Mission Statement

SF State Student Health Service (SHS) provides accessible and cost-effective quality medical care for all registered students of SFSU. SHS strives to work with students to facilitate retention and graduation, reduce systematic health disparities related to human and cultural diversity, and enhance lifelong health and wellness.

Rationale
By providing accessible quality health care services, the SHS strives to teach all students how to manage their own health and become informed future health care consumers.

Planning Goals

Goal 1: Increase students’ knowledge of wellness and preventive health so that they can develop and/or maintain a healthy lifestyle.

Goal 2: Educate students about healthy eating — how it serves as a foundation for good health and reduces their chances of chronic disease.

Goal 3: Help position students for post-college wellness by increasing their understanding of health care and how it functions in modern American society.

Student Learning Outcomes and Program Objectives

GOAL 1: Increase students’ knowledge of wellness and preventive health and increase their healthy behavior lifestyles. (Parts A & B)

Student Learning Outcome (SLO) #1A
By December 2010, SHS shall appropriately screen (Fall 2010) and educate (Spring 2010 and Fall 2010) 15% of the campus Asian Pacific Islander (API) student population regarding Hepatitis B:

- cultural aspects,
- risk,
- prevalence,
- appropriate screening,
- vaccination and
- treatment

Rationale:
In conjunction with California Pacific Medical Center (CPMC) staff, SHS will act as the SF State sponsor for the SFDPH HepB Free campaign to the targeted API student population. SHS and CPMC estimate the API population on SF State campus to be 10,000.

Measures:
By December 2010, the campaign shall appropriately screen (Fall 2010) and educate (Spring and Fall 2010) 15% of the campus API student population.

- Students will be given a pre- and post-screening survey to assess their understanding of the prevalence, transmission, and the cultural aspects of Hepatitis B for themselves and their community.
- CPMC medical counselors and SHS Sexual Health Peer Educators Advocating Campus Health (PEACHes) shall act as educators for students being screened.
- Screening education will include information about the prevalence, transmission, and the cultural aspects of Hepatitis B for the students and their community.
- Screening results will be given at specified dates at SHS which shall be set in advance with CPMC. Students shall be informed of these return dates at the initial screening event.

By May 2011, the campaign shall personally counsel 80% of the initially screened students on their Hepatitis B result status. Student awareness and comprehension of the value of Hepatitis B vaccination and treatment will be demonstrated by their completion of the following process according to their result status.

- For the students for whom vaccination and/or treatment is recommended, clinical consultations by CPMC shall be available at SF State and at CPMC on the set return date.
  - SHS goal is 100% clinical consultation by CPMC for this population.
  - Visit data on these populations will be shared on a limited basis between designated SF State and CPMC staff in compliance with HIPAA regulations.
  - The data collection will include number of students in each result status, number of students returning for vaccinations 1, 2, and 3, number of students referred to CPMC for further treatment, and percentage of total possible in each group. Statistical data will be provided by CPMC staff to SF State SHS staff.
  - SF State staff will advocate the continuity of vaccination and treatment through secure reminder messages to students who do not return at any step of their screening, results status visit, vaccination, and/or treatment process. Continual education will be provided at each screening and vaccination event. Direct phone contact with positive-screened students may be needed and provided by CPMC staff.

By May 2011, the campaign shall assess the ambassadorship role of 20% of screened SF State students. (CUSP II – VI)

- A HepB Outreach Awareness event will be conducted by Sexual Health Peer Educators on campus to educate, encourage, and promoted API student population to bring family and friends to be screened at any SF State screening event.
- At the initial screening, informational materials will be provided to each screened student to share with their friends and family members of the API community.
- Friends and family of screened students will be invited to come in for a screening during SF State screening dates or referred to other HepB Free screenings in San Francisco.
- All screened students will be given a pre- and post-survey to share their experiences as a valuable resource ambassador to their expanded communities when they return for their results, vaccination series, or treatment.
- The survey data will be collated and evaluated.

Results:
Hepatitis B Screening

- Students were given a pre- and post-screening survey to assess their understanding of the prevalence, transmission, and the cultural aspects of Hepatitis B for themselves and their community.

- Of the 84 participants, 23 surveys were completed.

- Results of the Pre test Surveys:
  - 23 surveys completed for a total of 99 points correct
  - Average score was 4.30 out of 5 or 72% correct

- Results of the Post test survey:
  - 23 surveys completed for a total of 127 points correct
  - Average was 5.52 or 92% correct
  - 20% increase in correct answers

Conclusions:

- Twenty-three API students filled out pre- and post-surveys. Based on the pre-surveys, 72% of the students were knowledgeable about Hepatitis B and its transmission. There was no consistent pattern to the questions answered incorrectly. However, there was an average of a 20% increase in knowledge after the event.

- Plans for Fall 2010-11 semester include holding 3-4 more awareness days in the Malcolm X Plaza to recruit participants to the HepB Free program. The awareness days will be staffed by SHS PEACHes and representatives from a variety of student organizations, especially those with API membership. The plan is to increase students’ knowledge of Hepatitis B and to increase students’ skills in protecting themselves against the disease.

- During Spring 2010 semester SHS only provided education events. In conjunction with the HepB Free program it was determined that the vaccination program needed to be implemented within one academic year in order to reduce unacceptably high incompletion rates. Hepatitis B is a 3-series vaccination given over a period of 6 months. In Fall 2010 and throughout Spring 2011 the full vaccination program will be implemented, including screening, providing results, and giving vaccinations to give students the opportunity to complete their Hepatitis B series within the academic year. The goals of the program are prevention as well as education about the disease, risk factors, and the value of screening.
**Student Learning Outcome #1B**

By December 2010, 70% of the students attending each of the selected programs listed below will increase basic awareness and comprehension of sexually transmitted infections such as Chlamydia, HIV, GC, and HPV.

- Student participants of SHS workshops entitled “ABCs of Sexually Transmitted Infections” and “Hot Safer Sex”
- Students attending the HIV Peer Counseling and Testing Clinics
- Students attending the one-on-one Peer Sexual Health Counseling on STI Education
- Student patients with positive test results for Chlamydia

**Rationale:**
Recent CDC guidelines recommend annual screening of sexually active adolescents and young adults (26 years), even if symptoms are not present, for Chlamydia. In addition, all women with chlamydial infections should be rescreened three to four months after treatment is completed. Partner(s) of women with chlamydial infections should be informed of their possible infection. Testing and treatment should be recommended for them as well. Also, students with other STI infections should be referred to speak to a peer sexual health counselor or a health educator to increase their risk reduction plan.

**Measures:**
By December 2010, 70% of students attending the selected programs listed will increase basic understanding and comprehension of STIs (such as Chlamydia, HIV, GC, and HPV).

- Students attending SHS Health and Wellness workshops entitled “ABCs of Sexually Transmitted Infections” and “Hot Safer Sex” will be given a post-workshop survey to assess skills learned and knowledge about STI prevention, transmission and infection.
- Students attending the HIV Peer Counseling and Testing Clinics shall be given a pre-survey to assess their knowledge about STI prevention, transmission and infection before their session and post-survey after their disclosure session.
- Students with positive test results for Chlamydia will demonstrate their knowledge by coming in to SHS for the 3-4 month follow-up CT lab test as advised by their providers.
- Students attending the one-on-one counseling will be given a pre- and post-survey to access their knowledge about STI prevention, transmission, and infection before and after their session.

**Results:**
**Workshop Learning**

- Students attending the ABC’s of STDs workshop were given a pre- and post-screening survey to assess their understanding of STDs.
- Of the 16 participants, 16 surveys were completed.
  - 16 pre-test surveys completed with a total of 75% correct answers
  - 16 post-test surveys completed with a total of 100% correct answers
  - 25% increase in correct answers

- Hot Safer Sex: 37 participants submitted a qualitative survey of what they learned, what they liked/ would like to change/ or add about the workshop. Below is a summary of the results.

  What they learned during the workshop:
  - STIs can be asymptomatic
  - Most STIs are curable with antibiotics, and
  - Using lube (water based, silicone, or water based-glycerin free) increases sensation and may decrease STI and HIV transmission associated with micro trauma.
Ways to promote their own sexual health

New skills they learned:

- Safer sex options
- Communicating with partners
- Safe way to use sex toys
- How to protect oneself with condoms and lube

**HIV Peer Counseling and Testing Clinics**

- 157 students were seen and 132 students completed the survey (84.1%).
  - Results of the Pre test Surveys:
    - 123 surveys completed for a total of 462 points correct
    - Average score was 3.5 out of 5 or 70% correct
  - Results of the Post test survey:
    - 123 surveys completed for a total of 610 points correct
    - Average was 4.62 or 92.42% correct
    - 22.42% increase in correct answers
  - The surveys demonstrated a 22.42% increase in knowledge on HIV/AIDS prevention and transmission.
  - On average the students knew the basics of prevention; however, there was misconception about the 5 bodily fluids in which HIV may be present and the window period between infection and the development of detectable antibodies after exposure.
  - The post-survey was not administered until the students returned for their HIV antibody results 2 weeks later. Some (25) students did not return for disclosures, therefore we were unable to assess their knowledge.

**Follow-up of Female Students with Positive Chlamydia Results**

<table>
<thead>
<tr>
<th>Month of positive Chlamydia result</th>
<th># of positive Chlamydia results</th>
<th># of patients who failed to follow-up at SHS</th>
<th>% of patients who failed to follow-up at SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>September-09</td>
<td>7</td>
<td>3</td>
<td>42.86%</td>
</tr>
<tr>
<td>October-09</td>
<td>9</td>
<td>3</td>
<td>33.33%</td>
</tr>
<tr>
<td>November-09</td>
<td>8</td>
<td>1</td>
<td>12.50%</td>
</tr>
<tr>
<td>December-09</td>
<td>4</td>
<td>1</td>
<td>25.00%</td>
</tr>
<tr>
<td>January-10</td>
<td>5</td>
<td>1</td>
<td>20.00%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>33</strong></td>
<td><strong>9</strong></td>
<td><strong>27.27%</strong></td>
</tr>
</tbody>
</table>
100% of female patients with positive Chlamydia results (33) were sent a secure message 3 to 4 months after their positive results to remind them that their rescreening was due as well as the importance of rescreening.

Of the 33 female patients with positive Chlamydia results:
- 9 patients failed to return for follow-up screening 3-4 months later.
- These 9 patients did read their reminder messages but they neither responded nor came in to SHS for their follow-up lab test.
- One patient re-screened elsewhere.

72.73% patients were re-screened per CDC guidelines.

One-on-One Peer Counseling
- Pre-surveys were used to assess student’s knowledge regarding the ways STIs could be contracted. The One-on-One peer counseling focused on education about prevention and protection from STIs. The post-test surveys demonstrated an increase in knowledge.
  - 9 students were seen and 9 completed the survey (100%)
  - Test results:
    - Pre-Test scores averaged 4.27 points out of 6 possible or 71.2% correct answers.
    - Post test scores averaged 5.82 points out of 6 possible or 96.96% correct answers.
- Based on the surveys for the 9 students, there was a 25.76% increase in knowledge of STIs.
- Students left their session knowing how STI prevention and infection applied to them and to their partners. This knowledge will help students to develop and implement a risk reduction plan to increase their sexual safety.

Conclusions:
Workshop Learning
- On average, participants significantly increased their understanding of STD information from attending workshops on the subject.
• Based on the surveys, it appears that Hot Safer Sex workshop students engaged in hands-on activities, acquired new skills, and had fun.

• Based on student feedback the workshop environment will be improved and education will include more information on anatomy.

• In Fall 2010, the pilot program will be expanded to classrooms to increase the number and diversity of students being educated regarding STDs.

Positive Chlamydia Results follow-up
• The numbers of patients testing positive for Chlamydia who did not follow up with a CDC-recommended repeat Chlamydia screen decreased significantly over the months surveyed.

• The increase in compliance with recommended rescreening followed increased attention to patient education by SHS providers and the consistent use of a 3-4 month secure message to all patients reminding them that their rescreening was due as well as the importance of rescreening.

• SHS will integrate the enhanced education program by SHS providers and the 3-4 month rescreen reminder message to patients into its daily medical operations.

One-on-One Peer Counseling
• The one-on-one Peer STI Counseling was piloted during the spring 2010 semester. The peers saw a total of 36 students. The peer educators benefitted by increasing their skills on assessments and learning how to be more client-centered. Patients increased their knowledge on how to develop a preventive plan based on their own personal behaviors.

• 100% of the students who completed the clinic said they would recommend the Peer clinic to their friends.

• In Fall 2010-11, SHS Department of Preventive Medicine (DPM) will increase the PEACHes Sexual Health program to reach a much larger population of students through the Extra Credit Workshops and with other university departments such as Housing.

Program Objective #1:
By December 2010, for females defined by the CDC as at-risk for Chlamydia, SHS will:

• Increase the percentage of high risk young women (CDC criteria) screened for Chlamydia to equal the FamilyPact median

• Increase follow-up screens of + chlamydial screens to 75% of the screened population

Rationale:
Recent CDC guidelines recommend:

• Annual screening of sexually active adolescents and young adults (< 26 years), even if symptoms are not present, for Chlamydia.

• In addition, all women with chlamydial infections should be rescreened three to four months after treatment is completed.

• Partner(s) of women with chlamydial infections should be informed of their possible infection. Testing and treatment should be recommended for them as well.

Measures:
• Increased Percentage of Screens: Comparison of median FPACT percentage of Chlamydia screens with number of SF State Chlamydia labs reported to FPACT during same time period.

• Follow-up Screens: An audit of all SHS patients with positive Chlamydia results will be conducted to ascertain percentage of students returning for 3-4 month re-screening.
  • A secure message may be sent to those students that do not return to SHS to solicit information about possible follow-up testing at other facilities.
Results:

Increased Percentage of Screens:
- The FPACT program Chlamydia screening **goal** is to screen **95%** of the sexually active women age 25 or younger seen for Family PACT services for Chlamydia.
- The FPACT program **median** for Chlamydia screens of sexually active women age 25 or younger is **72%** of all women seen for Family PACT services.
- The SHS statistics for Chlamydia screens of sexually active women age 25 or younger seen at SHS for Family PACT services is **80.31%**.
  - Date range: 5/1/09 – 5/1/10
  - women age 25 or younger seen at SHS for Family PACT services at least once during the time period
  - Had a Family PACT Chlamydia screening test ordered by their provider

Follow-up Screens:
See statistics in previous section titled Follow-up of Female Students with Positive Chlamydia Results on page 7.
- The number of follow-up screens increased to **72.73%** of those patients who had had positive results 3-4 months earlier.

Conclusions:

Increased Percentage of Screens:
- SHS statistics (80.31%) on Chlamydia screening for women age 25 or younger were higher than the median score (72%) but still short of the Family PACT goal of 95%.
- In Fall 2010-2011, the SHS will implement increased urine Chlamydia screening to enhance the percentage of high risk women age 25 or younger screened in accordance with CDC recommendations.

Follow-up Screens:
- Patient outcome improved with regards to follow-up screening for Chlamydia. More patients understand the importance of rescreening and remember to come in for the rescreen tests 3-4 months later on their own without a reminder from SHS.
- The improved patient outcome is simultaneous with several changes in health practices at SHS including 1) increased provider attention to the CDC guidelines (via EMR template and education at provider meetings), 2) increased discussion and education between providers and patients regarding the rescreening recommendations, and 3) the implementation of a secure re-screen reminder message being sent to patients 3 months after their positive result.
- SHS providers and staff will continue to integrate these new changes in health practices into SHS medical operations.
GOAL 2: Educate students about healthy eating —how it serves as a foundation for good health and reduces their chances of chronic disease.

Student Learning Outcome #2
By December 2010, the following Peer Educator and patient targets will be met:

- 100% of Peer Educators will have the opportunity to provide nutrition education to 25 students in an academic year.
- 100% of Peer Educators shall demonstrate their effectiveness in communicating information and influencing behaviors of other students.
- 75% of PNAC (Peers Nutrition Assessment Clinic) patients shall increase their knowledge of healthy eating patterns and their appropriate portion sizes in various food categories.
- 75% of PNAC Patients will identify two practical ways they can improve their diet

Rationale:
It is crucial to provide health education outreach and experience to young adults before unhealthy choices and behavior have become a lifetime norm. The earlier in life that students understand the direct connection between a healthy lifestyle and academic success, the better.

Measures:
- **Opportunity** – 100% of students accepted into the Peer Educator program shall complete and pass a rigorous nutrition education curriculum. The Peer Educators will facilitate at least seven (7) PNAC clinic sessions during the semester (student participation in the PNAC Clinics will be recorded on sign-in sheets). Peer Educators shall maintain a portfolio of their health education learning.
- **Effectiveness** – Nutritionist supervisor shall evaluate the effectiveness of the Peer Educators with a written evaluation of their communication skills and ability to work directly with patients at PNAC clinics. In addition, patients will complete a patient satisfaction survey rating the communication skills of the Peer Educator at the end of their PNAC visit.
- **Knowledge** – Patients attending the PNAC clinic will be given a pre- and post-clinic survey to assess their basic nutrition knowledge of healthy eating patterns and appropriate portion sizes.
- **Diet** – Patients attending the PNAC clinic will complete a post-clinic survey in which they will identify two practical ways they can improve their diet.

Results:
**Opportunity:**
**Nutrition Education Curriculum**
- 100% of the students accepted into the peer educator program completed and passed a rigorous nutrition education curriculum as demonstrated by the completed Nutritionist Supervisor Peers’ In training PEACH Evaluation Form.
- 100% of peer educators were rated 3 or above on a scale of 1-4 with 4 indicating ‘very well’ on meeting PEACH requirements and required competencies for promotion into PNAC. The Peers’ in Training PEACH Evaluation form is attached to this report.

**PNAC clinic sessions**
- Sign-in sheets indicate that of the 19 PNAC peer educators (89.5%) facilitated 7 or more nutrition sessions during Spring 2010 semester. The average number of sessions facilitated by PNAC peer educators was 11.
- One PNAC peer educator withdrew due to school demands. One PNAC peer educator had scheduling conflicts.

**Portfolio of Learning**
• Each peer educator maintained a portfolio containing didactic material, pre and posts quizzes, and check-offs indicating passing of requirements and competencies.

Effectiveness:

Nutritionist Supervisor Evaluations of Peer Educators

• The Nutritionist supervisor evaluated the effectiveness of the 19 Peer Educators as demonstrated through the completion of the PNAC Peer Assessment Form for all PNAC peer educators.
• One hundred percent of the 19 peer educators rated 3 or above on a scale of 1-4 with 4 indicating ‘very well’ on counseling skills and completion of session goals.

Patient Satisfaction with Peer Educator Communication Skills

• 249 out of the 305 patients seen in the clinic completed exit surveys evaluating peer educators’ abilities to establish rapport, demonstrate listening and evaluating their communication skills and competency in nutrition knowledge.
• 100% of the PNAC peers received an average score of 4 or higher score on a scale of 1-5 with 5 indicating ‘very satisfied.’

Knowledge:

• PNAC patients who requested one-to-one nutritional assessments were given a pre-assessment and post-assessment to evaluate their basic nutrition knowledge of healthy eating patterns and appropriate portion sizes.
• Results indicate an average of 47% correct responses in the pre-assessment, an average of 90% correct responses in the post-assessment and an outcome of 91.5% increase in correct responses to the post assessment.

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<thead>
<tr>
<th>Pre-Assessment Results</th>
<th>Post-Assessment Results</th>
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</thead>
<tbody>
<tr>
<td>% of Correct Responses</td>
<td>% of Correct Responses</td>
</tr>
<tr>
<td>No. of respondents</td>
<td>No. of respondents</td>
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<td>0%</td>
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<tr>
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<td>2</td>
<td>143</td>
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<table>
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<tr>
<th></th>
<th>Pre-Assessment</th>
<th>Post-Assessment</th>
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<tr>
<td>Total Responses</td>
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<td>216</td>
</tr>
<tr>
<td>Average Correct Responses</td>
<td>47%</td>
<td>90%</td>
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</table>

Percent Change: Increase 91.50%
Diet:

- Patients were given a pre-clinic 24-hr. recall documenting their current diet.
- At the end of their PNAC clinic visit, 249 of patients completed an exit survey. Eighty-eight percent (88%) of those patients completing the exit survey indicated two ways they plan to improve their current diet.

Conclusions:

- Nutrition is a basic necessity for student retention and health and well-being. There is a low nutrition knowledge rate among the student patient population as evidenced by the 47% correct response rate in the pre-assessment of basic nutrition knowledge. This fact reinforces the vital need for nutrition education and in particular, one-on-one nutrition counseling for our student population.
- The demonstrated effectiveness of the peer educators as evidenced by the results of the clinic exit surveys supports the effectiveness of the current peer education model.
- Patients completing the nutrition session acquired substantial knowledge as demonstrated by the 91.5% increase in correct responses to the post assessment survey. As well, 88% of respondents who completed an exit survey stated at least 2 new nutrition facts they learned about themselves or their lifestyles and stated 2 behavior changes they plan to implement.
- For the future, SHS plans to assess the make-up of the clinic participants to ensure access to a diverse student population. Sign-in sheets will seek additional information on patients’ major, class standing, and ethnicity to help direct future promotion of the Peers’ Nutrition Assessment Clinic.
- Eighty-eight percent (88%) of respondents in the clinic survey reported at least 2 behavior changes they would like to implement. The clinic will explore cost effective methods of assessing whether the stated intentions were acted upon by clinic participants.
- This clinic will explore the feasibility of expanding the clinic’s services beyond the SHS. The logistics of an additional clinic site, adequate staffing by peer educators, and potential future sites will be explored.