



WEBER STATE
UNIVERSITY

STUDENT HEALTH CENTER
& STUDENT WELLNESS

**PROGRAM REVIEW
SELF STUDY**

FALL, 2018

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Mission, Goals and Outcomes

Mission Statements

Weber State University Mission and Core Themes

Weber State University provides associate, baccalaureate and master degree programs in liberal arts, sciences, technical and professional fields. Encouraging freedom of expression and valuing diversity, the university provides excellent educational experiences for students through extensive personal contact among faculty, staff and students in and out of the classroom. Through academic programs, research, artistic expression, public service and community-based learning, the university serves as an educational, cultural and economic leader for the region.

This mission has three core themes of Access, Learning and Community. The Access theme directs the university to provide access to academic programs in liberal arts, sciences, technical and professional fields. The Learning theme directs WSU to provide an engaging teaching and learning environment that encourages learning and leads to students' success. The Community theme directs WSU to support and improve the local community through educational, economic, and public service partnerships and cultural and athletic events.

Student Affairs Mission and Core Values

The Division of Student Affairs promotes student learning, well-being and success through comprehensive services and programs provided in an inclusive environment. Student Affairs serves the needs of a diverse student population by offering education experiences, leadership opportunities, and academic support which advances the social, intellectual, cultural, and civic development of students.

The division of Student Affairs at Weber state is committed to the core values of Respect, Integrity, Student-Centered, Collaboration, Inclusion and Accountability.

Student Health Center (SHC) Mission

Health and wellness are vital to student learning, retention, and success. The mission of the SHC is to support student well-being by providing compassionate, professional, individualized, and cost-effective health care and wellness services to our diverse student population.

Student Wellness (SW) Mission

The SW program provides evidence-based Health Education programming, services and resources to meet the health and wellness needs of our unique student population. We support the continual success of our students beyond their years at Weber State. Through the development of healthy habits in all eight Dimensions of Wellness, students are better prepared to be engaged in the classroom, in their personal lives and in their future careers.

The missions of the SHC and the SW program support the missions of the University and the Division of Student Affairs. We are particularly aligned with the core themes of Access and Learning by ensuring that problems with physical health and wellbeing are not barriers to accessing a quality education. We are continually mindful of creating a student-centered, respectful and inclusive experience throughout our department.

Department Goals and Outcomes

The SHC is centered around the following overarching goals:

- We provide for the health and wellness needs of students that are vital to their learning, retention, and success.
- The healthcare and wellness services we provide are of high professional quality.
- We strive for cost-effective care in order to meet the needs of our diverse student population.

These overarching goals connect especially well with the University's core themes of Learning and Access. A key indicator of achievement within the Learning theme is that "students are satisfied with student support services. As will be demonstrated in an upcoming section (7: Assessment and Evaluation), students are extremely satisfied with the care they receive at the SHC. A key indicator of achievement within the Access theme is that "programs...are responsive to student needs." The expansion of SHC services, including Student Wellness, and the free and/or very low-cost care we offer reflects our responsiveness to the needs of our students. The connection between the SHC and Weber State University's core themes demonstrates our support of our division and our university.

History of the Student Health Center

What began in the early 1960s with one part-time physician and one nurse providing physicals for incoming freshmen and caring for student-athletes has become much more comprehensive. Over the years, we have moved from smaller offices in more remote campus locations to the larger and better-equipped space in the Student Services Center that we occupy today.

Significant developments in the past 20 years often reflected the changes of the University and the increasingly diverse needs of its student body. Major changes included the addition of summer hours, the initiation of a satellite SHC office at WSU-Davis, the transition to an Electronic Medical Records (EMR) system, and the development of a comprehensive SW program.

Until 2005, all drug and alcohol prevention activities were handled by the Health Education/Drug and Alcohol (HEDA) program, under the banner of the SHC. A collaborative partnership was then established with the Counseling and Psychological Services center to provide individual interventions for students in violation of the drug and alcohol policies. HEDA retained responsibility for compliance with the Drug Free Schools and Campuses Act, while expanding wellness programming. The HEDA program was rebranded as the SW program and moved to the newly remodeled Wildcat Center. In 2017, full responsibility for substance abuse prevention was returned to the SW Coordinator, who developed the improved Alcohol and Substance Abuse Prevention (ASAP) program. In conjunction with a student assistant and a small number of interns, she also continues to offer a full range of health education programming, services, and resources.

The SHC will transition to a primarily appointment-based system during AY 2018-2019. We will also continue to re-evaluate the feasibility and functionality of the Davis SHC. Staffing has been challenging and utilization rates historically have been low. We will shift to a more outreach-driven approach to healthcare at Davis for AY 2018-2019 as we further assess needs.

A BRIEF HISTORY OF THE WSU STUDENT HEALTH CENTER

As Weber State University has grown and changed, so has the Student Health Center (SHC).

- 1960s**
The SHC begins with one part-time physician and one nurse, providing physicals for incoming freshmen and caring for student-athletes.
- Early 1970s**
The SHC began offering routine medical care to **all students** on a walk-in basis.
- Early 1980s**
Medical Technologist and **Office Specialist** added to staff. **Lab** and some **pharmacy** services began being offered.
- Early 1990s**
A **mid-level provider** joins the physician to provide medical care. **X-ray** services become available. Services expand to include more holistic wellness.
- 2003**
Davis Campus SHC opens for business.
- 2005**
The sanction portion of the **Health Education Drug and Alcohol Program (HEDA)** moves to the Counseling and Psychological Services Center.
- Mid-2000s**
The HEDA program expands services beyond Drug and Alcohol and becomes the **Student Wellness** program and moves across campus from the Health Center.
- 2010**
Point-and-Click Electronic Medical Records System is implemented to manage clinical information.
- 2017**
The **Alcohol and Substance Abuse Prevention (ASAP)** program is developed. Full responsibility is returned to SW.
- 2018**
The SHC shifts from walk-in to **appointment**-driven services with online appointment scheduling.

Programs and Services

For additional details on the following programs and services, including data regarding the number and type of visits, please see the Data and Evaluation section.

Student Health Center Core Services

Medical Services

We currently provide same-day care for common illnesses and injuries; minor suturing and dermatological conditions; preventive exams, such as physicals, pelvic exams and pap tests by appointment; limited STI testing, treatment and family planning services; ongoing chronic disease management and referrals to preferred outside partners for more specialized medical care.

Lab Testing

In-house lab testing is provided in our CLIA-compliant, moderate complexity laboratory for common health concerns of our student population, such as cholesterol, mononucleosis, rapid strep, pregnancy testing and urinary tract infections. We coordinate with Intermountain Laboratory Services to provide other laboratory services at reasonable fees to students.

Pharmacy

Our small student pharmacy provides convenient, on-campus access to common prescription and over-the-counter medications at low cost for students.

X-Ray Services

The SHC provides limited in-house x-ray services for a small fee per exam. X-rays can be ordered by SHC medical staff or by WSU Athletics team physicians, who regularly refer student athletes. Our Radiologic Technologist also provides on-site x-rays for both teams during home football games.

Patient Education

SHC providers and the SW Coordinator prioritize patient education to help students learn about their health conditions, disease prevention, and healthy lifestyles. We share online resources and print material from a variety of reputable sources, such as the American College Health Association and the Centers for Disease Control, as well as documentation generated by our EMR.

Infectious Disease Prevention

WSU presently has no prematriculation vaccine requirements, though individual programs (e.g., Nursing, Child Care, Dental Hygiene) may require vaccinations for their students. Programs may also require annual TB testing and immunization titers for verification of immunity. The SHC provides:

- Free TB screening, per CDC guidelines
- Free annual influenza vaccinations in limited quantity
- Tdap vaccination for a small fee
- Fee-based lab services for MMR, Hepatitis B, and Varicella immunization titers
- Utah Statewide Immunization Information System (USIIS) assistance for students to check their immunization status
- Referrals for vaccinations and/or follow-up care for positive TB tests

Student Employment

The SHC supports professionally relevant student employment through the following positions;

- A second-year Radiologic Sciences student who is licensed in Utah as a Limited Practical Radiologic Technologist performs our x-rays.
- Any interested and capable student may be hired to serve as our Student Office Assistant.

While both of these positions have a primary set of job responsibilities, both are also cross-trained to room patients, take vital signs and assist providers as appropriate.

Student Wellness Core Services

Health Promotion and Outreach

The SW program provides campus-wide Health Promotion programming, including informational tabling, events, in-class presentations and educational materials. Outreach is provided for both the SW program and the SHC.

DFSCA Compliance

The SW Coordinator ensures compliance with the Drug Free Schools and Campuses Act (DFSCA). She facilitates the distribution of an annual notification letter to all students, faculty and staff regarding campus policies, state and local laws and potential effects of illicit drugs. She also compiles a biennial review of campus drug and alcohol prevention and sanctions processes, ensures that sanctions are applied consistently throughout campus and makes changes to programming as needed.

ASAP Program

The ASAP (Alcohol and Substance Abuse Prevention) program assists students with remediation of first-time drug and alcohol violations. ASAP combines an individualized, one-on-one assessment with evidence-based group drug and alcohol education. It incorporates a number of components from the BASICS (Brief Alcohol Screening and Intervention for College Students) model and is based on a philosophy of harm-reduction.

Wellness Rewards & Campus Referrals

The Wellness Rewards program rewards students for accessing on-campus programs and services that have a positive impact in one of eight interconnected dimensions of overall wellness. By completing 10 pre-approved activities of their choice, students earn a prize and a chance to win a Campus Stores gift card through an end-of-semester drawing.

Wellness Coaching

The SW Coordinator, a Master Certified Health Education Specialist (MCHES), provides one-on-one assistance for students in achieving goals related to one of the eight dimensions of wellness.

Internships

SW internships provide Health Promotion students with hands-on experience in the Core Competencies of a Health Education Specialist in preparation for the CHES exam.

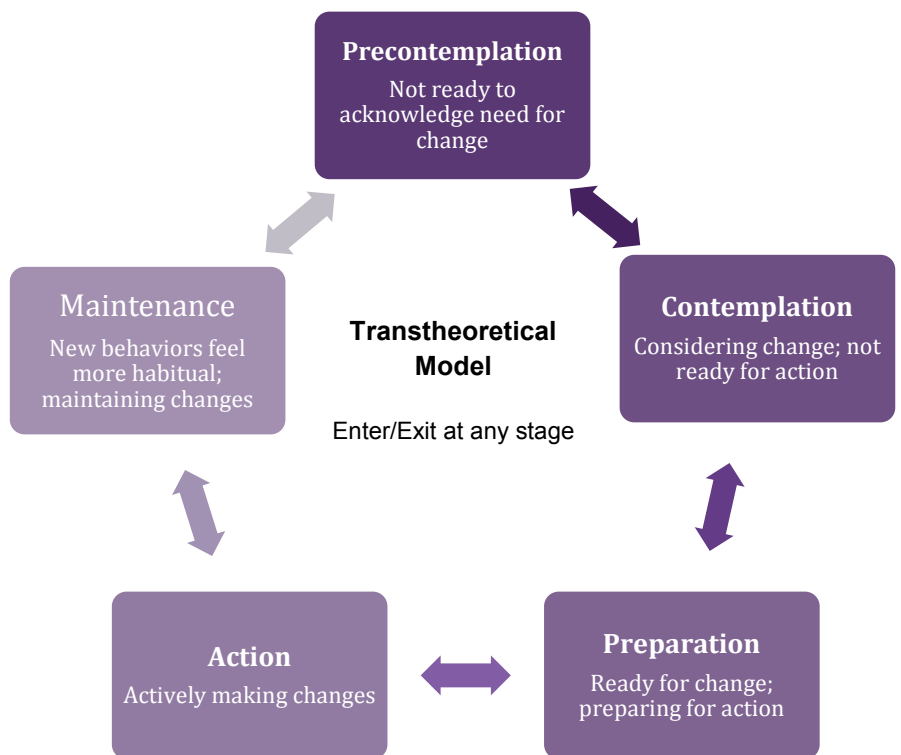
Program Development

Along with subscribing to professional standards of care, the SHC approaches medical practice within the context of the **Social-Ecological Model** (McLeroy, Steckler & Bibeau, 1988). This model is used heavily within the field of public health and is the primary planning model used by the American College Health Association for the Healthy Campus 2020 initiative. As shown in the graphic, this model

emphasizes that target populations do not exist in a vacuum. Various internal and external factors influence individual behavior. Therefore, programs and practitioners must consider these factors in order to affect the health status of the individual and/or the broader community.

The SW program utilizes several Health Education behavior change theories and programming models. The theory we most frequently call upon is the Transtheoretical Model (Prochaska & DiClemente, 1983), otherwise known as Stages of Change.

The **Transtheoretical Model** helps us identify students' readiness for change and allows us to meet them where they are. This model, illustrated at right, can be applied to several of our programs and even casual student interactions. For instance, students who self-refer for wellness coaching tend to be at the cusp of the Action stage from the Preparation stage, whereas students who are referred to coaching by SHC staff tend to be at the Contemplation stage. Likewise, students who are referred to the ASAP program for drug and alcohol violations tend to be firmly in the Precontemplation stage, perhaps advancing to Contemplation upon program completion. This ability to identify stages and note progression allows us to evaluate program impacts beyond simply knowledge gained. Utilizing this model, we can look deeper into attitudes, intent and behavior change.



New programs and services are initiated based on student and campus need, as evidenced through data. Please see the Assessment and Evaluation section for more information on data sources, benchmarks, student learning outcomes and program goals.

Outreach, Campus Relations and Collaborations

The SW Coordinator handles all outreach for the SHC and the SW program. In addition to email bulletins and posters, we consistently utilize our websites to promote events, services and educational content. As requested by administration, our participation in social media occurs at a division level, rather than a departmental level.

The SHC and the SW program regularly participate in large campus events such as Wildcat Block Party, Student Affairs Expo and Orientation. We also offer more targeted events and campaigns centered around health-related topics such as the Stress Relief Star Show and the availability of flu shots. We strive to design events that meet the needs of our diverse campus population, including both traditional and non-traditional students.

A significant portion of the SW Coordinator's job involves interfacing effectively with various campus partners and stakeholders. Maintaining solid working relationships with key departments is essential for effective collaborative programming. The Student Wellness Advisory Committee is a key vehicle for such collaboration. This group is made up of about 20 individuals, approximately half of whom hold positions of key importance for program development or promotion of initiatives related to student health and wellness. This includes representatives from Housing and Residence Life, Campus Recreation, Health Promotion faculty, Student Involvement and Leadership, and others. In addition, a small number of interested division staff members from any department are appointed each year through the division committee selection process. As of 2018, two students and one proxy have been assigned to the committee from Student Senate.

On-Campus Collaboration

The SHC collaborates with various departments for mutual benefit and ease of cross-referrals. Examples of these collaborations are listed below.

- Counseling and Psychological Services Center (CPSC)
The CPSC staff regularly refer students for physicals and other medical evaluations to support their assessment and diagnostic processes. SHC providers regularly refer students to the CPSC for psychotherapy and specialized medication management offered by the CPSC Psychiatric Mental Health Nurse Practitioner.
- Athletic Training
The SHC hosts students pursuing Athletic Training degrees in their general medical rotation, during which they shadow SHC medical providers and gain basic familiarity with common medical concerns.
- WSU Athletics
The SHC provides x-ray services for WSU student-athletes, upon referral from team physicians and also during home football games.
- Student Affairs Technology
An identified IT representative maintains and supports the SHC EMR, Point-and-Click. We also benefit from the expertise of a website developer and graphic design team to enhance our electronic presence and advertising/marketing materials.

- Medical Laboratory Sciences

This academic department utilizes the SHC laboratory as a training site for students learning to calibrate various pieces of laboratory equipment.

Off-Campus Collaboration

The SHC seeks collaboration with community providers, agencies, and programs in order to enhance student accessibility to care and contribute to relevant training. Examples of such collaborations include:

- US MRI

The SHC is working to finalize a volunteer-based relationship with US MRI, a local imaging center. The SHC anticipates sending all diagnostic imaging, with accompanying impressions, to US MRI for radiologist over-read. In return, SHC medical providers intend to refer patients to US MRI for low-cost diagnostic imaging that cannot be provided at the SHC.

- Intermountain Laboratory Services (ILS)

SHC medical providers refer students in need of high-complexity laboratory testing to ILS. A pre-arranged reduced-fee system between SHC and ILS allows WSU students to obtain such testing with minimal fees.

- McKay-Dee Hospital Family Practice Residents

During their Community Medicine rotation, six first-year medical residents shadow the SHC physician in our clinic. They also receive personalized instruction on the practice of College Health. This partnership maintains connection with local physicians and may enhance physician recruitment pools.

Campus and Community Referrals

The SHC commonly refers students to the following community agencies to receive more extensive or more specialized care than is available at the SHC:

- Stress Relief Center

Students struggling with anxiety or stress management are encouraged to utilize this on-campus resource which provides a variety of educational and experiential modes of lowering stress.

- Porter Family Colposcopy Clinic at McKay Dee Hospital

Low-cost colposcopy and biopsy services are made available for students with abnormal pap smear results.

- Midtown Community Health Center

Affordable medical, dental, behavioral health, and pharmaceutical services are provided to uninsured and Medicaid-eligible individuals.

- Weber-Morgan Health Department

Immunizations, STI/HIV testing and counseling, various health screenings, and numerous opportunities for health education/prevention and training are available.

- Planned Parenthood Association of Utah (PPAU)

Sexual/reproductive health care for women and men, HIV testing, STI testing and treatment, and contraception services are available at the Ogden PPAU. Individuals seeking pregnancy termination are referred to the Salt Lake City office.

Program Changes

The SHC has grown and changed in many ways since its inception more than 50 years ago. We have made physical moves, expanded services, added staffing, and modernized some of our equipment and technology. Our core commitments to serving the health and wellness needs of Weber State students, however, remains unchanged.

Some of the most significant changes over the past five years include:

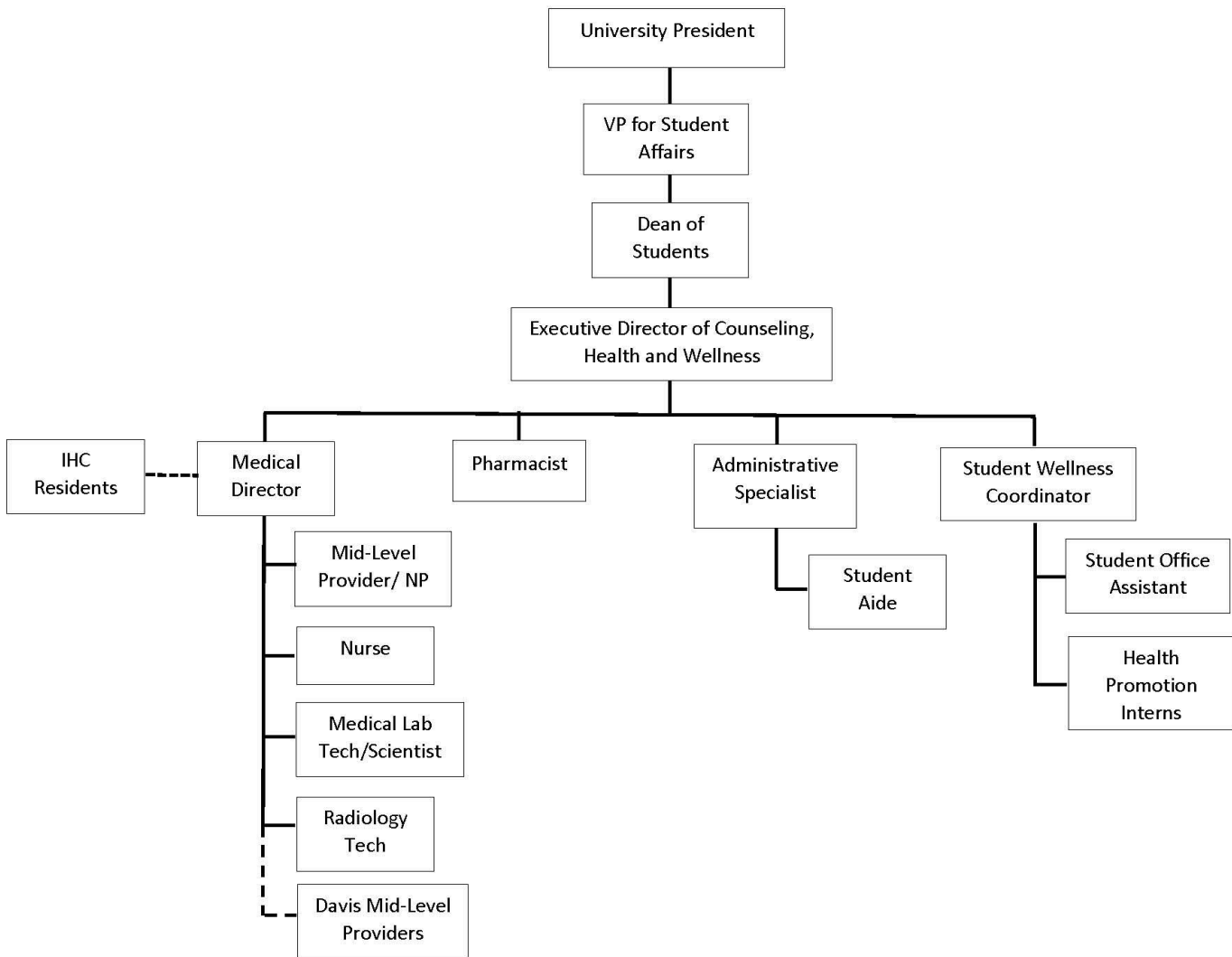
- A leadership transition and change in organizational/reporting structure, appointing Dr. Dianna Abel as the Executive Director of Counseling, Health, and Wellness. Dr. Shawn McQuilkin remains the Medical Director, supervising all medical practices at the SHC while Dr. Abel manages all administrative leadership.
- An upgrade to digital x-ray equipment.
- Expansion of services provided by the SW Coordinator to include individual sanction education for students found in violation of campus drug and alcohol policies. Through this transition, the previous HEDA program was updated and redesigned into the new ASAP program.
- Adoption of enhanced technology in the Student Pharmacy, adding Propharm/Kalos software to increase efficiency of prescription filling and management.
- Replacement of patient furniture, including waiting room chairs, exam tables, and phlebotomy chair to update style and accommodate patient size diversity.
- Physical relocation of the SW program out of the Student Service Center, across campus to the Wildcat Center.
- Installation of an ADA accessible door.
- Attempted revitalization of the Davis Campus SHC, including space renovation, increased marketing, and partnership with the WSU Nurse Practitioner program faculty to provide increased services.

Some changes planned for the SHC include:

- We will transition from a walk-in clinic to an appointment-driven service delivery model. The Point-and-click OpenCommunicator module has been purchased and the installation process is underway. We expect this transition to occur during mid-fall 2018.
- Multiple staffing changes are expected due to upcoming retirements, including the Physician/Medical Director and the Licensed Practical Nurse. These changes continue a recent retirement trend of long-term SHC employees such as the Director, Laboratory Technician, and Administrative Specialist, all of whom served more than 20 years at the SHC before retiring in the last three years.
- We intend to continue developing a strategic plan. This process began in Fall 2016 when a CPSC graduate assistant gathered initial interview and survey data for her doctoral consultation project. These data will be compiled and expanded to include the perspectives of new staff members expected to join and lead the SHC team in the near future, as well as feedback from this site review team. We look forward to the collaborative creation of a long-term vision and plan for the future of the SHC.
- A possible space renovation has been tentatively proposed. While the extent of such a remodel is currently unknown, we hope for a reconfiguration to include a co-located consultation office for the SW Coordinator, more streamlined lab space, an expanded pharmacy footprint, more efficient front desk space, and more reasonably sized provider offices and exam rooms.

Leadership and Staffing

The Executive Director of Counseling, Health, and Wellness is responsible for administrative leadership of the SHC. She reports to the Dean of Students, who reports to the Vice President of Student Affairs. The Medical Director maintains responsibility for oversight of all medical functions at the SHC, including direct supervision of all medical professionals. He reports to the Executive Director. Any student positions are directly supervised by the most closely associated professional staff member.



SHC leadership strives for collaborative decision making to the greatest possible extent. Although the leadership transition is still relatively new, the Executive Director, Medical Director, and staff members are developing strong and mutually respectful working relationships. Input is welcomed at regular staff meetings, where departmental decisions and directions are shared and discussed.

Employee Demographics

	Professional	Support	Student
Male	2		
Female	5	1	3
Degrees			
PhD, EdD	1		
MD, JD, MSW	1		
MA, MS	1		
BA, BS	3		
AA, AAS, Cert., etc.	1	1	2
Pre-AA			1
Years of Experience in Field			
< 5	1		3
5 – 10		1	
11 – 15	2		
16 – 20	1		
>20	3		
FTE			
FT 11 m.	4 (3.33 FTE)	1 (.88 FTE)	
FT 12 m.	2		
PT 11 m.	1 (.69 FTE)		2 (.59 FTE)
PT 12 m.			1 (.5 FTE)

Staff Recruitment:

The SHC recruits for positions in a variety of ways. All openings are posted on the WSU employment website. Most positions are also advertised in at least one local newspaper. Electronic job boards sponsored by local, regional, and national professional organizations are utilized as well. Student positions are also targeted to relevant departments, such as Radiologic Sciences and/or Health Administrative Services.

While not many SHC positions have turned over in recent years, recruitment challenges have included insufficient salaries and limited applicant pools. As we expect a continued trend of retirements in coming years, we hope to expand recruitment efforts to increase the number of interested applicants. Our struggles with compensation may be eased a bit if we are allowed to retain the higher salary dollars from long-time employees and offer similar amounts to new applicants.

Position Descriptions

Executive Director of Counseling, Health, and Wellness

Provides strategic leadership and management of the CPSC, the SHC, and the SW program. This includes oversight of daily operations at the Ogden and Davis campuses, electronic medical and mental health records, office management, financial management (i.e., budget and purchasing), program assessment, and facilities management. The Executive Director serves as the administrative supervisor of all CPSC, SHC, and SW staff and collaborates with various Student Affairs departments and other University and community personnel in addressing student health and wellness policies and issues. The Executive Director may provide direct service consistent with his/her state license to practice professionally.

Minimum qualifications: Doctoral degree in a health-related field. Minimum of five years of experience working in a university health or counseling center setting, with relevant clinical and outreach/consultation responsibilities. Minimum of three years of administrative experience, including personnel management and budgetary oversight. Current license to practice mental health therapy, medicine, or nursing in Utah.

University Physician/Medical Director

Provides medical leadership and oversight of all medical services provided in a small campus health center. Supervises clinical staff including Nurse Practitioner, Nurse, Medical Laboratory Technologist/Scientist, Pharmacist, and Radiologic Technician. Provides professional ambulatory medical care to university students. Collaborates with Executive Director of Counseling, Health, and Wellness on overall direction of the clinic.

Minimum qualifications: Current Utah Physician or Osteopathic Physician license. Medical Doctor (MD) or Doctor of Osteopathy (DO) degree from an appropriately accredited medical school, with appropriately accredited domestic residency. Three years of experience practicing in the role of physician, including at least two years of relevant experience practicing medicine with relevant clinical adult outpatients. One year of demonstrated supervision experience in a medical setting. Basic procedural skills relevant to ambulatory medical practice, including treatment of common illnesses and injuries, minor laceration repairs, physical exams, etc. Effective interpersonal communication skills with young adults. Basic computer skills, including an ability to learn and utilize an electronic medical record system. Professional written communication skills.

Mid-Level Provider

Provides professional ambulatory medical care to university students. Collaborates with multidisciplinary clinical staff, including Physician, Nurse, Medical Laboratory Technologist/Scientist, Pharmacist, and Radiologic Technician to meet student healthcare needs in a small campus health center.

Davis Mid-Level Providers

Provides professional ambulatory care to university students in a small campus health center satellite clinic. Collaborates with multidisciplinary clinical staff at the Ogden SHC facility to best meet student healthcare needs.

Minimum qualifications for both the Ogden and Davis Mid-Level providers include: Master of Science in Nursing (MSN) or Master of Physician Assistant Studies (MPAS) degree from an appropriately accredited academic program. Current Utah licensure as a Family Nurse Practitioner (FNP) or

Physician Assistant (PA). Current BLS/CPR certificate. One year of experience practicing as a Nurse Practitioner or Physician Assistant with adult outpatients. Basic procedural skills relevant to ambulatory medical practice, including treatment of common illnesses and injuries, minor laceration repairs, physical exams, etc. Effective interpersonal communication skills with young adults. Basic computer skills, including an ability to learn and utilize an electronic medical record system. Professional written communication skills.

Lab Manager/Medical Laboratory Scientist

Lab manager providing all medical laboratory services and phlebotomy for the Weber State University SHC. Responsible for all testing, quality control, and maintenance of a CLIA-certified moderate-complexity lab. Additional responsibilities for medical assisting and receptionist duties as needed.

Minimum qualifications: AAS in Medical Laboratory Sciences or equivalent combination of education and experience. Three years of laboratory experience in a CLIA-certified moderate-complexity lab or equivalent combination of education and experience. One year of phlebotomy experience or equivalent combination of education and experience. Certification by the American Society of Clinical Pathologists or other national certification agency for medical laboratory personnel. Current CPR certification. Advanced first-aid training. Advanced phlebotomy skills. Proficiency with electronic medical records systems. Moderate computer skills, including spreadsheets. Effective professional communication skills with medical providers and reference laboratory personnel.

Nurse

Provides appropriate direct patient care to university students in a small campus health center. Rooms patients, takes vital signs, verifies medical history, prepares patients for procedures/exams, and assists providers as needed. Monitors clinic supplies and places timely orders to maintain inventory. Cleans and sterilizes working surfaces, instruments, and equipment in accordance with professional standards. Administers immunizations and medications and draws blood as needed under the direction of medical providers and/or Medical Laboratory Technologist/Scientist.

Minimum qualifications: Current registration as a Licensed Practical Nurse in Utah. Current BLS/CPR Certificate. Training completed through an LPN program accredited by ACEN or CCNE. Two years of experience working primarily in outpatient clinic settings with adult patients.

Pharmacist

Provides limited, cost-effective pharmacy services to university students. Dispenses prescription and over-the-counter medications; provides patient education; monitors allergies, drug interactions, dosing, and side effects as needed. Consults with providers on medication availability, pricing, and individualized patient treatment. Responsible for managing the pharmacy, including annual inventory, returning expired medications, placing medication orders, and tracking revenue and expenditures.

Minimum qualifications: Bachelor's Degree in Pharmacy. Current Utah State Pharmacist License. Experience and competence with standards of practice of pharmaceutical care. Minimum 5 years working experience as a pharmacist with associated understanding of state/federal laws regarding pharmacy practice/operation. Strong knowledge of computer/computer software programs including those used for inventory control and report generation Knowledge of the role of medications in disease prevention and treatment Good oral and written communication skills.

Radiologic Technologist

Manages all basic diagnostic imaging within the SHC. The Radiologic Technologist takes high-quality diagnostic x-rays in collaboration with medical providers both in the SHC and the Weber State Athletics department. Transmits SHC-ordered images for radiologist over-read. Ensures radiation safety for all patients, manages quality assurance procedures, and completes all required paperwork for each exam. This individual may cross-train as a basic medical assistant, taking vitals, rooming patients, and performing other duties as needed. Position is preferably filled with a second-year WSU Radiologic Sciences student with an active license as a Radiology Practical Technician.

Minimum qualifications: Certification by the American Registry of Radiologic Technologists. Licensed by the State of Utah. Current BLS certification. At least one year of work experience as a radiologic tech, internship included. Second-year WSU Radiology students preferred. Applicants must have passed the practical registry exam in the core modality and at least one other imaging modality. Ability to learn and perform additional medical and administrative tasks as appropriate. Effective professional communication with medical providers and radiology partners.

Administrative Specialist III

Manages the front desk and reception area of the SHC. Serves as the first point of contact for students seeking services. Provides clerical, administrative, and technological assistance to all SHC staff, including the Executive and Medical Director. Takes primary responsibility for Point-and-Click, serving as the knowledge expert, assisting staff, compiling data reports, and maximizing overall system utilization. Orders office supplies and medical equipment, and reconciles all financial transactions. Adheres to professional behaviors appropriate for a medical setting, including confidentiality, safety, and discretion. Supervises one hourly student office assistant.

Minimum qualifications: Associates degree, or two years college equivalent. Two years of full-time related work experience (in a medical setting preferred). Certification in Basic Life Support/CPR for Healthcare Professionals required within 3 months of start date. Professional interpersonal and written communication skills. Strong computer skills, including an ability to master an electronic medical record system. Competence with Microsoft Office Suite for basic word processing and spreadsheets. Familiarity with standard office equipment, including payment processing. Excellent attention to detail.

Student Office Assistant

Assists the SHC Administrative Specialist with tasks related to management of front-desk and reception area. Serves as a first point of contact for students seeking services. Provides clerical assistance to all SHC staff. Adheres to professional behaviors appropriate for a medical setting, including confidentiality, safety and discretion.

Minimum qualifications: current WSU student, preferably in a health administration or closely related program. Minimum 1 year experience in a clerical and/or customer service position. Strong computer and interpersonal communication skills.

Student Wellness Coordinator

Oversees the planning, implementation, and evaluation of comprehensive theory- and evidence-based health promotion/wellness programming for WSU students. Provides individual, small- and large-group, and campus-community level interventions. Key responsibilities include coordination of the ASAP program, supervision of student staff and interns, leadership of a Student Wellness Advisory Committee, preparation of institutional compliance reports required by the Drug-Free

Schools and Communities Act, and administration of the National College Health Assessment. Collaboration with key stakeholders, on- and off-campus, is required for effective performance in all aspects of this role.

Minimum qualifications: Bachelor's degree in Health Promotion/Health Education or a closely related field such as Public Health, Health Policy, or Health Administration. Certified Health Education Specialist (CHES) credential. Two years of full-time professional health promotion work experience which includes the development and implementation of environmental and policy change activities and strategies. One year of supervisory experience. Moderate computer proficiency, including competence with word processing, spreadsheet, and presentation applications. Demonstrated communication skills, including collaborating with diverse stakeholders, delivering group presentations, and providing individual interventions.

Student Wellness Office Assistant

Position provides experiential learning in Health Promotion and assists the Student Wellness Coordinator in all aspects of program planning, implementation and evaluation. Also serves as "lead intern," when applicable. This is a part-time position intended for a current junior or senior student majoring in Health Promotion.

Minimum qualifications: current, full-time WSU student, majoring in Health Promotion. Junior/Senior preferred. Excellent written and oral communication skills. Comfortable with creating education materials, presenting to student groups and working both independently and as part of a group.

Student Wellness Interns

Interns serve as credible resources and role models to fellow WSU students. They assist with most programming and outreach efforts of the SW program, serve as liaisons between WSU campus health professionals and the student population, and obtain hands-on experience in the Core Competencies of a Health Education Specialist in preparation for the CHES exam.

Minimum qualifications: current junior or senior WSU student with a declared major in Health Promotion. Must be eligible to begin internship hours and obtain approval from departmental adviser. Must have completed HLTH 3000 (Foundations of Health Promotion) and HLTH 3200 (Methods in Health Education). Completed or concurrent enrollment in HLTH 4150 (Needs Assessment and Planning Health Promotion Programs). Excellent written and oral communication skills. Comfortable with creating education materials, presenting to student groups and working both independently and as part of a group.

Training & Professional Development

New SHC employees are required to attend both university-wide and division-specific orientation and training sessions. These experiences familiarize new employees with broader-scale information about university and division priorities, operations, and resources. While most new staff members are well-trained and credentialed in their professional disciplines, on-the-job training provides new employees with information about SHC-specific operations, policies, and procedures.

Most SHC staff members must complete specific continuing education requirements in order to maintain their state licensure and/or professional certification. They are encouraged and supported to complete such requirements in the ways that work best for each individual. Options can include

webinars, self-study courses, and local, regional, and/or national conferences. The Division of Student Affairs offers monthly professional development meetings relevant to employees throughout the division. WSU also offers a variety of professional development opportunities applicable to any university employee through the Office of Workplace Learning.

Evaluation

The Executive Director holds monthly one-on-one meetings with the Medical Director, the Administrative Specialist, and the Student Wellness Coordinator. These meetings provide a forum for planning, evaluation, and problem solving. The Medical Director provides consistent informal feedback to medical professionals and is routinely available for consultation. Student employees are supervised closely by their professional counterparts, who provide guidance accordingly.

All contract staff participate annually in the university-based Performance Review and Evaluation (PREP) process. This system requires employees to outline their accomplishments and goals in writing for their supervisors, who rate employee performance in categories such as Job Knowledge, Quality, Self-Management, and Community and Teamwork. One-on-one meetings provide a formal opportunity to discuss accomplishments, areas for improvement, and training needs. Goals are also set for the coming year. Informal feedback and progressive evaluation is available throughout the year as needed.

Departmental Recognition Programs

While the SHC does not have a department-specific award/recognition program, we do attempt to share positive feedback whenever possible. Formal examples include highlighting extremely high ratings on student satisfaction surveys and emails of gratitude sent by students. Informal examples include sharing instances of sophisticated staff observations regarding diagnoses, lab results, or prescription refill requests. We do our best to recognize everyone's contributions to SHC success.

The SHC does participate in the division-sponsored Builders-of-Excellence program. This program allows employees to recognize the achievements of colleagues in areas related to our division values of Collaboration, Inclusion, Respect, Student-Centeredness, Accountability, and Integrity. Employees utilize an online application to send a "chit" of recognition to a colleague. When any employee accumulates five chits, they receive a "brick" token and five dollars are added to their university-based Wildcat Cash account.

In addition, the Division of Student Affairs sponsors an annual Outstanding Staff Award, recognizing excellence of exempt and non-exempt staff, hourly employees, and teams. A committee of division colleagues votes on nominations submitted for these awards and selects winners each year. The 2017-18 Outstanding Individual Staff Award was won by SW Coordinator, Rochelle Creager.

Staffing Needs

Determining the adequacy of SHC staffing at this time is challenging. Because we currently operate as a walk-in clinic with a total of only 1.57 FTE medical providers (.88 FTE Physician and .69 FTE Nurse Practitioner), we do struggle to meet student needs at various times of the year. During very busy times, students may wait longer to be seen and providers find themselves overwhelmed. Clinic coverage can be particularly difficult in the context of staff illnesses, vacations, and other periods of unavailability. While Summer months can be quite slow clinically, this allows providers necessary time to complete required continuing education.

As advised during our previous Program Review (2012), we expect to transition to an appointment-driven service delivery model during Fall 2018. Doing so should help us better predict patient flow and contribute to a clearer picture of staffing needs. Such decisions should also reflect relevant data, such as national norms, utilization rates, and job descriptions.

Because of differences in our utilization rates, our commuter status, and our lack of a student health insurance plan, appropriate benchmark data by which to compare SHC staffing is difficult to obtain. Median FTE data provided by ACHA varies significantly by region, campus setting, institutional classification, and other factors. We strive to better understand student-to-provider ratios as we determine adequate staffing levels at SHC. We also strive to maximize the efficiency of all providers, distributing tasks such that patient visits are prioritized for providers, while case management and other supporting tasks are covered by appropriate staff. We hope to utilize feedback from this Program Review process to help us reconfigure and/or supplement our staff to best meet student needs. Given upcoming retirements and staff replacements, we are at an ideal juncture to engage in this process.

Financial Resources/Budget

Essentially all SHC funding for both Ogden and Davis clinics comes from student fees, with only very minimal revenue generated from service fees and pharmacy sales. Each year, a Student Fee Recommendation Committee (SFRC), comprised primarily of students, with staff and faculty oversight, is convened. This group is trained to evaluate funding requests from fee-supported departments and make recommendations regarding increases. This process allows for valuable student input and accountability regarding their student fees.

The following table outlines the recent history of the overall SHC budget:

	2013/14	2014/15	2015/16	2016/17	2017/18
Overall Budget	\$821,819	\$858,114	\$892,045	\$923,919	\$927,183
Staff Salaries	484,194	501,368	511,963	553,127	557,723
Hourly Wages	45,345	48,345	51,160	51,160	36,310
Staff Benefits	188,356	206,448	245,719	216,212	230,738
Current Expense*	72,424	70,453	60,075	58,292	66,412
Travel	9,500	9,500	6,128	6,128	7,000
Overhead	22,000	22,000	17,000	29,000	29,000
Explanation of change (Beyond annual salary & benefit increases)	\$6,042 for student position, medical supplies, & EMR expense	\$11,500 for pharmacy EMR cost, student position, & medical supplies	N/A	\$8,848 for custodial & pharmacy EMR maintenance	\$6,600 for new EMR module & radiology over-reads
*Includes \$8,000 annual operating budget for the SW program					

The number of unique students served by the SHC over the past five years has ranged from 2,097 to 2,627, with an average of 2,355 per year. The number of student visits over the past five years has ranged from 4,657 to 5,499, with an average of 5,044 per year. While the table above incorporates the SW budget, funds dedicated to SW are excluded when calculating SHC cost-per-patient data. Considering only the portion of the budget directly related to clinical SHC operations, the average cost per patient is \$349 and the average cost per visit is \$162.

Calculating the number of unique students is more difficult for the SW program. Large outreach events comprise a significant portion of our contact with students. Tracking simple attendance at such events can be challenging enough; determining whether or not the students we encounter at any particular event are unique to SW is not generally possible.

The following chart illustrates the number of students served per program. Because of regular turnover in the Coordinator position and a number of programming and financial changes, complete headcount data sets are only available for AY 16-17 and AY 17-18.

	2016-2017	2017-2018
Star Shows	78	120
Outreach	1000	1300
ASAP	21	48
ACHA-NCHA	430	N/A
Misc. Presentations	430	400
Wellness Coaching	10	12
Parent Orientations	631	551
Wellness Rewards	5	47
Total:	2629	1527

Cost per student varies depending on the service, the time spent delivering it, and the staffing. An approximate cost-per-hour estimate of \$34.69 factors in professional salary, student-employee wages, and associated expenses. As such, the following table breaks down the cost per student for AY 2017-18:

	Time Commitment/Student	Cost Per Student
Star Show	45 minutes	\$1.30
Outreach	10 minutes	\$3.47
ASAP	4 hours	\$138.76
Presentations	1 hour	\$1.47
Wellness Coaching	6 hours (average)	\$208.14
Parent Orientations	30 minutes (presentation + resource fair)	\$.57

Some services require no direct time commitment per student and can instead be calculated directly. The 2017 ACHA-NCHA survey cost \$4.08 per student. The cost of administering the survey remains the same from year to year, so this cost per student should remain consistent barring a change in response rate.

The Wellness Rewards program can be calculated similarly. Factoring in the cost of incentives and the number of cards returned, the cost per student was \$3.28 for AY 2017-18.

According to Utah Code and Regents Policy, the SHC is designated as an auxiliary unit on campus. As such, we are required to maintain a Repair and Replacement (R&R) fund to cover medical equipment and other technologies and expenses necessary for SHC operations. This fund balance is monitored and reported annually, as shown below:

	2013/14	2014/15	2015/16	2016/17	2017/18
R & R Fund Balance	\$336,319	\$272,109	\$269,609	\$261,515	\$261,515
Explanation of significant changes	N/A	Digital X-ray machine	N/A	Waiting room furniture & exam tables	N/A

Pharmacy pricing strategies are based on affordability for students, not profit. The following table reflects recent pharmacy revenues and expenditures.

	2013	2014	2015	2016	2017
Revenue	\$16,325	\$14,215	\$13,178	\$14,477	\$11,696
Expenditures	8,579	7,879	7,142	7,327	5,330
Cost Recovery	7,746	6,336	6,036	7,150	6,366

Pricing for laboratory tests and x-rays are similarly based on affordability for students. Laboratory test prices vary by test and can be found on our website. X-rays cost students \$35 per exam. These fees constitute the large majority of SHC revenue not generated by the Pharmacy. This revenue is used to handle cost recovery incurred through third-party procedure charges. The following table displays recent non-pharmacy revenues.

	2013/14	2014/15	2015/16	2016/17	2017/18
Non-Pharmacy Revenue	\$14,280	\$11,173	\$9,684	\$11,978	\$8,925

We strive to determine budget priorities with individual and group input to the greatest extent possible. Staff are encouraged to share feedback regarding needs for equipment, supplies, or other necessities to maximize job performance. Prioritized needs are included in annual SFRC proposals with specific funding amounts requested for specific purposes. Because any awards must be utilized for the stated purpose, funds are distributed according to SFRC results.

Facilities, Equipment, and Technology

Facilities

Davis Campus SHC

The Davis Campus SHC is located on the second floor of Building D2. It is very small, consisting of one exam room, a small office to accommodate limited laboratory services, and a waiting room with a reception desk space. A public restroom is available at short walking distance from the clinic. The Davis SHC has been adequate to meet the very limited student demand for services there.

Ogden Campus SHC

The Ogden Campus SHC is located on the ground floor of the Student Services Center. As one of only two departments located in the low-traffic hallway where it is positioned, visibility is limited.

The current SHC space consists of the following:

- Three exam rooms, two of which are comfortably sized and well-equipped. An ENT chair is utilized in the one smaller exam room, rendering it usable for some patient needs.
- One room utilized primarily for phlebotomy and injections during flu shot season.
- One X-ray room.
- One laboratory space, which includes office space for the Medical Laboratory Scientist.
- A front office space including a reception desk and obsolete medical records storage racks.
- A waiting room.
- A small pharmacy.

- Three staff offices: One large office for the Medical Director, one extremely small nurse's office converted from a storage closet, and one narrow office currently utilized by the mid-level provider but originally designed as non-private space for two providers to work.
- Three restroom facilities, one of which is reserved for staff use only.
- A very small staff break room, used primarily for storage.

While most SHC spaces are accessible and safe, the configuration is not maximally effective. An ideal remodeling plan would include:

- A larger pharmacy footprint, potentially with some visibility to the building hallway.
- A redesigned front office, incorporating more adequate space for both the Administrative Specialist and the Student Office Assistant, and eliminating unused records storage racks.
- A streamlined laboratory space, co-locating phlebotomy, processing, and the Medical Laboratory Scientist's office.
- A more reasonably sized staff break room.
- Four moderately sized staff offices, including the addition of a patient consultation room for the Student Wellness Coordinator (see below).

SW Program Office

The SW program office is located on the second floor of the Wildcat Center, which is a 15-minute uphill walk from the SHC. While its proximity to fitness facilities can be convenient, the physical separation from the SHC significantly hampers both patient consultation and staff collaboration. Transporting outreach supplies between the Wildcat Center and the Union, where most SW programming occurs, is also quite challenging.

The Student Wellness program is co-located with the Employee Wellness program, a completely separate department within a separate university division. This co-location creates confusion for patrons and challenges for staff. The SW program consists of a Coordinator's office and one office utilized by the Student Office Assistant and student interns. A reception desk, waiting room, conference room, and storage space are shared by both departments.

Equipment

The SHC utilizes a variety of medical equipment to meet students' healthcare needs. A detailed inventory is provided in the Appendices. Some pieces of equipment, such as the digital x-ray machine, have been recently updated and meet current standards. Others, such as various pieces of laboratory equipment and most staff computers and printers, are outdated and in need of replacement. All patient furniture, including waiting room chairs and exam tables, were recently updated. But staff office furniture is approximately 25 years old and in need of replacement. With new SHC leadership and enhanced division IT support, we hope to initiate a more regular schedule of furniture and equipment replacement.

The following equipment and technology upgrades would help the SHC function optimally and best meet student needs:

- Upgraded staff computers and printers, including larger monitors with privacy screens and prescription-specific printers
- Bariatric scale and wall-mounted height ruler
- Lab equipment upgrades, including: centrifuge, hematocrit centrifuge, incubator, microscope and spirometer
- Upgraded staff office furniture
- Cash register for pharmacy

Technology

The SHC utilizes Point-and-Click (PnC), a robust electronic medical record system common among campus health clinics. Our utilization of PnC has been increasing in complexity over the years, to include the kiosk sign-in system, printers in each exam room, and incorporation of lab and EKG components. We have recently purchased the PnC OpenCommunicator module, which will facilitate a shift in our service delivery model from a walk-in clinic to an appointment-driven system. Students will soon be able to schedule appointments online while also completing their medical histories and providing additional demographic data to improve our assessment.

The Point-and Click (MRS) software contains a suite of products that are specifically tailored to the needs of college health clinics. It is an established MRS application for many universities across the country and is well-suited for the needs of the WSU Student Health Center. Pro-Pharm (Kalos Inc.) is a PnC-integrated software package that assists the Pharmacist in filling prescriptions by providing drug information, inventory, electronic signature capture, and reporting. Pro-Pharm was installed in the Fall of 2015 and has been a helpful addition. Viztek Opal-RAD is an on-premises, web-delivered, secure, picture-archiving communication system (PACS) used for radiology viewing and the sharing of x-ray information. Opal-RAD has the features and functionality needed by the SHC and will integrate well with the future SHC radiology partner.

Currently, the SHC MRS software suite is running on two Dell PowerEdge servers. One consists of a dedicated hardware install of the operating system, PnC application/database. The other is a virtual machine environment that contains a domain controller and backup server. This configuration has been deprecated, so we are moving to a solution in which the application software will reside on its own server, the database on another, and backups occurring as part of the data center nightly batch. This change will greatly enhance the operation of the PnC software and facilitate installation of the OpenCommunicator module.

Other SHC hardware includes a check-in kiosk, exam room terminals, provider/staff workstations, the Opal-RAD workstation/web server, scanners, printers, and electronic medical equipment.

Current software solutions already fulfill needs and will continue to be upgraded and patched as required. A manual upload of student information is required each semester. Student Affairs Technology (SAT) will automate this process. A single-sign-on (CAS) solution will be integrated into the PnC application for the OpenCommunicator module. SAT is currently updating the server configuration. SAT recommends a three-year rotation of server hardware/software. Some of the workstations in use now were part of the initial installation of the PnC application suite about eight years ago. While we currently replace the devices as they fail, SAT is encouraging us to create a rotation schedule for the replacement of devices, starting with the oldest equipment.

Ethical and Legal Responsibilities

Students who utilize the SHC may be reassured that their privacy and medical information will be safeguarded and maintained in a similar manner to any other healthcare provider. As a university-based health center, however, different laws that govern this information is accessed and protected.

The SHC is not considered a “covered entity” under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), though we must abide by the provisions under the Family Educational Rights and Privacy Act (FERPA). HIPAA expressly excludes individually identifiable health information in “education records” or “treatment records” covered by FERPA. In addition, since the SHC does not require or accept insurance, we do not engage in “covered transactions” for purposes of HIPAA and are therefore not considered a “covered entity.” The Weber State University Office of Legal Counsel made this determination.

Similar to HIPAA, however, FERPA prohibits disclosure of personally identifiable records. FERPA prohibits the disclosure of “education records” to any individual within the institution who does not have a “legitimate educational interest” and to any individual outside the institution unless the student has given permission. Therefore, student “treatment records” may only be shared as indicated under this statute. Once shared with anyone else, they become “educational records” and are subject to the requirements of FERPA.

In certain instances, the SHC staff must share information with the WSU Police Department (WSUPD) as required by the Clery Act. The Clery Act requires colleges and universities to maintain and disclose campus crime statistics and security information. As such, all SHC employees, except for front office clerical staff, must provide information to the WSUPD when specific crimes covered by the Clery Act are disclosed to those individuals. This information is used by the WSUPD to determine whether there is an ongoing threat to campus safety and for statistical reporting purposes. This reporting requirement is clearly outlined in the Student Health Center Privacy and Consent form. (See appendix)

To the best of our knowledge, all SHC records regarding individual health information are covered either by FERPA or the Clery Act. If any other records did exist, the Utah Government Access and Management Act (GRAMA) would apply. Under GRAMA, a record is considered “controlled” and not generally available to the public if the record contains “medical, psychiatric, or psychological data about an individual” and release of the records would be detrimental to the mental health or safety of the subject of the records or “if the release would constitute a violation or normal professional practice and medical ethics.”

A full explanation of this distinction from the WSU Office of Legal Counsel is provided in the appendices of this self-study.

The SW program ensures compliance with the Drug Free Schools and Communities Act (DFSCA) – Drug Free Schools and Campuses Regulations (EDGAR part 86). This act requires any institution of higher education receiving federal financial aid to adopt and implement a program to prevent the use of illicit drugs and the abuse of alcohol by students and employees. Institutions are required to:

- Retain an updated policy (or policies) which prohibit the illegal use of alcohol and use of illicit substances (as defined federally) by all students, faculty and staff of the institution.
- Distribute an annual notification to all students, faculty and staff that includes standards of conduct, applicable laws and sanctions, description of health risks, available treatment options and a clear statement that the institution will enforce all policies and sanctions as outlined.

- Conduct a biennial review process and report to evaluate its comprehensive efforts to prevent substance abuse, determine that sanctions are being applied consistently and recommend improvements.

Though the DFSCA overlaps with the Clery Act, they are two separate and distinct federal regulations and require separate compliance measures. We work closely with the WSUPD to ensure that we are able to meet the requirements of both regulations while balancing the needs of our student population.

As a member institution of the American College Health Association, the SHC follows its General Standards of Ethical Principles and Guidelines as well as the Standards of Practice for Health Promotion in Higher Education.

In addition to these governing practices set forth for the overall profession of Student Health, individual staff members adhere to the ethics and legal responsibilities as determined by their licenses, certifications and/or professional organizations.

State Regulations and Inspections

Laboratory

In accordance with CLIA moderate-complexity laboratory regulations, the SHC laboratory is inspected every two years by the Utah Department of Health. These regulations ensure proper testing methodologies are followed, results are accurate, and records are kept for at least two years. Proficiency testing must be completed at a satisfactory level by all laboratory personnel every four months and continuing education must be completed at least every three years.

X-ray Services

In accordance with Utah state laws, the SHC x-ray equipment undergoes inspection every two years by a representative of the Utah Department of Environmental Quality to ensure proper mechanical functions and radiation safety. The x-ray equipment must be registered annually with the Utah Division of Waste Management and Radiation Control.

Pharmacy

The SHC pharmacy complies with all state and federal laws applicable to pharmacy practice. This includes maintaining a clean, professional pharmacy; conducting annual inventory; returning expired medications to reverse distributors; maintaining the pharmacy license; and maintaining the individual pharmacist's license and continuing education requirements. The pharmacist may administer limited vaccines based on Pharmacist Immunization Certification and Vaccine Administration Protocol with the SHC Medical Director. The pharmacy also must comply with the requirements of the Methamphetamine Epidemic Act and maintain associated annual certification.

Cash Handling Procedures

The Student Health Center accurately reports, deposits, reconciles, and tracks monies of any form received for patient charges (e.g., pharmacy purchases, x-rays and lab fees). The SHC abides by WSU policies and procedures related to cash handling and compliance with the Payment Card Industry's Data Security Standards (PCI-DSS; PPM 10-4).

Information Security

The SHC adheres to the Information Security Policy of WSU (PPM 10-1) by limiting physical access to data systems containing sensitive information. Data systems are kept in an MRS environment that meets the industry standards for HIPPA compliance. These include technical safeguards to allow only authorized access to protected electronic health data, technical policies that ensure the integrity of the data and its backups, and the secure transmission of information.

All SHC providers and staff members are issued unique credentials that allow appropriate access to PnC. Credentials are updated regularly and sessions timeout on 20-minute intervals. University standards are used for all workstation imaging and workstations are secured through Active Directory and DUO. Users are trained on handling sensitive information and are expected to respect the confidentiality and privacy of individual information. De-provisioning is documented and handled by SAT. All data contained in PnC is securely stored, encrypted, maintained behind firewalls, and backed up for disaster recovery. SAT and the WSU Information Security Office (ISO) run regular security scans. All security incidents are reported to the ISO and data stewards.

Security risks are addressed through prevention (e.g., OS/software patching, updates, firewall rules and devices), access control, awareness, training, de-provisioning and ISO reporting. We maintain a high level of concern for the protection of sensitive information and the maintenance of its integrity.

The SHC and SAT will continue to work together diligently to ensure the safety of the sensitive information. Such safety assurances include where and how information is stored, how it is handled, and how it is backed up. Safety procedures are routinely evaluated and modified to meet best practices and university policies.

Assessment and Evaluation

Data Collection and Benchmarks

The SHC is a member institution of the American College Health Association (ACHA). As such, we utilize several ACHA resources to provide national benchmarks, target goals and data collection.

The American College Health Association – National College Health Assessment (ACHA-NCHA) is a nationally recognized survey that provides participating institutions with comprehensive data on the health of their students. The survey assesses students' health habits, behaviors and perceptions in the following areas:

- General health of student population
- Disease and injury prevention
- Academic impacts
- Violence, abusive relationships and personal safety
- Tobacco, alcohol and other drug use
- Sexual behavior
- Nutrition, exercise and weight
- Mental health
- Sleep

The SW program conducts the ACHA-NCHA every two years during Spring semesters of odd years. The Student Affairs Assessment Coordinator facilitates random selection of participants and AHCA manages data collection and analysis, ensuring student confidentiality and anonymity. With the resultant data, we can compare our student population to state and national reference groups to form a comprehensive picture of the health and wellness needs of our students.

The SW program also participates in the Healthy Campus 2020 (HC 2020) initiative of the ACHA. In addition to providing valuable benchmarking data, HC 2020 provides a framework of 10-year objectives for college campuses to improve their overall health status. This initiative parallels the Healthy People 2020 (HP 2020) initiative from the Office of Disease Prevention and Health Promotion, which provides a similar framework to improve the health of all Americans. HC 2020 focuses on objectives in the following areas:

- Health Impediments to Academic Performance
- Health Communication
- Injury and Violence Prevention
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Physical Activity and Fitness
- Sexually Transmitted Diseases and HIV
- Family Planning
- Substance Abuse
- Tobacco Use
- Immunization and Infectious Disease

Like HP 2020, HC 2020 encourages use of the MAP-IT planning model, which outlines five phases to guide program planning and implementation: Mobilize, Assess, Plan, Implement and Track. The ACHA provides college-campus-specific guidance on how to apply this model to HC 2020 goals. A key element of the MAP-IT framework and the HC 2020 goals is the mobilization of a coalition to assess campus needs, plan interventions and implement them broadly. As such, ACHA-NCHA data, HC 2020 goals, and our campus' progress towards achieving them are reviewed with the Student Wellness Advisory Committee on an annual basis. Feedback from this group is included as we set goals to improve HC 2020 target areas at WSU.

Goal Development

Under new leadership, the process of determining SHC goals and initiatives is becoming more collaborative and reflective of current trends, both on campus and in the field of college health. We are guided by issues of importance at WSU and nationwide, such as making informed healthcare decisions and understanding immunizations. While the Executive Director and the SW Coordinator consult most consistently about goal development, SHC staff are included for feedback and approval of drafted goals and initiatives to promote buy-in. Clinical staff help to determine means of implementing goals and are informed of outcomes at least annually during a staff planning retreat.

For approximately 10 years, the 6-Column Model of goal development and implementation has been required of all Student Affairs departments. Program goals and educational goals, in the form of student learning outcomes, are articulated in the fall of each year, updated in the mid-year review of goals, and finalized at the end of the spring semester through the completion of annual reports. Student needs and satisfaction are measured separately from the 6-Column Model process.

As mentioned previously, the day-to-day operations of the SHC and the SW program are relatively independent of one another. As such, separate 6-Column Models are completed. Available examples of recent 6-Column Models are included in the appendices.

Program Goals

As evidenced from our mission statements, we acknowledge that good health is a necessary foundation for effective learning. Illnesses, injuries and health conditions can interfere with academic success. The primary program goal of the SHC is to ensure that illness is not an impediment to academic success.

The SW program expands upon physical and mental health to consider the “big picture” of eight interconnected dimensions of wellness, providing programming and/or referrals to help students thrive within each dimension.

By providing these important support services, we support the university’s core themes of Access and Learning and help to ensure student success.

Educational Goals

At least one goal in each 6-Column Model should outline an intended student learning outcome. The SHC student learning outcomes generally relate to overall themes of:

- keeping students healthy so they can maximize their academic success
- helping students learn to manage their own healthcare needs
- helping students become effective and efficient health care consumers.

For example, students are often confused between cold and flu symptoms. We want to help students understand the difference between the two, and ultimately determine how to best care for themselves, including whether to come into the clinic or stay home and rest. Therefore, we provide students with reusable thermometer cards that list the symptoms of cold and flu on the reverse. We have also added information to our website on cold vs. flu symptoms and a related “Should I Be Seen?” page. This is currently one of the most visited pages on our website, with web traffic up 20% in 2017-2018.

Though not always included within our 6-Column Models, student learning outcomes for the SW program often pertain to our interns. These outcomes are based on the Responsibilities and Competencies for Health Education in preparation for students to pass the Certified Health Education Specialist (CHES) exam. To support this objective, interns are provided with a variety of professional development opportunities that increase their knowledge in health, diversity, communication, career preparation, and more.

Student learning outcomes for SW Interns are assessed twice per semester for each intern, using a rubric provided from the Health Promotion program. Feedback is provided to each student at midterm to allow them time to improve upon their skills. Each intern is also invited to provide feedback on the internship site to their faculty internship coordinator. If the student consents, that information is shared with the SW Coordinator to facilitate program improvements. The large majority of our interns have provided positive feedback and consistently report that their internship was a positive and valuable experience for them.

The SW program also outlines important student learning outcomes related to the ASAP program. We expect students participating in this program to:

- understand the health risks of alcohol and marijuana
- understand their personal risk for developing addiction
- develop a personal action plan to avoid harm and future trouble

These outcomes are measured using an initial risk-assessment as well as pre- and posttests. Student responses from these assessments, as well as trend data from our ACHA-NCHA surveys, continually guide program improvements and adjustments.

Student Needs & Satisfaction

Historically, SHC patient satisfaction surveys have not been conducted on a regular basis. Such assessments began in Spring 2017 and will be repeated in some form on a biennial basis. The Spring 2017 survey was conducted at the Ogden office only. It included items related to basic patient satisfaction and impact of services, as well as items related to the perceived importance of various health-related services currently or potentially available at SHC. As shown the appendices, students were very highly satisfied with services, with more than 95% of the 93 respondents indicating that they agreed or strongly agreed with each satisfaction item. Students also enthusiastically endorsed the relationship between SHC medical care and academic success (100% agreed/strongly agreed) as well as the relationship between SHC medical care and retention (94% agreed/strongly agreed). Respondents also rated most of the services currently offered at the SHC as more important than services not currently offered.

During Fall 2017, in conjunction with the revitalization of the Davis SHC, we conducted a survey assessing awareness and intended utilization of services. The 44 respondents provided valuable information highlighting the historically low level of awareness of the Davis SHC and uncertain-to-low expected utilization. These data, in conjunction with low patient volume during AY 2017-18, informed our decision to suspend clinical services at the Davis SHC for the coming year.

The SW program collects student feedback on a routine basis. The most formally analyzed feedback comes from participants in the ASAP program. While we are certainly interested in their suggestions about how to improve the program, we acknowledge that these students are referred as part of a disciplinary sanctions process. Thus, we are more invested in their achievement of learning outcomes and intentions to change behaviors than we are in their satisfaction.

Basic Student Information and Utilization

Student Health Center

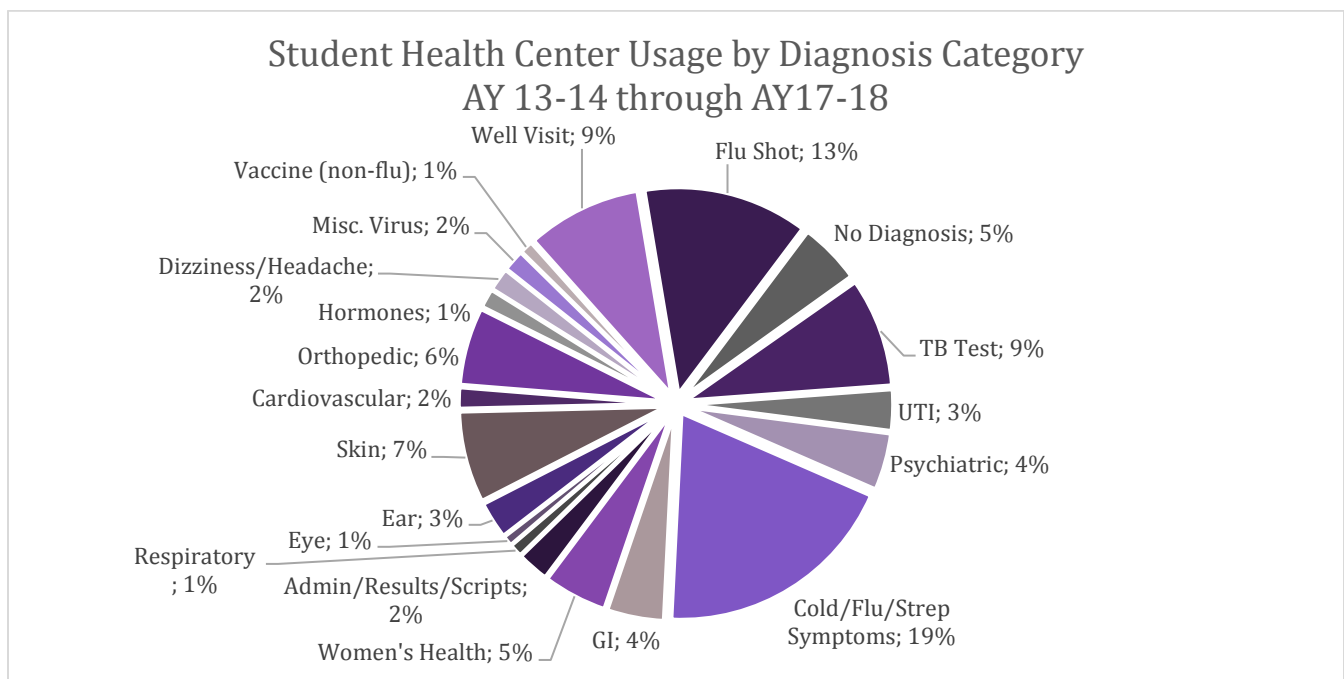
PnC is capable of downloading a large number of data points from Banner, the university's comprehensive student information system. In recent years, however, the capacity for such data gathering has been underutilized. Current patient demographic data has been limited to name, address, age, and gender. Annual data are summarized in the following table (continued on next page):

	2013/14	2014/15	2015/16	2016/17	2017/18
Average Age	30	28	27	25	24
% Female	58.54	58.41	57.92	62.29	63.11
% Male	41.15	40.99	41.91	37.61	36.71
Avg # visits per patient	2.09	2.10	2.19	2.23	2.11

In conjunction with the upcoming rollout of the PnC OpenCommunicator module, we intend to increase significantly the extent of Banner-downloaded demographic data on SHC patients. As such, we expect to begin tracking utilization by college/major, academic status, race/ethnicity, and other characteristics. This information will help guide outreach efforts, enabling us to identify and target student populations with lower utilization rates.

Patient Diagnoses

The presenting concerns, needs, and diagnostic categories represented by SHC patients reflect those prevalent in the college student population. As illustrated in the following pie chart, the most common reasons students present at SHC include symptoms of cold/flu/strep, flu shots, TB skin tests, and well visits. Women’s health visits may have declined due to changes in examination requirements for contraception prescriptions, as well as the availability of more cost-effective women’s healthcare options in close proximity to WSU. A smaller percentage of psychiatric visits is likely predicated by the availability of a Psychiatric Mental Health Nurse Practitioner in the WSU Counseling and Psychological Services Center, to whom SHC providers regularly refer.



Patient Visits

Over the past five years, both the number of patient visits and the number of unique patients served at the SHC have declined overall, with a slight turnaround in AY 2017-18, as shown in the table at right. Despite these declines, the average number of visits per patient has remained relatively consistent, with slightly higher rates in AY 2015/16 and AY 2016/17 (as illustrated in table on previous page). This indicates a relatively stable utilization rate among students who do access our services.

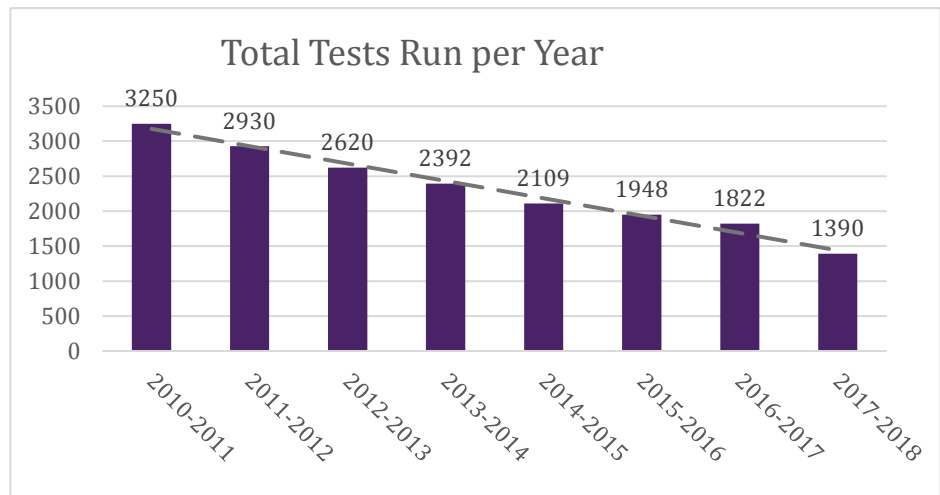
	2013/14	2014/15	2015/16	2016/17	2017/18
Patient Visits					
Ogden patient visits	5411	5169	5122	4634	4593
Davis patient visits	88	61	43	35	64
Total patient visits	5499	5230	5165	4669	4657
% change from prior year	--	-5%	-1%	-10%	-.3%
Unique Patients					
Ogden unique patients	2562	2446	2321	2063	2148
Davis unique patients	65	48	37	34	56
Total unique patients	2627	2491	2358	2097	2204
% change from prior year	--	-5%	-5%	-11%	+5%

The decline in both patient visits and unique patients could be explained in a variety of ways. Visibility of our services has been low, and we have been working to expand our outreach. Our website has been a key mode of such outreach, and increased hits on pages such as “Should I Be Seen?” and “Cold vs Flu” may reflect students’ informed decisions for self-care over unnecessary office visits. The Affordable Care Act (ACA) has also allowed many WSU students extended coverage under their parents’ insurance plans using community providers. We are also fortunate to have had relatively mild influenza seasons in the recent past.

We recognize the importance of improving our outreach efforts to ensure that students in need of health care seek treatment at the SHC. We have made more explicit the role of the SW Coordinator in providing outreach for both SW and the SHC. She has involved her interns in such efforts, which have included updated graphics for use in print and electronic media, enhanced presence at campus events, and meaningful collaboration with campus partners.

Laboratory Tests

We have seen a similar decrease in the total number of laboratory tests run at the SHC lab as illustrated in the bar graph to the right. This decrease is likely associated with the decline in patients and visits, as well as programmatic changes in academic departments’ referrals for PPD tests. The table on the following page shows annual numbers of specific tests run in-house and sent out for processing.



	TC	RS	HCT	SM	GA	CHOL	UA	UA Dip	HCG	WET	KOH	FLU	OUT	Total
2013-14	613	529	59	107	85	88	297	12	125	25	16	2	431	2389
2014-15	574	530	50	82	100	95	294	21	100	29	7	3	312	2107
2015-16	485	442	37	84	94	75	302	14	89	32	10	7	276	1947
2016-17	395	367	42	74	67	59	287	7	91	19	12	5	397	1822
2017-18	288	265	45	63	55	24	210	10	58	17	7	5	343	1390

Key:

TC – Throat Culture

GA – Glucose

HCG – Urine HCG

OUT – Send-out tests

RS- Rapid Strep

CHOL- Cholesterol

WET – Wet Prep

HCT – Hematocrit

UA – Urinalysis

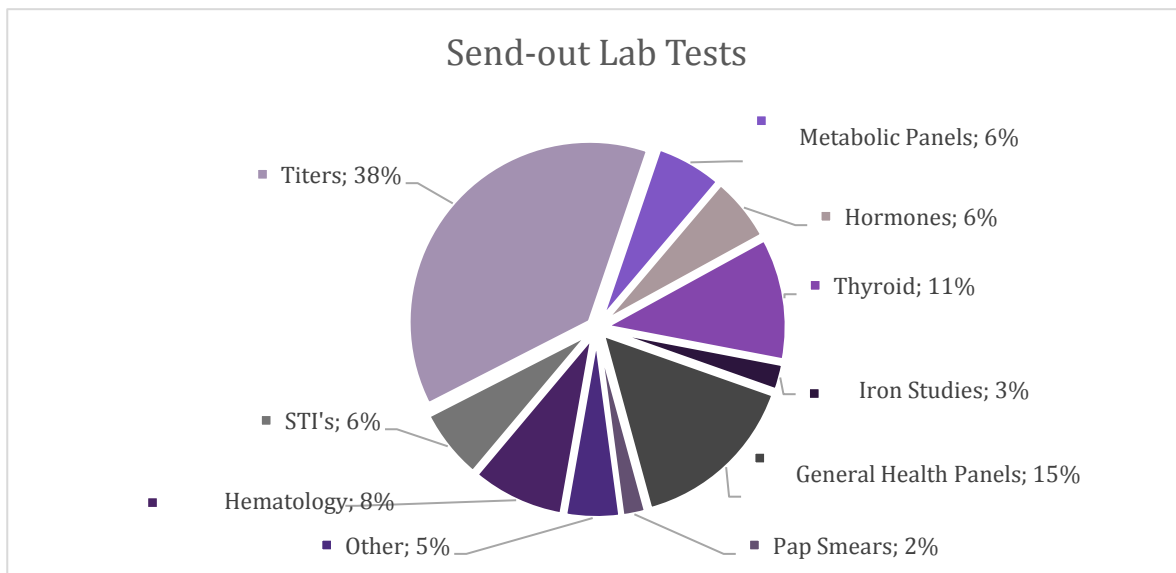
KOH – KOH Prep

SM- Spot Mono

UA Dip – Urinalysis dipstick

FLU – Influenza

As a CLIA moderate-complexity lab, we must send out a variety of tests to our local reference laboratory. The types and percentages of labs sent out are shown in the following pie chart:

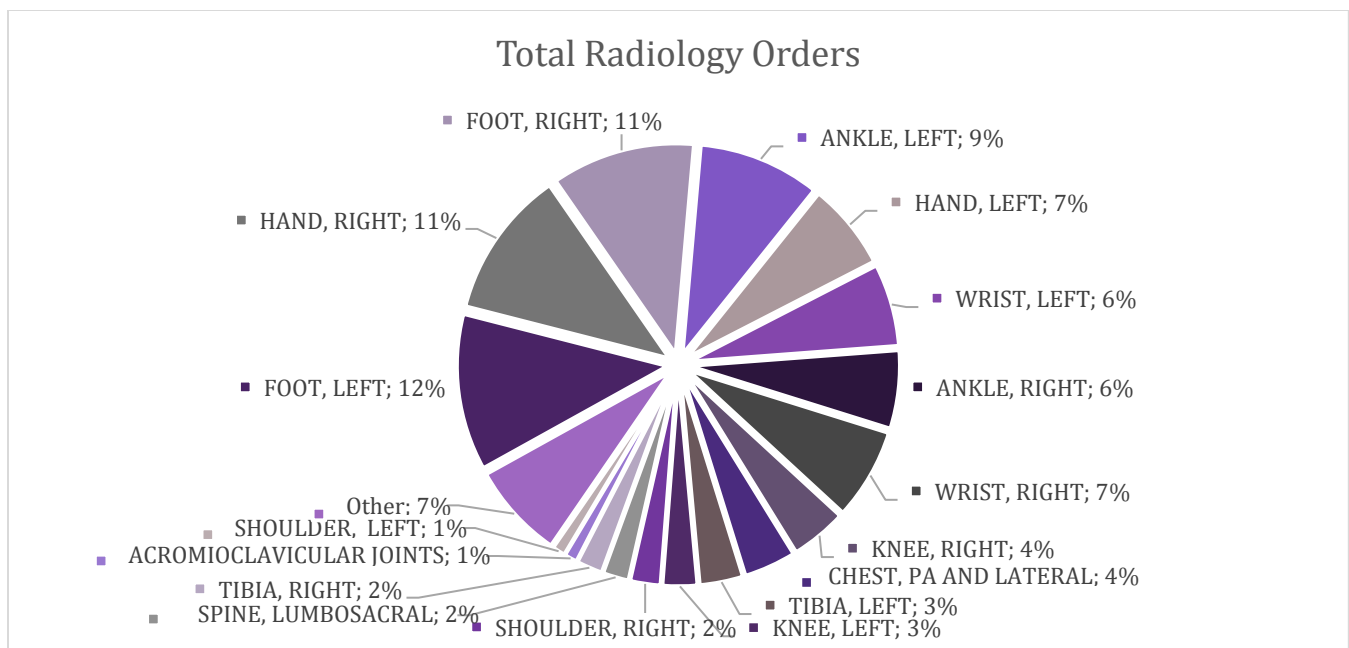


Digital X-Rays

The SHC digital x-ray equipment is used to support the care provided by SHC staff (McQuilkin and Rohan) and also to assist the Athletic Department (Scharmman) in caring for WSU student-athletes. Like overall numbers of unique patients and total visits, the pattern of declining numbers of x-rays taken with the SHC digital equipment has turned around slightly in 2017-18, as the table on the following page illustrates.

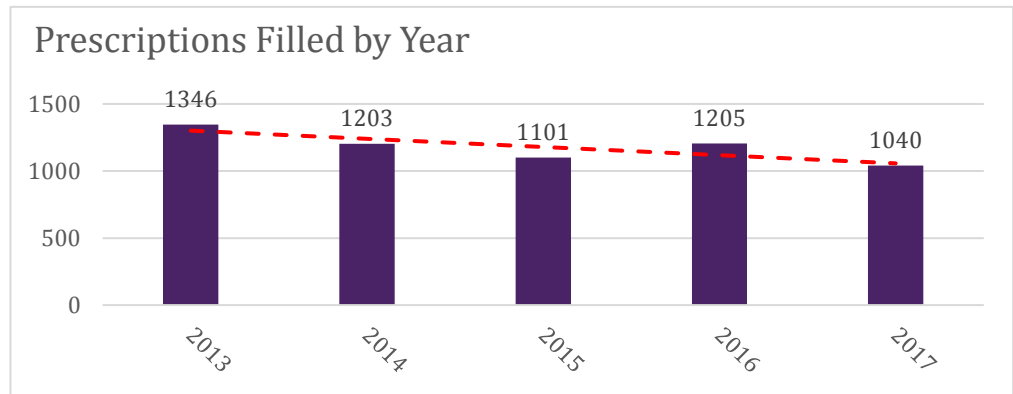
	2014-15	2015-16	2016-17	2017-18	Total
Ordering Provider					
McQuilkin	24	30	15	22	91
Rohan	9	16	13	18	56
Scharmann	15	41	24	26	106
Total Taken					
Total Taken	48	87	52	66	253
Total Ordered					
Total Ordered	57	109	56	79	301
% of Ordered					
% of Ordered	84.2%	79.8%	92.9%	83.5%	84.1%
SHC					
SHC	33	46	28	40	147
% of Total					
% of Total	68.8%	52.9%	53.8%	60.6%	58.1%
Athletics					
Athletics	15	41	24	26	106
% of Total					
% of Total	31.25%	47.13%	46.15%	39.39%	41.90%

The large majority of x-ray exams performed at the SHC are extremities, as illustrated by the following:



Pharmacy

As the bar graph to the right shows, the number of prescriptions filled at the SHC pharmacy has remained slightly more stable over recent years, showing a smaller decline than other services.



Although the SHC pharmacy can fill many prescriptions written by community providers, the large majority of prescriptions filled are written by SHC providers. The following table and pie chart illustrate number and categories of prescriptions filled at the SHC pharmacy.

	AB	BC	AF/FLU/ AV	AI/MR	AD	IH	HB	Misc	Total
2013	584	113	137	217	72	69	69	85	1346
2014	532	113	115	159	90	63	52	79	1203
2015	468	96	107	109	142	50	58	71	1101
2016	465	96	88	109	299	40	51	57	1205
2017	437	96	95	85	211	29	34	53	1040

Key:

AB - Antibiotics

AF/FLU/AV – Antifungal, influenza, antiviral

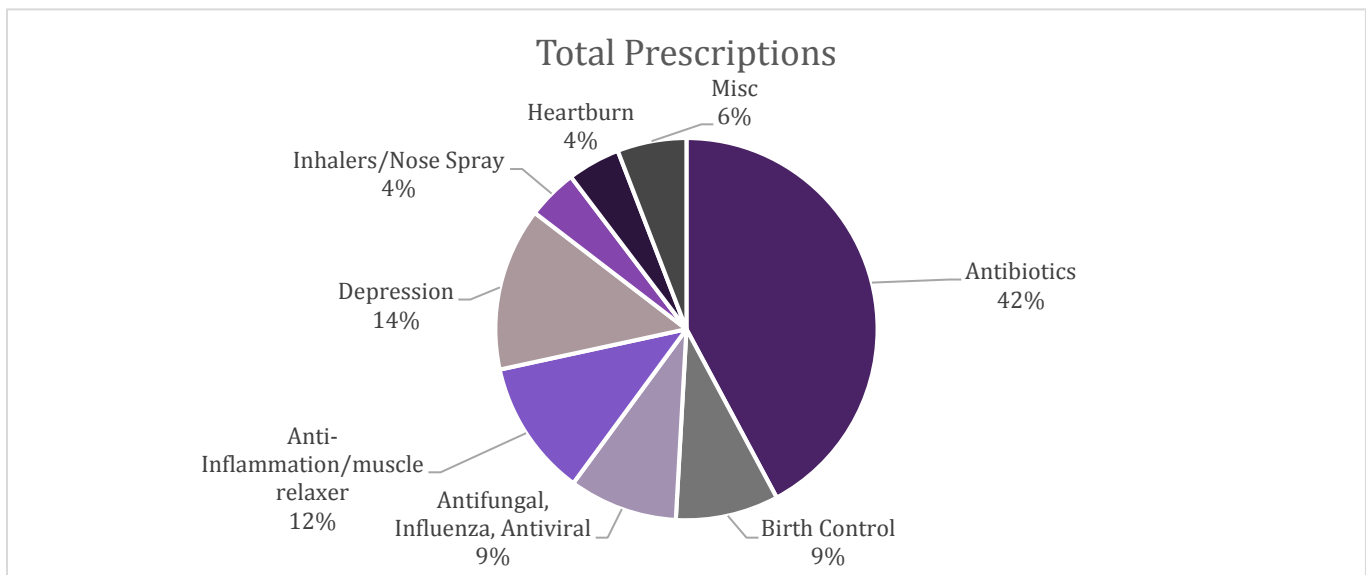
AD – Antidepressants

BC - Birth Control

AI/MR – Anti-inflammation/muscle relaxers

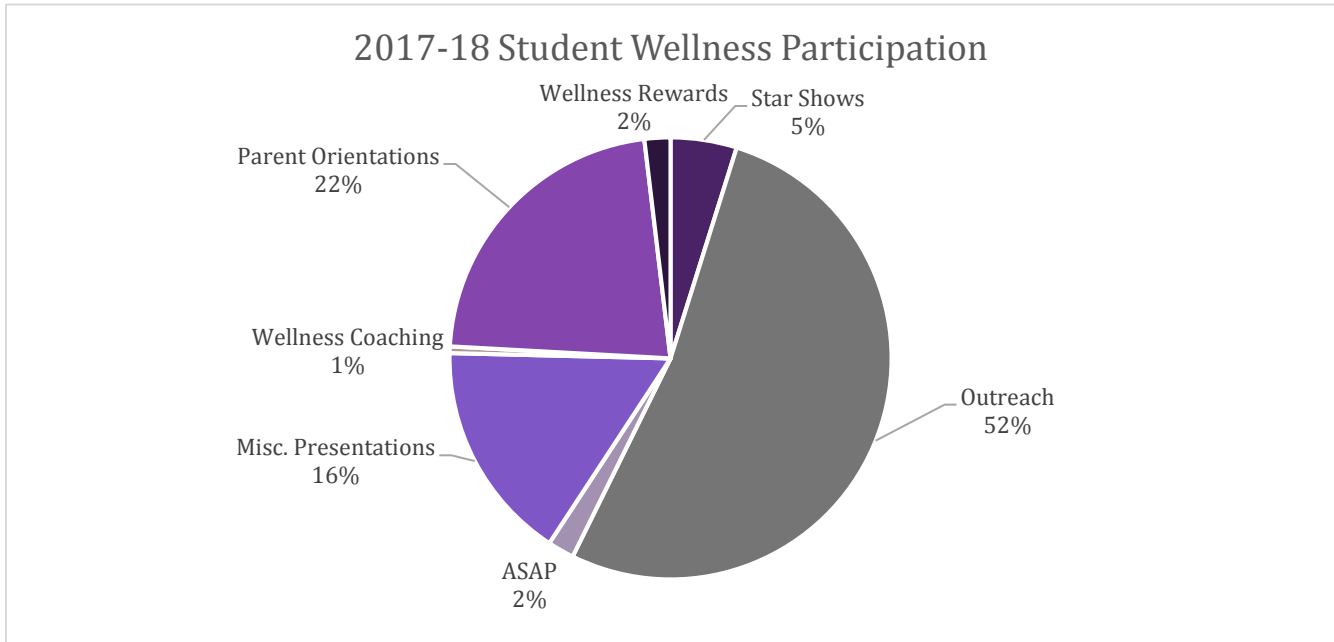
IH – Inhalers/nose spray

HB – Heartburn

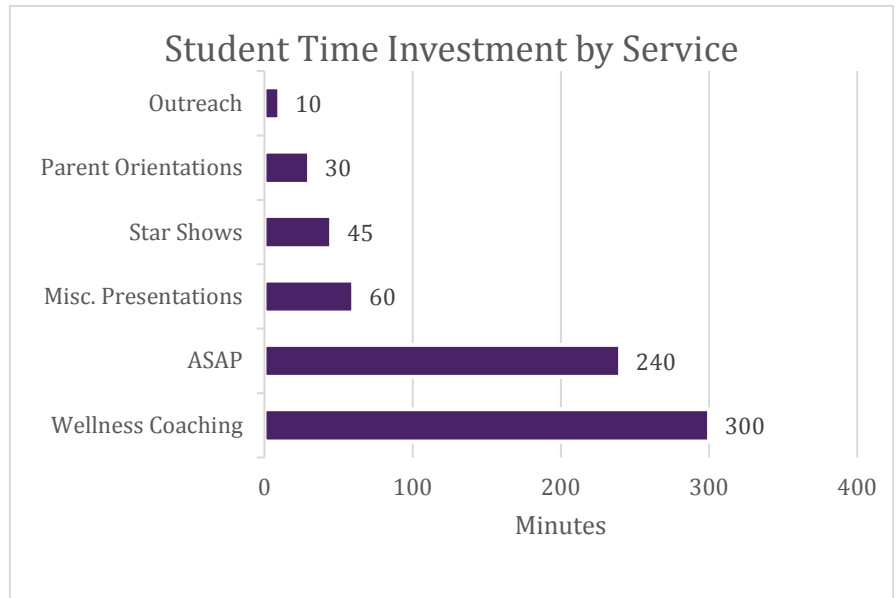


Student Wellness

The SW program serves, on average, approximately 2,500 students each year through a variety of programs and access points. Whether or not these are unique students is difficult to assess as approximately half of these students are reached through outreach activities (e.g., tabling, campus events). The following chart breaks down student participation by program type for AY 2017-2018.



Time investment for each service is also a relevant factor. Programs requiring more time investment and repeat interactions generally yield a higher level of behavior change than simpler, shorter interactions. Though the cost per student is higher, so is the benefit. The total time investment by service is illustrated by the chart at right.



The most recent academic year saw a pronounced increase in participation in the Stress Relief Star Shows as well as the Wellness Rewards Program. These increases are likely the result of our intentional and effective partnership with WSU Campus Recreation, whose staff has actively promoted these programs through their drop-in fitness classes and their social media channels.

AY 2017-18 also saw an increase in participation in the ASAP program. This increase is largely due to improvements in interdepartmental communications and greater consistency in the overall sanctions and referral process, not an increase in student violations.

	Star Shows	Outreach	ASAP	ACHA-NCHA	Wellness Coaching	Wellness Rewards	Orienta-tion	Present-ations	Total
16-17	78	1000	21	430	10	5	551	430	2605
17-18	120	1300	48	N/A	12	47	626	400	2553

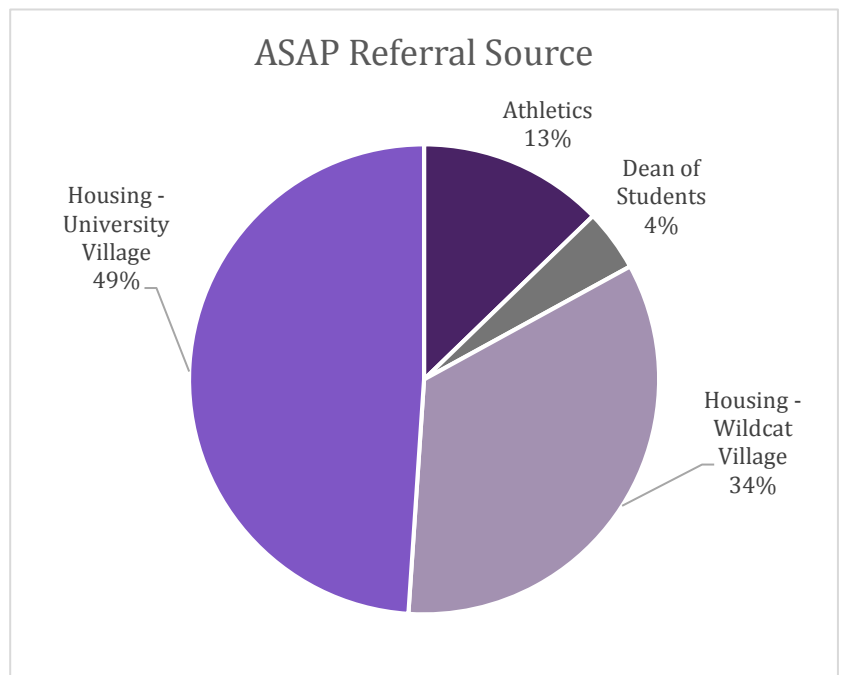
ASAP Program:

Most ASAP referrals come from one of two student housing units: Wildcat Village, which is more traditional-style, and University Village, which is more apartment-style. Additional referrals come from the Dean of Students’ office or from the Athletics department in conjunction with NCAA-required drug testing. The percentage of referrals from each source are indicated by the pie chart at right.

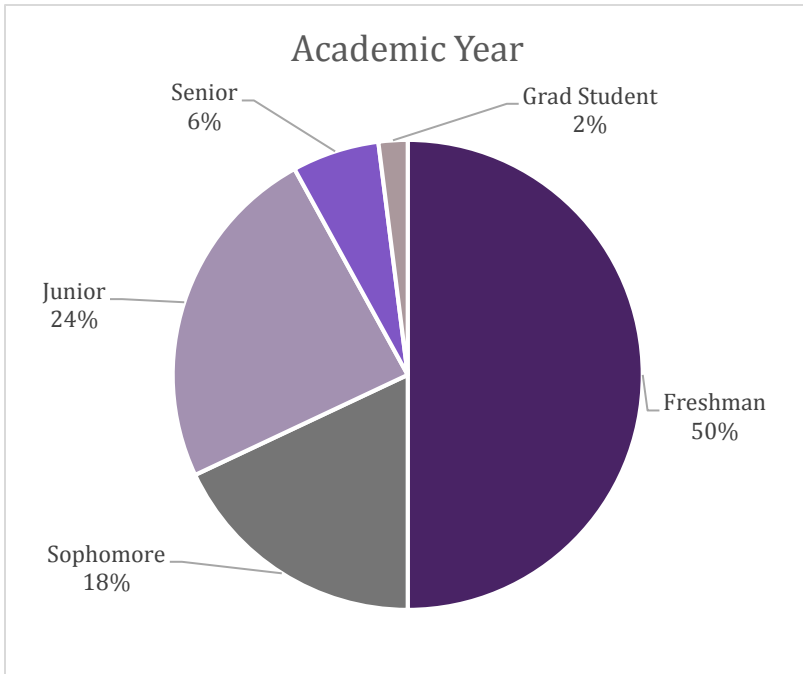
We track many demographic data points for students who participate in ASAP. This information allows us to track trends that may translate into improved programming.

Of students referred to ASAP:

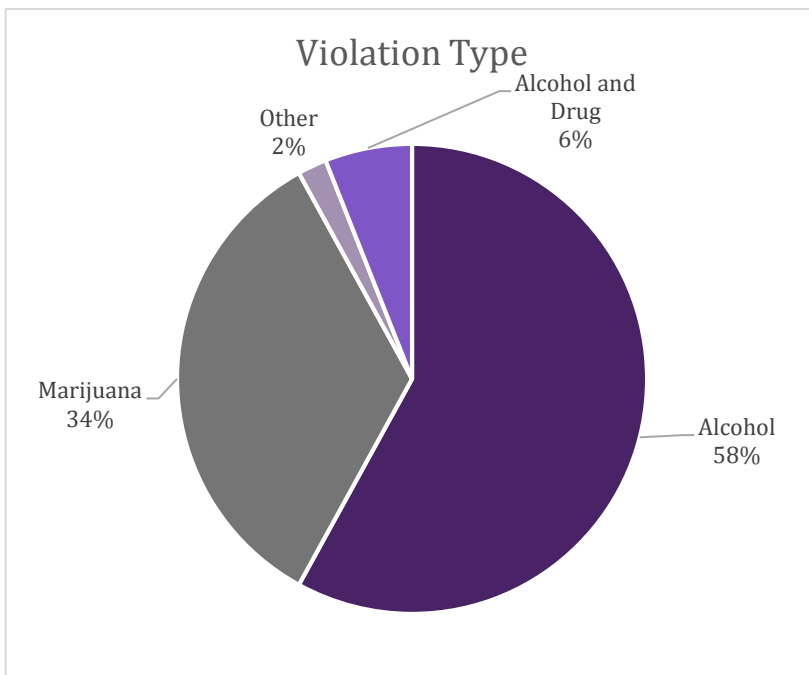
- About two thirds (67%) of students are male.
- The average age is 19.92 years
- 64% are under age 21



Only about 38% of ASAP students are originally from Utah. The majority of referrals are from other states (50%) or are international students (12%).

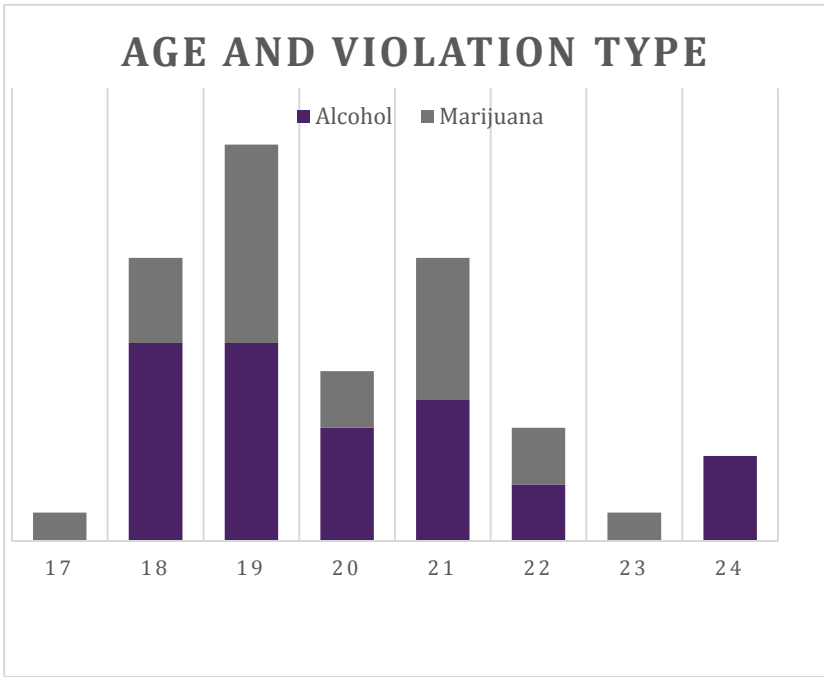


As shown in this pie chart, students earlier in their academic careers are more likely to be referred to the ASAP program. The majority of ASAP students are freshmen (50%) or sophomores (18%).



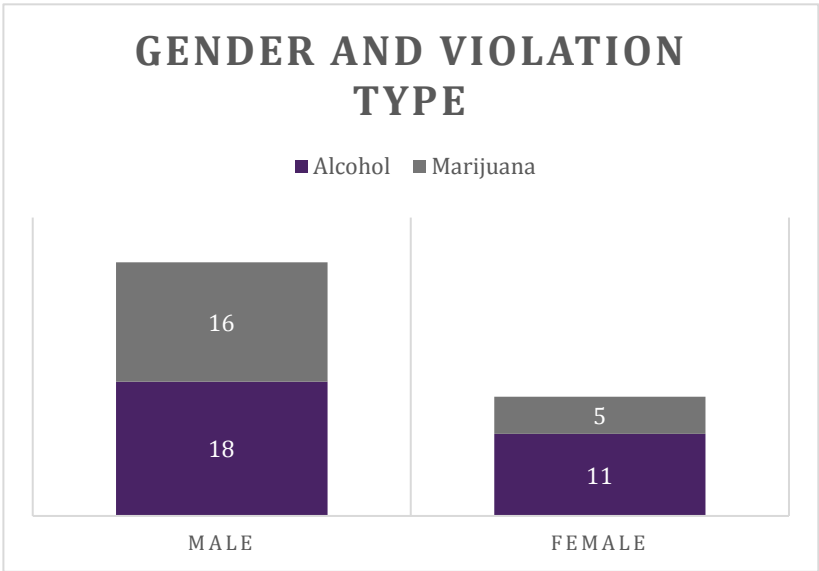
The most common violation resulting in an ASAP referral is alcohol found in housing, followed by marijuana found in housing and positive marijuana testing from athletics. One student was referred from athletics for testing positive for a drug other than marijuana.

Referral reasons are indicated by the pie chart at right.

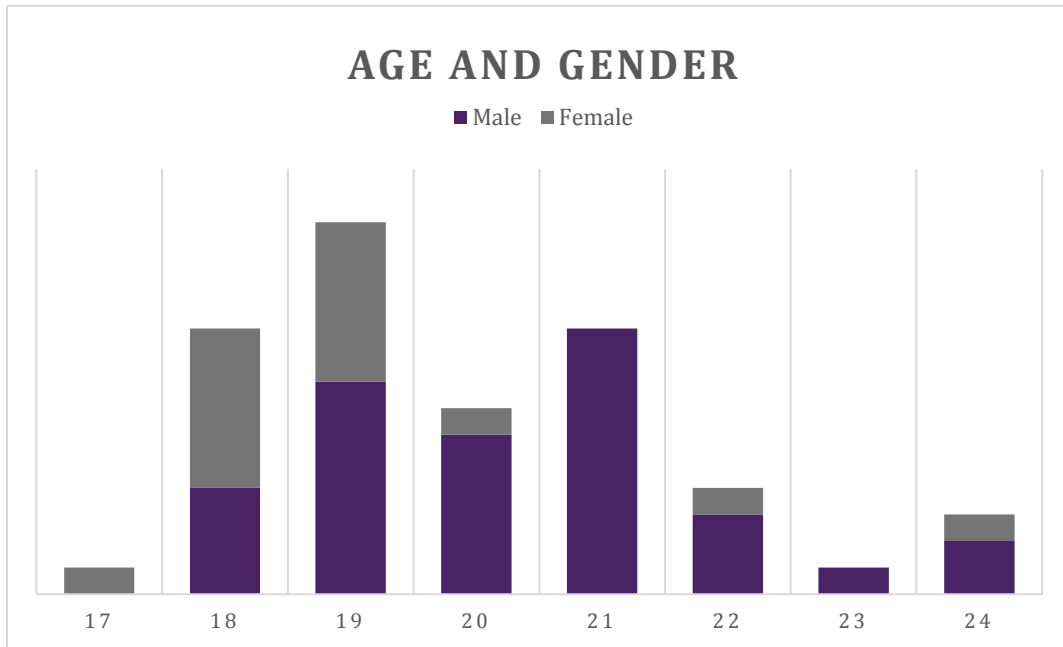


Not surprisingly, the majority of violations for both alcohol and marijuana are among students who are under the age of 21. A significant number of violations (10) also occurs among students who are 21 and seems to correlate with celebrating that particular milestone birthday. Violations tend to decrease after that point, as the bar graph illustrates.

An almost equal number of males are referred to the ASAP program for both alcohol and marijuana. For females, significantly more are referred for alcohol than marijuana, as the bar graph below shows.



Interestingly, a somewhat equal number of referrals occur for males and females up to age 20. At age 20, that ratio shifts sharply and the majority of violations are overwhelmingly male. The bar graph on the following page illustrates this data.



Dissemination of Data and Information

SHC information is shared through various avenues. The process and outcome of program and educational goals outlined in annual 6-Column Models are published online according to Division protocol. ACHA-NCHA data summaries and HC 2020 progress tables are also shared and reviewed on an annual basis with Student Wellness Advisory Committee members and upon request to any interested stakeholders. When initiatives overlap, such as Faculty Senate interest in impacting a change in university immunization policies, such information is helpful for collaborative efforts.

Summary

Summary of Past Recommendations

The SHC went through a Program Review process during AY 2011-12. Recommendations from that team, as well as our associated responses and progress, are summarized below.

Space and Facilities

- Space limitations at both Ogden and Davis Campus SHC facilities were highlighted, and we were encouraged to pursue expansion in both areas. We recognize both the limitations of our current space and the lack of options for contiguous expansion. We are currently focusing on improving the functionality of our existing space. We may be considered for a remodel in the near future, allowing for some helpful space reconfiguration. Clinical services at the Davis SHC have been placed on hiatus for AY 2018-19 due to staffing challenges and low utilization.
- We were encouraged to acquire digital x-ray equipment, which we have done.

Leadership and Organizational Structure

- At the time of the previous Program Review, a troublesome dual-reporting structure existed. We were advised to discontinue this structure in favor of a primary Clinic Director with a consulting Medical Director. This shift occurred when the previous Director retired and the current Executive Director was appointed. She supervises the Medical Director, who is consulted about all matters pertaining to the SHC and supervises all medical operations of the clinic. The arrangement is functioning effectively and efficiently.
- We were encouraged to develop a strategic plan for the long-term direction of the SHC. Some preliminary data for such a project has been gathered, and we will pursue this more diligently as staffing stabilizes.
- The limitations in our data collection and reporting were highlighted, and we were encouraged to maximize our utilization of PnC as well as its interface with the university's Banner system for data capturing. We are setting up the required technology at this time and anticipate improvements in this area to be realized during AY 2018-19.
- The previous site team suggested that the SHC was approaching readiness for accreditation and encouraged us to pursue such status. This is a long-term goal for us.

Staffing and Associated Issues

- Our staffing levels were viewed as insufficient, and we were encouraged to consider increasing by at least one half-time provider and one half-time nurse or medical assistant. Given the subsequent decreases in our patients and visits, this recommendation has not been pursued. A related suggestion highlighted the option of shifting clinical hours from Davis to Ogden SHC offices. The potential to supplement Ogden SHC staffing with Nurse Practitioner faculty who previously staffed the Davis SHC could be promising.
- The lack of subspecialty medical services was noted, and the site review team suggested that we consider ways to host rotations with community providers. We may consider this in the future if sufficient need seems present.
- Staff were encouraged to attend and participate in state/regional/national conferences for continuing education. Our Executive Director, Wellness Coordinator, and Nurse Practitioner currently do so on a regular basis.

- We were encouraged to develop and utilize chart audits and peer review procedures for all medical staff. We recognize the need for such checks and balances, and we intend to follow through on the development of protocol. Guidance and templates would be appreciated.

Service Delivery Model

- The previous site review team strongly encouraged us to shift to an appointment-driven system in order to stabilize and solidify provider schedules and patient access to care. We were advised to discontinue the practice of posting a “no more appointments today” sign. We are in the process of making this transition and ensuring that patients can schedule appointments during most open clinic hours.
- Various revenue-generation options were noted, including billing third-party insurance, charging office-visit fees, and/or increasing existing service fees. We have engaged in an informal cost-benefit analysis of these options and remain open to further exploration. Given our current patient load and our emphasis on accessibility of care, however, we have decided not to pursue these options at this time.

Marketing and Communications

- The importance of a Student Health Advisory Committee was highlighted. We have since enhanced the role of our Student Wellness Advisory Board, which serves this purpose.
- The site review team was unpleasantly surprised about the lack of immunization requirements at WSU. We were encouraged to support efforts to institute such requirements. A Faculty Senate committee was recently established to address immunization-related issues, and the Executive Director and SW Coordinator have been consulted. AY 2018-19 six-column model goals for both the SHC and the SW program pertain specifically to immunizations.
- We were encouraged to collaborate with faculty to discourage requests for “sick notes.” We may consider a faculty-targeted campaign to address this time-consuming issue.

Current Self-Study Reflections

Departmental Strengths and Accomplishments

The SHC has many sources of pride. The following strengths and accomplishments have been highlighted through this self-study reflection process.

- Our medical providers are top-notch. They are caring individuals with decades of experience and many years of specializing in college health.
- Students are extremely satisfied with the care they receive at the SHC.
- Our new leadership and the associated change in our leadership structure is collaborative and effective. It maximizes the strengths of both the Executive Director and the Medical Director.
- The working environment at the SHC is very collegial. This atmosphere helps students feel comfortable accessing care.
- We provide a breadth of basic medical and wellness services, covering the majority of the most common needs of college students. We provide this care at no cost or very low cost, as we have done consistently over the years despite the uncertain national healthcare climate. We prioritize affordability and accessibility for students, so we operate very efficiently on our limited budget.
- Recent upgrades to our waiting room furniture, exam tables, and x-ray equipment help to create a comfortable and professional environment.

- The websites for both the SHC and the SW program provide information and education that help students become effective consumers of their own healthcare.
- Our SW program collaborates actively with most other Student Affairs departments, building important connections and advocating for health issues campus-wide.

Identified Areas of Improvement

This reflection process has also helped us to identify the following as some of the areas in which we can make improvements.

- Campus-wide awareness of the SHC and the SW program is low.
- Our facility and some of our equipment is in need of updates/upgrades. Interoffice and intraoffice soundproofing needs to be addressed. While our space is small and positioned in a somewhat hidden location, improvements in layout could improve efficiency. The physical separation between the SHC and the SW program office hinders patient referral/consultation and makes SW programming cumbersome.
- Our data collection, tracking, and reporting are limited.
- Operating as a walk-in clinic yields an unpredictable patient flow. Making time for outreach, division involvements, and administrative tasks can be challenging while prioritizing patient care. As a result, our staff members are somewhat isolated.
- Our staffing is very limited. We have only two medical providers, for a total of 1.6 FTE. At times this is insufficient to meet student needs, and backup coverage does not exist. Our SW Coordinator is charged with both campus-wide wellness programming initiatives and federally mandated substance abuse prevention responsibilities. The assistance of part-time student employees and interns is insufficient to maximize these important efforts.
- We are limited to basic medical services; we are unable to meet most specialty needs. This is difficult for uninsured students who need specialty care but cannot afford it.
- We are facing a number of retirements and upcoming staffing transitions. Recruitment of new staff is challenging with the comparatively low salaries we offer.
- We are not accredited. Achieving this status would provide an important mark of credibility and demonstrate our professionalism in a visible way.

Internal Recommendations

- We must improve general marketing and advertising. Updated materials are being developed at this time. We are fortunate to have a talented Marketing and Graphic Design team within the Division of Student Affairs to help us with this task.
- We are potentially in the queue for a remodeling project in the near future. If funding is granted, we hope to address various space/facility issues, including expanding the pharmacy, improving soundproofing, redesigning the front office, streamlining the lab and updating lab equipment, creating a useable break room, and distributing office space more evenly, to include a SW consultation office within the SHC.
- We are in the process of shifting to an appointment-driven service delivery model. This will improve the predictability of patient flow, and thus allow staff time for increased campus involvements as desired. Advertising this significant shift will also provide overall marketing of the availability of SHC services.
- Technological upgrades associated with the OpenCommunicator module allowing appointment scheduling also provide vehicles for enhanced data collection, tracking, and reporting. Data

capturing from the Banner system, as well as enhanced client-entered health information will be expanded. Support from our SAT representative is a crucial resource in this effort.

- Especially given upcoming staff transitions, we hope to re-assess roles and duties to maximize skill utilization among all of our professionals. Distributing the various aspects of patient care appropriately among the medical staff should improve efficiency with our limited FTE. Feedback from the site review team will be much appreciated in this regard.
- We may consider ways to meet specialty medical needs of students. Options for exploration include creating partnerships with local community providers for reduced-fee referrals and/or developing rotation arrangements within the SHC. We are fortunate to have large local medical systems with which to connect toward such efforts.
- We hope to retain or increase current salary levels in order to recruit and well-qualified staff replacements. Support from the Division of Student Affairs and Human Resources would be appreciated in this effort.
- AAAHC accreditation is a long-term goal of ours. We view the Program Review process as an important learning step along this path. More targeted mentoring will be pursued through ACHA as we approach readiness.

Key Issues for Site Review Team

Though we welcome any and all feedback that could help to improve SHC services, external input on the following specific areas would be especially helpful.

- In light of upcoming retirements and staffing transitions, we recognize that this could be an opportunity to re-evaluate the ideal staffing structure for the SHC. Please advise us on the number and type of skilled medical personnel to best meet student needs at WSU.
 - Help us understand the pros/cons of a Physician vs a Nurse Practitioner as the new Medical Director in our context.
 - Identify what level of Nurse and/or Medical Assistant is needed to perform the tasks most commonly required at the SHC.
 - How shall we incorporate cross-training for x-rays?
 - What would be the most effective ways of getting specialty medical needs met?
- Describe an ideal layout and redistribution of the current SHC space.
- What marketing strategies are most effective for campus health centers?
- Please share feedback regarding the future of the Davis SHC.

Appendices

- I Equipment Inventories**
- II Privacy and Consent Form**
- III Legal Counsel Statement**
- IV Student Satisfaction Surveys**
- V 6 Column Models**

Equipment Inventories:

Lab:

Microscope
Centrifuge
Hematocrit
Incubator

X-Ray:

X-Ray Tube
X-Ray Controls
X-Ray Reader

Medical Equipment and Supplies:

Ace Wraps	Ice Packs
AED	Ice Packs Syringes
Ambu Bag	Large and Small B/P Cuffs
Autoclave	Liquid Nitrogen
Automatic Blood Pressure Cuff with Thermometer	Monojet Irrigator Supplies
Bandages	Nebulizer and supplies for breathing treatments.
Bath Basins	Nose Tray
Capes	Otosopes
Cotton Balls	Over the Counter Medications
Culture Swabs	Oxygen Tank on wheels and Oxygen Masks
Dressings	Pap Light and Pelvic Exam Supplies
Ear Irrigation Sets (2)	Pulse Oximetry
EKG Machine	Scalpels
Emergency Kit	Slings
Emesis Bags	Spirometry and printer
Emesis Basins	Sterile Bowels
Eye Tray	Stethoscopes
Gowns	Surgical Instruments
Health Care Handouts	Suture Sets (2)
Hemacult Tests	Sutures
High Temp Caутery	Tongue Blades

Technological inventories, including computers and printers, are maintained by Student Affairs Technology and are up to date as of September 1, 2018.



Notice of Privacy Practices

This notice describes how information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit the Student Health Center, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the health professionals who contribute to your care
- legal document describing the care you received
- tool in educating health professionals
- source of information for public health officials charged with improving the health of the nation
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Your Health Information Rights

You have the right to:

- request restriction on certain uses and disclosures of your information
- obtain a copy of the Notice of Privacy Practices upon request
- inspect and copy your health record upon written request
- amend your health record if the information is not correct. You may request correction or amendment by submitting a written explanation of the errors you perceive.
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations (i.e., fax)

Our Responsibilities

The Student Health Center:

- maintains the privacy of your health information, in accordance with applicable law and as further outlined below
- abides by the terms of this notice

- notifies you if we are unable to agree to a requested restriction
- accommodates reasonable requests you may have to communicate health information by alternative means or at alternative location

Required Disclosures

While we maintain your privacy to the extent possible, we will disclose protected information to third parties without your authorization as required or permitted by law, such as in the case of subpoenas, mandated government disclosures, research, or other exceptions described under the Family Educational Rights and Privacy Act (“FERA”), 34 CFR Part 99, Subpart D.

In addition, please be aware of the following exceptions to privacy. Providers must disclose information appropriately if you report any of the following:

- Imminent danger of killing yourself and/or others
- Abuse, neglect, or exploitation of minor children or vulnerable adults
- A communicable disease that has not already been reported to the appropriate health department
- Certain criminal activity applicable under the Clery Act, including but not limited to any of the following having occurred on or around property used by the University:
 - Domestic violence
 - Stalking
 - Sexual assault
 - Rape

Other Information

PPM 10-1, Information Security, describes information security practices of the University.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice on the Student Health Center website.

We will neither use nor disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact the Weber State University Student Health Center at (801) 626-6459.

If you believe your privacy rights have been violated, you can file a complaint with the Dean of Students. There will be no retaliation for filing a complaint.

If you would like a copy of the Notice of Privacy Practices, please request one from the receptionist.

Please initial here to indicate your understanding of this information.

_____ *initials*

Consent to Treatment

I have read and understand the conditions for treatment contained herein and give my consent to be evaluated and treated in outpatient care at the Weber State University Student Health Center ("SHC"). This includes, but is not limited to, tests, x-rays, or other diagnostic procedures, administration of immunizations, and any necessary medical treatment, as the attending medical provider considers to be reasonably necessary or advisable. I am aware that the practice of medicine is not an exact science and I further acknowledge the results of any treatments, tests, or care cannot be guaranteed. I understand and acknowledge that participating in medical procedures and treatments may involve some degree of risk. I understand I have the right to make informed decisions regarding all care and treatments, and that I should ask the medical provider to further clarify or explain anything I do not understand. I also acknowledge I have the right to refuse any drugs, treatment, or procedures to the extent permitted by law.

Signature

Please Print Name

Date

Parent / Legal Guardian Consent to Treatment of Minor

(For Unemancipated Minors)

I acknowledge that my son/daughter/ward has presented for services at the Weber State University Student Health Center ("SHC"). I have read the conditions for treatment contained herein and give my consent for my son/daughter/ward to be treated at SHC. This includes, but is not limited to, tests, x-rays, or other diagnostic procedures, administration of immunizations, and any necessary medical treatment, as the attending medical provider considers to be reasonably necessary or advisable. I am aware that the practice of medicine is not an exact science and I further acknowledge the results of any treatments, tests, or care cannot be guaranteed. I understand and acknowledge that participating in medical procedures and treatments may involve some degree of risk. I understand I have the right to make informed decisions on behalf of my child or ward regarding all care and treatments, to the extent permitted by law, and that I should ask the medical provider to further clarify or explain anything I do not understand. I also acknowledge I have the right to refuse any drugs, treatment, or procedures on behalf of my child or ward to the extent permitted by law.

Signature of minor

Please print name

Date

Signature of parent/guardian

Please print name

Date

Address

City, State

Zip

Telephone(#)

(Work)

(Cell)

Memorandum

To: Dianna Abel
From: Office of Legal Counsel
Date: June 20, 2018
Re: Student Health Center Records

You have asked for an explanation of the privacy laws as it relates to health records of students in the Student Health Center (“SHC”).

The Student Health Center is not subject to the requirements of HIPAA. HIPAA expressly excludes individually identifiable health information in "education records" or "treatment records" covered by the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. 1232g. (See 45 CFR §103.)

“Education records” covered by FERPA include those records, files, documents, and other materials which—

- (i) contain information directly related to a student; and
 - (ii) are maintained by an educational agency or institution or by a person acting for such agency or institution.
- 20 U.S.C. § 1232g(a)(4)(A)(i)-(ii).

Additionally, the records described in 20 U.S.C. § 1232g(a)(4)(B)(iv), which are sometimes referred to as “treatment records,” are:

records on a student who is eighteen years of age or older, or is attending an institution of postsecondary education, which are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in his professional or paraprofessional capacity, or assisting in that capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student, and are not available to anyone other than persons providing such treatment, except that such records can be personally reviewed by a physician or other appropriate professional of the student’s choice. § 1232g(a)(4)(B)(iv).

In addition, since the Student Health Center does not bill clients for their services, they do not engage in “covered transactions” for purposes of HIPAA and are therefore not a “covered entity” under HIPAA. (See 45 C.F.R. § 160.102.)

The institution and the Student Health Center must abide by the requirements of FERPA. FERPA prohibits disclosure of “education records” to any individual within the institution who does not have a “legitimate educational interest” and to any individual outside the institution unless the student has

given permission or another exception to FERPA applies. (See 34 CFR Part 99, Subpart D.) Student “treatment records” may only be shared as indicated under the statute. Once shared with anyone else, they become “education records” and are subject to the requirements of FERPA.

It should also be noted that under the regulations promulgated under the Clery Act (34 C.F.R. 668.46), all employees of the SHC except for front office clerical staff must provide information to Weber State University Police Department when certain crimes covered by the Clery Act are reported to those individuals. This information is used by the WSUPD to ascertain whether there is an ongoing threat to the safety of the campus and for statistical reporting purposes.

Though to my knowledge, there are no records in the Student Health Center regarding individual health information that do not fit into the categories of records described above, if there were any such records, the Utah Government Access and Management Act, Utah Code Ann. § 63G-2a-101, et. seq., (“GRAMA”) would apply. Under [§ 63G-2a-304](#), a record is “controlled” and not generally available to the public if the record contains “medical, psychiatric, or psychological data about an individual” and release of the records would be detrimental to mental health or safety of the subject of the records or “if the release would constitute a violation of normal professional practice and medical ethics.”

I hope this is helpful to you. For more information describing the interplay between HIPAA and FERPA, the U.S. Department of Health and Human Services and the U.S. Department of Education put together [joint guidance](#) on the subject.

2017 Health Services Patient Self-Satisfaction Survey

Description:

Date Created: 3/10/2017 9:39:15 AM

Date Range: 3/10/2017 9:37:31 AM - 4/30/2017 10:37:31 AM

Total Respondents: 93

Q1. Please rate your level of satisfaction on the following items: - The amount of time I waited for my appointment was reasonable.

Count	Percent		
2	2.15%		Strongly Disagree
1	1.08%		Disagree
22	23.66%		Agree
68	73.12%		Strongly Agree
93	Respondents		

Q2. Please rate your level of satisfaction on the following items: - My needs were met to my satisfaction during my visit.

Count	Percent		
0	0.00%		Strongly Disagree
0	0.00%		Disagree
17	18.48%		Agree
75	81.52%		Strongly Agree
92	Respondents		

Q3. Please rate your level of satisfaction on the following items: - Overall, I was satisfied with my provider.

Count	Percent		
0	0.00%		Strongly Disagree
0	0.00%		Disagree
15	16.30%		Agree
77	83.70%		Strongly Agree
92	Respondents		

Q4. Please rate your level of satisfaction on the following items: - During my visit, I felt that my culture was respected.

Count	Percent		
0	0.00%		Strongly Disagree
0	0.00%		Disagree
11	11.96%		Agree
81	88.04%		Strongly Agree
92	Respondents		

Q5. Please rate your level of satisfaction on the following items: - I would recommend the Student Health Center to other students.

Count	Percent		
0	0.00%		Strongly Disagree
0	0.00%		Disagree
9	9.78%		Agree
83	90.22%		Strongly Agree
92	Respondents		

Q6. I believe the following services are important for the Student Health Center to offer: - Care for common illnesses and injuries

Count	Percent		
4	4.40%		Strongly disagree
0	0.00%		Disagree
11	12.09%		Agree
76	83.52%		Strongly agree
91	Respondents		

Q7. I believe the following services are important for the Student Health Center to offer: - Medical consultation for health promotion and disease prevention

Count	Percent		
2	2.22%		Strongly disagree
0	0.00%		Disagree
14	15.56%		Agree
74	82.22%		Strongly agree
90	Respondents		

Q8. I believe the following services are important for the Student Health Center to offer: - Minor suturing (stitches)

Count	Percent		
2	2.22%		Strongly disagree
1	1.11%		Disagree
25	27.78%		Agree
62	68.89%		Strongly agree
90	Respondents		

Q9. I believe the following services are important for the Student Health Center to offer: - TB skin testing/dT booster

Count	Percent		
2	2.22%		Strongly disagree
0	0.00%		Disagree
21	23.33%		Agree
67	74.44%		Strongly agree
90	Respondents		

Q10. I believe the following services are important for the Student Health Center to offer: - Flu shots

Count	Percent		
2	2.22%		Strongly disagree
0	0.00%		Disagree
16	17.78%		Agree
72	80.00%		Strongly agree
90	Respondents		

Q11. I believe the following services are important for the Student Health Center to offer: - Immunizations/vaccinations

Count	Percent		
2	2.22%		Strongly disagree
0	0.00%		Disagree
14	15.56%		Agree
74	82.22%		Strongly agree
90	Respondents		

Q12. I believe the following services are important for the Student Health Center to offer: - Allergy/Asthma treatment

Count	Percent		
2	2.22%		Strongly disagree
1	1.11%		Disagree
19	21.11%		Agree
68	75.56%		Strongly agree
90	Respondents		

Q13. I believe the following services are important for the Student Health Center to offer: - Dermatological/skin care

Count	Percent		
2	2.22%		Strongly disagree
2	2.22%		Disagree
22	24.44%		Agree
64	71.11%		Strongly agree
90	Respondents		

Q14. I believe the following services are important for the Student Health Center to offer: - Wart treatment

Count	Percent		
1	1.11%		Strongly disagree
3	3.33%		Disagree
23	25.56%		Agree
63	70.00%		Strongly agree
90	Respondents		

Q15. I believe the following services are important for the Student Health Center to offer: - Physical therapy/orthopedic rehabilitation/athletic training

Count	Percent		
2	2.22%		Strongly disagree
4	4.44%		Disagree
29	32.22%		Agree
55	61.11%		Strongly agree
90	Respondents		

Q16. I believe the following services are important for the Student Health Center to offer: - Massage therapy

Count	Percent		
2	2.22%		Strongly disagree
16	17.78%		Disagree
29	32.22%		Agree
43	47.78%		Strongly agree
90	Respondents		

Q17. I believe the following services are important for the Student Health Center to offer: - Women's reproductive healthcare

Count	Percent		
3	3.33%		Strongly disagree
1	1.11%		Disagree
18	20.00%		Agree
68	75.56%		Strongly agree
90	Respondents		

Q18. I believe the following services are important for the Student Health Center to offer: - Medical consultation for sexual health

Count	Percent		
2	2.22%		Strongly disagree
2	2.22%		Disagree
21	23.33%		Agree
65	72.22%		Strongly agree
90	Respondents		

Q19. I believe the following services are important for the Student Health Center to offer: - HPV vaccination

Count	Percent		
3	3.33%		Strongly disagree
2	2.22%		Disagree
20	22.22%		Agree
65	72.22%		Strongly agree
90	Respondents		

Q20. I believe the following services are important for the Student Health Center to offer: - STD/HIV screenings

Count	Percent		
2	2.22%		Strongly disagree
2	2.22%		Disagree
19	21.11%		Agree
67	74.44%		Strongly agree
90	Respondents		

Q21. I believe the following services are important for the Student Health Center to offer: - Free condoms

Count	Percent		
6	6.67%		Strongly disagree
5	5.56%		Disagree
27	30.00%		Agree
52	57.78%		Strongly agree
90	Respondents		

Q22. I believe the following services are important for the Student Health Center to offer: - Hormone therapy

Count	Percent		
3	3.33%		Strongly disagree
10	11.11%		Disagree
35	38.89%		Agree
42	46.67%		Strongly agree
90	Respondents		

Q23. I believe the following services are important for the Student Health Center to offer: - Emergency contraception (Plan B)

Count	Percent		
5	5.56%		Strongly disagree
13	14.44%		Disagree
19	21.11%		Agree
53	58.89%		Strongly agree
90	Respondents		

Q24. I believe the following services are important for the Student Health Center to offer: - Chronic disease management (blood pressure/blood sugar checks)

Count	Percent		
1	1.11%		Strongly disagree
0	0.00%		Disagree
25	27.78%		Agree
64	71.11%		Strongly agree
90	Respondents		

Q25. I believe the following services are important for the Student Health Center to offer: - Psychiatric medication management (anxiety/depression)

Count	Percent		
3	3.33%		Strongly disagree
1	1.11%		Disagree
14	15.56%		Agree
72	80.00%		Strongly agree
90	Respondents		

Q26. I believe the following services are important for the Student Health Center to offer: - Physical exams

Count	Percent		
2	2.22%		Strongly disagree
0	0.00%		Disagree
17	18.89%		Agree
71	78.89%		Strongly agree
90	Respondents		

Q27. I believe the following services are important for the Student Health Center to offer: - Xrays

Count	Percent		
2	2.22%		Strongly disagree
6	6.67%		Disagree
27	30.00%		Agree
55	61.11%		Strongly agree
90	Respondents		

Q28. I believe the following services are important for the Student Health Center to offer: - Laboratory services (blood work/urinalysis)

Count	Percent		
2	2.22%		Strongly disagree
1	1.11%		Disagree
19	21.11%		Agree
68	75.56%		Strongly agree
90	Respondents		

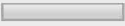
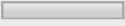
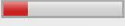

Q29. I believe the following services are important for the Student Health Center to offer: - Pharmacy services

Count	Percent		
2	2.22%		Strongly disagree
0	0.00%		Disagree
16	17.78%		Agree
72	80.00%		Strongly agree
90	Respondents		

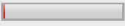

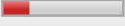

Q30. I believe the following services are important for the Student Health Center to offer: - Basic vision screening

Count	Percent		
1	1.11%		Strongly disagree
1	1.11%		Disagree
29	32.22%		Agree
59	65.56%		Strongly agree
90	Respondents		

Q31. Please rate your level of agreement with the following statements. - Receiving care for my medical concern at the Student Health Center helps me to be a successful student.

Count	Percent		
0	0.00%		Strongly Disagree
0	0.00%		Disagree
14	20.59%		Agree
54	79.41%		Strongly Agree
68	Respondents		

Q32. Please rate your level of agreement with the following statements. - Receiving care for my medical concern at the Student Health Center helps me to remain enrolled at Weber State.

Count	Percent		
1	1.47%		Strongly Disagree
3	4.41%		Disagree
15	22.06%		Agree
49	72.06%		Strongly Agree
68	Respondents		

Fall 2017 Davis Student Health Center

Description:

Date Created: 7/27/2017 4:08:38 PM

Date Range: 7/27/2017 4:07:00 PM - 9/8/2017 4:07:00 PM

Total Respondents: 44

Q1. Before today, were you aware of the Davis Student Health Center?			
Count	Percent		
16	36.36%		Yes
28	63.64%		No
44	Respondents		

Q2. How likely are you to utilize the Davis Student Health Center?			
Count	Percent		
8	18.18%		Very likely
21	47.73%		Somewhat likely
12	27.27%		I don't know
2	4.55%		Somewhat unlikely
1	2.27%		Very unlikely
44	Respondents		

Q3. For which of the following health care needs would you be most interested in seeking help at the Davis Student Health Center? (check all that apply)											
Count	Respondent %	Response %									
29	65.91%	27.36%									
4	9.09%	3.77%									
24	54.55%	22.64%									
7	15.91%	6.60%									
11	25.00%	10.38%									
15	34.09%	14.15%									
5	11.36%	4.72%									
8	18.18%	7.55%									
0	0.00%	0.00%									
<table border="1"> <thead> <tr> <th>Count</th> <th>Percent</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>3</td> <td>6.82%</td> <td>2.83%</td> <td></td> </tr> </tbody> </table>				Count	Percent			3	6.82%	2.83%	
Count	Percent										
3	6.82%	2.83%									
44	Respondents										
106	Responses										

Q4. The Davis Student Health Center will be open Tuesdays, Wednesdays, and Thursdays from 12:30-5:30pm. Are these hours convenient with your schedule?															
Count	Percent														
42	95.45%		Yes												
2	4.55%		No, these days and times would work better:												
<table border="1"> <thead> <tr> <th>Count</th> <th>Percent</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>50.00%</td> <td></td> <td>9am to 5pm mon - frid.</td> </tr> <tr> <td>1</td> <td>50.00%</td> <td></td> <td>Fridays</td> </tr> </tbody> </table>				Count	Percent			1	50.00%		9am to 5pm mon - frid.	1	50.00%		Fridays
Count	Percent														
1	50.00%		9am to 5pm mon - frid.												
1	50.00%		Fridays												
44	Respondents														

Q5. Have you utilized the Davis Student Health Center in the past?			
Count	Percent		
4	9.09%		Yes
40	90.91%		No
44 Respondents			

Q6. Why haven't you used the Davis Health Center in the past? (check all that apply)				
Count	Respondent %	Response %		
15	37.50%	29.41%		This is my first semester at WSU.
15	37.50%	29.41%		I did not know we had a Student Health Center at Davis.
15	37.50%	29.41%		I have not had a health care need.
0	0.00%	0.00%		The hours were not convenient for me.
3	7.50%	5.88%		I prefer to use the Student Health Center on the Ogden campus.
3	7.50%	5.88%		I prefer to utilize off-campus medical providers. Other (please explain briefly):
40 Respondents				
51 Responses				

Q7. Please enter your email address to be entered in the drawing:			
Count	Percent		
35	100.00%		
Count	Percent		
1	2.86%		Aabeyta15@gmail.com
1	2.86%		Alysonpewtress@mail.weber.edu
1	2.86%		Angelsolano171@gmail.com
1	2.86%		Armantegordon@mail.weber.edu
1	2.86%		ashkeya13@gmail.com
1	2.86%		Bayleprice@mail.weber.edu
1	2.86%		Bthornell@q.com
1	2.86%		Cnjshaw8@gmail.com
1	2.86%		ColinArmstrong@mail.weber.edu
1	2.86%		Coltonmichaelsen@mail.weber.edu
1	2.86%		Crazy.chicky@hotmail.com
1	2.86%		davidlarsen2033@outlook.com
1	2.86%		Emilydavis4@mail.weber.edu
1	2.86%		Hannahgabxo@gmail.com
1	2.86%		heatherpappas@mail.weber.edu
1	2.86%		Jarrekrobinson@gmail.com
1	2.86%		Jcw7199@aol.com
1	2.86%		Jer8696@gmail.com
1	2.86%		Jmackdaniels@hotmail.com
1	2.86%		Jorieannjasmin@mail.weber.edu
1	2.86%		Justintannerb@gmail.com
1	2.86%		kaylebcruys@mail.weber.edu
1	2.86%		Kysaremley@mail.weber.edu

1	2.86%	<input type="text"/>	Laurbaur101@gmail.com
1	2.86%	<input type="text"/>	Mariopreciado@mail.weber.edu
1	2.86%	<input type="text"/>	maryknight@mail.weber.edu
1	2.86%	<input type="text"/>	mckenzie_kingston@hotmail.com
1	2.86%	<input type="text"/>	Nasserbinshabeeb@mail.weber.edu
1	2.86%	<input type="text"/>	Sharon barber@mail.weber.edu
1	2.86%	<input type="text"/>	Smoedg21@gmail.com
1	2.86%	<input type="text"/>	Stashu92@msn.com
1	2.86%	<input type="text"/>	Syntheahardister@gmail.com
1	2.86%	<input type="text"/>	tessajohnson@gmail.com
1	2.86%	<input type="text"/>	weatbrookb@nuames.org
1	2.86%	<input type="text"/>	Zoelinnholley@mail.weber.edu
35 Respondents			

Health Center

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Initiatives	Goal	Means of Achieving	Outcome	Methods of Assessment	Results	Result Use
Select Objective	Improve/enhance access to and services offered at the Student Health Center	*establish patient demographic baseline *evaluate services offered, cost, accessibility, compliance to best practices *evaluate current utilization of resources to determine possible areas for improvement	NA	*enhance Banner download to include more patient demographic information including such things as ethnicity, etc. *create standardized data reports *focus on enhancing technology *assess performance for clinic staff through chart audits *prepare cost analysis on all billable services at the health center *conduct satisfaction surveys for both clinic users and non-users	As of January 15, 2013: *enhance Banner download to include more patient demographic information including such things as ethnicity, etc. Defined additional parameters to be added to Banner download for PNC system. Finalization for download pending. *create standardized data reports Reports continue to be defined and data collected. *focus on enhancing technology Additional equipment (EKG machine & Spirometer) has been acquired. Installation pending. *assess performance for clinic staff through chart audits Preparations for chart audit in process and will complete by end of Spring Semester. *prepare cost analysis on all billable services at the health center Cost analysis in process, information being gathered. *conduct satisfaction surveys for both clinic users and non-users Arrangements have been made with the Student Affairs Assessment Office to do this survey during Spring Semester.	Enter Use of Result
Select Objective	Increase health center involvement with diversity activities	*utilize data from previous staff training survey to determine workshop, training , and outreach as appropriate through working with university	Enter Student Learning Outcome	*data from various sources demonstrating involvement with defined activities	As of January 15, 2013: Health Center will be partnering with Diversity Center to assist with programs during Spring Semester	Enter Use of Result

		Diversity Center				
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Health Center

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Initiatives	Goal	Means of Achieving	Outcome	Methods of Assessment	Results	Result Use
Select Objective	Students utilize and are satisfied with general support services	Survey of student population	Enter Student Learning Outcome	Student Voice Satisfaction survey for Health Center to be administered Spring Semester 2013	This process is in transition as to how data is being gathered. A new web based survey has been implemented and only a few responses have been given. There may need to be more advertisement of the site or possibly addition of incentives to get more respondents to the survey. Evaluation in process.	The amount of data from the web based survey was inadequate to inform any decisions. A review of the methods used to collect data from this source will be reviewed with focus on methods of obtaining a greater participation in the survey in order to gather more useful data.
Select Objective	Increase Health Center understanding of medical needs for diverse campus groups	Gather data demonstrating needs of diverse campus populations.	Enter Student Learning Outcome	-utilize data from identified campus ethnic group forums to identify issues/needs specific to each group - develop forum questions to assist in identifying specific areas of need - coordinate with identified group leaders to arrange for group forums -research available data identifying health trends for each group -continue interactions with each identified group, continue conversations to verify campus data with national trends -begin development of potential/possible interventions for each identified group	As of 1/9/2014, this project in being implemented with the help of a MHA student. The time- line for researching, data gathering, holding forums is currently being developed. This project is projected to have a draft completed by the end of March or first week of April with the final report completed by end of April.	This project was completed and final data compiled. The identified data will serve as the beginning point for the development of the upcoming academic year's 6 column model project.

Health Center

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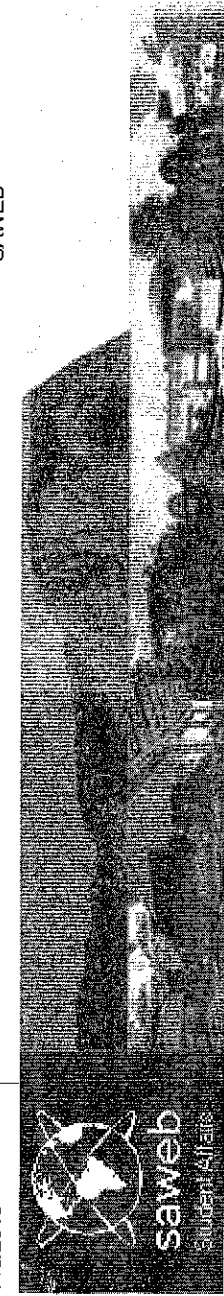
Initiatives	Goal	Means of Achieving	Outcome	Methods of Assessment	Results	Result Use
Diversity	Provide purposeful educational offerings to minority/multicultural students about services provided at the Health Center	-disseminate information about current Health Center Services to multicultural students utilizing previously developed brochure listing Health Center Services	Students will better understand the services available at the Health Center	-prepare presentation to be used at multicultural area council meetings - develop short "quiz" at end of presentation to determine understanding of presented materials -presentations and gathering of data all be done spring semester 2015	As of 1/15/2015, a slide presentation has been developed to provide information relating to the Student Health Center. As of 1/15/2015, groups, ie, area councils and other groups are in the process of being contacted for potential available presentation times. A mini-survey will be administered after the presentation to each member of the group via an electronic device to determine what/if the participants learned during the presentation. Presentations will be completed during Spring Semester.	Project is ready for implementation. Selected groups will be contacted for presentations at the beginning of Fall Semester, 2015. Circumstances prevented implementation of project before end of Spring Semester.
Select Objective	Enhance visibility of services such as monthly health topics and current updates to students	- provide access to this information through the use of a mobile app	-students will have more accessibility to information through use of current technology, ie. Mobile app and electronic devices	Enter Methods of Assessment	As of 1/15/2015, a QR code is being developed attached to a link which will contain a Satisfaction Survey as well as Monthly Health Emphasis information. The QR code and web link will appear in a brochure listing health services available to WSU students. These will be circulated through campus groups during presentations.	QR code,surveys, and web link have been developed. Project is ready for implementation in Fall Semester, 2015. Circumstances prevented implementation of project before end of Spring Semester.

Health Center

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Initiatives	Goal	Means of Achieving	Outcome	Methods of Assessment	Results	Result Use
Diversity	Create an intentional communication plan to share information about support services with students at appropriate times during the semester.	Educational presentation about Health Center with post presentation survey, QR code to access satisfaction with health center services will be available to diverse student groups/ any student groups.	Students receiving presentation will have scores on post survey indicative of understanding services offered and satisfaction survey completion rates will increase.	This is a pilot program beginning with multicultural student groups. Educational presentation, survey, QR code, satisfaction survey are already prepared and ready for use. Participating student groups are in the process of being identified. Once identified, the project can begin and has a completion date of September 25, 2015. Once this project has been tested/proven, then it can move through other groups during the academic year.	Enter Results	Enter Use of Result



Six Column Model

Six Column Intro Select Department Six Column Model Editor Report View Annual Report 5 Year Strategic Plan

Student Health Center						
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University Objectives	Unit Goal(s)	Means to Achieving Goal	Student Learning Outcome	Methods of Assessment	Results	Use of Results
Diversity	International students will have an accurate understanding of relevant healthcare issues, including vaccinations, tobacco use, health insurance, and healthcare systems in the United States.	Intentional inquiry and follow-up consultation with international patients during SHC visits regarding vaccination status and tobacco use. Initiation of data collection related to international student utilization of SHC.	International students at WSU will recognize the importance of obtaining vaccinations, eliminating tobacco use, carrying health insurance, and utilizing various medical resources for care, including SHC and community providers.	The number of international students utilizing SHC will become known and will increase in subsequent years. Using ACHA-NCHA data, the number of international students endorsing vaccinations and health insurance will increase, and those endorsing tobacco use will decrease compared to previous years.	January 2018: Medical providers have attempted to include inquiries regarding relevant issues during medical visits with international students when appropriate. Incorporation of a module upgrade to Point-and-Click, the Student Health Center's electronic medical record, is in process. This module, OpenCommunicator, will allow enhanced data gathering, including international student utilization. It is planned for rollout in mid-Spring, 2018. May 2018: Inquiries by medical providers have continued when appropriate. OpenCommunicator module rollout has been delayed until Fall 2018, hampering data collection.	Because scheduling formal training/consultation opportunities proved difficult this year, and because data collection was delayed by technological problems, we will continue efforts toward achieving and measuring this student learning outcome next year. The initiation of an international student health insurance program and intended participation in international student orientation should provide helpful context.
Learning	Students will utilize services at the Davis	Days and hours of operation at Davis SHC will increase. Availability of SHC	WSU students will be aware of services	The number of patient visits at Davis SHC will increase over	January 2018: Increased days/hours of operation to three days, five hours per day. Promoted the availability of SHC services by increasing and beautifying	Despite some gains in utilization, overall patient volume remains very low at the Davis SHC. Due to low

<p>Student Health Center at an increased rate.</p>	<p>services at Davis will be promoted more heavily, including via grand re-opening, website banner, receptionist highlighting, and additional efforts toward outreach/visibility.</p>	<p>available at Davis SHC.</p>	<p>previous years. The percentage of Davis students who indicate awareness and utilization of services at Davis SHC, as measured by applicable items on the annual Davis Student Survey, will increase over previous years.</p>	<p>signage, including hallway flag sign, floor sign, wall vinyl, and exterior banner. Held two-week grand reopening with giveaways and incentives for visitors. As a result of these efforts, the number of patient visits increased 57% over Fall 2016. May 2018: Due to scheduling issues with NP faculty, days/hours of operation were reduced to two days per week, five hours per day. The number of patient visits increased by 163% over Spring 2017 (when days/hours of operation were unusually low). The number of patient visits during Spring 2018 decreased by about 27% compared to recent Spring semester utilization.</p>	<p>patient volume, and because the NP faculty will be unable to provide clinic coverage during AY 18-19, service delivery will be outreach-centered, not clinic-based, for the coming year. Options for returning to clinic-based services in Fall 2019 will be reconsidered next summer. Continued marketing, as well as highlighting availability of Davis SHC services through the soon-to-be-implemented appointment module, may help increase utilization.</p>
<p>Other</p>	<p>Applicable technology will be installed and staff will be trained to utilize it. Transition in means of payment will be advertised effectively to students. Staff will educate students on utilization of Wildcard payments.</p>	<p>N/A</p>	<p>Complete elimination of all cash handling and credit-card purchases will occur by September 29, 2017.</p>	<p>January 2018: Wildcat Cash payment system was installed in mid-Sept 2017. Upon further consideration and with input from administrators, credit card payment system remains active. Following sufficient advertising notice, SHC went cashless on 11-1-17, though infrequent exceptions are allowed when medically necessary.</p>	<p>The original goals related to simplifying payment methods at SHC were reconsidered. Wildcard payments were initiated and are being utilized effectively. Credit card payments remain as well. While the majority of payments occur via credit card and Wildcard, minimal cash continues to be exchanged for student convenience.</p>

Weber State University, Student Affairs Division

Ogden, Utah 84408-1125

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Student Wellness

[Print](#)

Initiatives	Goal	Means of Achieving	Outcome	Methods of Assessment	Results	Result Use
Community	Implement healthcare and diversity training for student wellness interns as well as allied health students.	Student wellness will collaborate with the multicultural center to host a 4-6 session intervention for students to understand the diversity of cultures with whom they may work in the future. The objective is to introduce various cultures and how to best serve them in the healthcare setting.	1) Student participants will recognize that different cultures approach healthcare with different customs, attitudes and beliefs. 2) Students will recognize the value and efficacy of understanding these customs, attitudes and beliefs.	An exit survey will be administered to attendees to measure learning outcomes.	Researched, Designed and implemented a 45 minute workshop March 5 and March 18th in Room 110 of the Davis campus Main building. The intervention was designed to help NUAMES students to: 1) recognize the cognitive distortions triggering stress in their lives. 2) Teaching them cognitive rebuttals for each distortion. 3) Demonstrating and teaching them skills to help them deal with acute symptoms of stress. Methods used included power point, discussion, question answer, demonstration and practice. There were 132 students ages 16-17 in attendance. 117 students completed the before and after survey and were given incentives (bags with water bottle, stress ball, health brochures and handouts, pens and chap-stick). We received a positive response form the students and reflected by the evaluations, there was also a positive change in the indicators we assessed.	We evaluated NUAMES student responses to our workshop to indicate any change in their attitudes, understanding and self-efficacy as it relates to coping with their stress and found a positive change. As the intervention was effective we will be keeping the lesson plans on hand for future interventions.
Learning	Increase student participation in campus wide wellness activities.	Introduce wellness incentive program to attend and track participation in different aspects of the	Student participants will learn about the dimensions of wellness and how they relate to personal well being.	1) Student Wellness will track wellness activity participation. 2) Each student who participates in the	During the Fall Semester of 2013 Student Wellness hosted a Diversity in Healthcare Event. Three events were held on November 12, 13 and 21. Two events at the Ogden campus and one at Davis campus. The event was developed to encourage cultural competence for Weber State health care students as they encounter people from various cultures in their future professions. The guest speakers were from Iran, Mexico	The exit survey for the diversity events clarified what was beneficial for students and what could be improved. This event is something we would like to continue doing to increase cultural competency on campus.

		wheel of wellness.		wellness incentive program will complete an evaluation survey.	and Russia. Guest speakers discussed how natives of their culture approach health care, what types of health care are available, and any traditions health care professionals would want to be aware of as they encounter these various cultures in their professions. There were a total of fifty-six participants for all of the events, 38 females, 18 males. The majority of participants said the information they received was very helpful.	The feedback we received was overwhelmingly positive and so we will continue this event in the future. The feedback also will help guide us to how to help speakers effectively teach healthcare professionals what they need to know to understand their culture.
Access	Increase Peer Education Opportunities at the Davis Campus and NUAMES high school.	1) Peer educators will increase planning, presentation and assessment skills. 2) Students will receive information regarding stress, study skills, alcohol and other health topics.	Enter Student Learning Outcome	1) Peer educators will develop an assessment tool or survey to measure effectiveness. 2) This tool will be used to assess the student learning outcomes.	1) Promoted our incentive program centered on engaging students in other wellness activities on campus. 2) Promoted Women's, Non-trad and Diversity activities.	Determined we need more effective methods of marketing our incentive program. Ideas are promoting them in already captive audiences (ie. classes, clubs and organizational meetings).

Student Wellness

[Print](#)

Initiatives	Goal	Means of Achieving	Outcome	Methods of Assessment	Results	Result Use
Diversity	In the Student Wellness department, cultivate a deeper awareness, understanding and appreciation for diversity among Weber State Students and in our surrounding communities	Adrienne Andrews (or Teresa Holt) will facilitate a diversity workshop series as well as assessment of current views on diversity for the student wellness interns and staff. Using the assessment feedback and new diversity knowledge, students and I will choose one or more suggestions from feedback to improve on during the next school year.	By the end of the school year, my interns and I will have a deeper awareness, understanding and appreciation for diversity among Weber State Students and in our surrounding communities	As a part of the Workshop assessment will be taken for students assess their current cultural competence. Students will then be assessed again at the end of the school year to see if they have made any improvement over their internship period with student wellness.	Fall semester included one diversity training, during verbal feedback and discussion it was very apparent that issues were brought up that deepened the awareness and understanding of the interns.	Based on Fall discussion and feedback, we determined further diversity training was needed spring semester.
Access	Provide HP/HP students an opportunity to participate in a challenging internship for their degree and a valuable vocational experience in a structured and professional learning environment.	Initial training will be planned according to previously assess needs. On-going training will be scheduled during their weekly meetings throughout the semester according to ongoing formative evaluation throughout the semester.	In addition to learning Critical thinking, interpersonal communication skills, Leadership, responsibility and accountability skills throughout the year they will be Trained on important skills and knowledge necessary for	Based on previous years of student evaluation and experience, A student wellness intern and I will determine the training needs of the incoming interns. Final evaluations will be performed at the end of each Initiative with a reflection period where constructive feedback is provided on the project and to the intern. A final grade at the end will be given to interns and letters of recommendations to employees.	Fall semester Survey Results were overwhelming in the affirmative that the internship was challenging, would give them valuable work experience, received valuable feedback and increased their confidence working in a professional environment. Topics they would have liked to	Fall survey results were used to determine spring semester training and support materials. We even implemented a completely new resource at the request of an intern upon request. We used one on one interviews for staff and student coordinators and used their feedback to create specific and personal objectives for them throughout the next semester.

			<p>this field of study including: CHES competencies, effective time management, presentation, booth and event coordinating.</p>		<p>received training on: Event and campaign planing, using marketing and media, presentation and booth planning skills.</p>	
Learning	<p>Develop and Organize Wellness Advisory Committee (WAC) to better engage and support students in learning about their health and wellness to set them up for success in and out of the classroom.</p>	<p>An open environment will be created where all departments can share their health and wellness efforts and are invited to collaborate their resources and ideas on how to better engage and support the various students they serve in their health and wellness educational efforts. Student needs will be discussed and Health and Wellness initiatives for 201-2015 school year will be selected based on student needs. Student wellness will track progress on the objectives and progress reports of the committee and report back to the committee monthly through detailed agendas and assignment follow up.</p>	<p>Through our collaborated, on-going campus Health and Wellness initiatives, students will develop critical thinking and intrapersonal competence as they examine their current ways of thinking and develop new strategies to improve their health based on the knowledge and skills taught in our campus initiatives.</p>	<p>Informal assessment has been performed and compiled by Student wellness on the needs of the various student populations served by the different departments on campus. This has been combined with the NCHA assessment performed in 2013. For every initiative student wellness is invited to participate, post survey's will be issued to participants to evaluate if the specific learning objectives of that initiative (including specified learning outcomes) have been met, most-likely via pre and post surveys.</p>	<p>As of the end of Fall semester the Wellness Advisory Committee was created and discussed the needs of the students based on the NCHA data. Initiatives were planned for the following year based on NCHA data, and will include ACHA Campus 2020 goals and objectives, and committee feedback and support.</p>	Enter Use of Result
Community	<p>Educate high school students enrolled in or potentially</p>	<p>Partner with NUAMES or other local early college High School to discuss any gaps in student success strategies. Perform our</p>	<p>By the end of the program students will: 1. Gain a greater sense</p>	<p>Informal assessment will be taken with the student advisor or counselor on what the needs of the students are. Before and</p>	<p>Following the event 77.5% of students were able to identify three physical effects of</p>	<p>Evaluation will be used to discuss among the NUAMES initiative group and bring up possible changes to the</p>

	<p>enrolling in WSU college courses on successful strategies for improving their health and well-being in preparation for succeeding in the college atmosphere.</p>	<p>own literature review on possible theories and intervention strategies. Develop an intervention specific to the population that will help students to obtain knowledge and skills they need to be successful in college.</p>	<p>of intrapersonal competence, 2. Think critically to implement the success strategies we teach them and 3. Be comfortable being more civically engaged.</p>	<p>after survey's will be taken to assess students initial competence in the specific student learning objectives as well as other learning objectives. Evaluation took place before and directly after each workshop. Student were handed a before and after evaluation and were instructed before the session to fill out the survey before we began. Directly following the workshop we instructed them to fill out the same survey on the back (the 'after' evaluation) and turn them in for a prize.</p>	<p>stress (our objective was only 60%). 85.9% could identify at least two. 93.8% of students were able to identify at least one physical way to combat stress, and 89.8% were able to identify one mental way to combat stress (Our goal was 60%). However only 50% of the students felt more comfortable in their ability to cope with stress (Our goal was 60%).</p>	<p>structure and outline of the workshop to better improve students' confidence levels to combat stress. Discussion will also serve as a learning tool for what we did well and what we would suggest for next year. Results will be compiled and saved on the Student wellness drive for access to the PAWS interns next year to review the results before modifying and creating a new coping skills workshop for the NUAMES students.</p>
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Student Wellness

15-16

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Initiatives	Goal	Means of Achieving	Outcome	Methods of Assessment	Results	Result Use
Diversity	Ensure that Student Wellness programming is meeting the diverse needs of WSU Students in a sensitive and culturally appropriate manner.	A) Ensure that the Student Wellness Advisory Committee maintains active participation from a variety of campus departments who can represent the diverse backgrounds of Weber State Students. B) conduct informal evaluations with diversity partners to ensure that their student's health needs are being addressed C) Provide training opportunities for Student	Student wellness interns will have greater understanding of diversity and issues, particularly as they relate to the field of health promotion	A) Student Wellness Committee membership list and attendance	<p>Midyear: Invited Jayson Stokes from the LGBT resource center to present to the fall semester interns as a diversity training. We continue to use our Wellness Advisory Committee (WAC) to conduct ongoing informal evaluations and needs assessments to ensure that their student populations' needs are being met or to determine what needs they may have that are not being met. We were also able to work with the LGBT resource center during Fall Semester to speak with the students they serve about their particular health and wellness needs, and whether or not they feel that those needs are being met by what WSU has to offer. Students agreed with the national data on LGBT health concerns and, for the most part, felt that Weber is doing a good job at providing the health and wellness services that they want and need.</p> <p>End of year: We continue to use our WAC to garner feedback from diversity partners on what their students want or need. We also met with the Center for Students with Disabilities and brainstormed ways that we can collaborate to alleviate some of their burden by providing targeted wellness services to their students. Students often turn to the Disabilities office for help with topics such as stress or hygiene, which simultaneously overwhelms their office and doesn't fully address the needs of the students. We will work with them for the months to come to further this collaboration and provide our HPHP students with a valuable health education experience. We also obtained valuable feedback from the diversity committee to help us refine our diversity goal. Based on their feedback, we will determine specifically which areas of diversity we will prioritize to target and define how we will measure our effectiveness.</p>	Based on conversations with our Wellness Committee partners, we have identified some target populations with an increased need or interest in wellness programming. We have started to collaborate with Services for Students with Disabilities for the upcoming academic year, which we will continue to develop, moving forward. We have also noticed an interest from the international students in wellness services, so we

		Wellness interns and staff on a variety of diversity topics				hope to explore that connection further. We've also witnessed some very positive learning outcomes by providing our Health Promotion interns with diversity trainings, so plan to continue offering those as we move forward.
Learning	Increase student participation in Student Wellness programs and initiatives	A) refine existing Student Wellness programs to better define goals and expectations, program sustainability, reliability and better means of program evaluation. B) Work closely with other campus departments via the Student Wellness	A) Students will have an increased awareness of the Student Wellness center and the various resources available on campus to help them improve and/or maintain their overall wellness B) students will have an increased understanding of the Wellness	A) number of students who participate in the Wellness Rewards program B) number of students who participate in Weber Walks C) number of in-class presentations on campus and corresponding presentation evaluations D) Assess redeemed Wellness Rewards	Midyear: this is an ongoing process for our department that we are continually aware of and working to constantly improve upon. We have revised the content and cards for our Wellness Rewards program and have distributed stacks of cards to all of the locations on campus that we provide referrals to. These offices may serve as access points to get students started in the program and will hopefully be mutually beneficial for our office, for the referral offices on campus and for the students. Students may not come to our office to get a new card, but if they're already accessing services at, say, the Counseling Center, that can be an opportunity to educate them about other resources on campus that can compliment their experience here at Weber. Fall semester, we had four people return cards, but we distributed hundreds at the various booths and events that we attended throughout the year. From the activities on the submitted cards, it appears that students are accessing the gym, primarily, and the stress relief center. We hope that students are simply taking a while to fill out a card with 10 activities. Even if they don't complete a	We plan to take a closer look at our rewards program and see what we can do to improve the return rate. We may also continue to offer Weber Walks Maps, but the walking groups have not been popular with the students. We also had a disappointing response from participation in the half marathon component of

<p>Advisory Committee to assess, improve and promote wellness programming across campus C) Work with Dani McKean to revise the Student Wellness Center website, create effective marketing materials, and utilize Student Affairs social media to promote Student Wellness initiatives D) Conduct ongoing evaluation of student wellness programs and initiatives to gauge program success</p>	<p>Wheel and how it relates to their personal wellness and academic success</p>	<p>cards to gain a better understanding of the programs that students are accessing and when.</p>	<p>card, we hope that it increases their awareness of on-campus resources just the same. We may need to evaluate why we send cards out, but don't get them back, and I wonder if the answer lies in the actual rewards we distribute. We will see how many we get back for Spring semester and evaluate during the summer months. Weber Walks: The overall feedback on the new Weber Walks maps has been very enthusiastically positive. People seem to love that there are options to squeeze in physical activity whenever and wherever they are. That has not translated into people coming to group walks, however. This may mean that they're walking independently or that it's just going to take time to build up momentum. For spring semester, we are focusing on implementing Weber Walks: 1/2 Marathon which replaces Students In Motion from previous years. We hope that this will help to increase brand recognition. We are teaming up with Employee Wellness and Campus Recreation to provide the 1/2 marathon program and are currently working with three students to prepare them to walk the 1/2 marathon in May. End of Year: only two cards were returned for Wellness Rewards for Spring Semester. We will look at what other universities do for rewards programs to see if we can improve the program in Fall semester. All three of our Weber Walks: 1/2 marathon students were not able to finish the program for various personal reasons. We conducted a total of 10 on-campus presentations this year reaching students in Health Promotion and psychology classes, Gear Up, FYE and peer mentors. We also assisted with panels for Sex Education in Utah and a discussion on the "Happy" movie.</p>	<p>the program, which has a trend that we've observed for the last several years. Though this is the first year we've offered this under the umbrella of Weber Walks, we've offered a half marathon program for several years and have struggled to recruit and retain students. With all of the obligations our students have on their plates, it has been increasingly more difficult to get a consistent group together to provide programming to everyone, at once. Though harder to track, our students seem to want more resources that they can use to pursue their wellness goals</p>
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						independently, when they have time.
Community	Prepare incoming and/or potential freshman for academic success by providing education on underage drinking and other health and wellness topics.	A) Partner with NUAMES, Gear Up, FYE and other WSU programs who work with incoming freshman or potential WSU students to provide presentations and education on wellness topics, with a particular focus on underage and risky drinking behaviors B) distribute a letter to the families of incoming freshman who are under the age of 18 with information on preventing high risk	A) Students will be aware of the resources available on campus to improve and/or maintain their overall wellness B) Students will view wellness as a comprehensive goal that encompasses the full dimensions of the Wellness Wheel C) Parents of incoming freshman will understand their role in preventing underage and risky college drinking behavior	A) presentation and event evaluations B) Process evaluation in weekly staff meetings C) QR code survey in parent letters to measure perceived value of materials distributed	Midyear: Presented at NUAMES on 1/20/16 to approximately 200 students. Topics covered included drugs, alcohol and how to cope with stress in a more positive manner. Distributed freshman letter to the families of 4245 incoming freshman under the age of 18 in early August, 2015. Information was provided on preventing high risk drinking behaviors, Weber State resources to keep new students healthy and where parents can view Weber State policies covering drug and alcohol violations on campus. Parents were provided with a QR code link to take a feedback survey. We collected a total of 60 responses, the vast majority of which indicated that the content provided was helpful and that they intended to have a follow-up conversation with their child as a result. Only 15 responses indicated that they did not plan on following up with their son or daughter, and each of those responses indicated that they didn't feel that they needed to because they had already done so or they don't feel that their child drinks or uses drugs. Attended 5 Orientation Resource Fair sessions from June to August to provide resources for new students on the health and wellness resources available on campus. End of year: the majority of activities for this particular goal occurred in fall semester. See Midyear for details. Ongoing services were provided through Spring semester to provide resources a forum for students seeking health information.	Though we had largely positive feedback from the freshman parent survey, we likely won't send out the freshman letter next year. The cost associated with sending out a hard-copy letter did not justify the response rate that we received back. We will continue to work with our Wellness Committee to determine more cost efficient means of achieving the same goal or identifying other areas in need of education. NUAMES continues to be one of our best workshops each year and their students seem to be very open

		drinking behaviors and WSU resources C) provide resources and a welcoming forum for students to seek health information				and interested in what we have to present. We will continue to work with NUAMES to foster this collaboration and see what we can do to expand our underage drinking education in similar venues.
Access	Provide Health Promotion and Human Performance (HPPH) Students with a valuable internship experience in a structured, professional learning environment.	A) work closely with HPPH faculty to recruit outstanding student interns B) Create a more structured internship with defined objectives and expectations C) Provide on-going training opportunities on professional development, cultural competency,	HPPH Interns will have: a firm understanding of their expectations as an intern; practical vocational experiences that will build their resumes and enable them to be more competitive in the job market; increased confidence in the CHES competencies; improved health education job skills	A) Event and presentation evaluations B) midterm and final evaluations as determined by HPPH faculty C) Process evaluation via weekly planning meetings D) Peer evaluations from fellow Student Wellness interns and student employees	Midyear: Fall semester interns were evaluated using forms provided by HPPH faculty. Health Education rubric was not ready to be implemented, but will be for Spring Semester, along with a peer evaluation to create more accountability for our interns. We continue to hold weekly intern meetings for planning and process evaluation. End of Year: Spring semester interns were evaluated using forms provided by HPPH faculty, which were simplified from past semesters, cutting out a significant amount of qualitative data. To provide our students with that feedback, we met with each intern individually on a regular basis, starting with Midterms, to determine their level of proficiency with the Health Education Core Competencies, gather their feedback on their peers, and determine what areas they needed more guidance and training. Students were intentionally pushed outside of their comfort zones, depending on their individual needs, to gain hands-on experience in preparation for the CHES exam.	Over the course of this past year, we have identified several training topics that the interns consistently request or need additional information on. We will continue to assess student training needs each semester to ensure that we are providing training that is relevant to their particular cohort. We also found value in meeting with each intern on a

		<p>civic engagement, and other topics as determined</p> <p>D) Hold weekly staff planning and evaluation meetings</p> <p>E) Provide structured performance evaluations</p> <p>F) Provide learning opportunities that directly correlate to the CHES competencies</p>	<p>(presenting, time management, evaluation, health literacy, program marketing, etc.); increased understanding of the importance of civic engagement, leadership, in the field of health promotion. Interns will also be able to demonstrate improvement in the Student Affairs Division Learning Outcomes.</p>			<p>regular, individual basis, as opposed to using forms and rubrics, to obtain qualitative feedback on their overall internship experience in a more casual, comfortable setting. We will continue to actively ensure that our internship program is providing students with experiences that directly correlate to the CHES competencies.</p>
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Student Wellness

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Initiatives	Goal	Means of Achieving	Outcome	Methods of Assessment	Results	Result Use
Select Objective	Offer The Body Project workshops through the Student Wellness Office.	1) train students and staff on Body Project materials 2) Work with key departments to target high risk students (athletics, Women's Center, Campus Recreation, Student Involvement and Leadership, etc.) 3) If permission is secured from the creators of The Body Project, work with LGBT resource center to make language more gender inclusive. 4) Host workshops as determined and as needed.	Participants will be able to: 1) define and critically examine the thin-ideal 2) discuss how to challenge their personal body-related concerns and to resist external pressures to be thin 3) talk more positively about their own bodies	Number of workshops held; number of students in attendance; Pre and Post survey from the Body Project	Enter Results	Enter Use of Result
Select Objective	Implement a consistent, evidence based Drug and Alcohol Prevention Program (DAPP) throughout campus.	1) Using materials provided from NASPA, create and distribute an Annual Notification Letter as defined by the Drug Free Schools and Communities Act (DSFCA). This new letter will be distributed to all students, faculty and staff in Fall semester of 2016, then with each semester thereafter to ensure that students, faculty and staff who come on board after Fall semester receive the notification, as well. 2) Work with the members of the HEDA (Health Education Drug and Alcohol) committee to implement a new sanctions process, serve as review committee for the Biennial Review process in Spring Semester and ultimately determine the future of the HEDA committee, moving forward. 3) Complete the Biennial Review for the past two years in the Spring of 2017. Ensure that the review meets the standards provided by NASPA and the DSCFA. 4) Attend the Prime for Life training in October, 2016 to use as a basis for prevention education 5) Provide training to RA's on using positive coping skills rather than drugs and alcohol to cope with life's challenges. 6) Reach out	Enter Student Learning Outcome	Creation of new documents (Annual Notification Letter, Biennial Report); number of presentations; number of students trained	Enter Results	Enter Use of Result

		to other departments on campus; encourage departments to work with Student Wellness to provide drug and alcohol trainings to their students, rather than create their own trainings. Give presentations/trainings as needed.				
Diversity	Work with the Students with Disabilities Office to provide targeted trainings, materials and Wellness services to their students and to improve overall coordination between our two offices.	1) Create tip sheets that center staff can distribute to students on topics identified as priorities by center staff 2) Partner with center staff to refer students who need more one-on-one assistance 3) Provide presentations on wellness topics to CATT students	Students will learn: - what "Wellness" means and the 8 dimensions of the wellness wheel - what their individual wellness needs are and where they can go, both on and off campus, to receive the assistance they need. - How to set, keep and modify goals to achieve success	Number of presentations; number of referrals	Enter Results	Enter Use of Result
Other	The Student Wellness Advisory Committee will meet monthly to facilitate interdepartmental collaboration and communication in order to: - Reduce program duplication - Increase the effectiveness and reach of our respective programs - Ensure that wellness programming is	1) Schedule monthly Student Wellness Advisory Committee Meetings with committee members 2) Adjust meeting schedule each semester to ensure that we're aligning with a majority of members' schedules. 3) Encourage committee members to provide feedback on wellness programming and the needs of their respective students. 4) List the Wellness Advisory Committee as an official Student Affairs committee. Open a few membership slots to Student Affairs members.	The Student Wellness Advisory Committee will increase awareness in our campus community of: - What "wellness" means, using a holistic and broad definition - What resources are available on campus to help them achieve their wellness goals Student Wellness Advisory	Meeting attendance; meeting minutes.	Enter Results	Enter Use of Result

	meeting the diverse needs of the Weber State student population		Committee members will also help to promote the link between wellness and academic success.			
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Student Wellness

17-18

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Initiatives	Goal	Means of Achieving	Outcome	Methods of Assessment	Results	Result Use
Other	The Student Wellness Advisory Committee will meet monthly to facilitate interdepartmental collaboration and communication in order to: - Reduce program duplication - Increase the effectiveness and reach of our respective programs - Ensure that wellness programming is meeting the diverse needs of the Weber State student population	1) Schedule monthly Student Wellness Advisory Committee Meetings with committee members 2) Adjust meeting schedule each semester to ensure that we're aligning with a majority of members' schedules. 3) Encourage committee members to provide feedback on wellness programming and the needs of their respective students. 4) List the Wellness Advisory Committee as an official Student Affairs committee. Open a few membership slots to Student Affairs members.	The Student Wellness Advisory Committee will increase awareness in our campus community of: - What "wellness" means, using a holistic and broad definition - What resources are available on campus to help them achieve their wellness goals Student Wellness Advisory Committee members will also help to promote	Meeting attendance; meeting minutes.	The Student Wellness Advisory Committee was listed as an official Student Affairs committee and a few slots were opened up through the SA selection process. Meetings were well attended, though minutes were not well kept. This will hopefully be solved next year by appointing a committee member to take minutes, rather than having the chair try to do both. A few members - most notably, those who work mostly at Davis Campus - were rarely able to attend. If we can get someone to take consistent minutes, this should solve for that as well. For the last two years, we have attempted to have a more integrated, campus-wide approach to wellness. The thought was that if faculty/staff had buy in and understood the importance of wellness, it would have a trickle-down effect to their students. Particularly if we could actively encourage them to do so. Though that initial intention still holds true, that's not how things have been playing out and our approach may be too broad. Next year, the committee will focus specifically on students. This may require some adjusting of the non-Student Affairs membership base to accomplish. Incorporating additional members from Student Affairs has been helpful, so we'll continue to do so in the future. We'd also like to incorporate membership from actual students and we hope to have regular attendance from student senators in the future.	This was the first year that the Student Wellness Advisory Committee was listed as a SA committee. Based on how this year went, we will continue to meet monthly during Fall and Spring semester, taking summer semester off (with our first meeting scheduled prior to the beginning of fall semester). I will also ask for a committee member to volunteer

			the link between wellness and academic success.			to take minutes.
Diversity	Work with the Students with Disabilities Office to provide targeted trainings, materials and Wellness services to their students and to improve overall coordination between our two offices.	1) Create tip sheets that center staff can distribute to students on topics identified as priorities by center staff 2) Partner with center staff to refer students who need more one-on-one assistance 3) Provide presentations on wellness topics to CATT students	Students will learn: - what "Wellness" means and the 8 dimensions of the wellness wheel - what their individual wellness needs are and where they can go, both on and off campus, to receive the assistance they need. - How to set, keep and modify goals to achieve success	Number of presentations; number of referrals	Inter-office referrals have been working out very well, as have the CATT meetings. We have seen a regular set of about 8 students who regularly attend the CATT meetings and about 4 who attend every meeting. It has been helpful to have a consistent presence via these meetings both to establish the Student Wellness office as a resource for students with disabilities as well as to familiarize ourselves with the Students with Disabilities office and the students that they work with. We have seen an increase in students participating in our Wellness Rewards program as a result of this partnership. We also refer more students to the Students with Disabilities office, primarily for accommodations relating to ADHD. We have started to work on the tip sheets, but our progress is admittedly stalled. We had hoped that a Student Wellness intern could create the tip sheets, which they did start to do so. Unfortunately, we learned that Health Promotion students are no longer receiving training on how to create written educational materials and the tip sheets that our intern created will need substantial revisions. Health Educators are expected to know how to create these materials in the field, so this exposed a gap in the Health Promotion curriculum that will hopefully be addressed in the future. I met with the Internship Adviser in Health Promotion and stressed that the interns need to know how to create written educational materials. I understand that she, in turn, spoke to the department faculty and they will address this in their curriculum. I also had the Disabilities staff proofread the tip sheets that were created to assess the content. They all agreed that the information was good, but it was visually overwhelming. For now, we have tabled the tip sheets until we can either find an intern who can tackle the project or until we can get help from Lindsay Holland to create a visually appealing template for us.	This partnership has proved to be mutually beneficial to Student Wellness and the Students With Disabilities offices. We would both like to continue to work together to support the needs of students with disabilities on this campus and allow our partnership to evolve, in time, as needed.
Select Objective	Offer The Body Project workshops through the Student Wellness Office.	1) train students and staff on Body Project materials 2) Work with key departments to target high risk students (athletics,	Participants will be able to: 1) define and critically examine	Number of workshops held; number of students in attendance; Pre and Post	All student interns within the Student Wellness office have been trained on the Body Project curriculum this year. We also e-mailed key departments (athletics, Women's Center, Campus Rec, etc) at the beginning of the school year to offer the program to their students. One workshop was scheduled for Fall semester as a 2 part series. Four students attended the first session, but no	We will continue to offer the Body Project as an

		<p>Women's Center, Campus Recreation, Student Involvement and Leadership, etc.)</p> <p>3) If permission is secured from the creators of The Body Project, work with LGBT resource center to make language more gender inclusive. 4) Host workshops as determined and as needed.</p>	<p>the thin-ideal 2) discuss how to challenge their personal body-related concerns and to resist external pressures to be thin 3) talk more positively about their own bodies</p>	<p>survey from the Body Project</p>	<p>one came back to the second session. This makes it difficult to get a feel for the program, which we were hoping to do in order to make the language more gender inclusive.</p>	<p>available workshop, perhaps targeting established groups of female students, at first (sororities, clubs, etc.). We will also work with members of the Student Wellness Advisory Committee to determine additional strategies to offer the workshop in the future.</p>
Select Objective	<p>Implement a consistent, evidence based Drug and Alcohol Prevention Program (DAPP) throughout campus.</p>	<p>1) Using materials provided from NASPA, create and distribute an Annual Notification Letter as defined by the Drug Free Schools and Communities Act (DSFCA). This new letter will be distributed to all students, faculty and staff in Fall semester of 2016, then with each semester</p>	<p>Students who participate in the ASAP Program will: A) Understand the health risks of alcohol and marijuana B) Understand their</p>	<p>Creation of new documents (Annual Notification Letter, Biennial Report); number of presentations; number of students trained</p>	<p>We updated our Annual Notification letter using a template provided from NASPA. The updated letter is posted to the Student Wellness website at http://www.weber.edu/wsuiimages/studentwellness/docs/updated-annual-notification-2016.pdf. This link is included as part of the HEOA Controlled Substance and Federal Financial Aid Notification distributed each semester by the financial aid office. These updates should ensure that we are now compliant with this section of the Drug Free Schools and Communities Act. The HEDA program has now been completely overhauled to form the new Alcohol and Substance Abuse Prevention (ASAP) Program. All students who are sanctioned for drug and alcohol violations will now be referred directly to the Student Wellness office to complete the ASAP program. The program requirements are fully outlined on our website at</p>	<p>The pilot phase of the new ASAP program during Spring Semester, 2017 went over very well. A few tweaks will be made to the</p>

thereafter to ensure that students, faculty and staff who come on board after Fall semester receive the notification, as well. 2) Work with the members of the HEDA (Health Education Drug and Alcohol) committee to implement a new sanctions process, serve as review committee for the Biennial Review process in Spring Semester and ultimately determine the future of the HEDA committee, moving forward. 3) Complete the Biennial Review for the past two years in the Spring of 2017. Ensure that the review meets the standards provided by NASPA and the DSCFA. 4) Attend the Prime for Life training in October, 2016 to use as a basis for prevention education 5) Provide training to RA's on using positive coping skills rather than drugs and alcohol to cope with life's challenges. 6) Reach out to other departments on campus; encourage

personal risk for developing addiction and C) Develop a personal action plan to avoid harm and future trouble.

<http://weber.edu/studentwellness/asap.html>. These changes were piloted for Spring Semester. During that time, a total of seven students were referred to the program, the majority of which were referred for marijuana violations either through Housing or Athletics. All seven of these students completed the entire program, which validates our intuition that if we hold students to a set of unwavering standards, they will, in turn, rise up to meet them. Each student was asked to complete a pre and post test. Though there were a few questions that were frequently missed, the majority of the responses indicated that students knowledge had improved significantly after the implemented intervention. We will tweak these frequently missed questions, both in how we teach the content and in how we ask the questions, to improve next year's feedback after the results of this pilot phase. The feedback from our campus partners has been entirely positive and even the students who have been referred to the program have been positive and engaged in the process. In preparation for updating the HEDA/ASAP program, I attended the Prime for Life training in October, 2016 and the NASPA Drug and Alcohol Conference in Spring, 2017. The Drug Free Schools and Communities Act also requires that universities provide prevention education to students. This is an area that we have, admittedly, lagged behind in previous years. I am happy to say that we have made significant progress, this year, though trainings for the Resident Advisers in Housing and the Student Athletes. I presented to approximately 30 RA's on August 9th on using positive coping skills rather than drugs and alcohol and how to help the students in their housing units. We have been invited to present again next year. I also worked with Andrea Pigeon, one of the athletic trainers, to provide training to all of their student athletes as required by the NCAA. I presented to approximately 350 Student Athletes in two parts on Monday, March 27th and Wednesday, March 29th. We continue to reach out to other departments on campus to encourage them to utilize us to provide drug and alcohol trainings to their students, rather than create their own trainings. The final part of this goal, Completing the Biennial Review for the DFSCA, is currently in progress. Past coordinators have completed this process in Spring semester, but we quickly realized this year that spring semester is already full enough. In order to ensure that we dedicate the level of attention that the Biennial Review deserves and requires, we will move this process to Summer semester, starting June 1st and completing the process by September 1st.

program content and the pre and post test as a result of student feedback, but it's otherwise working out very well and we're all very happy with the program.

		departments to work with Student Wellness to provide drug and alcohol trainings to their students, rather than create their own trainings. Give presentations/trainings as needed.			
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