

**INSTRUCTIONAL PROGRAMS AND AREAS
PROGRAM REVIEW/PLANNING AND EVALUATION PROCESS
QUESTIONNAIRE FOR NON-INSTRUCTIONAL PROGRAMS**

INSTRUCTIONS:

Complete all sections as instructed. Click the shaded sections to type your answer. When completed, please save your file and e-mail as an attachment to tanya_hanton@westvalley.edu.

A. INTRODUCTORY QUESTIONS:

1. Program Name: ***Student Health Services, WVC***

2. Person(s) completing the questionnaire: *Becky Perelli, RN, MS*

3. Date of completion: *12/4/07*

4. What are the primary purposes of the program? Check all that apply.

- WVC Degrees and Certificates
- Transfer Courses
- WVC General Education
- Lifelong Learning/Life Enrichment
- Occupational / Vocational Courses
- Student Support Services
- Academic Support Services
- Administrative Functions

5. In one paragraph, how does the program further the College's mission and goals? (only new information need be added)

The mission of Student Health Services aligns with the College mission and goals of facilitating successful learning. Health Services "strengthens student learning, retention and success. This is facilitated by supporting the physical, emotional and social well-being of students through accessible, high quality health services activities. The primary goal is to motivate students to seek and embrace healthy lifestyles which can have long term benefits for themselves, their families and the community." Students are encouraged to integrate self-care as a lifelong process; a solid part of lifelong learning.

6. In one paragraph, what significant events have affected or impacted the program since the last program review?

- 1) *Health Fee Revenue Fluctuations*
- 2) *Major Staffing Changes*
- 3) *Focus on Assisting the Emotionally Distressed Student*
- 4) *Increased number of emergencies on campus/increase in acuity of health conditions*

The major factor that has impacted Health Services is the fluctuation of health fee revenue. Student health fees are the sole base of funding for the program and there have been service/staff/activity shifts due to revenue fluctuations. Health fee revenue is based on Headcount. Until Summer 2006 the health fee was waived (BOGW) for those students qualifying for financial aid. Due to the major increase in financial aid recipients in 2003-04, 2004-05, 2005-06 (BFAP monies) health services revenue decreased significantly. This was an unintended consequence of the increase in aid and in marketing efforts. Decrease in revenues led to 1.0 FTE RN position not being filled. It also resulted in the temporary deletion of .5 FTE hourly certificated counselor designated for personal counseling in the

Health Services area. With observed trends of increasing number of students experiencing emotional distress and the lack of this service for students was felt heavily by the Student Health Services Director. In addition an increasing number of students do not have health insurance, are experiencing conditions of greater acuity, and need more assistance obtaining resources (on- and off- campus), to assist them in retention and success in school. There has also been a significant increase in number of emergencies on campus. In the last 5 months RNs have responded to 39 emergencies on campus. This is a 70% increase over the same period last academic year. We have also seen a 70% increase in number of patient visits each month since 2003.

Increases have been seen in number of students referred for:

- *Chest Xrays as part of TB screening*
- *Referrals for mammography for symptomatic breast disease*
- *Increase in visits and referrals for community-acquired skin infections (antibiotic resistant)*
- *Lack of daily living support, ie food, medicine, transportation*

Since the time of major decrease in funds AB 982 was chartered by the state to offer some relief. AB982 gave the district option to charge all students the health fee. Fortunately for all students the district approved that all students be charged the modest fee of, at that time, \$14/semester, \$11/summer. Once approved (1/06 – effective Summer 2006) Health Services revenue is slowly returning. It is planned that Health Services reinstate mental health services to at least to .5 FTE pervious level, and that a FT Nurse Practitioner be hired to replace the 1.0 RN position. This means creating a new classification for the District.

B. DATA ELEMENT ANALYSIS SECTION (ANALYSIS AND RESPONSE)

1. In analyzing any available program data concerning student use of services:

- a) What significant trends are revealed in the data?
- b) What conclusions do you draw from this analysis that could form the basis for an action, objective or request for resources?

Information collected has been focused on collegwide health status/needs of students as they report it. Student Health Services conducted the National College Health Assessment (NCHA) in Fall 2004. The survey results revealed the following: percent of students reported their academic performance was impacted by (in descending order) stress (34%), sleep difficulties (22.9%), cold/flu/sore throat (20.7%), Concern for troubled friend or family member (18.6%), depression/anxiety disorder/seasonal affective disorder (16.8%).

Any or all of these issues have been highlighted by Health Services in collegwide awareness events. Several objectives can be formulated for action and request for resources. A pointed effort must be made to strengthen and/or build collaborative relationships within and across Student Services programs and with academic departments. Increase in interdisciplinary efforts, interdisciplinary learning, learning communites, collaborative initiatives, must be researched and implemented to more firmly and efficiently support students to decrease impediments as reported by students.

2. In analyzing any available program data concerning student demographics (e.g. gender, age, ethnicity):

- a) What significant trends are revealed in the data?
- b) What factors might contribute to any program differences compared to college-wide data? See attachment for college-wide statistics.
- c) What conclusions do you draw from this analysis that could form the basis for an action, objective or request for resources?

Demographics of students visiting Health Services for clinical reasons reveal a larger female cohort than male. Other demographic data is unavailable at this time.

3. In analyzing any available program data concerning program "satisfaction" (e.g. extent of services available, timeliness of appointments, effectiveness of service, follow-up opportunities, referral process to other services, contribution to personal or academic development):
- What significant trends are revealed in the data?
 - What conclusions do you draw from this analysis that could form the basis for an action, objective or request for resources?

It has been many years since a satisfaction survey has been implemented in Student Health Services. During annual health awareness events, usually one weeklong event every two weeks, students complete surveys specifically related to the issue highlighted. Follow up is consistently part of that survey - that students are encouraged to utilize additional services offered throughout campus. This addresses the access of Health Services in a greater way than how a student perceives/receives the services/programs provided..

In the recently implemented "supplemental questionnaire" of the NCHA several questions were asked regarding student's awareness of health services on campus. Of 499 respondents (3% of total headcount for Spring 2007), the following self-reports were gleaned from student respondents:

82% are not aware that there is a student health service on campus;

63% do not know what services are provided;

90% have never used Health Services for illness/injury/primary care services

90% have never used Health Services for health information

97% have never used Health Services for personal counseling

It is clearly apparent that Health Services must create greater awareness of programs and services provided.

Student satisfaction is also an important part of program evaluation that is missing. Both of these issues, awareness raising and student satisfaction with services provided, will be addressed within the next review period.

4. In analyzing available program data concerning success measures (e.g. transfer rates or AA degrees, retention rates for students, course completion, and/or contribution to student learning):
- What significant trends are revealed in the data?
 - What factors might contribute to any significant differences from the College averages? See attachment.

As stated in item B.1 above, students reported impact to their academic performance as related to specific health issues. It would be valuable to corroborate this data with the success measures stated here. This is a research project that will be investigated with the assistance of the newly hired Research Analyst.

5. Are there any data or factors (e.g. integration of technology; college, district, or state expectation or mandates) concerning staffing in the program, that suggest a need for increasing or decreasing program staff (e.g. permanent and associate FTE, permanent and hourly classified staffing or administrative staffing)?

Health Services has experienced an increase in number of individual students seeking clinical service. This has resulted in an increase in actual visit numbers as well. The average number of visits per student per semester is 2.7- thus the number of students seen per semester, approximately 400, becomes 1200 visits.

C. STUDENT LEARNING OUTCOMES (ANALYSIS AND RESPONSE)

1. Considering any program level Student Learning Outcomes that have been developed:
 - a) What relevant findings have been derived through the SLO assessment process?
 - b) What changes have been implemented, or are planned, based on the findings since the last program review?
 - c) What conclusions do you draw from this analysis that could form the basis for an action, objective or request for resources?

NOTE: Please contact LeAnn McGinley (741-2402), Assessment Coordinator, with any questions concerning SLOs.

Health Services has not established specific Student Learning Outcomes as yet. Based on the data and information collected through the Spring 2007 National College Health Assessment Supplemental Questionnaire there is a basis to establish clear SLOs. (refer to data reported in B.3) Learning outcomes will be formulated specific to utilization of clinical services. The Assessment Coordinator will be consulted regarding this.

D. EXTERNAL INFLUENCES SECTION (ANALYSIS AND RESPONSE)

1. If applicable, considering the effect of external influences on the program's purposes and goals:
 - a) How do accreditation requirements, government regulations, advisory boards, labor market demand, transfer institution articulations or other external factors affect the program?
 - b) How might these influences form the basis for an action, objective, or request for resources?

External influences on Health Services that have major impact on personnel and equipment/supply/contract provisions include (not limited to) the following:

- 1) *health assessment & immunization requirements of Health Care Technology, Child Studies, International, transfer, middle college, foster youth and career programs students*
- 2) *state and federal regulations regarding privacy and confidentiality*
- 3) *state and federal regulations of laboratory and pharmacy contracts and records-keeping*
- 4) *maintenance of minimum standards of medical equipment and supplies*
- 5) *support of maintenance of continuing education of personnel to adhere to minimum standards of ambulatory health care*

All of these influences impact the annual budget of the program to the extent there are increases. Given the instability of the health fee revenue and the limited annual revenue health services provided are compromised and minimum standards are not always attainable. Given the rise in inflation of personnel, goods and services costs it is imaginable that some services will need to be more limited and/or curtailed within the next three years. Request for resources will be imperative.

E. STUDENT FACTORS SECTION (ANALYSIS AND RESPONSE)

1. What program changes or initiatives has the program implemented since the last program review to meet the needs of its student population?

1) The collegewide Personal Counseling Working Group was established - Assisting the Emotionally Distressed Student, referral process, identify staff resources, community resource list developed, community crisis contact information made readily available, website development and posting of these resources was accomplished.

2) Outreach Baskets with health services information were placed in 16 departments/divisions throughout the campus. It is well understood that the number of visits and individual students seen for clinical reasons is very low in comparison with total enrollment (headcount.) The purpose for the information baskets is to take health services to students without waiting for them to initiate a clinical visit. Many of the needs students have are specific to emotional and behavioral health, warranting personal counseling, brief assessment, and health education. Thus they often do not seek clinical services.

F. SUMMARY AND CONCLUSIONS SECTION:

1. General conclusions and summary statement.

Click once here and type your response

2. Program Strengths:

*The **caliber of staff** and dedicated efforts in support of the program mission; **efficient use of funds** in providing **comprehensive programs and services** with limited revenue. Activities offered in four major areas: 1) Clinical; 2) Health Resource Center in Health Services; 3) Campuswide Health Awareness Events; 4) Classroom Presentations. Annual group contacts made relative to areas 2, 3, and 4 include over 1200 students.*

3. Program Challenges:

***Revenue** - Budget limited exclusively to health fee revenue; unstable based on changing enrollment numbers and the regulatory constraint of the price deflator index (indicator for state finance to limit increases in health fee to \$1.)*

***Facility** - space, building structure limitations in terms of upgrading for updating of equipment and clinical use; quality of service is constrained by facility status; access to educational materials is impeded; health records files are over capacity of storage available.*

***Staffing** - limited staff due to limited revenue and increasing costs of COLA (subsumed by any \$1 fee increase); also limited due to the WVMCCD system of hiring/regulations based on state/CCCCO enrollment ratio parameters. Because Health Services is a student service program, and because it is strictly fee based and not mandated, there are no proportionate criteria for hiring staff dedicated/designated for providing health programs and services.*

***Student Awareness and Knowledge of Services Provided** - it is an observation that most students do not utilize Student Health Services; over half of students do not know what Health Services provides. (see data B.3.)*

G. ACTIONS AND OBJECTIVES SECTION

Based on the foregoing analyses and findings in Sections A. through F., what are the program's intended actions or objectives for the next three years?

- *Plan for electronic medical records beginning Fall 2008*
- *Continue to develop data collection and research capabilities to establish linkages between/among services provided and academic impact – retention and success*
- *Optimize use of new health information system, Nuesoft Xpress, to maximize services and programs for students*
- *Develop and fully establish mental health services as part of Health Services*
- *Increase collaboration with other programs, services, departments and divisions to increase awareness of health services for all students*
- *Review facility needs; upgrade interior to increase efficiency and standard of care; consider record filing consolidation, scanning, or alternative storage to increase efficiency, maintain integrity, maximize safety in the work place*

Timelines

Over the next three years, what are the program's timelines (in terms of predicted initiation and completion dates) for the stated actions or objectives?

Annual progress will be made, evaluated, and reported on all objectives outlined above

Which of these actions or objectives would be initiated and completed within the coming year, given adequate resources?

Initiation of Electronic Medical Records

H. RESOURCE REQUESTS 2006-2007

1. Please indicate if any of the resource requests identified in the previous program review were funded through one or more of the various WVMCCD resource allocation processes that were available in 06 – 07 (e.g. FTE allocation, classified staff, one time funding, budget augmentation, facilities, Land Corporation):

Please complete the following table (leave blank if the answer is not applicable):

	FUNDED by WVMCCD?
Full-time faculty FTE:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
Associate faculty FTE: <i>Click once here and type your response</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Partially
Classified Staff FTE:	<input type="checkbox"/> Yes No <input type="checkbox"/> Partially
Classified Hourly (in dollars):	<input type="checkbox"/> Yes No <input type="checkbox"/> Partially
Administrative Staff FTE: <i>Click once here and type your response</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
Facilities (brief narrative description): <i>Click once here and type your response</i>	<input type="checkbox"/> Yes No <input type="checkbox"/> Partially
Equipment (brief narrative description with estimated total cost): \$3000 Copier, Drinking Water, Medical equipment re: maintenance contracts	<input type="checkbox"/> Yes X No <input type="checkbox"/> Partially
Supplies (brief narrative description with estimated total cost): Printing services – duplicating budget (Fund 100) of \$150/year Supplies - \$10,000 medical supplies (lab, pharmacy, first aid, etc.) and materials for clinical and educational activities (speaker fees, brochures)	<input type="checkbox"/> Yes <input type="checkbox"/> No X Partially
Staff Development (brief narrative description): \$1000 Training and Conference to maintain Quality Improvement of services Faculty training/education allowance utilized annually (\$200)	<input type="checkbox"/> Yes <input type="checkbox"/> No X Partially
Other (please specify): Independent Contractors- MD, Medical Director and LCSW, Mental Health Consultant	<input type="checkbox"/> Yes X No <input type="checkbox"/> Partially
<p>2. What have you been able to accomplish as a result of the resource obtained? (e.g. improved retention success and persistence, improved equity, new SLOs, higher enrollment, new online or satellite campus classes....)</p> <p>NOTE: The Program Review Committee realizes that in some cases, accomplishments and changes resulting from resource acquisition are too recent to be measurable. The current Program Review process is only one year old. Future reviews of funding requests will focus on accomplishments and change occurring over a two-year period.</p> <p>N/A</p>	

I. RESOURCE REQUESTS 2007-2008

Please complete the following table (leave blank if the answer is zero or none):

Full-time faculty FTE 1.0

Associate faculty FTE *Click once here and type your response*

Classified Staff FTE: 1.88

Classified Hourly (in dollars): \$40,000 (Family Nurse Practitioner, 14 hours/week; Public Health Nurse, 7 hours/week)

Administrative Staff FTE: *Click once here and type your response*

Facilities (brief narrative description): *Click once here and type your response*

Equipment (brief narrative description with estimated total cost): \$3000 Computers for three exam rooms

Supplies (brief narrative description with estimated total cost): \$10000 (medical and educational supplies and materials)

Staff Development (brief narrative description): Conferences(training/education) \$1000/year

Other: Two independent contracts – 1) MD, Medical Director 3-4 hours/month - \$3500/year
2) LCSW, Mental Health Consultant 6-8 hours/week
\$30,000/year

When completed, please save your file and e-mail (using the File: Send To menu) to tanya_hanton@westvalley.edu