



Health Center

Program Review - Comprehensive Review

2023 - 2024

Program Context

Mission (100 word limit)

1- How does your program align with the college and district mission? <https://smccd.edu/dpgc/files/dsgc-DistrictMission.pdf> <https://canadacollege.edu/about/mission.php>

The mission of Cañada Health Center is to support academic achievement by providing high quality health services tailored to the student population and academic setting. The mission of the Health Center correlates strongly with the college's mission statement of achieving academic goals while supporting a diverse group of students. The Health Center offers a convenient low/no cost option for students to help eliminate barriers and foster an environment of equality and accessibility. Furthermore, the Health Center supports the allied health programs by providing low-cost services necessary to enter a specific program or to transfer to a four-year institution. Availability of health services to ALL students demonstrates that the college values: autonomy, individual rights, and support for overall health regardless of age, race, background, gender, sexual orientation, or economic status. A healthy and empowered student is more likely to succeed with their academic goals. The vision of the Health Center is to provide quality health services based on quantitative and qualitative data while cultivating and growing community/campus partnerships.

Program Description (500 word limit)

2- Who does your program serve?

The Health Center serves the students of Cañada College and San Mateo County Community College District.

a. How many students are served by your program?

1,250

b. How does your program intentionally serve underrepresented, disproportionately impacted or racially minoritized students (ie. Black and/or Indigenous People of Color; Gay, Lesbian, Bisexual, Transgender, Queer, Intersex, and Asexual; 1st Gen; Foster; Homeless; Undocumented; Veteran; Low-Income; or other disproportionately impacted student populations identified in our Student Equity data, etc.)?

In the past 3 years we have obtained MediCal and Family PACT certification to allow us to provide students who qualify (low income/no-insurance, or those covered under parent's insurance but have confidentiality issues), access to no-cost, comprehensive, contraceptive services and STI testing. With the onboarding of Dr. Wong, gender affirming care is now available at Cañada for students who need assistance with hormone therapy. His experience as an ally for the LGBTQIA+ community allows students easy access to a physician sensitive to this particular community's needs. Some of our staff members are bilingual and speak Spanish which helps provide easier communication with this population.

3- How has student access, retention, and completion changed over the course of this program review cycle?

Due to COVID, the Health Center experienced a significant decline in usage, as is consistent with reports from American College Health Association for Universities and College health centers nationwide. During the initial semesters following COVID, visits declined by 57-64% for Spring, 88% for Summer, and 93% for Fall semester respectively. Since Fall 2021, we have seen a gradual increase from those previous COVID visit numbers by 164% for Spring, 166-216% for Summer, and 109-659% for Fall Semester respectively. Currently for Fall 2023 as of mid-September, our visit count is already at 122% of the visits seen in all of Fall Semester of 2020 during peak COVID pandemic. We suspect that the visit numbers will continue to rise and return to pre-pandemic level. With the introduction of tele-health visits nationwide and ease of access for students, there is possibility that the number of students using Health Center services may exceed pre-pandemic levels over time.

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4- What delivery method(s) does your program utilize to best serve students? (ie. in person, in the community, online, hybrid, hyflex, scheduled appointments, drop ins etc.). How does your program determine which delivery methods are most beneficial for students?

The Health Center allow students to schedule in-person or telehealth appointments, but also allows for walk-ins to address urgent/un-anticipated health issues that may suddenly arise on campus. Due to the nature of certain types of appointments, some would naturally require an in-person appointment (e.g tuberculosis skin test) where as many other appointment types can be accomplished via telehealth which students have advised us is much more convenient. For students that have more complex issues there are flexible, after-hours, telehealth appointments with the Medical Director that are also available. Our program determines which delivery method is most beneficial for students during the scheduling process. Students are encouraged to email or call the Health Center and our staff are able to assist in determining the best type of appointment to utilize.

5- What are your on and off-campus community partnerships and how are they operationalized to support students?

On campus:

DRC

PCC

Sparkpoint

Off campus:

San Mateo County Public Health Department

Planned Parenthood

Quest Labs

San Mateo County Clinics

6- How does your program support Cañada College as an Hispanic-Serving Institution (HSI) and Asian American and Native American Pacific Islander-Serving Institutions (AANAPISI) designated institution?

There are significant health disparities in the Hispanic, Asian American, Native American, and Pacific Islander communities. Many of these health problems can be prevented with early intervention and health education which is provided by the Health Center staff. For example, Native Americans have the highest prevalence of diabetes in the United States and early nutritional and lifestyle changes can significantly reduce the disease burden. A study by McGovern et. al published in Health Affairs revealed that a significant "Driver of Health" is health behavior at a rate of 30%, surpassing the role of clinical care which plays a 20% role, and physical environment at 10%. This means a college student educated by Health Center staff to practice healthier behaviors is a stronger determinant of future health than the clinical care they will receive.

Looking Back

7- Describe major accomplishments since the last program review cycle.

In no particular order, these are the major accomplishments since the last program review cycle:

- Onboarded a new medical director, Spencer Wong, and new Dean of Enrollment Services and Support Programs, Wissem Benanni in 2020 amidst the COVID-19 pandemic.
- Continued to provide care for students throughout the pandemic with switch to a hybrid telehealth/in-person model.
- Obtained/updated a National Provider Identification (NPI) number for the Health Center which is a requirement for doing any healthcare related business. This was mandatory for getting the health center back in compliance with state and federal standards.
- Obtained Clinical Laboratory Improvement Amendments (CLIA) certification, a program administered by FDA, CDC, and Centers for Medicare and Medicaid Services (CMS) indicating that our Health Center meets certain standards for lab testing services.
- Obtained California Department of Public Health (CDPH) lab license at the provider performed microscopy (PPM) level to allow all FDA approved point of care (POC) testing and certain microscopy testing to be able to process certain specimens in clinic without sending it out to an alternative lab (e.g wet mount, skin scrapings,

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etc).

- The Health Center received site certification as a Medi-Cal provider site. Please see subsections for further information and details about Medi-Cal.
- The Health Center received Family PACT site certification. Please see subsections for further information and details about Family PACT.
- The Health Center has played a significant role as a major contributor to the SMCCD COVID-19 pandemic response and has been involved with many of the SMCCD Emergency Operation Center (EOC) meetings.
- Partnered with San Mateo County Public Health Department and other organizations during the COVID-19 pandemic to administer vaccinations in pop-up clinics to SMCCD students.
- Continued working with San Mateo County Public Health Departments to provide annual influenza vaccinations to students on campus.
- Launched the student health portal to allow students easier access to health care services.
- Digitized health center forms and documents to do business electronically to reduce environmental impact while maintaining compliance with HIPAA.
- We also partnered with Planned Parenthood to provide a Webinar regarding sexually transmitted infections (STI's) and safe sex practices, contraception and other family planning services were discussed.
- Hired a full time office assistant to support all administrative services related to Health Center operations and also DRC/PCC as we share common office space.
- Made Naloxone (a lifesaving reversal agent/medication for opioids) readily available on campus in the health center as per SB 367 requirements.
- Our clinic is in the process of switching EMR from PyraMed to MediCat (concurrently with rest of SMCCD campuses) for improved services to students.
- Held a Wellness Fair 2022 where the Health Center discussed various health related and mental health topics.
- Held multiple different webinars for Q&A with the Medical Director on different student health related topics.
- Expanded services to include gender affirming hormone therapy, medication assisted treatment for opioid and alcohol use disorder, and medical abortions. These augmented/special services would need to be scheduled on an as needed basis with Dr. Wong.

a. How did your accomplishments help to close the opportunity gap for disproportionately impacted, underserved or racially minoritized students?

Cañada College Health Center became Medi-Cal site certified. Medi-Cal is California's Medicaid health program that pays for a variety of medical services for enrolled members that have limited income and resources. This program is supported by federal and state taxes. Many of our students at Cañada are already enrolled or meet the criteria for enrolling in Medi-Cal.

Becoming Family PACT certified allowed the Health Center to take it a step further and provide contraceptive and STI testing at no cost for students who qualify for the program. Family PACT also includes coverage for cervical cancer screening and HPV vaccinations. These students would otherwise have difficulty getting similar services. To put it into a cost perspective, a Nexplanon, paid for out of pocket (OOP) is about \$600, a Mirena IUD is about \$1200, and a single Gardasil (HPV vaccine) is about \$250 (most students will need to complete a series of 3 vaccinations). This pricing does not include usual "service" (or operative) fees imposed by most clinics, resulting in a visit cost which is not financially affordable for most college students.

8- Describe major challenges since the last program review cycle. Have these challenges contributed to the expansion of or continuation of equity gaps?

As noted previously, the COVID pandemic created significant challenges in delivering health services to our students. The last review cycle was not enforced/submitted as it happened at the same time as COVID during a period where Cañada College Health Center had no Medical Director or Dean of Enrollment Services. Due to new leadership and turnover, there was minimal guidance during onboarding. The Health Center was temporarily closed for in person visits for a duration of time to allow for structural changes to meet COVID isolation and screening requirements at the state and federal level. Another challenge we are currently experiencing is having a staff physician to provide advanced in-person care, in the interim, Dr. Wong is providing care via telehealth.

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Impact of Resource Allocations Process (250 word limit)

9- Describe the impact to date of previously requested resources (staff, non-instructional assignment, equipment, facilities, research, funding) including both resource requests that were approved and were not approved.

Approved:

Full Time Office Assistant (OA)

Physician. We have obtained funding for the addition of a physician (3 hrs / week), but have yet to hire/onboard one.

Denied: N/A

a. What impact have these resources had on your program/department/office and measures of student success or client satisfaction?

Having a FT OA has increased student satisfaction and allowed us to provide better services. We are now able to have someone available at the front desk to answer phones, greet students, and assist with the intake process during the health center's regular hours. The OA also assists with health screenings and registering the student for their visit. They also perform the Family PACT enrollment and billing process post visit. Having a FT OA also allowed us to maintain compliance with SB 367 and have someone available to dispense Naloxone at the health center.

b. What have you been unable to accomplish due to resource requests that were not approved?

We were granted funding for a physician, but unfortunately have not been able to hire / onboard one yet. Without having one available on site limits the amount of advanced/procedural services that can be provided for more challenging cases.

c. How have these resources (or lack of resources) specifically disproportionately impacted students/clients?

Without having a physician at this time for more medically challenging cases, students may need to be "referred" out. This would make it more difficult for students who have limited knowledge of navigating the medical system, insurance/medical coverage, transportation problems, etc.

SAOs and SLOs (100 word limit)

10- State your Service Area Outcomes (SAOs) and/or Student Learning Outcomes (SLOs).

1- To assess the knowledge base of students receiving the influenza vaccine during the Fall 2022 flu season.
2- Students, faculty, and staff will be able to report their level of satisfaction with the services they receive from the Health Center.

11- Describe how your program assessed your SAOs and/or SLOs.

We provided a post visit survey to visitors (student, staff, and faculty) of the health center.

12- Summarize the findings of your program's SAO/SLO Assessments.

92% of visitors were extremely satisfied with 8% reporting satisfied. None of the surveys report dissatisfaction with the services received at the health center.

a. What are some improvements that have been, or can be, implemented as a result of SAO/SLO Assessment? Please include meaningful action plans to

We plan to expand upon the survey to target areas for improvement within the health center. See below.

b. How did your program's SAO/SLO assessment address antiracism?

It did not, but our future SAO and surveys will likely include additional focus on antiracism.

c. How did your program's SAO/SLO assessment address equity?

It did not, but our future SAO and surveys will include a lens on equity.

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Looking Ahead

SAOs and SLOs for the Next Review Cycle (100 word limit)

13- State your SAOs and SLOs for the next review cycle. Describe how you will address identified opportunities for improvement. Discuss how you will address antiracism in the next program review cycle. Discuss how you will address equity in the next program review cycle.

We plan to continue with the Health Center Service Satisfaction survey, but to expand on the questions to gather additional feedback on antiracism and equity at the Health Center. Another anticipated SAO may be on the services provided by Family PACT and also evaluating the need for PrEP (see next section #14).

Program Improvement Initiatives/Resource Requests (250 word limit)

14- With an equity and antiracism lens, what changes could be implemented to improve your program? Please include meaningful action plans to improve student access and success

Improvements should always follow SMART goals and led by clearly identified concerns. We would start by adding to the SAO- Health Center Survey an open ended question regarding what changes, students/visitors to the health center would like to see. This way we can focus our efforts on what matters to the end-user and not what we "think" is best for the program. Even if there are no clear goals, we can always encourage and promote antiracism and equity and ensure our staff are always putting this as a priority.

Some of our staff have also noticed that questions regarding PrEP and access to PrEP have started to trickle in as a sequelae of Family PACT services being now provided. We may consider looking into PrEP-AP enrollment and clinical site certification by CDPH in the near future.

15- How will you address the opportunities for improvement that you identified throughout the prior sections of this Program Review?

We would want to complete hiring and onboarding of a physician and also continue to receive feedback regarding improvements that can be made at the health center.

We would also like to resume our previous partnerships with our local blood bank partners as we have not had an event/partnership with them since 2019.

a. What additional antiracism training do you/your program need in the upcoming year?

As we are expanding services to include gender affirming care and hormone therapy for students, we will want health center staff to undergo additional cultural and sensitivity training.

b. What research or training will you need to accomplish these plans?

Medical Director had developed a short 1 hr training with pre and post test survey for educating medical staff on cultural and LGBTQIA+ sensitivity at California State University, East Bay. The training has elements taken from JCAHO (Joint Commission on Accreditation of Healthcare Organizations) Cultural Sensitivity Pocket Guide and can be used to train staff at Cañada College Health Center.

c. What supplies, equipment, or facilities improvements do you need?

We predict that we will need to increase on-hand supply for contraceptives (including devices i.e IUDs and Nexplanons) due to initiation of Family PACT and increased enrollment of students into this program.

If your program is requesting resources, please go to "STEP 2: Resource Request (OPTIONAL)" and submit your specific requests there.

Non-Personnel Item (2023 - 2024)

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Program Requesting Resources

Health Center

Item Requested

Additional funds to increase nurses coverage

Item Description

Expand nurses coverage

Program Goals this Request Supports

Expansion of the health services so we can be more equitable and inclusive to our student populations

Status

New Request - Active

Type of Resource

Non-Instructional Expenses (over \$5,000) e.g., equipment

Cost

20,000

One-Time or Recurring Cost?

Recurring Cost

Critical Question: How does this resource request support closing the equity gap?

We are proposing an expansion of hours and nursing coverage for more services so we can be more equitable and inclusive to our student population such as:

1. Gender affirming care
2. FAMPACT covered services as mentioned previously which include procedural services such as IUD and Nexplanon placement.

These services will frequently require the assistance/presence of a nurse and the additional hours will result in anticipated increased expenditures. The expansion of the particular services we are offering support the most marginalized communities that have difficult access to health care. For instance, in the case of gender affirming care and hormone therapy for transgender students/patients: 33% are unable to see a doctor due to cost vs the general public's rate of 12%. 40% of transpeople have attempted suicide vs the general public's 4.6%. 18% of them live without health insurance vs 11% of the public (Data comes from CDPH "TransReality Infographic"). Our clinic would be able to assist in bridging this gap, but it would require additional nursing hours.

Critical Question: How does this resource request support Latinx and AANAPISI students?

Similar to the previous explanation, LatinX and AANAPISI students have disproportionately limited access to healthcare. We also need to recognize the differences which may lead certain cultural communities to require more touch points with certain services.

For example, Barral et al. reported that young-adult Hispanic women interpret that adolescent pregnancy is normal and believe that birth control equates with abortion in "Knowledge, beliefs, and attitudes about contraception among rural Latino adolescents and young adults" that was published in the Journal of Rural

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Health in 2020. Similarly this was discussed in Carvajal et al's article in Hispanic Health Care International in 2020 where some of the distrust stems from sterilization of Mexican-origin women without their knowledge at a California hospital from 1969 to 1973 and other similar atrocities.

Expansion of nursing hours allows for us to provide the additional services and to properly educate our students who are considering contraception (especially those who may have already developed potential cultural biases).

Map Request to College Goals and Strategic Initiatives

Which of Cañada College's Goals does this resource request support?

Equity-Minded and Antiracist College Culture, Accessible Infrastructure and Innovation, Student Access, Success, and Completion

Which of Cañada College's Strategic Initiatives does this resource request support?

Help meet the basic needs of Cañada students and other community members