**College of Alameda**

**Student Health Services**

**2012 Program Review**

**With**

**Addendum**

**Compiled By**

 **Mercy Popoola RN, PhD, CNS - Campus Nurse**

**Reviewed by:**

**Student Services Council**

**Dr. Alexis Montevirgen, Chairperson**

**October 2012**

**INTRODUCTION**

The preparation of this program review is the collaborative work of the new Dean of Special Programs and the new Campus Nurse. Since the campus nurse (hired in the end of March 2012) and the Dean (assumed the department administrator position in Fall 2012) are new to these positions, this review was developed after an extensive review of the previous Student Health Services (SHS) program documents. The previous administrator retired in June 2012.

This 2012 program review presents partial data for only a few months in 2012 as presented on page six. Therefore, while it is not comprehensive, the primary objective for this 2012 program review is to report some of the activities that are currently being implemented in SHS. At the end of this academic year in 2013, a full program review will be completed.

This goal to complete a full program review in 2013 aligns with the District Health Service’s plans to assess SHS since the introduction of the new student health fee.

# BACKGROUND INFORMATION

1. Descriptions
2. The Unit

College of Alameda (COA) Student Health Services (SHS) provides the services of one registered nurse and one mental health care provider to assist students in holistic health matters. Currently, the SHS college nurse is approved for 20 hours of work each week instead of the typical 30 hours. These 20 hours are limited to the fall and spring semesters (summer hours are not guaranteed). Also, no one is officially the SHS Coordinator at this time. Practically, however, the college nurse is acting in that role. The mental health provider is approved for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The primary goal of SHS is to provide health - nursing care and health education to COA students, faculty and staff. The educational goal is enhanced by modifying health related barriers to learning by promoting students optimal wellbeing required for life long learning. The goal is also to inform people about the health care services available in and around the community.

The philosophy of SHS reflects the purpose, goals, and mission statement of COA. In addition to holding a holistic and caring attitude toward COA students, faculty, and staff , SHS strives with professionalism, to promote health, prevent disease, and to meet the unique needs of every individual who comes to SHS.

Collaboration is a key part of the working relationship of the college nurse with the college as a whole. The practice framework includes health promotion, disease prevention, early diagnosis, and prompt treatment, all within the scope of practice of the California Nurse Practice Act. Neither COA nor SHS is responsible or equipped for identifying and managing serious illness.

SHS is located in F-105 of the Student Activities building and includes a waiting room, examination room, office, and bathroom. Because of space limitation the office sometimes is used to see mental health patients. The layout was designed to enable two different groups to function independently in different areas off the waiting room. Currently, the mental health provider and the college nurse use the space to see students on alternate days. The services that are provided currently include:

1. Nurse run clinic to assist with minor first aid problems and emergencies
2. Mental health clinic
3. Health and safety education.
4. Health evaluations for clients seeking assistance with personal health concerns.
5. Referrals to community agencies as appropriate.
6. Coordination of wellness programs with outside providers (eye care, flu shots, etc.).
7. History of the Unit

When the college opened in 1970, health services were contracted out to the Alameda County Department of Health Services. Thirty hours per week of health services were available to staff and students. In 1972, a college nurse was hired to provide those health services as the coordinator. In addition to the nurse, the Peralta Police were available for emergency situations. Today, COA has a full time Sherriff. The current SHS offices were built and occupied by the fall of 2006

Currently, there is no SHS Coordinator. The previous SHS Coordinator was hired in 2002 and transferred to the District office in 2010 to become the Health Services Director for Paralta Community College and to manage the Student Health fee. The current college nurse was hired at the end of March 2012 for 20hours a week.

On January 26, 2010, the Peralta Board of Trustees passed a resolution to begin charging students a health fee beginning in the fall of 2010.

1. Purposes and Needs Assessed
	* The program uses a licensed registered nurse to provide health services, health education, and referral to community health services, within the framework of a safe and educational environment.
	* The purpose of SHS is to provide health services to students, faculty and staff as presented above
	* SHS is not equipped for identifying and managing serious illness or for overnight or extended care.
	* Cases of serious illness or injury are referred to Laney College where there is a physician or nurse practitioners, or to the emergency room in the community.
	* No needs assessment has been conducted in this academic year.
2. Current Components: The following are the major components of the services provided:
* Student health and wellness
* Health Education
* Individualized health services by licensed registered nurse are offered daily to students (At this point, SHS is not able to open from 8 am to 5 pm. Some services are available in collaboration with community resources.
* Mental health services consist of referrals for immediate on-campus intervention and for community crisis intervention and on-going therapy.
* SHS also participate in campus-wide safety programs and is part of the safety committee to provide expert opinion in specific health safety areas.
* Describe unique aspects of the program. The SHS provides:
1. Health and wellness educational programs for the campus community.
2. Services that address the physical, emotional and/or spiritual (holistic) health needs of our students.
3. Information about inexpensive or free health services in the community.
4. Case management and advocacy services for students.
5. Expertise in areas of health and safety matters for various campus and district groups.
6. Describe your current resources
	1. Financial resources: SHS received a budget of less than $1000 in this 2012-2013 academic year. This funding is not sufficient to provide adequate services and health education. When additional funds are required, the college nurse contacts the director of health services for additional support. For example, additional funds will be needed to organize and implement the health fair for this academic year.
	2. Facilities: The facility is small. As we continue to provide additional services such as lab testing, additional space will be needed and requested. The current facility is not equipped for lab testing using the guidelines from the Center of Disease Control.
	3. Personnel and Administration: A registered nurse is employed for 20 hours per week and has no administrative authority to coordinate, organize, or streamline all COA health services.
	4. Equipment and supplies: Sufficient equipment and supplies are provided or otherwise available with supplementary budget from the SHS student health fee; the fee is managed from the District.
7. Provide your program goals and show how they are measured

**Program Goal:** To facilitate student learning and goal attainment through student support services and to develop appropriate health services for students. The following describe some of the services that are currently being implemented with the Health Fee.

|  |  |  |
| --- | --- | --- |
| GOAL | HOW IS THE GOAL MEASURED(INDICATORS) | WHAT ARE EXPECTED OUTCOMES |
| **General Health Services:**  These services include but are not limited to: first aid, health education, smoking cessation, health and wellness counseling, triage, health insurance counseling, and referrals to off-site facilities (e.g. vision examinations and eyeglasses). | By May 2013, a survey of student health will indicate whether more students are receiving quality holistic health services.  | The number of visits to the emergency room from students at COA will decrease by 90% |
| **Continue Mental Health Services**  | By 2013, a survey of student health will indicate whether fewer students require mental health counseling and treatment.  | A part-time mental health specialist is present weekly on COA’s campus. |
| **Health Education:** Continue to educate about family planning, sexually transmitted infections (STIs) and women’s health - education | By 2013, a survey of student health will indicate whether STI has been reduced.  | Increased awareness of the Peralta Wellness Center and community resources on STI testing |
| **Re-evaluate the need of a part time medical doctor and laboratory.** | By 2014, a survey of students will evaluate this need.  | Hire or consult with a physician for one day a term to review COA clinic status. |

**II. STUDENT DEMOGRAPHICS OF THOSE USING YOUR SERVICES**

**Table1 2012 Demographics by Months**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | April | May | Sept | Oct | Nov | Dec | Total |
| Gender |  |  |  |  |  |  |  |
| Male Students |  | 21 | 31 | 15 |  |  |  |
| Female Students |  | 30 | 43 | 27 |  |  |  |
|  |  |  | 74 |  |  |  |  |
| Ethnicity |  |  |  |  |  |  |  |
| African American |  |  |  |  |  |  |  |
| Asian American |  |  |  |  |  |  |  |
| Non-Asian or Pacific Islander |  |  |  |  |  |  |  |
| Filipino |  |  |  |  |  |  |  |
| Hispanic |  |  |  |  |  |  |  |
| Caucasian |  |  |  |  |  |  |  |
| Unknown |  |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |  |
| Age |  |  |  |  |  |  |  |
| Under 25 years |  | 27 | 40 |  |  |  |  |
| 26 - 35 years |  | 12 | 16 |  |  |  |  |
| 36 - 45 years |  | 6 | 9 |  |  |  |  |
| 46 – 55 years |  | 3 | 4 | 3 |  |  |  |
| Over 56 years  |  | 1 | 5 | 3 |  |  |  |
|  |  |  |  |  |  |  |  |
| Problems by Holistic Category |  |  |  |  |  |  |  |
| Minor Physical Issues |  |  | 4 |  |  |  |  |
| Burn and Skin Care |  |  | 2 |  |  |  |  |
| Emergency Calls and Visits |  |  | 2 |  |  |  |  |
| Mental Health  |  |  | 2 |  |  |  |  |
| Emotional Supports or Counseling per Nurse |  |  | 4 |  |  |  |  |
| Spiritual Health |  |  | 2 |  |  |  |  |
| Financial- Supplies\* and Food Support  |  |  | 1 |  |  |  |  |
| Social or Housing Visits – Potential Homelessness |  |  | 2 |  |  |  |  |
| Weight and Nutrition Education |  |  | >10 |  |  |  |  |
| Overall General Education |  |  | 4 |  |  |  |  |
| STD or STI and Birth Control Questions |  |  | 3 |  |  |  |  |
| Dispensing or Requesting Condoms &Sanitary Pads | 10 | >10 | 13 |  |  |  |  |
| Emergency Room Visit |  |  | 2 |  |  |  |  |
| TB Skin Test Referral |  |  | 2 |  |  |  |  |
| Physical Examination and Serious Health to Laney |  |  | 2 |  |  |  |  |
| Referral to Eye Doctor  |  |  | 2 |  |  |  |  |
| Referral to for Dental Care |  |  | 2 |  |  |  |  |
| Referral to Other  |  |  | 3 |  |  |  |  |
| Referral to Risk Management and DSPS |  |  | 5 |  |  |  |  |
| Flu Shots  |  |  | 0 |  |  |  |  |
| Info Center -Health Education Brochures Collection |  |  | 7 |  |  |  |  |
| **Total SHS Visit Per Month**  |  | **51** | **74** | **42** |  |  |  |
|  |  |  |  |  |  |  |  |
| New Holistic Health Educational Programs |  |  |  |  |  |  |  |
| Meditation Week with Music and Slide Show |  |  | 1 |  |  |  |  |
| Weight Monitoring  |  |  | >10 |  |  |  |  |
| Blood Pressure Monitoring |  |  | 5 |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\*In addition to condoms and pads, students are constantly coming in for band aids, cough drops, lotion, water, etc.

**III. STUDENT PERFORMANCE AND FEEDBACK**

No current data this year.

# IV. PROGRAM EFFECTIVENESS

* + - 1. Interdepartmental/Program/Campus collaboration: Committees:
	1. Membership in standing committees:
		+ COA Crisis Team (chair);
		+ COA Safety Committee (member),
		+ COA Student Service Council (member)
		+ COA Health Fair Task Force (chair).
	2. How does the unit (and committees in which unit participates) support other administrative, student services and academic units in the college?
		+ Health Services consultation
		+ Health education
		+ Develop and review current and new guidelines
		+ Develop a Flu Prevention Campaign
		+ Develop Training Programs: Stress Management Workshops
		+ Support, and training on the management of disruptive students in the classroom.

* 1. If your program does have an impact on other programs/departments/services, please describe the nature and effectiveness of the relationship. The program currently impacts the following areas:
		+ - Instruction: SHS help students solve their health-related problems thus contributing to each student’s ability to persevere in their academic pursuits.
* Cal WORKS: SHS acts as a consultant when needed.
* Student Activities: SHS acts as a consultant and can provide some supplies.
* DSPS: SHS acts a consultant in some areas.
* COA Safety Committee: SHS acts as a representative for various college groups (student and faculty) and as a consultant for problem solving.
* General college community: SHS provides education, consultation and referral for all aspects of the community.
* Risk Management: SHS completing and report all incident report.
* Web Designer: Revise and update the SHS website to remove outdated links
* Library Staff to deal with student emergencies
	+ - 1. Quantity of services delivered:

2012-2013: Data is still ongoing. Accurate data collection for 2012 started in September 2012. The table in the previous page provides a structure for future data collection. See Table

* Type of client: No current data
* Types of Services: No current data
* Complexity of Visit: No current data
* Other incidental visits: No current data
* No data collected for the dark lines with grid.

# V. STUDENT LEARNING OUTCOMES

The history, mission, philosophy, and goals of SHS guide the development of the student learning outcomes (SLOs). The SHS has designed new SLOs to aligned and parallel with COA mission and the SLOs that were developed in 2010. SHS’s SLOs are also congruent with the District Health Services SLOs. The following are the 2012 – 2013 SLOs for COA.

To support the following SLOs, SHS promotes an inclusive environment that supports preventive practices and fosters student learning and wellness.

1. List the student learning outcomes that are presently being assessed. Describe the activities that will be or have been implemented to achieve the SLOs.

**SLOs Currently Being Assessed:** After receiving a Tuberculosis Screening (TB) Test, clients will demonstrate an increased understanding of the meaning of the skin test, TB disease transmission and the difference between TB disease and TB infection. Assessed by pre- and post-testing.

**Response:** Presently SHS cannot assess this SLO because no TB screening has been performed since 2010. SHS needs a supervising or consulting physician for the service to be provided. As TB testing is now being performed in the Laney Clinic which is 5 miles away and accessible via public transportation, the assessment will be perform by Laney College.

**Additional or New SLOs**

After participating in the Crisis Team Workshop, participants will demonstrate an increased understanding of actions to take for a student in crisis. This increased understanding will be assessed by pre- and post-testing.

Faculty and staff will use critical thinking to apply basic first aid and to understand preventive practices in the context of the broader health education. (To be assessed by a survey and pre-posttest.

Evaluate the outcome of ongoing therapeutic health promotion and education interventions with individuals and groups in collaboration with the college and the community. (To be assessed by a survey, the number of emergency calls, and by pre-posttest)

Students will be able to understand the importance of healthy behavior through ongoing health education (To be assessed by sign in sheets and pre and posttest).

With every visit student, faculty, staff, and visitors are treated with respect, courtesy and dignity. This is the most important student learning outcome that will be measured in 2013 and will be evaluated with a tracking tool and a survey.

1. What additional student learning outcomes should be considered to demonstrate what your student should know and/or be able to do as a consequence of the service provided by your unit?

The new cohort of student health services will be district-wide. In order to measure the effectiveness of differently provided services, some funds from the new student health fee should be used to underwrite the National College Health Assessment test. This survey can be administered to students using the new Peralta Wellness Center, and to students who have no need for, the Center. This assessment will measure the impact of services on the student body.

#

# VI. ACTION PLAN

1. Future Needs of the Program:

Develop a series of lectures and workshops for students, faculty and staff. Examples include:

* + Effectively Managing Student Crisis: to learn how to effectively manage interactions with students who exhibit behaviors that is disruptive, confrontational, emotional, or troubling.
	+ First Aid and CPR: To teach basic first aid
	+ Seminars on working with students with disabilities.
	+ Online educational service via web site and the Library
	+ Professional Health Continuing Education Units (CEUs) – Periodic educational offerings
	+ What are Emergencies and Emergency Care?
	+ Creating a Holistic Self Care or Wellness Center for Self Health Education.
	+ Participate in the student Blood Donation Drive
	+ Annual update of the AED or AED program oversight.

Develop a working budget for the department that reflects adequate compensation for the SHS coordinator based on qualification and 30hours of service per week.

1. Future Goals and Methods of Assessment: These following future goals are in addition to the goals stated above for the SLOs
	* Educate students with videos that will be in the waiting area and student lounge (use survey to evaluate the effectiveness)
	* Make the weight scale available in the student center. Currently, the large weight monitoring scale in the waiting area is only available when the college nurse is working.
	* Update the Health and Health Education Resources Board (listing)
2. Six year Strategic Action Plan for SHS: Since the goals SHS include health education and management of minor health problems, the SLOs will be used to promote an inclusive environment that support preventive practices and provide opportunity for students, faculty, and staff to participate in the various health promotion activities. The goal is to influence students ability to engage in preventive practices through programs such as:
	* Hand washing campaign to prevent the flu and other diseases.
	* Meditation Week to Reduce Stress especially during exam weeks
	* Know your body mass index (BMI) to manage weight
	* Smoking Cessation Reduction Workshops
	* Multi-Media Health Education Options
	* Sexually Transmitted Infection (STI) Education
	* Blood Pressure Monitoring Awareness
	* Dental Hygiene to encouraged the use of the Dental Clinic on Campus
	* Sight Assessment by using eye exam and eye wear vouchers that make vision services nearly free.
3. Support Needed
	* Since the health fee only contributes about 25% to the total amount of funds needed for a full-service clinic, as seen in other community colleges across the state, a budget will be proposed for additional funding if the need is documented.
	* Officially fill the position of the SHS Coordinator who will be responsible for seeing students, faculty and staff without service interruptions, and who will also conduct program assessment, review, and/or budget management as needed.
	* Work with the Health Service Director to ensure that SHS services align with the goals behind the health fee and the District health SLOs.
	* Continue to partner with Alameda County Health Services and other Community agencies to help provide expertise and to identify other funding streams for the clinic.
	* Continue to support and offer services at Laney College (due to centrality of transportation services) and continue to offer the health coordinator functions at the colleges presently served.
	* Develop a projected budget for the next five years with a five year program plan.
	* Implement a Tele health multi-media education program using TV, journals, magazines, handout, music, etc. in collaboration with the technology department to promote health education
	* Participate in faculty orientation by organizing several lecture sessions about basic first aid and strategies to effectively manage student crisis.
	* Develop tracking tools to assess the SLOs and provide a more data driven report.
	* Incorporate the student ambassador assigned to COA into the services required to support outreach programs and conduct surveys. Currently, the student ambassador comes to SHS once a month for a few minutes.
	* Develop new SHS policies and procedure as needed in collaboration with the four college nurses
	* Identify benchmarks using surveys
	* Develop a working budget for the department that will reflect adequate compensation for the SHS coordinator based on qualification and 30hours of service per week.

**VII. PROGRAM REVIEW ADDENDUM**

**(1) COA will fully evaluate and assess the impact of recent District financial decisions on the colleges’ ability to sustain educational programs and services.**

1. Assess how the cuts were made, evaluate the effectiveness of how it has impacted our programs- was it the best way to make reductions (assess, reflect, and plan)?

**Response:** The current campus nurse was not involved in the making the cut. Since the SHS was not open for most of 2011-2012, the plan is to evaluate the impact of SHS in the 2012 -2013 academic year. Presently, the operational and financial needs of SHS are minimal. SHS has all the supplies it needs to operates adequately. The issue of how the department will be coordinated is still pending. However, the Peralta Health Service Director report will provide further explanation as she was involved in the financial decision making process.

1. What were the processes used to make decisions about reductions, eliminations, or changes? Assess what went well with the process and what needs improving-codify the process with improvements.

**Response:** See above explanation.

1. What services/positions were eliminated or reduced due to the financial decisions that were made.

**Response:** The SHS Coordinator position has not been filled. The campus nurse has been approved to work only 20 hours per week as the campus nurse, not as the coordinator. Temporarily, she is acting as the coordinator which at times has been challenging with the given time.

 **(2) Provide Clarity on what specific impact the reductions or changes had on programs and services**

1. What are the impacts of those reductions to our programs, services at the Department level and institutionally?

**Response**: During the past two months the number of students visiting SHS has increased compared to visit in April and May 2012 when the new campus nurse began to see students. With the limitation in hours (20 instead of 30 hours per week) SHS has been closed on several occasions while the campus nurse attends meetings, locates supplies, and coordinates services.

Several faculty and staff members have expressed concern over not having the college nurse available at least four days a week or to be able to run to their class rooms to attend to emergencies.

1. What are there any positive aspects to the reductions?

**Response:** In the 2012-2013 annual report the positive aspects will be reported.

 **(3) Describe the future impact of those reductions and changes will be at each college.**

1. What are our plans going forward to deal with the reductions?

Response: The current plans are

* Request additional hours for the college nurse
* Hire a COA Health Service Coordinator
* Re –organization of the weekly schedule

**Evidence:** See current schedule

1. Identify the opportunities to streamline our curriculum and programs.

**Response:** Laney College which is about five miles from COA has services that can be shared.

 **(4) COA will provide an analysis of staff sufficiency and the quality of educational programs and services before and after budget reductions**.

1. 3 year longitudinal study of student success indicators: degree/certificate completion, success in subsequent courses, students meeting their educational goals.

**Response**: N/A

2. 3 year analysis of staffing levels-faculty, staff, administrators-are we maintaining goals established in our program reviews?

**Response:** N/A

**(5) Provide sufficient detail and evidence to evaluate the impact of these reductions on the overall educational quality of the college.**

We must use data to show the results of our evaluations and assessments are valid**.**

**Response:** In collaboration with the Peralta Health Service Director SHS plans to conduct a survey before the end of the 2012 -2013 academic year to evaluate the overall impact of the reduction. Currently, no data is available.

**(6) Describe how we intend to deal with any resulting negative impact.**

1. Identify the negative impacts and prioritize their importance.

**Response:** At this time, there are no direct negative impacts on our students however, the following are some potential negative impact that can be inferred:

* Without a designated SHS coordinated several services will be delegated to other in the college.
* Some SHS will not be able to be managed or implemented
* Role confusion may result without a clear role definition as a result of the cut

2. Use this as an opportunity for planning on fulfilling our mission to become a learning college.

**Response:** SHS is a part of the Peralta Colleges. The mission of Health Services in the Peralta Community College District is to further the equality of the educational opportunity and success for all students by providing access to health services that promote the physical, emotional, social and spiritual well-being of its students. Holistic well-being contributes to the educational aim of our community colleges by promoting student retention and academic success.

As soon as we are able to evaluate the impact SHS upon the college community, the campus nurse will use the data to create a learning environment for students to better learn about holistic wellness.