Thursday March 5, 2015
12:00 – 2:00 PM
Santa Rosa: Plover 526
Petaluma: Call 609

1) 12:00 – 12:05 Agenda Review
2) 12:05 – 12:10 Approval of Notes
3) 12:10 – 12:15 Announcements/Updates from Group
4) 12:15 - 12:20 Brief report: HSACCC Annual Conference (Susan, Kit)
5) 12:20 – 12:25 Updated SHS Mission, Vision, Plan (Susan)
6) 12:25 – 12:45 SHS Clinical Services Report (Kit)
7) 12:45 – 1:00 SHS Fiscal Update (Susan)
   a. Staffing/Personnel requests for 2015-2016
8) 1:00 – 1:20 Proposal for VP of Student Health in the Student Senate (Ely, Josh)
9) 1:20 – 1:55 Equity and Access to Health Services: Part One
   Review Health Fee policy language, NCHA data Latino students, and statewide norms (Susan) with discussion/questions
   *Part Two will be at our May meeting with Li Collier attending.*
10) 1:55 – 2:00 Meeting Evaluation

Next Meeting:

May 7th, 2015 12-2 Santa Rosa Plover Hall 526 and Petaluma Richard Call Building 609
Student Health Services Advisory Committee

March 5, 2015
Agenda

• 12:00 – 12:15 Get some food and settle in
• 12:15 – 12:30 Brief individual updates (while we are eating, getting seconds, and such)
• 12:30 – 12:40 FRAME: Mission, Vision, Values, Student Learning Outcomes
• 12:40 – 12:50 College and Department Updates
• 12:50 – 1:05 Accomplishments
• 1:05 – 1:15 Challenges
• 1:15 – 1:50 Environmental Scan – Our Relationships
• 1:50 – 1:55 Closing
• 1:55 – 2:00 Meeting Evaluation
Agenda

• 12:00 – 12:05  Agenda Review
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• 12:20 – 12:25  Updated SHS Mission, Vision, Plan
• 12:25 – 12:45  SHS Clinical Services Report
• 12:45 – 1:00  SHS Fiscal Update, Projections
  • Staffing/Personnel requests
• 1:00 – 1:20  Proposal for VP of Student Health in the Student Senate
• 1:20 – 1:55  Equity and Access to Health Services: Part One
  (Part Two at meeting in May)
• 1:55 – 2:00  Meeting Evaluation
Brief HSACCC Conference Report

• Program excellent! Examples: Motivational Interviewing, Pregnancy Prevention, Orthopedic Injuries, Measles, ACA, Integrative Medicine applied in CCC settings, and MORE!

• Hot topics: Health Fee funding (legislation?) ; Equity framed as “equitable access to health support services by all students”, splits happening in the system between physical, mental and social health.

• All NPs attended! ( a first ) Orientation to CCC College Health environment.

• Denise Nolan, Interim Vice Chancellor attended Thursday

• Susan’s Research Presentation: http://www2.santarosa.edu/f/?nCLyOSMJ
Vision, Mission, Values, and Student Learning Outcome Statements
Community-Based Healthcare Providers

Student Health Services
Direct Services
Health Promotion
Referrals
District Support

SRJC Student Support Services
Faculty
Student Peers

Successful healthy STUDENT insured with a medical home

Insurance coverage options

Student accepting responsibility for meeting healthcare needs
To have healthy, academically successful students, learning in a healthy college community, with access to health support resources.
MISSION

To maintain and improve the physical, mental, and social health of students at Santa Rosa Junior College, and to strengthen and inspire the well-being of the entire college community, towards supporting student success and life-long learning.
Our core values are...

Health

- Learning
- Academic Excellence
- Sustainability
- Diversity

VALUES

- Community
- Beauty
- Compassion
- Innovation
Student Learning Outcomes

• Students will maintain and improve their health.
• Students will demonstrate an understanding of individual health conditions, what prevention approaches can be taken and appropriate treatment when needed.
• Students will demonstrate personal responsibility by taking actions to improve their health, and the health of others.
• Students will demonstrate skills in accessing and utilizing healthcare resources on campus and in the community.
• Students will demonstrate increased self-awareness, confidence and communication skills.
SHS Fiscal Update
Health Fee, $960,000, 71%

MHSA1, $200,000, 15%

MAA, $100,000, 7%

MHSA2, $30,000, 2%

Equity, $20,000, 2%

Other, $35,700, 3%

Athletics, $14,700, 1%

District, $6,000, 1%

ACA, $15,000, 1%

SHS Revenue 2014-2015
SHS Fiscal Update

• Health Fee – the impact of the continued enrollment slump
• Medi-Cal Administrative Activities program changes – outcomes uncertain
• SHS’s work with Equity Funds
  • At-Risk Students: case management
  • Uninsured Students: ACA outreach
• Athletics Course Fees – Increase next year?
• MHSA Grant Funds - County continues, SMHP sustainability funds expire
• Foundation Account – ready to receive donations
• 2014-2015 Salary and Benefits Expenses
• ONLY Permanent staff
• Paid by the Health Fee fund

= $892,417.43
Baseline Expenses – Health Fee

• Permanent Staff – Salaries and Benefits
  • Athletics, MHSA and Equity offsets this year – Next year?

• Critical Support Staff – Health Fee funded from what is left after permanent salary and benefits are paid
  • Professional Experts/ SPS interns
  • Physicians
  • Student Employees
  • STNC NPs

• Other *required* expenses
  • Software Contract, Other contracts
  • Supplies
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<tr>
<th>HEALTH FEE PERMANENT STAFF</th>
<th>SALARY</th>
<th>PERS .1177</th>
<th>OASDHI .0612</th>
<th>/MC.0145</th>
<th>SUI.0005</th>
<th>W/C.0120</th>
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<td>$3,019.71</td>
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MAA program updates

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<th>Amount</th>
<th>TOTAL REVENUE Received</th>
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<td></td>
<td>Quarter 2</td>
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<td>37,357</td>
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<td></td>
<td>Quarter 3</td>
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<td></td>
<td>Quarter4</td>
<td>$11,113.00</td>
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<td>$67,669.00</td>
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<td>2011-2012</td>
<td>Quarter 1</td>
<td>$17,145.00</td>
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<tr>
<td></td>
<td>Quarter 2</td>
<td>$22,851.00</td>
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<td></td>
<td>Quarter 3</td>
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<tr>
<td></td>
<td>Quarter4</td>
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<tr>
<td></td>
<td></td>
<td>$85,421.00</td>
<td>$56,012</td>
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- Money is filtering in finally
- Random Moment Time Surveys
  - Shift to collective outcomes from all MAA participants throughout Northern California
  - No more specific week-long time surveys four times a year
- Will need to see how our reimbursement rates are affected once 14-15 invoicing occurs.
Equity and Access to Health Services: Part One
Board Policy 5.4P – Authorized Fees

D. Health Fee

• The District shall require students to pay a Health Fee unless they are exempt by law, or are enrolled in a program for which the Board has waived such fees.

• Exempt Students:
  • 1. Students in approved apprenticeship programs; and,
  • 2. Students who depend exclusively upon prayer for healing in accordance with a bona fide religious sect, denomination, or organization.

• Student Program Waivers Other Exemptions (Board-approved):
  • 1. Students enrolled under District-approved agency contracts and/or agreements;
  • 2. Students enrolled in overseas programs approved by the District; and,
  • 3. Students who are in an incarcerated status; and,
  • 4. Students enrolled only in non-credit courses.
Health Fee Waivers Allowed Beyond Education Code Requirements
HSACCC Annual Survey 2013-2014

- None of the above: 32.7%
- High School concurrent enrollment students: 30.8%
- Non-credit students: 30.8%
- Students exclusively enrolled in online courses: 27.9%
- Middle College High School students: 24.0%
- Students exclusively enrolled in offsite courses: 22.1%
- Board of Governors (BOG) Category A students: 20.0%
- Study Abroad students: 17.0%
- Students exclusively enrolled in weekend courses: 15.0%
- Incarcerated students: 10.0%

Percentage bars for each category, with percentages as noted.

HSACCC Annual Survey 2013-2014
Non-Credit Students – Student Health Services

MAY ACCESS:

• Online screenings, SH 101 magazine, Kognito, and other online resources
• Referrals to community health care resources
• ACA enrollment clinics, Reproductive health clinics
• Health Promotion Events and Workshops
• Classroom presentations
• Student Accident Insurance claims assistance
• Benefit from all SHS linked risk management for the college
• Will not be turned away for medical or psychological emergencies

MAY NOT ACCESS:

• Individual service visits with nurse practitioners and mental health providers
Projected Health Fee Income: Non-Credit Students

<table>
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<tr>
<th></th>
<th>A&amp;R : NC ONLY</th>
<th>Health Fee</th>
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<tr>
<td>Spring 2014</td>
<td>4,797</td>
<td>$91,143</td>
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<td>Summer 2014</td>
<td>3,605</td>
<td>$57,680</td>
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<td>Fall 2014</td>
<td>4,986</td>
<td>$94,734</td>
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<td><strong>TOTAL</strong></td>
<td><strong>TOTAL</strong></td>
<td><strong>$243,557</strong></td>
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No Health Insurance Coverage
SRJC Students – NCHA II Spring 2013

- White
- Asian
- Black
- MultiEthnic
- Latino
- Total
Marijuana - Any Use in Last 30 Days
SRJC Students - NCHA II Spring 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Black</td>
<td>34.5%</td>
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<tr>
<td>Asian</td>
<td>19.7%</td>
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<tr>
<td>Latino</td>
<td>22.3%</td>
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<tr>
<td>White</td>
<td>30.7%</td>
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<tr>
<td>26-35</td>
<td>30.1%</td>
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<td>20-25</td>
<td>29.4%</td>
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<tr>
<td>18-19</td>
<td>30.2%</td>
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<tr>
<td>Female</td>
<td>21.0%</td>
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<tr>
<td>Male</td>
<td>35.0%</td>
</tr>
<tr>
<td>Total</td>
<td>28.3%</td>
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</table>
Cigarettes-Any Use in Last 30 Days
SRJC students – NCHA II Spring 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Black</td>
<td>20.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>15.0%</td>
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<tr>
<td>Latino</td>
<td>13.7%</td>
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<tr>
<td>White</td>
<td>18.1%</td>
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<tr>
<td>26-35</td>
<td>28.3%</td>
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<td>20-25</td>
<td>18.1%</td>
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<td>18-19</td>
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<td>Female</td>
<td>16.0%</td>
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<tr>
<td>Male</td>
<td>23.0%</td>
</tr>
<tr>
<td>Total</td>
<td>17.8%</td>
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</tbody>
</table>
Suicidal Thoughts and Attempts
SRJC Students NCHA II Spring 2013

Attempted suicide

Seriously considered suicide

White  Asian  Black  Multi-Ethnic  Latino  All
More on Ethnicity/Age/Gender breakout; anticipation of Non-Credit Student needs, once more demographic data available on this population?

• Immunizations?
• Mental health – untreated anxiety/depression?
• Conditions diagnosed?
• Other?
Clinical Services Report
March 4, 2015
Kit O’Neill-Conover RN, MSN, FNP
College Nurse Practitioner
Clinical Professional Staff

Santa Rosa - Race Facility

- Dr. Ty Affleck MD – 2 hours
- Dr. Steven Wolf MD – 2 hours
- Kit O’Neill-Conover FNP – 30 hours
- Mary Wyman FNP – 30 hours
- Martha Cole MA – 40 hours

Petaluma- Richard Call Building

- Cindy Dickinson FNP – 30 hours
- Chad Delaca MA – 40 hours
All Appointments – SHS Fall 2014

Fall 2014 appointments

- Nurse Practitioner Clinics: 46.54%
- Reproductive Health clinic: 14.33%
- SPS: 20.23%
- ACA clinic :: CEC: 2.30%
- Athletics: 7.49%
- Employee clinic: 6.30%
- MD Clinics: 2.82%
Clinical Services Staffing

2014 In Review!!!

January 2014
Cindy Dickenson FNP and
Kit O’Neill-Conover FNP hired

March 2014
Karen Bowden MA retires

June 2014
Donna Jones FNP retires

June 2014
Martha Cole MA hired

September 2014
Cheryl White MA retires

September 2014
Mary Wyman FNP hired

Longitudinal FTE trends – Clinical Staff

<table>
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<tr>
<th>Academic Year</th>
<th>College Nurse Practitioner FTE</th>
<th>Medical Assistant FTE</th>
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<tr>
<td>2008-2009</td>
<td>1.8</td>
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<tr>
<td>2010-2011</td>
<td>2.6</td>
<td>3.0</td>
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<tr>
<td>2012-2013</td>
<td>2.6</td>
<td>3.0</td>
</tr>
<tr>
<td>2014-2015</td>
<td>2.25</td>
<td>2.0</td>
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</table>
Clinical Appointments

- Overall enrollment drops at SRJC
- Increasing health insurance coverage with primary care provider
- Other?
Illnesses seen in 2014

Diagnoses 2014 SHS

- Other Conditions: 42.72%
- Allergy: 2.58%
- Blood: 0.16%
- Cardiovascular: 1.44%
- Dermatology: 8.07%
- Endocrine: 0.71%
- Gastrointestinal: 3.52%
- Genitourinary: 8.83%
- Trauma: 3.03%
- Pulmonary: 2.83%
- Neurological: 2.90%
- Musculoskeletal: 8.45%
- Head (EENT, Dental): 9.88%
- Infectious Disease: 2.48%
- Mental Health: 2.39%
Quality
not Quantity
Workgroups

• Quality Improvement and Technology
  • Student satisfaction surveys
  • Developed questionnaire to measure student learning outcomes
  • Reviewed and updated clinical protocols
  • Developed Risk Management component to our care.
Student Satisfaction Survey
425 students participated- both NP clinics and SPS

- 96% felt reception staff were friendly.
- 100% felt comfortable returning to see the provider.
- 99.3% reported that they would recommend Health Services to their fellow students.
- 98.4% felt their confidentiality and privacy were carefully protected but 3 students disagreed and 1 of those disagreed strongly.
- 91.2% felt they understood more about their health issues after the visit.
“The staff here are friendly & personable and eager to help. They know me by name too.”
“It seemed like they moved heaven and earth to get me seen which made me feel important.”
“Everyone is extremely welcoming and understanding. They make a freshmen like myself feel at home.”
“AWESOME!” smiley face!
“I would like to tell them keep up. Thank you for nice job, you are doing.”
“Pleasantly surprised at how great this visit went.”
“I will definitely come back to the SRJC clinic I appreciate the attention and care I was given.”
“Very professional!”
Student Learning Outcomes

Assessment Project #1

*Students will demonstrate an understanding of individual health conditions, what prevention approaches can be taken and appropriate treatment when needed.*

80% of students surveyed at the end of an SHS appointment will demonstrate an understanding of their health condition and the appropriate treatment/next steps with 100% accuracy.

**Instrument Questions:**

- Please share what you understand about your current health condition you were seen for today. *2 or more items, open ended*
- Please share what you understand about next steps for addressing your current health condition *2 or more items, open ended*

**CLINICAL VISITS**

Cohort: identified based on diagnosis/reason for visit

*Students served Urinary Tract Infections, Upper Respiratory Infections and Stress/Anxiety.*

Pre-identify priority educational talk points for these specific health conditions and two or more treatment or “next steps” for each student specific to their condition, which all providers include for a visit of this nature.

Method: administer the paper survey/instrument with a student at end of visit, asking student to write responses (face to face verbal feedback at end of visit okay, as time permits)

Spoiler alert!! 65 surveys: 90% success achieved!
Risk Management

- Identify students that might be at risk due to either medical or psychological issues.

- New intake forms for students coming for the first time:
  - Do you have thoughts of hurting yourself or others?
  - Do you intend to act on thoughts of hurting yourself or others?
  - Do you currently feel unsafe in your home environment?

- New questions added to athletic history forms:
  - Over the past few months, have you felt down, depressed or hopeless?
  - Over the past few months, have you felt little interest or pleasure in doing things?
Tracking high risk students

- Using our EMR we added diagnosis codes for risk:
  - Risk due to thoughts of hurting self or others
  - Risk due to intent to hurt self or others
  - Risk due to living in an unsafe environment
  - Risk due to medical condition that requires followup
- This would prompt the formation of a safety code that would place an alert on the student’s chart for anyone accessing the chart to see.
Students will demonstrate personal responsibility by taking actions to improve their health, and the health of others.

75% of students who respond to an inquiry regarding a referral made for higher-risk treatment will have demonstrated personal responsibility for improving one’s health, by saying they have followed through on the referral within three weeks.

Cohort: Students identified with higher risk health conditions during a SHS visit, and referrals were made for other support services to address their needs. (High risk criteria: suicide, homicide, domestic violence, severe illness)

28 students identified so far, starting January 2015. Outcome tracking in process. Review end of Spring semester.
Recalls and Outcomes

• Recall codes were added to the plan.

• Outcome of referrals were also added.

• Each student at risk is assigned a nurse practitioner who follows them until the outcome is successful or student is no longer reachable.
What would they do without us?
Continuing easy access to quality care

420 students were seen by ACA enrollment counselors on campus. Most were referred by student health services or reached by our outreach programs.

Our job now is to connect those with insurance to a medical home. Due to the influx of patients that now have insurance, wait times are long. Those students are still coming to the clinic for care.

We are also seeing a number of students that have ACA plans that have high deductibles. These students cannot afford to access care outside the student clinic.
Untold Stories of SRJC SHS

- 20 yo student with unplanned pregnancy
- 24 yo student with a lump in her breast
- 37 yo student with high blood sugar
- 19 yo student with MRSA
- 26 yo student with anxiety and drug use
Athletics

- Approximately 525 student athletes were screened last year
- NPs doing full physical exams now on all new non-contact sports athletes
- Working closely with Training Room and Ty Affleck, MD, Sports Medicine Director
- Our outreach team provided a 90 minute presentation on sexual misconduct and substance use to all athletes at orientation
The Future at SHS

Goals

- Continue Quality Improvement efforts
- Use technology for better student outcomes
- Increase number of students with medical homes
- Reduce the number of unplanned pregnancies
- Increase number of students with better health habits
- Reduce the number of high risk students falling through the cracks
- Reduced anxiety/stress related illness
- Increase the number of students who stay in school until completion of their program
NPs lead the way!
SECTION X Vice President of Student Health, Student Health Services Liaison, Emissary, Ambassador

A. Preside as Chair of the Student Health Committee, and vote only to make or break a tie.

B. Set the agenda for the Student Health Committee, ensuring that the Advisor signs and dates the agenda.

C. Carry out the provisions of the Student Health Committee Bylaws.

D. Authorize and sign all Student Health Committee expenditures.

E. Shall be appointed to the Student Health Services Advisory Committee, District Safety and Health Committee, and any task forces or workgroups formed at the college that impact the health of SRJC students.

F. Act as liaison with the Student Health Services department and report to the Student Senate on issues and programs impacting student health.

G. May serve as an Ex-Officio member to the Programs Committee and the Advocacy Committee.

H. Shall assist the Student Health Services department in collaborative planning and coordination of health awareness/related events and activities on the Santa Rosa and Petaluma Campuses.

I. Be informed of and promote education and involvement of local and statewide legislation and issues affecting student health.

J. Be a peer advocate for students who require or request advocacy on their behalf as related to their health.
Student Health Services
Health Services Advisory Committee
Meeting Minutes 3/5/15

Attendance:
Guests: Hector Delgado (Southwest Center), Li Collier Dean of SSSP and Equity. Virginia Kerr, Student VP of Programs, Josh Pinaula, Student Senate President, Diana Kingsbury, Bert Epstein, Stephanie Sanchez, Jeane Erlenborn, Juanita Dreiling (note taker).

Agenda Review: Susan Q. briefly reviewed the committee’s agenda. Due to guests with time limitations, the agenda was rearranged to move equity and access topics forward for guest input.

Introductions:
A brief introduction period was provided so that committee members and guests could meet and learn more about each other.

Committee Housekeeping:
- Approval of December Meeting Minutes – Prior to the meeting, the committee reviewed draft meeting minutes. Susan Q. made a motion to approve the minutes. Katie P. seconded the motion. Approved
- Approval of New Community Members – Susan Q. made a motion to approve Jen L. and Ian M. as new community committee members. The motion was seconded by Kit O, Approved.

Announcements:
- Katie P. – Javier Rivera did a health presentation for the Department of Chemistry & Physics. It was fantastic!
- Diana K. – PEERS Coalition is having a Workshop tonight 5-7 PM, on conflict resolution. Alternatives to Violence organization is presenting.
- Jeane E. – BACCHUS training sponsored at SRJC in late January had a good mix of participants and an excellent trainer (Lead national trainer). Well attended; 52 individuals, from 6 community colleges, community members, SRJC student leaders. Virginia K. echoed the sentiment that the training was great, and that all student leaders should attend this. Susan Q. commented that SHS is looking into making it an SRJC credit short course, linked to CHW program.
- Jeane E. – Attended the 1st International Each Mind Matters conference in San Francisco with several PEERS and Stephanie. Connected with Mike Kennedy, and had a photo shoot with Darrell Steinberg (CA Senator), the author of Proposition 63, SRJC’s Annual Mental Health Networking Event was the following week, with discussion on work happening locally to reduce mental health stigma. Jeane E. is working on rolling out Each Bear Cub Matters, (bystander intervention program), logo approval, etc.
Diana K. shared positive feedback was received about swag from conference – interest in stigma reduction at high school level, purchase of materials possible through contact with Amy Faulstich, Sonoma County’s PEI Manager.

**HSACCC Annual Conference: Best Practices in CCC Health Services**

- Susan Q. and SHS’s 3 new college nurse practitioners attended in Southern California late February, 3 day conference (4 days for Susan)
- Threat assessment training and topics unique to college health representing best practices.
- Susan provided “keynote” opening seminar, sharing statewide research as HSACCC Research Chair. Hyperlink to presentation available in PowerPoint distributed to members.
- Denise Nolan, Interim Vice Chancellor attended one fully day, addressed equity in the context of access to healthcare resources (on campus and in community via health insurance coverage).
- Highlights:
  - The process of the conference was much like a Statewide Program Review Process - assessment, analysis of data, dialogue, leaning community on key topics, ending with a strategic planning meeting on Friday.
  - SRJC SHS achieves “best practices” on most indicators. Emerging: administrative position for Mental Health Services program oversight reporting to Director of Health Services- SRJC was first, and many are following.

**Equity and Access to Health Services – Part One:**

**Hector Delgado, Manager Southwest Center** discussed the various locations of courses provided for SRJC non-credit students, including Southwest Center, Forestville, Sonoma Valley, Windsor, and on our campuses. Primarily ESL, College Skills, and seniors “personal interest” courses.

**Jen Lewis, Department of Health Services:**
During the last HSAC meeting, Jen presented a report that examined disparities in populations across the County outlining geographic areas with an INDEX that combines economic, educational and health statistics available through census data. Educational and economic disparities largest in areas with dense Latino populations. Health studies demonstrate a “Latino health paradox”; they generally are healthier than other populations.

**Li Collier:** No demographic outbreaks on gender/age/ethnicity currently available for ONLY Non-credit students, hopefully can be made available via IT.

**Susan Quinn:** shared SRJC NCHA statistics (Spring 2013) on select health issues with ethnicity, age, and gender breakout, with a focus on what we know about the health needs of Latino SRJC students. They have the highest rate of having no health insurance, but healthier in substance abuse, has more social support systems, no significant disparities in suicidal thoughts/attempts. Though slide not shown, data also show slightly increased rate of unintended pregnancies and use of Emergency Contraception, indicating lower rates of using effective birth control methods. (See PowerPoint Presentation for additional details.)

**Hector D.** – Anecdotally, confirmed that Latinos need access to STD, HIV and contraceptive information. Group discussed language and cultural barriers and the need for bilingual educational outreach
**Policy Discussion:** Health Fee waivers for NC students; no access to individual healthcare visits on campus with NPs, MDs, MH providers.

- Review of SRJC Board Policy with regard to students exempt from paying the Health Fee (6 waivers allowed, 2 mandated by the State). Statewide data shows that 1 in 3 colleges provide NO waivers beyond those required by the State, and 2 out of 3 charge NC students.

- **CONTRACT EDUCATION** – Discussed what it is, consensus as a Health Fee waiver-appropriate group.

- **INCARCERATED STUDENTS** – Vayta noted approximately 300 incarcerated students are exempt from paying the Health Fee. Access to a broad range of healthcare supports in jail available; it is when they are released that supports are most needed.

- **STUDY ABROAD STUDENTS** – Vayta noted there are 100 exempt students in program. Susan noted that these students still benefit at times from health services, a few seeking immunizations before departing. Consultations with faculty/administrators have occurred when severe health conditions occur overseas (infrequent, but very time consuming).

- **NON-CREDIT STUDENTS:** Most recent enrollment stats reviewed. Slightly smaller population than the Petaluma Campus total enrolments, but disseminated throughout the County. Translated in Health Fee dollars, should non-credit students be charged = $243,000 per year. Hector D. – Concern that students may have barriers to accessing services on campus if their classes are off-site. He and staff most often refer to the Southwest Community Health Centers which is blocks away. Wait times at the community clinics for an appointment, though, can be weeks. Kit: Student Health Services is the safety net for many students in the same situation, regardless of health insurance status. We carry them through an acute phase, or assess acuity as needed. Susan: Access concerns for credit students taking classes at Windsor, Shone Farm, Gualala, etc. are echoed, and they pay the health fee.

- **Susan:** Re-framing the conversation: Health Fee should not be considered an “access fee”, though the college culture and language uses this dialogue a lot. It is a fee that covers ALL the work SHS does, administrative overhead to establish community resources on campus, all online support tools, including comprehensive listing of healthcare resources in the community posted on our web page, classroom presentations on health topics, CIRT, SAI claims facilitation, risk management (communicable diseases, threats, critical incidents) writing and administering grants available to all, etc. Keeps the entire community healthy and safe.

- **What benefits do non-credit students currently receive, as funded by credit students?** (PowerPoint Slide) all those listed just above, including ACA and Reproductive healthcare services in the health centers provided by outside providers. Question: Why aren’t they paying the health fee? The only add-on left is for individual service appointments by Health Fee paid professional providers.

- Some discussion as to implications of assuring adequate staffing levels in SHS, and bilingual, culturally competent professional service providers, should expansion to NC students occur. Why additional funding needed to expand/diversify as needed.

- **Question:** Apply new funding to expand outreach, increase direct service providers, and/or support existing infrastructure to avoid program cuts overall? How to leverage funds to meet NC student needs?
• WE NEED MORE INFORMATION FROM OUR NON-CREDIT STUDENTS,
• ACTION: Will develop a paper based survey to administer to NC students. Offer information on the full scope of our services (our safety zone re: documentation, etc.) what their health support needs may be (beyond or related to NCHA data?), their willingness and ability to pay the health fee, where they currently access healthcare, access issues, insurance, etc. (Hector, Li, Susan, Bert, Jen Lewis, with community review of draft) Hopefully administer this Spring, if not, next Fall.
  o Contemplate the big picture.
  o Leaning toward recommending health fee for non-credit students.
• SHSAC meeting May 7th Equity and Access to Health Services – Part Two

SHS Vision, Mission, Values, Program and Fiscal Update:
Susan Q. updated the group (see PowerPoint for details):
• The SHS vision has been formalized, added Health as a core value, though not in the strategic plan.
• Fiscal:
  o The enrollment slump is still affecting SHS’ Health Fee income significantly – salaries and benefits of permanent staff have gone up and have encroached dangerously high into our HF baseline revenue. Does not leave enough to fund vacant position AND critical other expenditures, i.e. MDs, PE/STNCs, annual software contract, student employees.
  o MAA revenue outcomes are uncertain with program changes effective this year.
  o MHSA funding from the County strong, Outreach/Peers strong, direct operational services/admin overhead compromised.
  o KAD Proposal to increase athletic course fee to $60, to assure continuance of SHS athletic screenings (No HF funding allowed by State).
  o Equity and ACA funding this year – possibly one time only.
  o A Foundation account has been set up and is ready to receive donations!
  o Diversification of funding is great, but requires a lot of administrative oversight.

Clinical Services Report by Kit O’Neill-Conover, FNP:
(See PowerPoint for additional details.)
• Clinical professional staff reviewed.
• Appointment activity statistics.
• Changes in staffing – retirements, replacements, etc.
• Clinical appointment changes and trends.
• Illnesses seen in 2014 – mostly preventative services, colds and ear aches.
• Quality, not quantity - continuous quality improvement activities! Since SHS providers are not seeing as many students, the focus has shifted to quality vs. quantity.
  o Workgroups formed and meeting regularly to improve practices and operations.
  o Student satisfaction surveys – feedback about confidentiality concerns has been addressed.
  o Review of clinical protocols.
  o Questionnaires were developed and distributed to patients in order to help students learn about their condition. They are reviewed by NPs before students leave – next steps.
o Risk management component to care – new intake form. Yes to questions = further inquiry.
o Tracking high risk students.
o Recalls and follow ups.
o Student learning outcomes – following up with referrals/recalls at the end of the semester. How successful were we???

VP of Student Health – Student Senate Constitutional Change slated for April student Election.

Josh P. - The Student Senate is interested in having an officer for Student Health. There has been a history of strong student leaders coming out of Student Health Services. Mental and clinical health is necessary for success in college. A rough description of the position was reviewed – See Section X Vice President of Student Health document for details. Virginia K. – Seeking input for what VP of Student Health would look like. The Student Senate’s goal for that person is to advocate for a process of student conduct. Mental Health is a focus issue. The student VP will help to connect the dots. Virginia also mentioned that the PEERs group has been “awesome” in this regard and Student Health Services has been very helpful. There is a time crunch to review the proposed constitutional change document, since elections are in April.
Susan Q. – Provided input on students who might be qualified to be the VP of Student Health. Someone in the Community Health Worker program might be good, but it really depends on the person. Noted comments on the draft. Will review with staff at next department meeting and get a draft back tomorrow. She also mentioned utilizing the CIRT team to report students of concern for early intervention. Work is being done to cast a broader pool for identification of students that need support.
Jeane E. – Felt the relationship between students and HSAC is very important.
Stephanie S. – Wondered whether a student subcommittee of HSAC could be created. Is the Peers Coalition a way to engage students?
Ian M. – Student Center workgroup interested in reaching out to SHS/HSAC for Safe/Healthy Space for students.

Next HSAC meeting May 7th.