is not covered under any other questions.

Health Services is a robust, innovative, holistic service delivery model that aims to not only meet the immediate medical and physical needs of students, but also strives to provide information and education whenever possible in the form of presentations, workshops, and educational material. The Center value's the mission of the college to provide a safe, inclusive, and dynamic learning environment that encourages personal and intellectual exploration. The Center is a safety net, ensuring that all students function at their optimal level of health and wellbeing. The new Director is passionate about program development and this requires finding new training and funding opportunities to bring in revenue to the program and college. As Health Services moves forward in a land with decreasing FTES and student headcount, it is important that each oppoortunity is looked at through a fiscal lens. The Center is also excited about the upcoming integration with Center for Wellness that will bring both departments new opportunities and knowledge, with an overall common goal for continuity of student care.

Evaluation of Process

Please comment on the effectiveness of the Program Review process in focusing program planning.

As a brand new Director with a little over a month of service, using the Program Review tool was invaluable in getting to know the Health Services staffing model, current and future program needs, area of growth and development, as well as areas of opportunity. Although a lengthy process, it expedited the learning curve and allowed for a deep dive into some of the major challenges and areas for growth. Furure planning became a lot easier after the Program Review process because you are forced to think and analyze historical data and make sense of trends. Spend time looking at data isn't something a new hire gets to do too often, but it was greatly appreciated. The Director is also thankful for the time spent by the committee, the Senior Administrative Dean, and the Faculty Coordinator for all their time and valuable feedback.

Executive Summary

These fields to be filled out by the Program Review committee. Reports will be sent to the program and will be available on-line to populate relevant fields in the annual report and the next 6 year report.

Narrative

Program Evaluation

Commendations

Recommendations for Program Strengthening

Recommendations for Institutional Support

Attached Files

Attachment 1_Demographic Data with Comparison Gr

Attachment 2_Satisfaction Survey Data

Attachment 3_Unit Outcome Measurement

