



Student and Support Services

2022 - 2023 Self-Study

Three-Year Program Review Template

Student Health Services

Student Support Services

Statement of Collaboration

The program staff listed below collaborated in an open and forthright dialogue to prepare this Self Study. Statements included herein accurately reflect the conclusions and opinions by consensus of the program staff involved in the self-study.

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Authorization

After the document is complete, it must be signed by the Principal Author, the Department Manager, and (when appropriate) the Dean or appropriate Immediate Management Supervisor (IMS) prior to submission to the Program Review Committee.

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1.0 Mission and Goals

Mission, Vision, Core Values and College Goals drive all college activities. The Program Review committee would like to understand the connection of your program to the Mission, Vision, Core Values and College Goals. Summarize how your program supports each area.

Mission: Fullerton College advances student learning and achievement by developing flexible pathways for students from our diverse communities who seek educational and career growth, certificates, associate degrees, and transfer. We foster a supportive and inclusive environment for students to be successful learners, and engaged community members.

Our team of dedicated medical professionals work in partnership with students providing confidential and quality acute health care services and prevention education to a diverse campus community, leading to improved student lives as a result of making informed responsible choices. We offer campus wide programming to promote healthy lifestyle choices.

Vision: Fullerton College will transform lives and inspire positive change in the world.

The Health Services team of professionals and support staff help students to overcome medical, psychological and social barriers to support student achievement and the ability to live healthy lives. We recognize and encourage the importance of optimal physical and mental health to succeed.

Core Values: Community; Diversity; Equity; Excellence; Growth; Inclusivity; Innovation; Integrity; Partnership; Respect; Responsibility

Fullerton College Health Services strives to be an essential part of the Fullerton College campus and surrounding communities by making available quality, culturally competent services offered equally to all students regardless of their circumstances. Students are treated with respect as staff provides appropriate education and information necessary to make healthy life choices. Health Services staff maintain their professional standards in their chosen profession.

College Goals:

1. Fullerton College will promote student success. *By addressing medical and mental health barriers that may affect normal functioning and health. By offering education that promotes optimal health.*
2. Fullerton College will reduce the achievement gap. *Health Services recognizes social determinants of health and the lack of equity in health care outcomes. Knowing achievement is related to optimal health- we strive to provide culturally competent care for all students to encourage success.*
3. Fullerton College will strengthen connections with the community. *Health Services fosters community partnerships with a variety of agencies and organizations including County of Orange – Health Care Agency, independent community providers and other NGOs (Non-Governmental Agencies) to better serve students in need. We also partner with other campus department to best assess and meet student’s health care needs.*

2.0 Program Description/Data & Trends Analysis

- 2.1 Describe the purpose, components, and staffing of this program.

The Fullerton College Health Services program, which began in 1971, assists students in maintaining and improving physical, emotional, and social well-being so that they may succeed academically, vocationally, and socially by addressing acute medical and mental health issues. A secondary purpose is to assist the college in maintaining a healthy and safe community in which to learn and grow. We address all issues through the lens of diversity, equity, and inclusion of all ethnicities and sexual orientations while recognizing many of students are from traditionally marginalized groups and many are first generation college students.

Each year thousands of students are seen by Fullerton College Health Services and each appointment is seen as an educational opportunity for that student. During appointments students are provided information and education on health services, insurance, medical tests and additional available services. Providers also take the opportunity to educate students about disease process and treatment, birth-control, immunization, preventative care and risk reduction. Providers help students fill in gaps in their understanding about healthcare, as many of our students are unfamiliar with the process of appropriately accessing care without the assistance of their parents. Mastering this process is an important developmental step in reaching adult sufficiency. Health Services assists students in becoming informed, proactive partners in managing their health care, exploring options and increasing confidence, leading to a satisfying and productive healthy lifestyle.

Health Services utilized NCHA (National College Health Assessment) data collected on our campus every 3 years to tailor health education and services to our campus specific needs.

Health Services had traditionally had two main components comprised of Medical and Mental Health, each with multiple staff and services. Recently we have transitioned into two departments comprised of Student Health Services and Behavioral Health Services. This is due to the trend seen across the US in recent years of increasing mental health needs in college students. Mental/Behavioral Health will be addressed in a separate program review.

MEDICAL

Students are seen for a variety of primary care issues, provided by one of three part-time Nurse Practitioners who are supervised by the Medical Director (a physician). The nurse practitioners are licensed by the State of California Board of Nursing and practice under their own license under the supervising physician. The Physician is licensed by the California Board of Medicine and practices under her own license. Our providers are culturally competent and well aware the proactive lifestyle choices now can prevent chronic disease in the future.

Health Services provides needed services such as, Immunization (with review), vaccines, PPD (Purified Protein Derivative) skin test that determines if an individual has Tuberculosis-placement and reading. These services are often provided by our Registered Nurses or Medical Assistant who perform many other essential medical procedures. Additionally every student seen by a medical provider is also seen by a Register Nurse or Medical Assistant.

Health Services also addresses the concerns of the college staff requiring Hepatitis-B vaccines, as well as providing paperwork for student injuries. Health Services is able to accommodate all staff and some students that are required to maintain immunization records in order to maintain employment or participate in special programs.

In 2020 Health Services became involved in the campus wide COVID response. From contact tracing, acquisition of PPE, testing, and sanitizing products, testing of athletes for practice and play, among other COVID related necessities. We have also partnered with OCHD and CDPH to provide COVID and flu vaccines on campus for both staff and students.

Health Services maintains professional relationships with outside medical providers as well as the County of Orange - Health Care Agency allowing for appropriate student referral to address long term and chronic medical conditions outside the scope of this facility. There is a monthly meeting for Institutes of Higher Education with the HCA that keeps us informed of local health issues impacting our campus. We belong to the American College Health Association as well as the HAS-CCC (the health services chapter for the California Community Colleges). These relationships are sustained through the efforts of all Health Services Staff but central to this is our Health Services Administrative Assistant and Health Services Assistant who perform many essential functions.

Health Services has two main components, with five major service areas:

Health Education

Health Education encompasses interactive services and activities that assist students with the prevention of illness, disease and dysfunction while promoting healthy living skills. The **Health Educator** along with two to four student **Peer Health Educators** organizes and hosts educational events to make students are aware of Health Services available on campus and in the community. The Health Educator serves as liaison between the college community, the surrounding community and community-agencies distributing educational and promotional printed materials, promoting self-care. Peer Educators provide classroom presentations that make students and faculty aware of health, healthy lifestyles, disease prevalence and prevention.

Medical Health Service

Medical and nursing services provide students, while college is in session, with accessible, cost-effective, quality health care for acute episodic health issues or problems. This includes primary care assessment, screening, diagnoses, treatment referral and follow-up, record keeping, evaluation, pharmaceutical, laboratory services and periodic specialty clinics. We recently worked with our athletic department to provide athletic physicals to nearly 400 athletes. We plan to continue this valuable service. We also have a focus on proactive, preventative care in promoting healthy lifestyle choices.

Mental Health

Mental health has become a major concern on the campuses of most colleges. While this has been address by creating a Department of Behavioral Health- mental health needs must still be assessed and addressed during medical appointments. Our entire staff from front to back office are trained to recognize and intervene with a student in need or in crisis. When behavioral health professionals are not available for immediate intervention the RN, NP, or Director are available to assist.

Environmental Health and Safety

Health Services participates in campus activities that assure a safe, healthful, and secure environment for students, staff, and visitors. We are dedicated to decreasing environmental hazards, prompt accident and liability reporting, risk management, and coordinating student accident insurance. Health Services is also connected with campus and district safety and disaster committees, first aid and first response emergency services, communicable disease prevention and control services (Td/Tdap, TB, HepB, and Flu vaccine), referral, follow-up, safety and health protective measures (Injury/Illness Prevention Program, Blood Borne Pathogen Program, Hazardous Materials). We assist in the AED program on campus as well as Narcan distribution to campus safety and may extend it to other departments with proper training.

Management and Coordination

Health Services appropriately utilizes student health fees to administer quality, accessible, cost-effective health services on campus. Health Services is experienced with Title 5 requirements, National Standards-American College Health Association, Accreditation for Ambulatory Health Care, American Medical Association, Board of Nursing, the Medical Board, financial auditing, quality of care issues and quality assurance and peer review program. It also acts as liaison with campus and the greater community.

Health Center Services Offered The following is a list of services provided by Health Services. This list is not static and changes to conform to the expressed needs of the students and campus while remaining consistent with Title IV and Health Services mandates.

- Diagnosis and Treatment of Short-Term Illness
- Physician and Nurse Practitioner Consultation
- Emergency/First Aid
- Registered Nurse Assessment and Screening
- Health Education and Counseling (i.e., Smoking Cessation, Eating Healthy)
- Hearing and Vision Screening (with referral)
- Mental Health Evaluation, Stabilization and Referral, Short-Term Individual and Group Counseling (Crisis Intervention)
- Referral to Specialists and Community Hospitals and Agencies
- Maintenance of Health Records
- Immunizations*
- Laboratory Tests*
- Medications and/or Prescriptions, Birth Control
- Pelvic and Breast Exams
- Minor Surgery/Wart Removal
- Orthopedic Treatment
- Wellness Physical/Pre-Employment Evaluations*

**low cost fees may apply*

2.2 Staffing – complete the table below. Please list the total number of personnel in each type of position in the department/program. Within each classification in the first column, please list the position titles. For confidentiality, **do not** include the names of any people in the position.

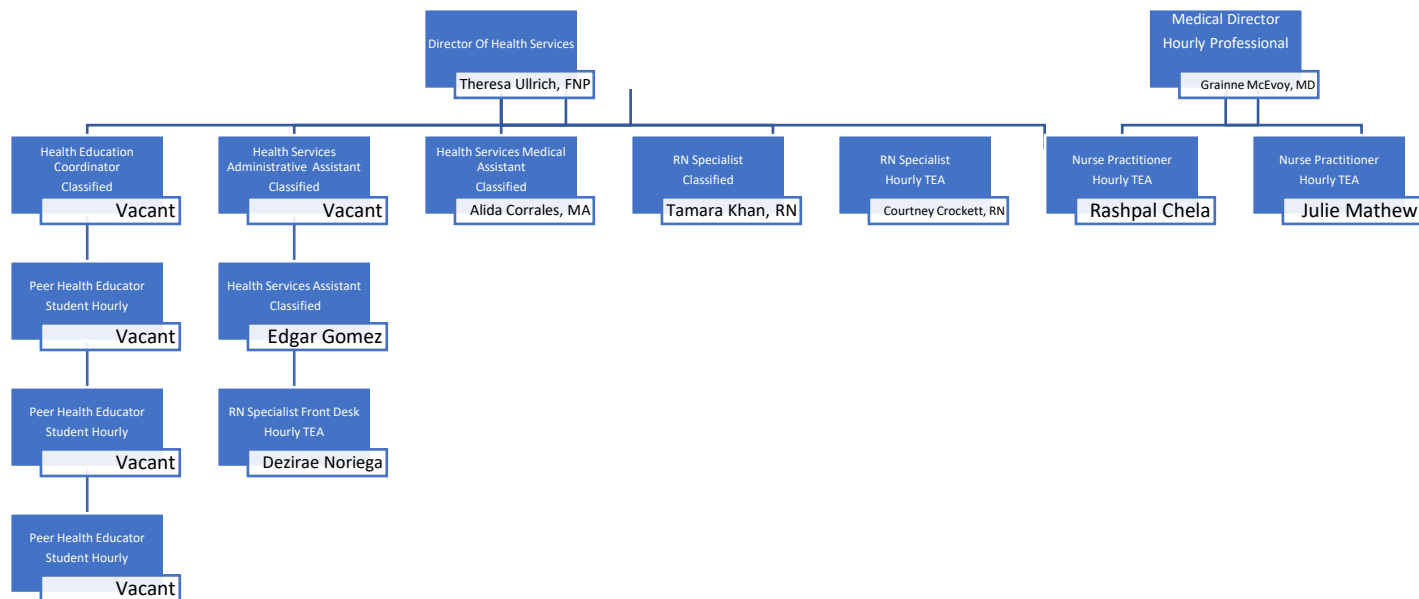
CURRENT STAFF					
Classification (Include position titles)	# of staff in each position title	Percent of employment	Months per year of employment	Source of funding (General / Categorical)	FTE
Managers					
Interim Director	1	100	12	Categorical	1.00
Classified					
Health Services Specialist (RN)	1	100	11	Categorical	1.00
Health Services Specialist (RN)	1	50	9	Categorical	.50
Health Services Administrative Assistant	1	100	11	Categorical	1.00
Medical Assistant	1	100	11	Categorical	1.00
Health Services Assistant	1	100	11	Categorical	1.00
Health Education Coordinator	1	100	11	Categorical	1.00
Faculty (full-time)	0				
Faculty (Adjunct)	0				
Hourly - Adult					
Peer Health Educator	1	25	38.5 weeks	Categorical	.25
Nurse Practitioner	2	40	38.5 weeks	Categorical	.80
Hourly – Student					
Peer Health Educator	1	25	38.5 weeks	Categorical	.25
Professional Experts					
Health Education	1			Categorical	
Medical Director	1	32.41	12	Categorical	.32
				Total FTE	8.12

2.3 Other Resources

OTHER RESOURCES				
Please list each position by classification in the department/program	Services Provided	Number of Hours	Overall Cost	Source of funding (General / Categorical)
Independent Contractors				
Orange Country Health Dept	Covid/flu vaccines	12	0	
Ca Dept of Public Health	Covid vaccines	8	0	
Volunteers				
Interns				
Total Hours & Costs				
				Total FTE

2.4 Utilize the data provided in the tables above in a discussion of the appropriateness of the staffing levels of this program.

The staffing levels for this program are not adequate to serve this student population. In 2012 which SHS was staffed at (12.45 FTE) and our current staffing of 8.12. Although student enrollment has decreased in the years post 2012, regulations have steadily increased at the same time the medical and mental health acuity of the students presenting for care is much higher. These factors require higher staffing levels than is currently experienced with Health Services. Some employees have been removed from the table as they are mental health counselors in the new Behavioral Health Dept.



Current Health Center Needs:

The interim Health Services Director position was recently filled. We currently have several positions open that need to be filled: a Registered Nurse, a part-time Nurse Practitioner and an Administrative Assistant II, Health Educator are all open.

Due to a shortage of mental health practitioners, students in crises are at times seen by Nurse Practitioners and at times Registered Nurses to evaluate for safety. Although an acceptable practice, this is not the optimal method of assessment. Health Services staff work together in collaboration between the medical staff and mental health staff to share pertinent information in order to best serve students and crisis.

We are in immediate need of a health educator that can reinstitute wellness programs such as pet therapy during finals, mindfulness, Student Health Advisory Board, and peer educator program which

significantly extends our outreach to to campus community. The health educator also facilitates campus wide learning programs based on needs identified in the NCHA (National College Health Assessment) survey results from our campus as well current hot topics in health. We are currently looking at various surveys that we may utilize with the students this year. Our health educator and PHE’s are also looking at education through the lens of equity and diversity of our student population.

As we come out of COVID we need to educate the new students on campus as to the availability of Student Health Services and what is offered here. We will offer free home tests and testing on site in 2023 and will continue to offer COVID and flu vaccine clinics if available.

Our EMR is substandard for tracking data and for documenting. We need to look into better training or possible a different EMR for both behavioral and student health. We are currently surveying other college health centers to see which EMR’s are best.

Our building is old and it is difficult to provide privacy in the check-in front window- a fact reflected in our surveys. We are understaffed causing increased wait times for students at the window, on the phone, and in the clinic. The building is dark and not welcoming as a wellness space. We have tried to mitigate that with calming décor. We are in the process of helping design a new health and wellness space in a building that currently under design and will house most of the student services on campus.

2.5 How many students are served? How has this number changed since the last review?

The table below has data that removes mental health encounters since that will be covered in a different program review. This is for medical encounters only:

Year	Encounters with provider	Unduplicated encounters
6/2019-5/2020	2,370	1,355
6/2020-5/2021	172	120
6/2021-5/2022	285	223
6/2022-12/9/2022	347	317

We also did **over 600 Covid tests in Summer 2021** for student athletes which were required for practice and play. **We did 375 athletic physicals-** a first for SHS. The physicals were previously contracted out. This was an excellent opportunity to evaluate health risks both mental and physical for our student athletes. It was also an opportunity to promote awareness of SHS services and an opportunity for them to meet the staff. We see many students at the front desk for first aid supplies & condoms and we intend to start tracking those encounters as well.

Just prior to COVID- from 8/17/19-3/9/2020 the Peer Health Educators had **1683** contacts by tabling and doing Health Ed presentations. There are no statistics after that date as we had a lockdown and loss of our PHEs and our tracking was lost in the transition. Our Health Educator had contact with **793** students during Fall 2019 semester with classes on stress reduction, substance abuse, nutrition, sexuality and other health topics.

2.6 Since the previous Program Review Self-Study what significant changes have occurred that impact the services of this program?

The program was split between Behavioral Health and Student Health- changing the overall number of visits reported by SHS in this program review.

COVID caused the campus to shut down in March 2020 and it was mostly shut down through January 2021. While we were able to offer virtual visits- the students did not utilize them much as

evidenced by the numbers. The interim director just started on 9/1/2022 so the SHS was without a health care expert in the lead since 2018. The COVID response was directed by the Director of Behavioral Health and the Dean of Student Services office.

We also had a worldwide monkeypox outbreak and STI's are on the rise. There is an increase in risky sexual activity. Student health remains committed to easy and free access to STI screening for our students. The screening involves education and counseling on safer sex practices. We also distribute free condoms to students.

There is also increasing awareness of the needs and issues of the LGBTQ+ community and student health remains committed to assisting and educating ourselves about the needs of this community. There is also an increasing recognition of the impact of institutional racism on our students of color and the need address this wherever we see it. Climate change is also a factor impacting optimal health.

Because of COVID and the lack of a health education coordinator we have not had a Student Health Advisory Committee or Peer Health Educators on campus since March of 2020.

2.7 Describe any laws, regulations, trends, policies and procedures or other influences that have an impact on the effectiveness of your program.

The COVID pandemic made a huge impact on the entire world and SHS saw an overnight shift from in-person to virtual visits. In California – OSHA issued an emergency order requiring all employers to do contact tracing of possible COVID cases. That initially fell onto the shoulders of the Dir of Behavioral Health- eventually employees were hired who report to the Dean of Student Services. While the contact tracing is OSHA related- contact tracing is taking place with the students as it directly impacts the OSHA required contact tracing.

The NOCCCD implemented a COVID vaccine mandate for the 2022 school year necessitating collecting of vaccine information and weekly testing of the unvaccinated. This is also being managed by the Dean of Student Services. The vaccine mandate is rescinded effective Jan 1 2023 but vaccines are strongly recommended. In response to the mandate SHS coordinated several COVID vaccine clinics with OCHA and CDPH on campus.

California enacted legislation during this program review that impacts health services.

- We were required to upgrade our EMR to allow for eprescribing as required by Ca.*
- We are required to have Narcan available on campus. This involves a short training and education in the use of Narcan and rescue breathing as well as the recovery position.*
- A new law effective 1/1/2023 requires all new buildings and all building that hold over 300 persons to have "Stop the Bleed" kits which include tourniquets and training.*
- AB 890 passed in 2020 and to be enacted Jan 1 2023 will allow Nurse Practitioners with over 3 years of experience to apply to the BRN to practice without standardized procedures. In the future nurse practitioners will be able to apply to practice without physician supervision.*
- COVID contact tracing and on site testing is required by OSHA through an emergency order. Contract tracing will likely continue in 2023 although the current order expires in December 2022 it is likely to be continued by OSHA*
- New regulations require that all vaccinations be recorded in the state registry CAIR so the MA, RNs and Director took online training for the system. This will add time for extra documentation of vaccines outside of our internal documentation.*

2.8 Provide any other data that is relevant to your self-study, for example, if you collected data to assess an outcome.

In 2019 the NCHA (National College Health Assessment) survey was done. A total of 635 students responded. 623 surveys were completed in 2016.

2019		2016
67%	age 18-20	52%
20%	age 21-24	27%
50%	female	56%
45%	male	39%
4.2%	non-binary	4%
52%	Hispanic	40%
27%	White	28%
17%	Asian	13.6%
3.3%	Black	6%

The most common reasons for seeking health care in the last year were allergies-18%, asthma- 10.5%, back pain-18% and migraines- 10.6%. All other health issues were below 10%. This data is similar to the 2016 data

Just under 50% report knowing they were vaccinated for the most common childhood illnesses.

Only 56% wear a helmet when bicycling and 80% report using a helmet on a motorcycle.

Substance use: Only about 20% have ever smoked a cigarette which is a significant improvement from 2016 in which over 30% had ever smoked and about 25% have vaped which is similar to 2016.

About 40% have never used alcohol but of those who do about 50% reported risky behaviors due to alcohol use. In 2016 those numbers were only 33% that had never used and remains at about 50% that reported risky behaviors after use.

56% of students have never tried marijuana compared to 58% in 2016 showing very little change.

Sexual Activity: 43% of males and 31% of females report no sexual activity in the past 12 months and in 2016 it was 37% of males and 32% of females.

64% of males and 56% females report not using contraception which is similar to the 2016 data and quite concerning.

Nutrition and Exercise: 65% report 1-2 servings of fruits/vegetables per day similar to 2016.

45% meet the guidelines for exercise recommendations similar to 2016.

48% report a normal BMI, 24% report overweight and 20% report obesity.

These numbers are similar to 2016 data with a small increase in obesity from 18-20%

Mental Health: Mental health is an integral component of overall well being and those statistics while important to us in Health Services will be discussed in the Behavioral Health Program Review.

Health Insurance: In 2019 83.8 students reported having health insurance while 7.9% reported no health insurance and 8.4% did not know insurance status. In 2016 85.9% reported having insurance while 8.8% had no insurance and 5.4% were unsure.

We also have a 7 question survey administered through our EMR: We had 747 responses from 6/1/19- 11/16/22. We were unable to separate mental health and medical visits. Results are as follows:

Were you seen by a clinic staff person within 15 min of arriving?

Blank: 16.62%

No: 18.37%

Yes: 65%

Were you greeted at the front desk in a timely and courteous manner?

Blank: 15.54%

No: 5.13%

Yes: 79.32%

Did the clinical staff introduce themselves and make you feel welcome?

Blank: 17%

No: 10.57%

Yes: 72.42%

Were all of your questions answered by the clinician or nurse?

Blank: 18.07%

No: 5.22%

Yes: 76.7%

Did you feel that you had adequate privacy and/or confidentiality?

Blank: 17.67%

No: 5.22%

Yes: 77.10%

Were you satisfied with the services you received?

Blank: 17.67%

No: 5.22%

Yes: 79.25%

If you needed to schedule a follow up appointment, was this done for you at the time of check out?

Blank: 23.96%

No: 12.18%

Yes: 63.85%

The survey will help us fine tune our services moving forward but it is encouraging to see about an 80% satisfaction rate overall. It is likely COVID and virtual visits impacted answers to some of the questions and it is likely that we will craft other questions based on these results.

3.0 Strengths, Weaknesses, Opportunities, Challenges (SWOC)

3.1 Based on your analysis in 2.1 through 2.8, what are the strengths of your program?

Health Services has a long list of areas of strength including but not limited to the following:

- We were able to immediately respond to COVID lock downs by providing virtual visits.
- We were able to obtain PPE and tests from various state and county agencies and the establishment of contact tracing and a check in center as the lockdowns subsided.
- Seasoned medical providers/staff able to rapidly assess physical and mental health issues and respond with culturally competent appropriate care.
- Women's Health Program- providing education regarding all aspects of mental and physical health as well as appropriate health testing and access to contraception.

- Health and wellness educators (with Peer Educators) providing education and outreach to individual students and groups and in classrooms settings.
- Ability to offer a number of medications to student at low and no-fee to students and the ability to access deep discounts and eprescribe medications that we don't carry.
- Positive working relationships with a number of outside-providers for student referral.
- In house and outside lab testing for a variety of medical issues- including free STI screening. The addition of CLIA (in house) testing authorization for COVID and influenza testing.
- Seasoned Health Educator - Coordinator providing outreach, classroom education, event awareness and supervising student Peer Health Educators through 1st semester 2022.
- Programs ability to gain additional funds through grants and community collaborations. Not being done at this time. We do plan to look at bringing in Family Pact- a program that offers free contraception and STI testing and treatment.
- Many over the counter first aid and menstrual products available at the front desk for no charge.
- Condoms at front desk for no charge.
- Crisis intervention if Behavioral Health team unavailable.
- Narcan training and Narcan available now through a California State program.
- Relationships with county and state organizations to provide free COVID and flu vaccines on campus.
- Access to campus specific data from the NCHA survey helps to craft health services clinical and educational offerings. We should continue to do campus specific surveys to make the most impact on our services.
- Electronic Medical Record implemented which helps with HIIPA compliance and data collection.
- Increased awareness of social determinants of health and climate change affect on health.

3.2. **Based on your analysis in 2.1 through 2.8, what are the weaknesses of your program?**

- Covid has had a major impact on the physical presence of the student body- while we were able to pivot to virtual visits- this is not preferred by our students. The fact that there are more students taking virtual classes means that coming onto campus for health care is an inconvenience. We need to both improve our virtual visit experience and provide better information/ incentive to come to campus for health care.
- The physical constraints of Health Center are not appropriate to address the current needs of the student population. The two largest service areas of Health Center are testing/treating of STI (Sexually Transmitted Infections) and Mental Health/Crisis Intervention. Currently the mental health office has been reduced to 1 due to the presence of the COVID contact tracers in one of the two offices. The Behavioral Health Director has moved out of the health center and into another building but the offices are currently being remodeled and unavailable. There are no phones in the new offices making communication difficult.
- A quiet-room where students in crisis can be taken from the waiting room and be observed by nursing staff while calming down and waiting to be seen by providers. Such rooms have one to three reclining chairs (dividers are used when rooms are multi-use) that students with a variety of issues can use this area to comfortably wait to be seen by a provider. This room is in the plan for the new health center being built.

- The Health Center lacks flooring that is easily cleaned and resistant to bacterial growth. The entire health center is carpeted, which does not allow for appropriate hygienic standards necessary for a college health center. Carpet is a possible breeding ground for pathogens. We have hard flooring going into the new health center.
- Furniture in mental health provider offices is not appropriate and is not helpful to students feeling comfortable. We have new furniture on order for the new health center
- EMR (Electronic Medical Records) system is problematic and difficult to work with, slowing provider's productivity and ability to be responsive to students. However, this has been an improvement over paper files.
- In spite of efforts to provide outreach and advertising, many students remain unaware of or do not utilize the Health Center and the services provided.
- Up to date technology could help to increase social media awareness. We currently have a Facebook page and Instagram. We will look into improving our outreach on social media.
- We have 2 critical positions that are not filled- that is Health Services Administrative Assistant and Health Educator- these positions are essential to improve the functioning of health services and to represent health services on the campus to promote awareness of our services and to provide essential educational programs to our student population.
- Low pay for professionals such as RN's, NP's and MH is a barrier to recruitment and retention of high quality providers. This has been an ongoing battle in the district for years. The use of TEA's (temporary employee agreement) has not allowed professionals to accrue vacation or retirement benefits. Many other colleges use different hiring practices for professional staff such as part time or faculty models.

3.3 **Based on your analysis in 2.1 through 2.8, what opportunities exist for your program?**

- Possibility of using an EMR add-on program to text students as a reminder at 48 hours 24 hours and two hours in advance of their appointment to decrease no-shows and late cancelations. The no show rate for medical appointments is about 20%.
- Increased use social media to improve outreach to students and increase service utilization such as: Birth Control, Mental Health Services, STI Screenings, Flu Shots and group health related educational opportunities and the ability to track the effectiveness of such outreach.
- The current EMR system is not a user-friendly system. Exploration of a different EMR system or improved training in the current system would decrease information input time and frustration for providers and support staff. Newer or updated systems can also provide increased information for reports, access trends and increase productivity.
- Inclusion of programs such as "Family-PACT" which could increase funding for services the Health Center already performs through reimbursements. Health Services has the ability to recoup significant dollars to enhance the fees paid by students and provide high level of care. To implement these reforms, a different staffing structure must be used. This staffing structure might include a billing specialist position or possibly a computer based billing system.
- We have recently renewed our membership in the Health Services Association of the California

Community Colleges (HAS-CCC) which is a wealth of information from community colleges throughout the state in best practices and information sharing.

- We have recently joined the Institutes of Higher Education (IHE) task force created in partnership with the OCHD which meets monthly and has evolved from a COVID specific focus to include other topics of shared interest in our campus communities.
- Will join the newly formed safety committee and existing emergency response committees to assist in addressing ongoing disaster response preparedness and other campus safety issues including a wider distribution of Narcan across campus.
- As we prepare to move into a new facility- opportunities exist to forge stronger relationships with other departments on campus to further define student needs and to work toward increasing a sense of community that promotes lifelong healthy choices. We will also have greater visibility in our new health and wellness center.

3.4 Based on your analysis in 2.1 through 2.8, what challenges exist for your program?

- COVID will present ongoing challenges as we navigate the course from pandemic to endemic. Encouraging vaccines and boosters will be paramount. We are not sure how longer contact tracing will be necessary. We need further education regarding wearing of masks during respiratory infection outbreaks. We should have masks readily available on campus. The political climate during the COVID outbreak caused some people to have a resistance to vaccines and masks causing some negative interactions at times and concerns about reimplementing vaccine or mask mandates should another outbreak occur.
- Covid has impacted student access to health care as discussed earlier fewer students on campus and while there is availability of virtual visits the student have little interest in them.
- There has been increasing numbers of STIs- (Sexually Transmitted Infection) across the country- and Fullerton College is no exception. We have seen increasing rates of chlamydia, syphilis, and even a case of monkeypox. Condom use is down amongst all populations increasing the need for education and screening services.
- Health Services current EMR system requires much more time by providers and support staff than would be necessary in a newer version. We will also look into a version with a personal link so that student's can track their lab and other health data.
- Health Services is ill equipped to respond to a disaster of any magnitude due to the lack of life-saving emergency equipment and supplies. Much of the limited supplies are damaged, broken, spoiled, out dated or inaccessible. Materials needed includes bandages, splints cots, stretchers, cleaning/sterilizing products and other basic first aid supplies.
- Staffing:
 - Interim Health Director recently hired.
 - Long-term Administrative Assistant II position has been vacant but filled by our health services assistant for past 3.5 years.

- Health Educator position is currently vacant
- The current compensation rates for mental health and medical professionals does not meet community standards, making it extremely difficult to attract and retain quality staff.

4.0 Outcome Assessment

Note: Sections 4.9 and 4.10 are new. Please review before filling out your outcome tables below.

List your outcomes and complete the expandable table below. 4.1 List your outcomes and complete the expandable table below.

Continuing: Measured previously and will continue monitoring (will be reworded)

	What are your program outcomes?	When was the Assessment Completed?	When did you analyze the data?	When were changes made?	Number of Cycles Completed
1.	<p><i>OLD: Will not be measured moving forward:</i></p> <p>Utilize the results of the NCHA (National College Health Assessment) surveys over three iterations: 2013, 2016, and 2019 to predict student behavior and needs and develop useful student health services and programs.</p> <ul style="list-style-type: none"> • <i>SAO: Compare results of the NCHA surveys over four iterations: 2013, 2016, and 2019 to track trends in student health related behaviors in the following areas: physical, mental, sexual, exercise, sleep, nutrition and the use of drugs and alcohol.</i> 	2019	2022	The survey was completed for all 3 years and the data compared. The survey was not completed in 2022 due to lack of staffing. The 2013 survey was unavailable. Comparisons were made between 2016 and 2019.	3
2.	<p><i>OLD: Will not be measured moving forward:</i></p> <p>Health services will experience a marked decrease in the number of student no-shows for mental health appoints by utilizing an add-on software program that automatically sends a text to students as a reminder of their upcoming appointment</p>	The cost of the system was prohibitive. This metric will be in the Behavioral Health report as of this cycle.	Fall 2022	The text program was cost prohibitive and was not implemented.	0

	<ul style="list-style-type: none"> SAO: The number of students not showing for appointment with mental health counselor 				
3.	<p><i>OLD: Will not be measured moving forward:</i></p> <p>Students completing a GYN intake visit will learn to identify reproductive health activities important to maintaining wellness.</p> <ul style="list-style-type: none"> SAO: The EMR will be customized to capture aggregate OB/GYN intake and historical data and sexual health intake data so that we can better define and understand this behavior and implement appropriate health education and clinical programs. 	<p>This is a metric that was not implemented due to the change in leadership. The data is entered into the the EMR but it can't be captured in a meaningful way.</p>	Fall 2022	<p>While the data is collected it is not in a usable format to capture the SAO goal.</p>	0
4.	<p><i>Continuing: Measured previously and will continue monitoring (reworded in row 7 of table)</i></p> <p>Conversion from paper medical records to an electronic medical record (EMR) system will allow Health Services staff to more efficiently and expediently manage student requests for appoints and access to services</p> <ul style="list-style-type: none"> SAO: Conversion from paper medical records to an electronic medical record (EMR) system will allow Health Services staff to more efficiently and expediently manage student requests for appointments and access to services as measured by student and staff satisfaction reports. 	<p>The EMR was utilized for appointments only until 2015 at which time the clinicians were trained in charting notes in the EMR. The transition was completed but the final date is uncertain due to changes in leadership and staff.</p>	Fall '22	<p>It has proven difficult to get meaningful from data from the current EMR. The reports have to be customized by the company and there is a cost for each report. We do have satisfaction data based on 7 survey questions.</p> <p>We plan to assess the EMR for further training opportunities or replacement.</p>	3

5.	<p><i>New:</i> Reinstitute campus wide health promotion programs such as smoke out, pet therapy etc. That improve student health</p>	N/A	N/A	N/A	N/A
6.	<p><i>New:</i> Decrease student illness (I.e. flu/COVID) by providing access to vaccines. This will improve attendance and retention. On campus vaccine clinics will remove barriers to vaccine access.</p>	N/A	N/A	N/A	N/A
7.	<p><i>New:</i> Improve student experience by involving students & community in Student Health Advisory Board with a focus on social determinants of health and the impact of climate change on health.</p>	N/A	N/A	N/A	N/A
8.	<p><i>New:</i> Improve healthcare delivery to student population by understanding trends in college health care and utilizing evidence-based medicine</p>	N/A	N/A	N/A	N/A

9.	<i>New:</i> Increase the number of students served each semester by utilizing campus specific survey data to tailor health education programs and health services clinical offerings.	N/A	N/A	N/A	N/A
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4.2 Assessment: Complete the expandable table below.

	Intended Outcomes	How will you determine if the outcome is met?	How will you collect the data?	Can this data be disaggregated at the student level?	What will the results show?
1.	Reinstitute campus wide health promotion programs such as smoke out, pet therapy etc. that improve student health.	Calendar will reflect the events are scheduled and held	Count the number of events and participants	possibly	Participation in various health related programs
2.	Improve student access to vaccines.	We will count the number of vaccines given	Record number of vaccines	Possibly	Improved vaccination status for students on campus resulting in less illness.
3.	Improve student experience and health center service by involving students & community in Student Health Advisory Board with a focus on social determinants of health and the impact of climate change on health.	Will have meeting minutes	Assess number of meetings held	No	Minutes will record community input into health service offerings
4.	Improve healthcare delivery to student population by understanding trends in college health care and utilizing evidence-based medicine	In house chart audits will reflect increased provider use of evidence based medicine	Review of chart audits	No	Increased clinician use of evidence based medicine reflected in chart audits

5.	Increase the number of students served each semester by utilizing campus specific survey data to tailor health education programs and health services clinical offerings.	Health services EMR will reflect increase in number of students seen and data will be collected at campus wide health education programs	Evaluation of data collected	Yes	Health services will reflect increased utilization and health education programs will reflect knowledge gained reflected in student survey post program. Surveys administered in clinic through the EMR.
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4.3 How has assessment of program outcomes led to improvements in services provided to students by this program?

- We utilize the NCHA results to tailor educational outreach to students. We have successfully utilized our health education team to do programs that address the most common health issues facing our college population- programs on substance use, nutrition, and sexual health are some examples.
- Based on NCHA data we have implemented free STI screening/testing for students
- Implementation of the EMR has made it easier to track trends in student visits to improve access and staff education regarding common problems that our students have.

4.4 How has assessment of outcomes led to improvements in student learning and achievement?

- Use of NCHA data guides our student health campus wide programs. We have data from 2 programs done in 2019 that reflect positive learning outcomes regarding marijuana use and also a wellness symposium that focused on stress. Much of our outcome data from such programs is unavailable due to staffing transitions- the use of computer programs to track data is useful but problematic when there is staff turnover and the data is not on shared drive or is otherwise inaccessible and lost to us.

4.5 What challenges remain to make your program outcomes more effective?

- Low pay for professional staff such as nurse practitioners and RNs make it difficult to recruit and retain quality health professionals.
- Current staff vacancies such as Administrative Assistant and Health Educator to provide much need campus wide outreach and social media outreach.
- Adequate signage to direct students to SHS. Antiquated and inadequate building space to provide privacy and a safe and comfortable environment for students and staff.
- COVID policy on campus that allows for 60/40 hybrid attendance means that we don't always have adequate staff on site to meet student needs.
- Lack of recent campus wide NCHA survey to assess current student needs.

4.6 Describe how the program's outcomes are linked to the [college's goals](#).

Goal 1: Promote success for every student. Objective 1: Create a clear pathway for every student.

Maintaining optimal health is critical to attaining success in college- by offering health services and education as well as vaccines for preventable illnesses Student Health Services (SHS) helps to create an environment that promotes student success.

Goal 2: Cultivate a culture of equity. Objective 4: Foster a sense of belonging where all are welcome and student basic needs are addressed.

SHS is aware of inequities in access to health care and health education. Our goal to reinstate the Student Health Advisory Board is in line with equity as recruitment of traditionally marginalized and underserved communities will provide guidance to SHS to reach out to all communities with services and programs that meet the needs of all students.

Goal 3: Strengthen connections with our community. Objective 2: Create and expand relationships with local businesses and civic organizations.

By partnering with local public health department and local pharmacies to provide vaccines to students, staff and community members we are strengthening our community ties. We will continue this outreach.

Goal 4: Commit to accountability and continuous quality improvement. Objective 3: Provide professional and career development opportunities for students, faculty, and staff.

Our program goals to improve educational opportunities for our health care professionals and other staff will positively impact care delivery to our students. Access to organizations that promote college health will allow us to offer focused and timely education and health care.

4.7 Describe how the program's outcomes support the achievement of the [institution SLOs](#).

2. Critical Thinking and Information Competency: Students will be able to think critically by analyzing data in addressing and evaluating problems and issues in making decisions.

SHS program goals to empower students to be proactive about their health by educating them on various health topics both campus wide and individually at the SHS encourages use of critical thinking and problem solving.

Personal Responsibility and Professional Development: Students will be able to demonstrate self-awareness, social and physical wellness, and workplace skills.

Our program promotes this outcome in several ways. Campus wide education regarding healthy lifestyle as well as individual consultations promoting lifelong health and healthy choices.

4.8 A. What methods are used to assess the program's success in serving the student population that interacts with your program?

Methods to measure success will include data collection as to the number of students attending campus wide events and individual appointments as well as other utilization of services- such as contacts at our front window for over the counter medications. We will use post surveys to assess knowledge gains and intended behavior change based on our interventions. We will use our SHAC- Student Health Advisory Committee input to create programming and services that are needed in our campus community. This will be measured by tracking programming that takes place.

B. What do the results of the above methods of assessment indicate about the effectiveness of the program?

The results of the data collection and post program surveys will inform of the interest in our offerings and the effectiveness of our programming.

C. How were the assessment results used to make improvements to services provided by this program? Please provide examples.

Use of the NCHA survey data helped to drive programming from mindfulness and stress reduction workshops to substance abuse workshops. Within the health center there came a greater emphasis on STI screening and education based on trends seen in the survey. The numbers of students attending events is also data utilized to plan future programming.

4.9 At least one outcomes listed in 4.1 should address the following:

A. List the outcomes that focuses on individual student learning or actions.

Campus wide programs promote individual student learning as well as in person clinic encounters. Vaccine availability on campus will influence student behavior by removing barriers to access.

B. Identify methods to assess outcomes in such a way that the data can be disaggregated.

We will collect data at our campus wide programs to assess certain student demographics- such as age and gender. We are working to disaggregate data from individual visits in the health center by age, gender and ethnicity.

C. Identify a process for using outcome assessment data to improve student services programs.

Survey data will be shared with the Student Health Advisory committee (SHAC) in order to drive appropriate programing and clinic service offerings. Utilization data will be used to determine if we are reaching the traditionally marginalized or underserved groups of students and to drive outreach efforts to the appropriate populations on campus. We will also consider the impact of climate change on health. We will look to be responsible in utilization of products that are more environmentally friendly.

D. Identify a process for assessing outcomes and collecting data that can be used to build dashboards (if applicable)

Data analysis will be used throughout the year to assess student interest in programming offered and to plan future programming. Post event surveys will be utilized to assess knowledge gains and intent to change behaviors reflecting new knowledge. Clinic utilization will be assessed to determine service offerings moving forward. Demographics will be analyzed to determine the need for outreach to underserved student communities.

4.10 Outcomes Equity Analysis

- A. Looking at the one outcome from 4.9, do you find significant differences by race, ethnicity, gender, and other categories? Describe here what the data shows. What strategies will you use to close the attainment gaps among groups of students? What kinds of professional learning would help?

We will utilize data captured in the next 3 years to assess gaps in access to or delivery of services to traditionally marginalized and underserved communities.

In the past 3 years we saw (June 2019-December 2022)

- *59.5% female and 36.1% male and 4% non binary.*
- *63% of students seen were under the age of 30.*
- *23.5% white non-hispanic*
- *45% Mexican, Mexican-American, Chicano, other hispanic*
- *3% African American non-hispanic*
- *15% Asian*

These statistics are from appointments generated in our electronic medical record (EMR) and do not reflect all student encounters or encounters with our health education division.

We will create a method to capture more data from encounters outside of the EMR.

5.0 Evaluation of Progress Toward Previous Strategic Action Plans

- 5.1 List the goals from your last self-study/program review.

1. One full-time licensed mental health provider/supervisor to supervise Interns/trainees and treat students.
2. Develop Mental Health Inter/Training program as a force-multiplier to provide mental health service to students
3. Increase the number of student Peer Health Educators to four to increase awareness of additional students including evening students.
4. Obtain new EMR (Electronic Medical Records) and conversion from old system to new.
5. Increase Health Services campus communication, and outreach via up-to-date branding strategy, utilizing social media.

- 5.2 Describe the level of success and/or progress achieved in the goals listed above.

1. Since the last program review- a full time director of behavioral health has been hired and a department of behavioral health has been created. There has been funding made available as a mental health grant that will be ongoing from the state funds. COVID has been a barrier in bringing in interns and trainees. **Goal partially achieved**
2. This will be addressed in the behavioral health program review but again COVID was a factor and this remains a goal. **Goal not yet achieved**
3. Due to COVID and campus closure as well as the loss of a full time health educator- this goal was not accomplished but does remain a goal moving into 2023. **Goal not yet achieved**
4. This goal was accomplished although the EMR is not well liked by clinicians and it is not easy to obtain necessary data points. We may look at other EMR brands. **Goal achieved**

5. We do have a special projects coordinator that has increased our communications and social media presence. She has increased student outreach by tabling on the quad 1-2 times a week during the semester and helping set up immunization clinics as well as greatly improving our social media presence. **Goal achieved**

5.3 How did you measure the level of success and/or progress achieved in the goals listed above?
1 and 2 will be addressed in the behavioral health program review.

3 was not obtained due to loss of critical personnel and COVID restrictions. Success will be defined as having 4 peer health educators on staff.

4 This goal is measured by having a functioning EMR being used by a staff and clinician. The goal has been met.

5 The presence of SHS on social media and in person on campus is how this goal was measured.

- 5.4 Provide examples of how the goals in the last cycle contributed to the continuous quality improvement of your program.

Goals 1 and 2 will increase much needed mental health resources. Mental health needs is the largest growing area of need in SHS.

Goal 3 will improve outreach to the student population and allow us to create more student centered programming. We would also use this opportunity to increase the diversity of students represented in health services.

Goal 4 was important in moving SHS technology in line with the Affordable Care Act which utilized EMRs to improve data collection and sharing of health care information with clients who utilize the health center. It is also now legislated that all prescriptions must be sent electronically in California.

Goal 5 student outreach is important as COVID shut down the campus for nearly 2 years and we have new students just coming onto campus for the first time. Campus continues to be 40/60 remote so students need to be aware that our services are available and that we are open. We are also able to do virtual visits for students.

- 5.5 In cases where resources were allocated toward goals in the last cycle, how did the resources contribute to the improvement of the program?

Goal 1 was accomplished and enabled the establishment of department of Behavioral health which is much needed given the rising mental health acuity and needs of the students. Behavioral health and student health will continue to work together to meet student needs.

Goal 4 full implementation of EMR was accomplished but we need to update functionality or obtain a more functional EMR.

Goal 5 was funded by unused monies from the vacant health educator role. Supplies for tabling were existing SHS funds. There is no cost other than labor for increasing social media presence.

- 5.6. If funds were not allocated in the last review cycle, how did it impact your program?

Currently there is funding that can be utilized as COVID costs were mostly funded by the federal government and having campus shut down for so long resulted in decreased expenses overall.

6.0 Strategic Action Plans (SAP)

Using the tables below, list the strategic action plans (SAPs) for your program. These plans should follow logically from the information provided in the self-study. Use a separate table for each SAP.

SAPs for this three-year cycle:

STRATEGIC ACTION PLAN # 1		
Strategic Action Plan Name:	EMR (Electronic Medical Record) evaluation	
List College goal/objective the plan meets:	College Goal #:4 Accountability and Continuous Quality Improvement Objective #:2 Ensure financial, physical and technological resources are available to maintain necessary services and programs.	
Briefly describe the SAP, including title of person(s) responsible and timeframe, in 150 words or less.	The interim health services director and behavioral health services director along with administrative and clinical staff will evaluate the current EMR for improved functionality and evaluate other EMR products to determine if there is a better product to meet SHS needs. Would plan on having this complete in 1 year.	
What <i>Measurable Outcome</i> is anticipated for this SAP?	Added features and training for current EMR and/or purchase of a new EMR product	
What specific aspects of this SAP can be accomplished without additional financial resources?	We can explore the current EMR training materials and additional products available. We can explore the costs of a new EMR as compared to our current product.	
If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.		
Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel		
Facilities		
Equipment		
Supplies		
Computer Hardware		
Computer Software	15,000/year	Student health fees/district funding
Training	5,000	Student health fees
Other		
Total Requested Amount	\$20,000 year 1 & \$15,000 annual	Student health fees

STRATEGIC ACTION PLAN # 2	
Strategic Action Plan Name:	Relocate SHS and BHS to a new facility by 2025
List College goal/objective the plan meets:	College Goal #:4 Accountability and Continuous Quality Improvement

	Objective #:2 Ensure financial, physical and technological resources are available to maintain necessary services and programs.	
Briefly describe the SAP, including title of person(s) responsible and timeframe, in 150 words or less.	Program review going back for several years has had a goal of updating the college health facility to improve cleanliness, privacy, technology and overall student experience in seeking medical and behavioral services. We should be moved by late 2024 or early 2025	
What <i>Measurable Outcome</i> is anticipated for this SAP?	Increased student utilization of SHS and BHS as measured by number of student visits.	
What specific aspects of this SAP can be accomplished without additional financial resources?	We are being funded by district, bond or state funds for this project	
If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.		
Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel		District/ state
Facilities		"
Equipment		"
Supplies		Student Health fees
Computer Hardware		"
Computer Software		"
Training		
Other		
Total Requested Amount		Funds from district

STRATEGIC ACTION PLAN # 3	
Strategic Action Plan Name:	Tailor health services and education to campus specific needs.
List College goal/objective the plan meets:	College Goal #: Cultivate a culture of equity Objective #:4 Foster a sense of belonging where all are welcome and student basic needs are addressed.
Briefly describe the SAP, including title of person(s) responsible and timeframe, in 150 words or less.	Utilize NCHA or other campus specific surveys to identify student needs regarding health care access and education. Survey will take place in 2023
What <i>Measurable Outcome</i> is anticipated for this SAP?	Data will drive health services offered- measurable change in students served. Measure what health services are accessed by students as well as student demographics to assure that marginalized and underserved student populations are able to utilize health services. Measurable number of educational programs offered and student attendance and post surveys.

What specific aspects of this SAP can be accomplished without additional financial resources?	We can start by utilizing past surveys- last one was done in 2019. We will work with other campus departments to determine health needs and foster a community effort toward interventions.	
If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.		
Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel		
Facilities		
Equipment		
Supplies	\$4000	Student health fees
Computer Hardware		
Computer Software	\$3000	Student Health fees
Training	\$500	Student health fees
Other		
Total Requested Amount	\$7500	

STRATEGIC ACTION PLAN # 4		
Strategic Action Plan Name:	Implement Family Pact Services	
List College goal/objective the plan meets:	College Goal #: Cultivate a culture of equity Objective #:4 Foster a sense of belonging where all are welcome and student basic needs are addressed.	
Briefly describe the SAP, including title of person(s) responsible and timeframe, in 150 words or less.	In 2019 94.5% of our students fell between the ages of 18-29. This is a demographic at risk of unintended pregnancy which can impact persistence in pursuing educational goals. We current offer only oral contraceptives for a low cost of \$5/mo. The implementation of a Family Pact Contraception program will increase access to contraception at no cost.	
What <i>Measurable Outcome</i> is anticipated for this SAP?	It would be difficult to determine by raw data if student retention is directly impacted by increased access to contraceptives but we could utilize student surveys to determine satisfaction with the service and perceived impact on persistence.	
What specific aspects of this SAP can be accomplished without additional financial resources?	We can start the application process at no cost.	
If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.		
Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel		
Facilities		
Equipment		State MediCal funds
Supplies		State MediCal funds
Computer Hardware		

Computer Software	\$1000	Student Health fees
Training	\$500	Student health fees
Other		
Total Requested Amount	\$1500	

7.0 Long Term Plans

Describe the long-term plans (four-six years) for your program. Please consider future trends in your narrative. Identifying financial resources needed for these plans is optional.

Long term plans for health services: In the next 2-3 years health services will be moving into a brand new facility with multiple student services programs. We are currently isolated and difficult to find. Being in a new facility that is also a student hub will provide more opportunity to increase student access to care. Trends in health care are to look toward identifying modifiable risk factors for disease such as nutrition, exercise, sleep and stress. As the healthcare workforce shrinks and cost of pharmaceuticals increase- it is imperative to increase health literacy starting at the youngest possible age. The rise of chronic diseases in our society is directly related to lifestyle choices. Health services aspires to be part of a campus wide effort to create a sense of community that values healthy lifestyles. In addition to lifestyle choices to moderate chronic disease- mental health needs have exponentially increased in all age groups. Student Health will continue to work closely with our Behavioral Health colleagues to address the mental health needs of students- many of which are modifiable through lifestyle choices as well. Stress, sleep deprivation, and substance use as well as lack of exercise and nutrition are contributors to mental health woes. We will continue to strengthen our ties with other student services, faculty, and staff on campus to increase awareness of our services on campus and to work together to improve the health of the entire community.

There has also been increasing awareness about health disparities among persons of color regardless of income or access to healthcare. Being part of an institution with many students of color we have an obligation to address this issue. We look to become more active in the community with organizations that seek to address these issues. This is consistent with both College goals 2 & 3- Cultivate a Culture of Equity and Strengthen Connection with our Community. We must also be cognizant of the impact of climate change on the health of our college community and address that in meaningful ways.

While bodies of research about health are growing the gap between research and implementation is about 30 years in healthcare. With the increase in mental and physical health issues in younger and younger populations it critical to follow the research and implement evidence based prevention and treatments as soon as possible.

The 4-6 year overall goal of Student Health Services is become more integrated into the Fullerton College Community to address ongoing and future health needs by focusing on prevention through lifestyle and education and evidence based interventions. There will be increasing technology to support these efforts but ultimately it is by forging strong relationships within the community that will make the biggest impact.

7.1 Describe in detail your need for additional resources as listed above (if applicable)

8.0 Self-Study Summary

This section provides the reader with an overview of the highlights, themes, and key segments of the self-study. It should not include new information that is not mentioned in other sections of this document.

It is challenging to be a health care department on a college campus- even more so a commuter campus such as Fullerton College. Student health is influenced by environmental and cultural influences and many health choices are influenced by peers at this age. Greater than 95% of our student body was between 18-29 in our 2019 survey. As evidenced by our previous self studies and our current self study- many of the issues that

students have are endemic to their age group. Substance use, lack of sleep, and risky sexual behaviors are ongoing concerns in this population. Mental health needs in this population have risen exponentially over the past several years and even more so coming out of the COVID 19 pandemic that isolated us for 2+ years. To address the rising mental health needs the Fullerton College administration divided the Student Health Center into Student Health and Behavioral Health- each with it's own director to focus more resources in each area of need. Behavioral Health will be addressed in a separate program review but some of the issues are touched on in this review as there were outcomes and goals in the 2019 program review that were mental health focused.

A theme that repeats from previous program reviews is an inadequate facility that is conducive to visibility, privacy, accessibility, and space to address the physical and mental health needs of students but also to promote wellness by providing space for wellness consults by the health educator and adequate resources for peer health educators. In order to address these needs the Fullerton College administration will be moving many student service programs including Student and Behavioral Health into a brand new building planned to open in 2024! As a department we have had input into how to organize and utilize the space we were given. The new facility will provide updated technology access and improved privacy as well as better ability to serve student needs by improved facility design. Another benefit of this move will be increased visibility to the student population and proximity to work with other departments to meet student needs.

Other themes that have emerged in this and past self studies are increasing mental health needs, lack of adequate staffing primarily due to submarket wages for professional staff such as RNs, NPs and licensed therapists. With adequate staffing we could increase hours we are open to accommodate evening students. We are currently working with NOCCCD human resources to improve compensation levels. Lack of a health educator has impacted the peerhealth educator program as well as campus wide health surveys. COVID 19 had a huge impact on delivery of health services by forcing us to pivot to virtual visits for both mental and medical health visits. This was not entirely negative as some students benefitted greatly from the flexibility of virtual visits and would otherwise have been without access to care if virtual visits were not available. As noted earlier COVID 19 isolation impacted mental health significantly. COVID has affected the number of students served because of isolation restrictions and students slow to embrace virtual visits.

The electronic medical record (EMR) has been a theme- the current EMR is not meeting the needs of the administration of health services to collect meaningful data or reduce no show rates by texting appointment reminders. It does not meet the needs of the clinicians as other EMRs allow access to educational materials and resources based on diagnosis but ours does not. We now document all clinical encounters on the EMR and no longer use a paper chart. There is great interest in looking for a better EMR product.

- Moving forward we plan to foster community ties to serve our students by providing access to free vaccines through state and county partnerships.
- We will determine whether the MediCal program Family Pact is a good fit for our students and health services program.
- We will move forward with campus wide health outreach with a new health educator and peer health educators. This includes campus wide needs surveys.
- We will reinstate the Student Health Advisory Committee that guides our programming by including students and community members. We will focus our efforts on meeting student needs through a lens of social determinants of health and climate change.
- We have already purchased materials the provide up to date evidence based medicine education for our clinicians. We are performing quality review on documentation to assure high quality health care is provided to our students.

- *We have renewed our affiliations with the Health Service Association of the California Community Colleges (HAS-CCC) and the American College Health Association (ACHA) and we have joined the Institutes of Higher Education work group with the Orange County Health Department.*
- *We will continue to work in conjunction with the Department of Behavioral Health to best meet student needs.*
- *We will work to create a healthy campus community that promotes good nutrition, exercise, sleep hygiene, mindfulness, and a sense of belonging to provide a foundation that prevents lifelong chronic disease and promotes health.*

9.0 Publication Review

Fullerton College is committed to assuring integrity in all representations of its mission, programs, and services. As such, during the program review self-study process programs are required to document their publications (websites, brochures, magazines, pamphlets, etc.) that are used to promote programs and services to the campus community and community at-large. This review should specify when the publication was last reviewed, if the information in the publication is accurate, and if the information correctly represents the college’s mission, programs, and services.

Information on the college’s graphic standards is available here: <http://news.fullcoll.edu/campus-communications/web-help/graphics/>.

In the far right column please provide the URL where the publication can be accessed. If it cannot be accessed via the Internet, please provide a sample of the publication with your program review self-study. If you have any questions about what type of publication should be included, please contact Lisa McPherson, Director of Campus Communications at lmcpheron@fullcoll.edu.

For publications that you have identified as inaccurate, please provide the action plan for implementing corrections below.

Publication	Date last reviewed	Is the information accurate?	URL of publication
Website	12/15/22	yes	Health.fullcoll.edu
Instagram	12/15/22	yes	@FCHealthServices
Facebook	12/15/22	yes	@FCHealthServices
Information Card	12/15/22	yes	n/a



CLINICAL
Health

- Diagnosis and treatment of short term illnesses
- Emergency and first aid
- Immunizations (TB skin test, Hepatitis A & B, Tetanus, Flu Vaccine)
- STI testing
- Women's health exams
- Laboratory tests
- Medication Or prescriptions
- Wellness exams
- Referrals for other services

MENTAL
Health

College can be stressful, we have licensed psychologist and mental health professionals here to help you.

HEALTH
Education

- Health education resources
- Certified Peer Health Educators
- Health education events and campus outreach

Visit our website at health.fullcoll.edu for upcoming events.

Routing & Response Page

Originator → IMS → Program Review Chair → Appropriate President's Staff Member

Originator: *Electronically submit completed Program Review to Division Dean/IMS for review.*

Appropriate Immediate Management Supervisor (IMS): *Select one and provide response if necessary. Forward electronically to appropriate Vice President's Office.*

RESPONSE

Printed name of IMS	Title	Date
<input type="checkbox"/> <i>I concur with the findings contained in this Program Review.</i>		
<input type="checkbox"/> <i>I concur with the findings contained in this Program Review with the following exceptions (include a narrative explaining the basis for each exception):</i> <i>Area of exception:</i> <hr/> <hr/>		
<input type="checkbox"/> <i>I do not concur with the findings contained in this Program Review (include a narrative explanation):</i> <hr/> <hr/>		

Appropriate President's Staff Member: *Print Program Review, sign, and route both hard copy and electronic version to Program Review Chair.*

ACKNOWLEDGING RECEIPT

Printed Name	Signature	Title	Date
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Fullerton College Mission Statement

MISSION

Fullerton College advances student learning and achievement by developing flexible pathways for students from our diverse communities who seek educational and career growth, certificates, associate degrees, and transfer. We foster a supportive and inclusive environment for students to be successful learners, responsible leaders, and engaged community members.

VISION

Fullerton College will transform lives and inspire positive change in the world.

*Approved by Fullerton College
President's Advisory Council and
accepted by President Schulz
May 2017.*

VALUES

Community

We promote a sense of community that enhances the well-being of our campus and surrounding areas.

Diversity

We embrace and value the diversity of our entire community.

Equity

We commit to equity for all we serve.

Excellence

We honor and build upon our tradition of excellence.

Growth

We expect everyone to continue growing and learning.

Inclusivity

We support the involvement of all in the decision-making process.

Innovation

We support innovation in teaching and learning.

Integrity

We act in accordance with personal integrity and high ethical standards.

Partnership

We work together with our educational and community partners.

Respect

We support an environment of mutual respect and trust that embraces the individuality of all.

Responsibility

We accept our responsibility for the betterment of the world around us.