**Bakersfield College**

**Program Review – Annual Update**

**I. Program Information:**

Program Name: Student Health & Wellness Services

Program Type:  Instructional  Student Affairs  Administrative Service

***Bakersfield College Mission****:* Bakersfield College provides opportunities for students from diverse economic, cultural, and educational backgrounds to attain Associate and Baccalaureate degrees and certificates, workplace skills, and preparation for transfer. Our rigorous and supportive learning environment fosters students’ abilities to think critically, communicate effectively, and demonstrate competencies and skills in order to engage productively in their communities and the world.

Describe how the program supports the Bakersfield College Mission:

Health and Wellness Services focus on enhancing student health equity while decreasing disparities which, together with other college initiatives, increase academic success. What is Health Equity? [Healthy People 2020 defines health equity](http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities) as the "attainment of the highest level of health for all people.” Education is an important determinant of health throughout life. Bakersfield College “provides (educational) opportunities for students from diverse economic, cultural, and educational backgrounds…” Bakersfield College believes “health and wellness to be integral and foundational elements, and we understand that holistic education improves all aspects of the individual and the society including mind, body and spirit; through education, we will positively impact the health of the natural environment and the global community.”

Program Mission Statement:

The mission of Student Health and Wellness Services at Bakersfield College is to further the health equity of the educational opportunity. This is accomplished by providing access to high value, student centered and culturally competent health services. Services which promote the physical, emotional and spiritual wellness of its students. This wellness contributes to the educational aim of our college by promoting student persistence and academic success in congruence with the college’s mission, core values and strategic directions.

**II. Progress on Program Goals:**

1. List the program’s current goals. For each goal (minimum of 2 goals), discuss progress and changes. If the program is addressing more than two (2) goals, please duplicate this section.

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| **Program Goal** | **Which institutional goals from the Bakersfield College Strategic Plan will be advanced upon completion of this goal? (select all that apply)** | **Progress on goal achievement**  **(choose one)** | **Comments** |
| 1. To provide clinical services including mental health counseling and medical care which are student centered, culturally competent and at the most effective value and quality. Further, these services are provided with the goal of increasing health literacy and support students in becoming effective consumers of health care. | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Completed: \_\_\_\_\_\_\_\_\_\_ (Date)  Revised: \_\_\_\_\_\_\_\_\_\_ (Date)  Ongoing: 08/11/2016 (Date) | 1. Services include but are not limited to: Blood pressure and glucose screenings; Body Mass Index evaluation; influenza vaccination; basic laboratory evaluation; mental health counseling and basic medical care. Preventive services include 100% screening for depression, anxiety and problematic alcohol use; during wellness exams students are screened for physical activity, screen-time, sleep adequacy, basic nutrition and according to the guidelines of the [US Preventative Services Taskforce](http://www.uspreventiveservicestaskforce.org/Page/Name/about-the-uspstf).  2. A Nurse Practitioner/Director was hired and Medical Director contracted eliminating a $350,000 contract. The intangible value brought a consistent, undivided and holistic leadership  3. Participating in the National College Health Assessment, a broad survey of student health behaviors which identifies health inequities that detract from success. This data will establish a baseline and college specific picture of student health  4. Collect patient satisfaction data utilizing Survey Monkey and paper surveys post 2016 Annual Health Fair.  5. Implementation of a demonstration project providing select prescription medications ([Pharmedix](http://www.pharmedixrx.com/)) to improve compliance with a medical plan of treatment. |
| 1. Provide ongoing health promotions accessible to the entire campus community and community at large. | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Completed: \_\_\_\_\_\_\_\_\_\_ (Date)  Revised: \_\_\_\_\_\_\_\_\_\_ (Date)  Ongoing: 8/11/2016 (Date) | 1. BC has hosted a campus/community Health Fair for the past 16 years. The 15/16 event included over 60 vendors who were screened and specifically selected because of services which contribute to public/campus health. For the first time speakers participated. The opening keynote on the college Wellness Value was by VP Nan Gomez-Heitzeberg, followed by Matt Constantine of KCPH, and Eileen Eggert of KCMH.  2. Expanded and more diverse monthly health promotions are being developed and presented by Campus Nurse Debbie Strong in collaboration with the nascent Student Health Advisory and the Student Nurses Assn.  3. FACEBOOK social media site has been produced. Like & Share us at https://www.facebook.com/BCStudentHealth/  4. We have partnered with Student Health 101, an e-zine featuring developmentally appropriate health topics which is available to the entire BC and Kern community. https://www.facebook.com/BCStudentHealth/app/1748603902044698/  5. We are participating in the Kern STD Task Force to contribute to the reduction of a disproportionately large incidence of disease in Kern County.  6. Scheduling community programs on the topics of mental illness ([Art with Impact](http://www.artwithimpact.org/)), suicide ([QPR](http://www.qprinstitute.com)) and health literacy ([Young Invincibles](http://younginvincibles.org/)). |
| 1. Campus Support Functions | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Completed: \_\_\_\_\_\_\_\_\_\_ (Date)  Revised: \_\_\_\_\_\_\_\_\_\_ (Date)  Ongoing: 08/11/2016 (Date) | Student Health & Wellness Services support these campus programs and functions:  1. Allied Health a. Allied Health Physicals/Technical Standards Evaluation b. Flu Vaccine c. PPD d. Validation of immunization and review of titers e. Through data collection via EMR and NCHA Survey provide real world data sets to support Allied Health, Public Health and other potential client curricula f. Individual mental health counseling  2. Student Life a. Behavioral/emotional health mandated care and SOC b. Medical treatment of Depression &/or anxiety c. Peer counseling d. Grief counseling  3. FACE a. PPD b. Community Care Licensing Exams c. Glucose and blood pressure screening for Nutrition Students 4. Food Services a. PPD  5. DSPS a. Disability Verification b. mental health counseling c. short term medical management of General Anxiety Disorder and Depression  6. Counseling Center a. Emotional, situational evaluation b. Medical evaluation  7. Veterans Club/Services by making available group counseling including but not limited to grief counseling while extending Equity and simplifying the Drop In Crisis process by having the students pre fill their Intake Packages  8. Equity and Inclusion a. Student Ambassador Demonstration Project expanding our typical Student Worker Job Description to include duties, services and experiences which enhance and promote the five Equity Indicators b. Lower the inequalities and inequities which contribute to disproportionate illness and suboptimal wellness  9. Child Development Physicals/Health Screenings a. Flu Vaccine b. PPD  10. All Departments and Programs a. First Aid kit restocking (approx. 125 units)  11. Title IX Coordinator a. Student Health 101 content covering sexual assault awareness and prevention under Title IX, Campus SaVE.  12. Education Code 222 compliant lactation area (pending and working with liaison Maria Itani).  13. Student Accident Coverage (SISC) DAIII over sees all Student Claims for BC related injuries/incidents while tracking insurance and medical claims; therefore minimizing KCCD liability. |
| 1. Health Services Marketing to promote utilization | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Completed: \_\_\_\_\_\_\_\_\_ (Date)  Revised: \_\_\_\_\_\_\_\_\_\_ (Date)  Ongoing: 08/11/2016 (Date) | An aggressive program of person to person marketing has been conducted. Examples include class and student org. public speaking (including FLEX WEEK Professional Development), conversations with staff and faculty and tours of the center with Summer Bridge. |
| 1. Address internal facilities, work stations and examination spaces to improve the flow of patient care, and enhance confidentiality while preparing for electronic medical records. The “white noise machines have not enhanced confidentiality and have created a barrier to hearing. | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Completed: \_\_\_\_\_\_\_\_\_\_ (Date)  Revised: \_\_\_\_\_\_\_\_\_\_ (Date)  Ongoing: 08/11/2016 (Date) | 1. Optimizing and expanding workstations within the existing foot print. Preparing to expand floor space in anticipation of removing archaic, space wasting paper charts  2. Informational and identifying signage.  3. Converted storage space into an intern counseling office.  4. Upgrade technology and prepare for EMR. |

1. List new or revised goals (if applicable)

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| **New/Replacement Program Goal** | **Which institutional goals will be advanced upon completion of this goal? (select all that apply)** | **Anticipated Results** |
| 1. Obtain EMR | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Compliance for maintaining electronic health records and meets HIPAA; program review needs for program utilization, tracking, and enhanced data mining. |
| 2. Increase student access to mental health services. | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Higher volume student access |
| 3. Improve student‐learning environment.  (Refers to Tobacco Free Initiative) | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Decreased tobaccoism |
| 4. Formation of a College Health Advisory | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Direction toward a campus wide and student centered strategic directions; and subsequent creation of policy which exemplifies a campus environment congruent with the Wellness Core Value and ACHA Healthy Campus 2020 |
| 5. Outreach to students at risk of health disparities/inequities | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Involvement of:  B.C. College Nurse provides outreach as an ASTEP Mentor. <https://www.bakersfieldcollege.edu/student/astep>  <https://www.bakersfieldcollege.edu/student/equity-and-inclusion> |
| 6. Kern County ranks first in the state for the incidence of Chlamydia, second for Syphilis and third for Gonorrhea. Even without quantitative linkage it is reasonable to conclude that those figures apply to the county’s college aged students. Increased detection and treatment is required. | 1: Student Learning  2: Student Progression and Completion  3: Facilities  4: Oversight and Accountability  5: Leadership and Engagement | Decreased incidents of sexually transmitted disease in the College population |

**III. Trend Data Analysis:**

**Metrics**

What I’ve learned about community college student health in particular and collegiate health in general is that the literature and conventional wisdom is clear. That being, student health services contribute to student success. Though not completely satisfied with this broad truth I continued to search for more specific truth. I participated in a retreat on Data Coaching. There is a cornucopia of data from repositories like West Ed and DataMart none of it any good to me. Rhetorically, do you really have to prove that you need food to live?

In short, the metrics which enunciate success in education don’t translate to college health while the data from college health are broad and lack specificity. Campus health, population health, public health it’s all the same, largely studied utilizing an ecological model and not merely defined by the absence of disease. The search for data driven population specific outcomes continues. The problem is that historically there has been no evident mechanism implemented for tracking quality management, program productivity or outcomes evaluation.

Fortunately, electronic medical records (EMR) have for many years supplanted paper charting and provide a relative ease/economy of data harvest in comparison. Unfortunately, we have paper charts which are resource prohibitive to audit and expensive to curate. Until such time as our order of an EMR is approved and implemented (I understand the current status of this project is awaiting the October Board meeting) our efforts to quantify effective services and quality improvement in a truly quantitative way will remain stymied and the potential for richly data driven initiatives will, for the time being, remain unrealized. This includes focused satisfaction surveys and third party billing.

In the macro view, the American College Health Association (ACHA) is promoting an initiative it calls [Healthy Campus 2020](https://www.acha.org/HealthyCampus/About/HealthyCampus/About.aspx?hkey=2c0c96b6-c330-47e1-87fe-747ec8397e85) and which is borrowed from Healthy People 2020. I am pleased to report that our own initiatives are lining up very nicely. In the micro view, we will be completing the National College Health Assessment in early October and should not only be ready to unveil BC’s baseline health report card but also begin the strategic planning process. Most institutions reevaluate their NCHA on a three year basis which is about when our next comprehensive review will occur. Until then, Bon Appetite.

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|  | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
| Mental Health Visits | 788 | 522 | 512 | 987\* |
| Clinical Health Visits | 536 | 802 | 808 | 1727\* |

\*This increased capacity follows the most conservative accounting due to arguing data sets.

**IV. Program Assessment (focus on most recent year):**

* AUO #1 – The Student Health and Wellness Center will promote the Core Value of Wellness by providing a culturally relevant, competent model of care consisting of not only basic medical and mental health care but also extending beyond the medical model. Diversifying to the public health model and encompassing the health of the entire campus its social and physical environments.
* AUO #2 – The Student Health and Wellness Center will promote the Core Value of Wellness by providing current/up to date health and wellness educational resources.
* AUO #3 – The Student Health and Wellness Center will provide all students access to quality, effective medical and mental health care at the best value.
* AUO #4 - The Student Health and Wellness Center will remain as intended a resource which is student centered, responsive to the campus community and the influence of the greater surrounding community as pertains to optimal student health, and in compliance with Title V.

1. Describe *any significant changes* in your program’s strengths since last year.

* A fulltime Director was hired and with this a comprehensive assessment of the program was undertaken, engagement with professional organizations occurred and a comparison of the health services of various California Community Colleges of similar enrollment was conducted. This change in and of itself is significant as it has been a number of years since a critical evaluation of the programs needs and potential had occurred.
* Since, a reorientation of the staff has occurred regarding procedure and a new vision while reunification has focused itself on the future and potential of our program’s services
* Further, we have increased the capacity and diversity of health prevention and promotion as well as meeting the basic, acute medical and mental health needs of students (as measured against peer institutions published services and reported student NCHA surveys).
* We have also increased the efficiency, quality as well as capacity in service to the campus programs (mentioned earlier) whom we support.

1. Describe *any significant changes* in your program’s weaknesses since last year.

Subjectively, over the past year I’ve witnessed a strong team rally to pull together under what has been a climate of markedly changed expectations, expanded initiatives and increased capacity.

Systematic and specific quality assessment remains a challenge without EMR. Though both the DA III and the Campus Nurse have effectively utilized rudimentary (paper tickler files and spreadsheets) methodology in case management thus not letting students slip into the cracks. Again, I agree completely that EMR will allow the program to track and describe services utilization and recognize quality care with greater specificity.

Outside contracting to meet Integrative Care (counseling/mental health) needs remains problematic due to a lack of control over and communication with the contracting agency, Clinica Sierra Vista. A full-time counselor would not have divided or conflicting considerations (pulled two directions at once) regarding institutional expectations and student service.

Equity does remain under assessed and penetrated, but over the past year has not gone without consideration. The concept of equity means the same in education as it does in public health. That said, even without demographic data it is clear that students who are vulnerable to health disparities/inequities underutilize this programs services. Over the past year Campus Nurse Debbie Strong has continued her participation with ASTEP. We have obtained and retained Student Mataalofa Hubbard whose services are funded with Equity and Inclusion dollars. As I understand none of her cohort retained funding under the same grant. Dave Seymour MFT, has extended services to the Veterans Center, though continuing this has been problematic due to restrictions again with his CSV contract.

1. If applicable, describe any unplanned events that affected your program.

Dean Collier’s assessment of the fragile and exposed position that our program is in by relying on contracted services from Clinica Sierra Vista, remains unchanged. A good and current example of exposure is the sudden loss of our Social Worker of six years. As her term of severance will be served at another CSV site she will have no opportunity to conclude services and bring closure or transition with existing patients. Even as the Fall Semester was commencing, predictable coverage remained uncertain. This just in, this morning I learned that the counselor who has served the mental health needs of the Delano Campus would be leaving his position.

**V. Assess Your Program’s Resource Needs:** To request resources (staff, faculty, technology, equipment, budget, and facilities), please fill out the appropriate form. <https://committees.kccd.edu/bc/committee/programreview>

1. Human Resources and Professional Development:
2. If you are requesting any additional positions, explain briefly how the additional positions will contribute to increased student success. Include upcoming retirements or open positions that need to be filled.
   1. DA II to relieve DA III over extended by SISC injury claims, Maxient tracking and increased student volume.
   2. Full time Marriage and Family Therapist who reports to the Director and can respond to the needs of the Delano Campus as well as unburden the cost of contracted services.
   3. Part time Nurse Practitioner who would also respond to the needs of the Delano Campus and that aspect of the Clinica contract and free the Director to attend to administrative obligations and program development.
   4. Expansion of Campus Nurse from an 11 to 12 month position to meet the needs of the growing program.
3. Professional Development:
4. Describe briefly the effectiveness of the professional development your program has been engaged in (either providing or attending) during the last year, focusing on how it contributed to student success. The Director has attended professional conferences of both the Health Services Assn. of California Community Colleges and the American College Health Assn. These have contributed to student success by bringing home best practices from both CCC and national initiatives.
5. What professional development opportunities and contributions can your program make to the college in the future? We are a comprehensive resource on matters of health and wellness to the entire campus community.
6. Facilities:
7. How have facilities’ maintenance, repair or updating affected your program in the past year as it relates to student success?
8. How will your Facilities Request for next year contribute to student success?

The acceptability and accessibility of clinic facility are well explained in this publication by <http://www.chcf.org/publications/2009/03/improving-the-patient-experience-best-practices-for-safetynet-clinic-redesign>. In brief, beyond a facilities cosmetic appearance including non-soiled and care worn furnishings and floor coverings, the student needs to be isolated from the office operations including conversations, need to not hear conversations (even unintelligible) from the examination spaces and not be made to wait or be delayed in their flow through. Further, ingress and egress should not be made through a busy campus commons and not be made to transport specimens from a distant bathroom across the same commons and in plain view. Most importantly, students are not infrequently transported by ambulance or in the company of law enforcement and or Public Safety through the same commons which I feel is unacceptable. These are almost all facility deficiencies which in fact or in perception infringe on confidentiality.

C. Technology and Equipment:

1. Understanding that some programs teach in multiple classrooms, how has new, repurposed or existing technology or equipment affected your program in the past year as it relates to student success?
2. How will your new or repurposed classroom, office technology and/or equipment request contribute to student success?
3. Discuss the effectiveness of technology used in your area to meet college strategic goals.
4. Budget: : Explain how your budget justifications will contribute to increased student success for your program. Our budget is Categorical and at this point dependent on and originates from a Student Health Fee and is restricted by Title V.

**VI. Conclusions and Findings:**

Present any conclusions and findings about the program. This is an opportunity to provide a brief abstract/synopsis of your program’s current circumstances and needs.

Student Health and Wellness Services at present offers increasingly accessible, student centered, culturally competent care that exceeds the original intent of Title V. In the past 12 months we have grown beyond a center based service and medically/behaviorally confined model and are expanding toward the fullest expression of the college Core Value of Wellness. Further, we stand at the brink of fully operationalizing Initiative 5.6 “Ensure the health and wellness college value is integrated into campus activities and meetings” truly an environment of health. By adopting 21st Century wireless data technologies, decentralizing services, engaging in the community and supporting campus instructional services we are contributing to student success. We are approaching parity with CCC campus’ which provide the most diverse and supportive health care.

However, what has been achieved could be much better. To adequately serve a campus with this enrollment we will need:

* 1. A full time counselor to strengthen a mental health bond with students by defragmenting extra institutional variability and inconsistency.
  2. A part time NP or PA to free the Director to lead and participate in campus committee with consistency and enable us to directly serve the Delano Campus.
  3. A DA II as our DA III is over extended.
  4. We will need to explore a facility with additional ADA compliant examination rooms
  5. Essential confidentiality capability which is still not adequately mitigated by “white noise machines.”

Our greatest vulnerability remains a continuously diminishing reserve. It is imperative that the Student Health Fee be increased to the current maximum of $19.00 with the flexibility to increase to the state maximum without prior district approval. Also, additional revenue opportunities which include modest fees for services will likely expand capacity while not placing an extra burden of cost on the student. An example is Medi Cal LEA and [Fam Pact](http://www.familypact.org/Home/home-page) which provides family planning and women’s health services, and which provides leverage in our goal to increase STD detection and treatment.

The consequences of no fiscal growth will likely lead to a contraction of what this program has become in the past 12 months. In the worst case services would retract to no less than the levels available in 1988, which I understand consisted of a single College Nurse.