

Justification for Maintaining CHC, Health Services, January 2007

Contemporary college health services are no longer the infirmaries of yesterday but are more importantly the health and wellness centers for the Y Generation/ Echo Boomers. Young people today have not only grown up with the internet, forty channels of TV and text messaging; but also in the homes of single mothers, divorce and step-parents, drug addiction, two-career parents, poverty and affluence, little knowledge about the dangers of multiple sex partners and much more. All these societal changes have influenced the services we provide college students. When we recruit non traditional college students and those attending college along with full-time jobs and families, have we stopped to think about the lack of information, skills and support that these students come with? Many of them have never developed the fundamental skills necessary to be successful in college i.e. the affects on health when eating every meal at fast food restaurants, not getting proper sleep, lack of coping skills to deal with stress or understanding about taking responsibility for ones health and skjeeking help for emotional problems and on and on. Researchers have long ago discovered that students and employees who are struggling with poor physical and emotional health are less successful at college or work. How many of us could do our jobs if we were a victim of community or family violence, if we had an addicted family member who didn't pay the rent and now we were getting evicted from our home, or we were being harassed by our peers for our sexual preference and more.

Some say we are in the business of education and not health. I disagree. We are in the business of both - the two are fully integrated. Today's morbidity and mortality are more influenced by lack of health information than from lack of medical intervention. The decisions people make about their life and habits contribute to 53% of illness. Quality of medical care is only 10% effective; the remaining 37% is a result of heredity, and the environment. How many of us still believe that we can ignore those last 20 pounds, take no time to exercise and only go to the doctor when we are sick. Then when we are given the diagnosis of hypertension, diabetes or cancer we are shocked. Our first response is why didn't somebody didn't tell me about this? These are the very words I hear everyday from college student's when they are told they have an STD or HIV or that they are pregnant or addicted to cigarettes or alcohol. Once again, education is the key to a healthy tomorrow and without it our students can not be successful.

Health education activities and events that took place FA06:

- Class presentations on college health services, stress, mental health and coping skills were given to over 300 students.
- 85 students participated in a blood drive. Students received a valuable life lesson on giving the gift of life to others.
- Depression Screening Day was held in October and 22 students obtained screening for depression, suicide, Bi-polar Disorder, PTSD and anxiety. As a result, six students were referred for counseling and became hopeful for a life without emotional pain.
- (To be filed in) students attended "The Great American Smokeout" and received information, resources and support for smoking cessation - currently the number one preventable health hazard in our country.
- (To be filed in) students participated in World AIDS day and were educated about the increased risk that college students have for HIV infection.
- Students in Sociology, English, Reading Skills, Psychology and Health received extra credit from instructors to obtain a computerized wellness assessment on stress, nutrition and/or general health. After students completed the profile, individualized counseling and education were given to them.
- Other students receive extra credit from health classes to obtain lipid profile (blood tests) to learn about cholesterol and other blood levels that can reveal early signs of elevated cholesterol and disease.
- Other education took place through health fairs, newsletters, bulletin boards, brochures and e-mails. No student leaves the HWC without a brochure or referral in hand.

Clinical Service

Our present clinical services are not duplicated in the community. Yucaipa has no low-cost clinics and today's public health services are either Medi-cal or full pay. Statistics reveal that San Bernardino County has fewer than 2% (16) of 834 low-cost clinics in the state of California and medical doctors have 65% more patients than the average physician in other CA counties. Also, over 70 students a day depend on the bus as their only means of transportation. Clinics in San Bernardino are out of the question for these students. Students most likely to be without health care coverage are the working poor, very typical of our students i.e. 25-30% of students. Those who are not enrolled in 12 units or more are often not eligible for their parent's insurance plans and many with health insurance have large deductibles and co-pays which can eliminate primary care services.

HWC Present Budget

2006-07 \$256,611.00

Projected 2007-08 \$179,392.50

Income

Health Fee Revenue: \$156,307.50

Health Insurance: \$24,453.00 (goes to district to pay for student accident insurance)

Fees for services: \$23,085

Shortfall: \$77,218.50

Services lost if this income is not restored: (services not performed in 1986)

- College nurse hours (1 part-time nurse 376 hrs. a semester) for services increased since 1986, i.e. Hepatitis A & B immunizations, two-step T.B. Skin Test, birth control refills, laboratory tests for Varicella Cholesterol, STD/HIV, computerized screenings and counseling for stress, nutrition and general health services and more.
- Nurse Practitioner for birth control and emergency contraception, STD & HIV testing and treatment, physical exams and treatment for asthma, allergies, depression, ear, nose throat infections, program entrance and more.
- Marriage Family Therapist for depression, anxiety, post traumatic stress disorder, abuse, addiction and more.
- Coordinator time for campus committees, i.e. Student Services Council, Health & Safety (blood borne pathogen plan maintenance, crisis intervention, first-aid kits) and health education, i.e. classroom presentations, health fair and other events, newsletter, bulletin boards, brochures and more.
- **Specific Services Obtained in 2005-06:**
 - Over 300 students who need prerequisites (immunizations, antibody titers, TST) for EMS, RT and childcare programs
 - 198 for mental health services
 - 102 for birth control services
 - 76 for Flu Vaccine
 - 457 for TB skin Tests
 - 724 for medical supplies for illness and injury
 - 193 for laboratory tests
 - 468 for medications

Possible Resolutions

- Collect compensation from SBCCD for employee health (workman's compensation, TB skin tests, immunizations, first-aid and emergency care for employees and visitors on campus)
- Collect compensation from CHC for on-call services for EMS program: \$6400.00
- Increase "fees for service" to more closely correspond with community clinics, i.e. HWC immunization: \$25.00 -\$40.00; San Bernardino SAC Clinic (low-cost clinic): \$138.00 - \$198.00 and Private Medical Doctor: \$140.00- \$240.00.
- Charge employee for optional health services.
- Pursue grants, donations and fund raisers.
- Reduce evening and summer hours to match those of other CCC, Health Centers.
- Combine biohazardous waste contract with EMS

Statistics

- **Fall Semester, 2005 CHC Students Average Course Success Rate: 63.2%***
Persistence, Fall to Spring: 72.9%

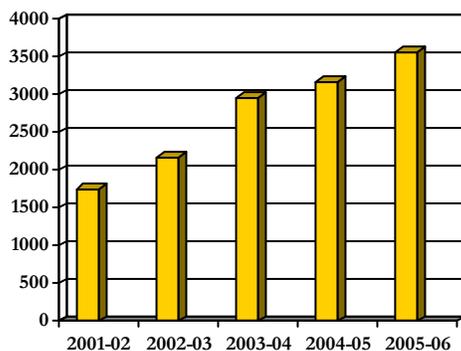
Fall Semester, 2005 HWC Students Average Course Success Rate: 86%*
Persistence, Fall to Spring: 77%

Conclusion: CHC Students who use the HWC services are 22.8 % more successful in course completion than the average student. Also, students who use the HWC services during FA05 returned in Sp2006 4.1% more than the average student.

* Number of passing grades (A, B, C, CR) over total enrolled @census.

- Fall Semester, 2006 SBCCD survey revealed that 21% of students “often” and “very often” put off visiting a healthcare provider because of lack of money/insurance and 20% did so “occasionally”. In that same survey, 24% stated they “often” and “very often” put off visiting a health care provider because of lack of time and 38% did so “occasionally”.
- Spring Semester, 2006 Student Satisfaction Survey conducted by the Associated Students at CHC revealed that 56 % of students knew enough about our services to rate us. More students rated the HWC than DSP&S, EOPS, and Student Success. Additionally, the HWC had the highest overall satisfaction of any student services program.
- 2002 survey of 616 students at CHC, 23% of students reported doing poorly on a test or important project because of alcohol/drug and 25% of students reported driving after drinking. Nationwide, 29% of students dropped out of school did so because of reasons associated with alcohol/drugs. This is a huge issue affecting colleges today. The UC system has dedicated departments for this problem.

HWC utilization at CHC has increased since moving to the new location that is more visible to students.



Health Services Association, California Community Colleges (HSACCC) Statewide Statistical Analysis, 2002

	Transfer Rates (TR)	Completion Rates (CR)	Combined (TR/CR)
CCC System Average	24.0	31.4	55.4
CCC with Health Center	24.8	31.5	56.3
CCC without Health Center	18.7	30.2	48.9