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.

Goal #1: Student Learning Outcomes and Program Objectives

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

Student Learning Outcome #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 (San Francisco Department of Public Health) 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 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.
  o SHS goal is 100% clinical consultation by CPMC for this population.
  o Visit data on these populations will be shared on a limited basis between designated SF State and CPMC staff in compliance with HIPAA (Health Insurance Portability and Accountability Act) regulations.
  o 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
The peer educators educated each student prior to getting screened in the waiting room. In addition, each was provided with a brochure and handouts with additional information to provide to family members.

Spring 2010 Pre- and Post-Test Screenings
• 27% (23/84) of participating SFSU students completed their pre & post educational survey during awareness events
  o Pre-test: 72% correct responses
  o Post-test: 92% correct responses
• 20% increase in knowledge after peer educator counseling.

Fall 2010 Pre- and Post-Test Screenings
• 67% (108/161) of participating SFSU students completed their pre & post screening surveys during the fall screening event.
  o Pre-test: 78.3% correct responses
  o Post-test: 89.9% correct responses
• 11.6% increase in knowledge after peer educator counseling
CPMC Screenings
- 161 SFSU Students in Fall 2010
- Overall CPMC screened 14.1% of the estimated 10,000 campus API student population regarding Hepatitis B
- 439 students were tested who required vaccinations (262 in 2008; 130 in 2009; 47 in 2010)
  o 329 (75%) students received vaccine #1
  o 295 (67%) students received vaccine #2
  o 240 (55%) students received vaccine #3
  o 36 (100%) students whose results for Hepatitis B were positive were counseled regarding their management options by CPMC

The proposed ambassadorship role assessment was not conducted during Spring 2011.

Conclusion
- Spring 2010: 20% increased in their knowledge based on their post-test.
- Fall 2010: 11.6% increased in their knowledge based on their post-test.
- The total of API students screened at the three (3) screening campaigns on campus is 1,406 or 14.1%. This is very close to our expected goal of 15% screening. Over 55% of screened students requiring vaccinations received all 3 vaccine doses.
- CPMC has extended our partnership for an additional year to reach out to the new Fall semester incoming/transferring students.

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 (STI) such as Chlamydia (CT), Human Immunodeficiency Virus (HIV), Gonorrhea (GC), and Human papillomavirus (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 (P-SHE) Counseling on STI Education
- Students with positive test results for Chlamydia

Rationale
Recent Center for Disease Control (CDC) guidelines recommends 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 selected programs 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

Workshops: A very small percentage of participants provided qualitative rather than quantitative feedback regarding learning outcomes.

Summary of participant feedback:
- Participants learned about the prevention of STIs by having safe sex, the importance of STI testing, and the curability of STIs
- Participants learned safer sex options including communication, exercises, toys, how to choose and use lube
- Instructor presented an interesting and informative workshop in which students were thoroughly engaged.

A quantitative survey will be developed for future workshops.

HIV Peer Counseling and Testing Clinics – Fall 2010 only (program terminated by DPH):
- The students took their post-tests when they returned for their HIV antibody results 2 weeks later. Therefore SHS was unable to assess the post-test knowledge of the 25 students who did not return for their results.
- 132 of 157 (84.1%) students seen completed the survey.
  - Pre-test scores: average score 3.5 out of 5 = 70% correct responses
  - Post-test scores: average score of 4.62 out of 5 = 92.4% correct responses
  - 22.4% increase in correct responses
- The students tested were knowledgeable of basic HIV prevention.
- Questions with incorrect responses included: in which 5 fluids is HIV mainly present and what is the usual window period for most people infected with HIV to develop detectable antibodies after exposure.

One-on-one Peer Sexual Health Counseling Clinic:

<table>
<thead>
<tr>
<th>Fall 2010</th>
<th>Spring 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td># Seen: 24</td>
<td># Seen: 90</td>
</tr>
<tr>
<td># completed survey: 24 (100%)</td>
<td># completed survey: 59 (65.5%)</td>
</tr>
<tr>
<td>Pre-test scores: 73% correct responses</td>
<td>Pre-test scores: 90% correct responses</td>
</tr>
<tr>
<td>Post-test scores: 94% correct responses</td>
<td>Post-test: 98% correct responses</td>
</tr>
<tr>
<td>21% increase in STI knowledge</td>
<td>8% increase in STI knowledge</td>
</tr>
</tbody>
</table>

- Peer Educators were trained and adhered to the SHS protocol “Department of Preventive Medicine - Sexually Transmitted Infection (STI) Screening of Asymptomatic Patients.”
- Clients were referred for appropriate follow-up and testing by SHS provider.

Follow-up of Female Students with Positive Chlamydia (CT) Results: 100% of female patients with positive Chlamydia results (93) were sent a secure message via Confidential Communicator 3 to 4 months after their positive results to remind them that their rescreening was due as well as the importance of rescreening.
<table>
<thead>
<tr>
<th>Month of Initial Positive CT result</th>
<th># of patients with positive CT results</th>
<th># of patients who followed up 3-4 month later</th>
<th># of patients who did not follow-up as reminded</th>
<th># of patients who were no longer students at time of reminder for re-screen</th>
<th>% of patients registered at time of follow-up and came in for re-screen</th>
<th># of patients who were still registered but did not follow-up as reminded</th>
</tr>
</thead>
<tbody>
<tr>
<td>February-10</td>
<td>13</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td>0.0%</td>
</tr>
<tr>
<td>March-10</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>40%</td>
<td>60.0%</td>
</tr>
<tr>
<td>April-10</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>87.5%</td>
<td>12.5%</td>
</tr>
<tr>
<td>May-10</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td>0.0%</td>
</tr>
<tr>
<td>June-10</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>57.1%</td>
<td>42.9%</td>
</tr>
<tr>
<td>July-10</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>100%</td>
<td>0.0%</td>
</tr>
<tr>
<td>August-10</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>0.0%</td>
</tr>
<tr>
<td>September-10</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>77.8%</td>
<td>22.2%</td>
</tr>
<tr>
<td>October-10</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>87.5%</td>
<td>12.5%</td>
</tr>
<tr>
<td>November-10</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>62.5%</td>
<td>37.5%</td>
</tr>
<tr>
<td>December-10</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>75%</td>
<td>25.0%</td>
</tr>
<tr>
<td>January-11</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>83.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>February-11</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>93</td>
<td>66</td>
<td>27</td>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# of students eligible for follow-up at SHS: 93-12 = 81
# of eligible Students – no f/up: 27-12 = 15
Average: 81.5% Average: 18.5%

Of the 93 female patients with positive Chlamydia results:
- One patient informed SHS that they re-screened elsewhere.
- 6 of 27 patients who failed to return for follow-up did NOT read their reminder messages
81.5% eligible female registered student patients were re-screened per CDC guidelines.

**Conclusion**

Workshops: Workshops provided knowledge about STI prevention, transmission and infection. Qualitative data suggested that participants were satisfied with the workshop content.

HIV Counseling/Testing: For the 132 students surveyed, there was a 22.4% increase in knowledge on HIV/AIDS prevention and transmission.

P-SHE Clinic: In Spring 2011, there was an 8% increase in knowledge of STI’s including STI prevention, transmission and infection.

Positive Chlamydia Results follow-up:
- The numbers of patients testing positive for Chlamydia who followed up with a CDC-recommended 3-4 month Chlamydia re-screen increased 10% from the 09-10 year to 2010-11 year.
- 81.5% students returned for re-screens demonstrating their basic understanding and comprehension of STIs. The 70% goal was met and exceeded.
- Because of their impact, CT rescreen reminder messages have been incorporated into the SHS provider and clinic practice.
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 Family PACT (FPACT) median (68%); and 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 68% of all women seen for Family PACT services.
- According to FPACT statistics, the SHS statistics for Chlamydia screens of sexually active women age 25 or younger seen at SHS for Family PACT services from January to June 2010 is 55%. This is an increase of 7% from the previous 6-month period.

Follow-up Screens:
- The number of follow-up screens increased to 81.5% of those patients who had had positive results 3-4 months earlier (and were still eligible to be provided services at SHS at the time of re-screen).

Conclusion
Increased Percentage of Screens:
- SHS statistics for Chlamydia screening for women age 25 or younger was lower than the median score (68%) and short of the Family PACT goal of 95%, but demonstrated a 7% increase from the previous 6-month period.
- SHS anticipates that the Fall 2010 implementation of additional mini-Birth Control refill clinics will increase the Family PACT statistics of numbers of urine Chlamydia screening of young women.
- SHS anticipates that the Spring 2011 introduction of STI Assessment clinic by Peer Educators will increase the Family PACT statistics of numbers of Chlamydia tests for eligible patients.
- FPACT statistics on the Fall 2010 and Spring 2011 time period will be available in Spring 2012.

Follow-up Screens:
- Because of their impact, CT rescreen reminder messages have been incorporated into the SHS provider and clinic practice.
Goal #2: Student Learning Outcomes and Program Objectives

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

Student Learning Outcome
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 life-time 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 PEACH In Training (PIT) 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 available for review.

Opportunity - PNAC Clinic Sessions
- Of the 18 PNAC peer educators who staffed the clinic for one semester, (88.8%) facilitated 7 or more nutrition sessions during the Fall 2010- Spring 2011 academic year. The average number of clients counseled was 11.8 per peer educator. Thus, the goal was met.
- Of the 8 peer educators who staffed the clinic for two semesters, 100% facilitated 7 or more nutrition sessions per semester. The average number of clients counseled was 30 per peer educator. Thus, the goal was met.
Opportunity - 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 27 Peer Educators as demonstrated through the review of the PNAC Exit Surveys
- Of the 27 peer educators, 100% rated 3 or above on a scale of 1-4. 14% rated 4 or ‘very well’ on counseling skills and completion of session goals.

Effectiveness - Patient Satisfaction with Peer Educator Communication Skills
- 79% of the patients seen in the clinic completed exit surveys that evaluated peer educators’ abilities to establish rapport, demonstrate listening and evaluated 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.’
- Survey tool is available for review.

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. See the following chart for results.

<table>
<thead>
<tr>
<th>Fall 2010 Pre- &amp; Post-Assessment Results</th>
<th>Pre-Assessment</th>
<th>Post-Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Responses</td>
<td>216</td>
<td>216</td>
</tr>
<tr>
<td>Average Correct Responses</td>
<td>47%</td>
<td>90%</td>
</tr>
<tr>
<td>Percent Change:</td>
<td>91.5% increase in knowledge</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring 2011 Pre- &amp; Post-Assessment Results</th>
<th>Pre-Assessment</th>
<th>Post-Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Responses</td>
<td>277</td>
<td>277</td>
</tr>
<tr>
<td>Average Correct responses</td>
<td>43.3%</td>
<td>95%</td>
</tr>
<tr>
<td>Percent Change:</td>
<td>119.3% increase in knowledge</td>
<td></td>
</tr>
</tbody>
</table>

Diet:
- Patients were given a pre-clinic 24-hr. recall documenting their current diet.
- At the end of the Fall 2010 PNAC, 249 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.
- At the end of Spring 2011 PNACs, 255 of patients completed an exit survey. Ninety (90%) of those patients completing the exit survey indicated two ways they plan to improve their current diet.

Diversity of Student Clients Counseled (NEW ADDITION):
- Data was collected during the 2010-2011 academic year to determine the diversity of student clients counseled. During the Fall 2010 semester, ethnicities of student clients counseled at PNAC met or exceeded the University’s published ethnicity percentages for the following ethnicities: African-Americans and Hispanics, but fell short of University’s percentages for the Asian, Filipino population.
- During the Spring semester, ethnicities of student clients counseled at PNAC met or exceeded the University’s published ethnicity percentages for the following ethnicities: African-American and Asian, but fell short of University’s percentages for the Hispanic and Filipino population.
- Class standing of student clients seen in PNAC was as follows:
  - freshmen = 19%}
  - sophomore = 18%
Conclusion
Nutrition is a basic necessity for student retention, not to mention health and well-being. There is a low nutrition knowledge rate among the student patient population as evidenced by the average academic year’s 45% correct response rate in the pre-assessment of basic nutrition knowledge. This fact reinforces the vital need for nutrition education and in particular, one-to-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 academic year’s average of 92.5% increase in correct responses to the post assessment survey. In addition, 89% of respondents who completed an exit survey during the academic year were able to state at least 2 new nutrition facts they learned about themselves or their lifestyles, and indicate at least 2 behavior changes they plan to implement.

The number of student patients of African-American ethnicity counseled at the PNAC consistently met or exceeded the University’s ethnicity data for the academic year. PNAC consistently counseled less students of Filipino ethnicity than University data.

Goal #3: Student Learning Outcomes and Program Objectives

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

Student Learning Outcome
By December 2010, 25% of patients referred to outside providers shall develop the skills needed to make their own medical referrals in their surrounding community.

By December 2010, 25% of students who participate in a health insurance workshop will increase their basic understanding of health insurance and the practicalities of using it as part of their own health care plan.

Specifically, participants will increase their knowledge on:
- How to access both private and public community health services
- Basic health insurance concepts and terms
- How to understand health insurance coverage parameters
- How to make a medical appointment in their community

Rationale
SHS will create an environment where students learn how to become confident health care consumers in their post-collegiate life.

Measures
Access: "Understanding health insurance" workshop participants will be given a post-workshop survey to assess their learning about how to access private and public community health services.

Terminology: Workshop participants will be given a post-workshop survey to assess their learning of basic health insurance concepts and terms.
Coverage and Medical Appointments: SHS Referral Coordinators will develop a dialogue with 25% of their clients (either through secure messages or in-person) to mentor and monitor their progress in accessing the appropriate medical facility or provider, calling and scheduling an appointment, following pre-appointment instructions, verifying health insurance coverage, and making it to the appointment or rescheduling as necessary.

Results
Workshop Learning – Access and Terminology: During the 2010-2011 academic year, 182 students participated in health insurance workshops. 96% significantly increased their basic understanding of health insurance terminology, how to compare health insurance plans, and how to utilize and access both private and public community health care services including services offered at the SHS.

Coverage and Medical Appointments: The SHS Referral Coordinator has incorporated the practice of working with at least twenty (20) patients a month who have their own health insurance and need referrals to medical providers in the community. 100% of these patients are either sent a secure message by the Referral Coordinator or meet in person with the Referral Coordinator for education. The referral education component includes instructions on how to access insurance information online and via 800 numbers, how to choose a provider, and how to call and schedule an appointment.

Conclusion
Workshop Learning: The workshops hosted at the SHS helped many students become educated health care consumers and better advocates for their health care needs. The SHS plans to continue educating students via these informative and useful workshops throughout the 2011-2012 academic year.

Coverage and Medical Appointments:
- Referral Coordinator staff was reduced in July 2010 to one staff member. The decision to include up to 20 in-person student education appointments per month was made in an effort toward most effective use of the Referral Coordinator’s time. This is a change from the previous goal of 25% of all referral appointments.
- Sending instructions regarding appointment scheduling via health insurance plans by secure message was found to be an effective teaching tool for patients with health insurance coverage.
- The previous challenge for some patients to feel confident and comfortable scheduling their own appointment on the phone has been addressed by the opportunity for students to meet directly with the Referral Coordinator for the referrals education component.