Mission Statement

The San Francisco State University Student Health Services mission is to provide accessible and cost-effective quality health care, enhance lifelong health and wellness, facilitate retention and graduation, and to reduce systematic health disparities for all registered students.

Rationale: By providing accessible quality health care services, the SHS strives to create an environment for all students to learn the skills to manage their own health and become informed future health care consumers.

By facilitating access to care, treating each student in an ethical manner and respecting each student’s culture, socioeconomic circumstances, and lifestyle behaviors the SHS supports the university’s collective commitment to social justice and equity.

Planning Goals

Goal #1: Increase students’ knowledge of birth control methods so that they learn to evaluate and choose a method that best fits their lifestyle.

Goal #2: Increase access and the number of participants in Peers Nutrition Assessment Clinic (PNAC) clinics from the populations at greatest risk for diabetes and heart disease according to the American Diabetic Association, namely, African Americans and Latino/a.

Goal #3: Help promote college retention and graduation for students with mental health concerns by increasing their understanding and knowledge of available mental health resources at the SHS on campus and in the community.

Student Learning Outcome #1

By May 2012, female patients with Women’s Annual Exam appointments or Peer Women’s Health appointments will be provided with the resources to successfully educate themselves about birth control method choices before coming to their provider appointments.

Rationale

Female patients wishing to choose a contraceptive method can more effectively utilize their appointment time by educating themselves about advantages and disadvantages of the various birth control options prior to seeing the women’s health provider. This pre-appointment preparation allows them to choose a method that best meets their needs, better address specific questions and concerns to their provider, and provides an opportunity to enhance their understanding of their chosen method.

Measures

By May 2012, 60% of female patients with a Women’s Annual Exam appointment or a Peer Women’s Health appointment shall educate themselves regarding birth control methods before their women’s services appointment.

- Patients booking a Women’s Annual Exam appointment online will be directed to the Association of Reproductive Health Professionals (ARHP) MethodMatch http://www.arhp.org/methodmatch/ website during the appointment scheduling process.
• Patients being given a Peer Women’s Health appointment by the certified Peer Sexual Health Educator (P-SHE) Birth Control Education clinic will be given a card promoting the MethodMatch website at end of their session and will be asked to visit the website before their provider appointment.
• Patients with Women’s Annual Exam and Peer Women’s Health appointments will be automatically required to complete a short survey when they check in at the clinic appointment kiosk.
• The survey will question the student’s access to the website, whether their knowledge increased by going to the website or seeing a certified P-SHE, whether either method assisted them in making a birth control method choice for them, and whether they still had questions about the method for their women’s health provider.
• Survey results will be collated by designated SHS staff and analyzed to determine percentage of students accessing the services before their provider appointment.
• A copy of the survey/s will be attached to the results.

Results

BC Methods Knowledge Pre-Visit Survey

Conclusion
• The above results demonstrate that an average of 60% of female patients with a Women’s Annual Exam appointment stated that without Peer Education (P/SHE clinic), staff education, or online resources they had sufficient knowledge of birth control methods prior to their women’s health appointment.
• The above results also demonstrate an increase from 20% to 45% of learned knowledge by patients who had P/SHE clinic appointments or who accessed the ARHP MethodMatch website to educate themselves regarding birth control methods before their women’s services appointment.
• The above results demonstrate that the additional 45% of patients who became knowledgeable through online resources or P/SHE clinics added to the 60% of patients who stated prior knowledge exceeded the outcome goal of 60% patients successfully educated before their clinic appointments.
• Providers noted their satisfaction with a higher percentage of patients knowledgeable about their birth control options and methods at their women’s clinic appointments.
• Goal was achieved. Surveys will no longer be conducted.
• The outcome demonstrates the efficacy of P/SHE clinics and the promotion of the ARHP MethodMatch website to patients seeking women’s health appointments regarding birth control. SHS will continue with these practices.

Student Learning Outcome #2

By May, 2012, Peers Nutrition Assessment Walk-In Clinic (PNAC) will increase its number of participants from the populations at great risk for diabetes and heart disease, namely, African Americans and Latino/a.

Rationale
According to the American Diabetes Association, the African American and Latino/a population are at increased risk for diabetes and heart disease. The provision of health education outreach and experiential learning is an essential risk reduction tool which can help these at-risk students before unhealthy choices and behaviors become a life-time norm. The sooner students adopt a healthy lifestyle, the better their prospects for a healthy future.

Measures
By May, 2012, the number of PNAC participants from these groups at great risk for diabetes and heart disease, namely, African Americans and Latino/a will increase by 10%.

• Will advertise PNAC in 5 classes within the Africana Studies and La Raza Studies Departments. Sign-in sheets will provide a column for participants to indicate their ethnicity(ies), but a note will indicate that completion is optional.
• Sign-in sheets will provide a column asking how participants were referred to PNAC
• Sign-in sheets will be analyze and data will be tabulated to determine the efforts to reach the ADA-determined at-risk populations.
  o The ‘ethnicity not stated’ category will be included in the data tabulation.

Results
• Outreach Efforts: In an effort to increase the participation of Hispanic, Latino/a, and African-American students in PNAC, peer educators where assigned to advertise PNAC in 13 classes specifically to the targeted group (6 Africana Studies, 3 LaRaza Studies, and 4 Metro Academy classes). One LaRaza class declined the offer to advertise in their classroom.
• PNAC Participation by Hispanic/Latino/a Students:
  o Before outreach to the target population, the PNAC participation was 18.45% during the Fall 2010-Spring 2011 year.
  o After outreach, PNAC participation during the Fall 2011-Spring 2012 year resulted in no significant change equaling 18.05% of the total participants.
  o University population of Hispanic/Latino/a Students for Fall 2011 was 23.6%.

<table>
<thead>
<tr>
<th></th>
<th>Hispanic/Latino/a Students</th>
<th>African-American Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2010-Spring 2011</td>
<td>18.45% participation in PNAC</td>
<td>6.8% participation in PNAC</td>
</tr>
<tr>
<td>Fall 2011-Spring 2012</td>
<td>18.05% participation in PNAC</td>
<td>8.95% participation in PNAC</td>
</tr>
</tbody>
</table>

• PNAC Participation by African-American Students:
  o Before outreach to the target population, the PNAC participation was 6.8% during the Fall 2010-Spring 2011 year.
  o After outreach, PNAC participation during the Fall 2011-Spring 2012 year resulted in a significant change with an increase to 8.95% of total PNAC participants which was over the goal of 10% increase.
  o University population of African American Students for Fall 2011 was 5.5%.
Conclusion
Outreach in Africana Studies classes (6) was particularly effective in drawing more African-American students to PNAC. There was no significant increase in PNAC participation by Hispanic/Latino/a students. However, advertisements in LaRaza classes (3) were 50% less than in the Africana studies. Student clients marking the “other” option when indicating ethnicity averaged a significant 7%. It is unknown as to the number of students who marked “other” were Hispanic/Latino/a or African American students.

The number of PNAC clinics was reduced by two clinics during the Fall 2011-Spring 2012 year due to schedule conflicts and PEACH availability which could have had an impact in the final results.

Advertising in Africana and La Raza classes was limited due to the limited availability of PEACHes. In addition, availability of qualified applicants for the PEACH Program from the Hispanic/Latino/a and African-American student population was limited.

Student Learning Outcome #3

By May, 2012, at least 75% of student psychiatric intake appointments will be educated how to access mental health services at SFSU and in the community.

Rationale
To encourage students to advocate for their own health care and to promote their ability to become educated healthcare consumers, patients seeking psychiatric services, and thus referred to the health educator for a data collection appointment, will be educated regarding available campus and community mental health care options.

Measures

By May, 2012, at least 75% of students scheduled for psychiatric data collection appointments will be educated how to access mental health services at SFSU and in the community.

- Students seeking non-emergency psychiatric care at the SHS will be given an appointment with a health educator for data collection.
- During the appointment, the health educator will educate each student about available campus and community mental health resources and how to access campus counseling services.
- The health educator will complete and sign the data collection electronic medical record (EMR) note and send it to the SHS Psychiatrist for review.
- The SHS Psychiatrist shall contact each patient and complete the note indicating the understanding of the patient of their referral options.
- Statistics will be tallied at the end of each semester of total number of patients completing the data collection and referral education appointments and the decision of the Psychiatrist and the patient for best referral.

Results
Statistics will be tallied at the end of each semester of total number of patients completing the data collection and referral education appointments and the decision of the Psychiatrist and the patient for best referral.

Please note that the SHS Psychiatrist resigned on February 24, 2012. She was unable to see new clients during the Spring semester 2012.

These statistics are for the Fall 2011 semester only.

- Forty-eight (48) patients were given data collection and referral education appointments.
  - Seventeen (17) patients cancelled their appointments.
  - Five (5) patients did not show for their appointments.
Twenty-seven (27) patients attended their data collection and referral education appointments with the SHS Health Educator.

- Of the twenty-seven patients, the SHS Psychiatrist reviewed their appointment information and called all 27 patients to consult with them on their next step.
  - Three (3) patients did not respond to the Psychiatrist’s call.
  - One (1) came to Urgent Care and was seen and subsequently followed by Dr. Stoehr.
  - See table below.

<table>
<thead>
<tr>
<th>NEXT STEPS as discussed with SHS Psychiatrist</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>No return call to Psychiatrist</td>
<td>3</td>
</tr>
<tr>
<td>Seen in Urgent Care &amp; followed by PC MD</td>
<td>1</td>
</tr>
<tr>
<td>Referred to SHS Psychiatrist</td>
<td>12</td>
</tr>
<tr>
<td>Referred to Health Insurance Providers</td>
<td>8</td>
</tr>
<tr>
<td>Referred to Other</td>
<td>2</td>
</tr>
<tr>
<td>Referred to Community Mental Health</td>
<td>1</td>
</tr>
<tr>
<td>Total number of Patients</td>
<td>27</td>
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**Conclusion**

- Of the 48 patients who initially set up a data collection and referral education appointment, nearly half (22) either cancelled their appointment or did not keep their appointment.
- Of the 27 patients who came to their appointments, 4 (14.8%) did not respond to the Psychiatrist’s return call.
- Of the 27 patients who came to their appointments, 23 (85.2%) were educated on how best to access mental health services at SFSU and in the community.
- The Student Learning Outcome Goal was achieved. Due to the hire of new Psychiatrists in Fall 2012, a totally new provider-based triage system has been instituted.