

I. SIGNATURE PAGE STUDENT HEALTH AND WELLNESS CENTER

Santiago Canyon College Student Services Program Review

Signature of Program Leader

Elizabeth Hoffman MN., RN Health Center Coordinator / December 1, 2009
Printed Name /Title Date

Signature of Vice President, Student Services

John Hernandez Ph.D., Vice President Student Services / December 1, 2009
Printed Name /Title Date

II. PROGRAM DESCRIPTION: STUDENT HEALTH and WELLNESS CENTER Vision, Mission, Services & Functions, and Funding Source

VISION STATEMENT

The Health and Wellness Center (HWC) staff believes humans are capable, responsible and accountable to make their own health decisions. We support a humanistic approach for services, which promotes self-care through educational support. An individual's overall health and wellness is a result of personal choices shepherded by the health care and mental health providers.

We further believe the responsibility of the health care provider is to assist the individual in maintaining optimal functioning by staying current with health trends and issues for the population served at Santiago Canyon College. Our approach to student health care is non-judgmental, empathetic, and confidential to enhance, preserve and respect the dignity of all individuals we serve. (Revised with staff input fall, 2009.)

MISSION STATEMENT

"To advocate for, educate and help students make healthy choices regarding their minds, bodies, and behaviors, enabling them to pursue their educational goals."

SERVICES AND FUNCTIONS

Hours and Location – The HWC is open Monday through Thursday from 9:00 AM to 7:00 PM (closed for 1 hour between 1:00 – 2:00 for Lunch). Fridays the center is open 9:00 AM to 12:00 Noon. Located in T-102 the facility is approximately 1200 square feet with three exam rooms, a free standing nurses station, Front office reception area, offices for the Nurse Coordinator, Physician and Psychology Services, two ADA accessible bathrooms a utility room and employees break room.

Clinical Health Care Service Options for Students – Services include but are not limited to; annual PAP screening, birth control consultation, prescriptions and dispensing of ovulatory control pills, mammography and ultrasound referrals, high risk alcohol use assessments, point of care testing for streptococcal infections, urinary tract infections, pregnancy testing, emergency contraception, blood for

a variety of screenings including testing for sexually transmitted infections, tobacco cessation counseling, cholesterol screening, and dietary counseling. Point of care antibiotics are prescribed and dispensed by physician's standing orders. Over the counter pain and cold medications are dispensed on an as needed basis. Ongoing communicable disease control including condoms and related public health services are provided, as well as health education. Registered Nursing staff are available to see students on a walk-in basis, Physicians and Psychologists are available for students by appointment at varying times on a weekly basis accommodating both day time and evening students.

Annual influenza vaccinations are provided during flu season. On-site laboratory testing is provided for students at cost through a group purchase contract with Quest Diagnostics. Additional off campus clinical contract services are available for students such as radiology and culposcopy by referral. One of three campus (AEDs) automatic electronic defibrillator is maintained in the HWC for cardiac emergencies.

Mental Health Services – Part-time Licensed Clinical Psychologists are scheduled for up to 28 hours each week for confidential crisis Intervention, and individual therapy appointments are available for students requesting services.

RSCCD Staff and Faculty – Receive limited services including on-campus injury assessment, first aid, influenza vaccination, and Tuberculosis testing is provided for a fee as required by the California State Education Code.

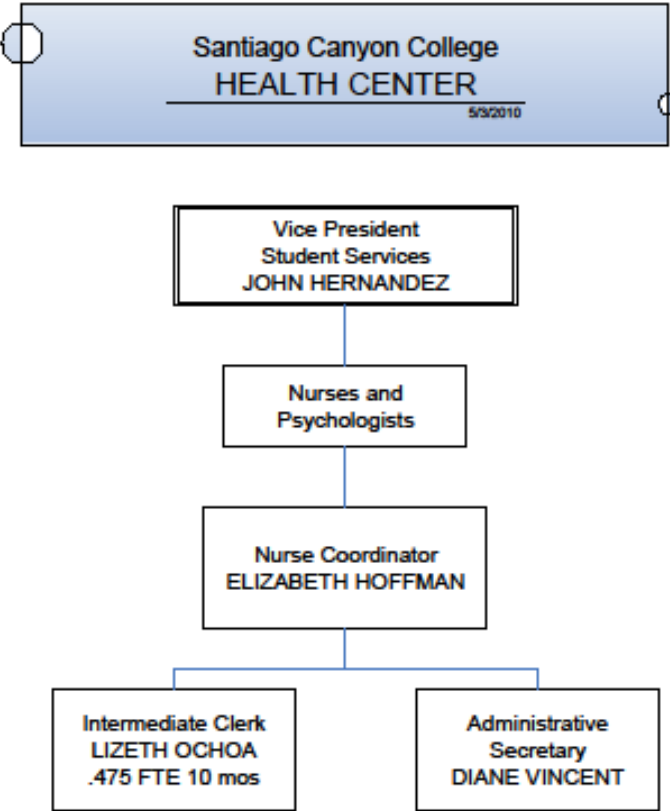
FUNDING SOURCES STATEMENT

Students enrolled in courses in the Rancho Santiago Community College District are eligible for services in the HWC by paying the health fee each fall and spring semester, and during the ten week summer school session. The student Health Fee is mandated by the California State Education Code Section 76355.

In the fall of 2009, the RSCCD Board of Trustees voted to support an increase the health fee to the maximum \$17.00 per semester as the state allows. This administrative action was taken to adequately fund the HWC programs and services without additional subsidy from the district's general funds. These state mandated student fees are restricted to use for exclusively for student health services.

Additional HWC program funding this 2007 -2009 program review cycle was obtained through local grant partnerships with the County of Orange Health Care Agency.

III. ORGANIZATIONAL CHART



Health.

IV. STUDENT LEARNING OUTCOMES

A. STUDENT LEARNING OUTCOME STATEMENT 2007-2008 (SELF CARE LEARNING)

"Students who receive care in the HWC will be able to describe their self-care learning at the conclusion of each HWC visit." Self care needs are unique to each individual student and are provided in concert with the student's primary reason for pursuing student health services.

The intended outcome is to provide students with detailed health information specific to their chief medical complaint. Learning may include a variety of contexts such as how to; correctly take birth control pills, manage wound care, conduct a breast self exam, obtain follow-up visits for immunizations, obtain a referral to a higher level of care, or how to interpret lab results among infinite others.

METHOD – A multi-item questionnaire was designed to measure these student specific learning outcomes and level of student satisfaction, quality of care, friendliness, and solicit suggestions for improvement. Questionnaires were distributed to HWC students seen during the physician clinics on Tuesday mornings from 9 AM to 12 Noon and on Wednesday evenings from 4 PM to 7 PM during the month of May 2008.

These sampling parameters were not entirely random. The hours measured were during specific clinic dates and times when both the RN and the MD were present. This technique was utilized because student cases seen during MD hours are typically more complex and may require in-depth teaching or follow-up with each individual.

The paper questionnaire was placed on the student's chart for the clinical staff to distribute once care had been rendered and health teaching was complete. At the end of their HWC visit, students were asked to complete the questionnaire specifically asking what they had learned. Their responses would validate that learning had or had not been achieved and whether the student had received knowledge to independently care for themselves once they leave health services. If the student offered questions or verbalized a lack of understanding of instruction, their information was reviewed and then verbally re-queried prior to discharge. Additional detailed teaching may have been provided according to need.

IMPLEMENTATION AND ASSESSMENT

Evaluation Process – Identification of who is responsible for doing each step in the evaluation process:

1. Questionnaires' were handed out by HWC clerical staff members once the student had signed in as a patient.
2. Health care instruction was provided by all clinical staff members including; (2) Physicians and (6) Registered Nurses. Once the clinical assessment was completed, a plan was developed for intervention, followed by instruction for self care and verbal validation of learning.
3. Outcome measures were taken instantaneously to ensure that the student had received the content needed to manage their self care. In some instances written "Aftercare Instructions" were also provided by the clinical staff to ensure specific or complex steps were indeed followed.
4. Completed questionnaires were compiled by the clerical support staff and ultimately collated and reported both verbally and in writing by the HWC Coordinator for feedback and improvement to all staff.

Who was being evaluated – Students seeking care in the HWC.

Timeframe – Assessments were conducted during the (4) weeks of May 2008.

Identify the intended users of the data collected – Staff members used the data to ensure that student learning occurred and that personalized teaching for individual students was being provided. These "Point of Care" student questionnaires required the clinical staff to conduct immediate remediation and reinforcement if self care learning had not been achieved.

B. STUDENT LEARNING OUTCOME STATEMENT 2008-2009 (ALCOHOL USE ASSESSMENT)

"Students, who participate in the online interactive assessment tool known as e-CHUG, will receive personalized feedback data about their choices on the use of alcohol." Through their participation these individuals are further asked to self-reflect on personal health choices regarding alcohol usage. Self-assessments specific to this tool among other measures include; frequency and quantity of personal alcohol consumption, monetary expenditures on alcohol and family risk factors for alcohol habituation.

BACKGROUND

In spring of 2006, The American College Health Association - National College Health Assessment (NCHA) was conducted among a randomized group of 500 students at Santiago Canyon College. High risk alcohol consumption among the SCC randomized study group exceeded the national alcohol consumption rate at many four year institutions of higher education (IHE). Thirty-four (34%) of students surveyed reportedly engaged in high risk, heavy episodic use of alcohol. Heavy use of alcohol among college students is a significant public health problem. Heavy episodic use of alcohol is associated with poor academic performance, student dropouts, driving under the influence of alcohol, violence and sexual assault. Reports from published experts identify the highest risk is among first year college students who do not consume alcohol as regularly as their non-collegiate peers however when college students do consume alcohol they typically consume higher quantities. High risk alcohol use is measured as more than five drinks in one sitting for males, or more than four drinks in one sitting for females.

METHOD

The higher than normal National College Health Assessment data on alcohol use among Santiago Canyon College Students prompted Student Health and Wellness Services to offer ongoing interactive, confidential student alcohol assessments with normative feedback to achieve harm reduction. An online proprietary tool known as e-CHUG was purchased to make the assessment available to all SCC students through the privacy of their personal computer. Information for access to the e-CHUG online assessment is provided at many areas on campus including the HWC website, bookmarks handed out from the bookstore when students purchase books and in coursework with content specific to personal growth such as career and life planning, and in other credit courses including women's softball, behavioral psychology, sociology, human development, nutrition and interpersonal communications to name a few.

The intended outcome is to assess the volume and frequency of alcohol use among students, provide personalized feedback on monetary expenditures, and increase student's self awareness of their familial risk and personal behavioral choices. The e-CHUG assessment tool measures these behaviors and characteristics regarding alcohol use, and then provides feedback through comparison of each individual to their peer group both within Santiago Canyon College and among 400 other institutions of higher education (IHE's) nationwide.

IMPLEMENTATION AND ASSESSMENT

Students are instructed to log onto the e-CHUG tool via the Santiago Canyon College HWC link and answer the web-based questions anonymously. Their answers are scored in aggregate through the program software and at the conclusion of the tool students are return-emailed their responses including local and national comparative data. Each student is then invited to reply in confidence with personal reflections to the health center psychologist via email if they choose to with concerns about; the normative data, potential for habituation, concerns for safety such as DUI or blacking out, Awareness of family and genetic risk factors.

C. EVOLUTION OF A SMOKE FREE CAMPUS (Not a formal SLO)

BACKGROUND

In the spring of 2007, a local non-profit organization known as "Orange County on Track", grant-partnered with SCC's HWC staff to promote academic success among young adults through alcohol drug & tobacco prevention-education programming. Work toward healthier lifestyles through smoking cessation was driven via the following three (3) core objectives; to strengthen and enforce existing designated smoking area restrictions, promote tobacco cessation services on campus and pass a policy to restrict all tobacco use on campus.

METHOD

"Young Adult Tobacco Use Surveys" were conducted at three points over the period of the grant partnership. The surveys were anonymous and were intended to measure usage among 18 - 24 year old college students. The demographics query included age, gender, educational level, race and ethnicity. The data included in this report and specific usage metrics were collected as a baseline assessment with a sample of 316 students.

A baseline survey was collected to determine if tobacco was used in any form, the type of tobacco product used, the frequency of use, age on onset, number of times the student had attempted to quit smoking, perception of harm from tobacco usage, preference for campus tobacco use restriction.

The design of the assessment tool, on campus distribution and collection from students were managed by staff from the Orange County Health Care Agency, Tobacco Free Communities staff members. Students were incentivized to participate in the survey with a gift of a 16 ounce water bottle.

V. DATA

A. 2007-2008 SLO; SELF CARE LEARNING

SLO Statement – “Students will describe self-care learning prior to the conclusion of each visit.” Over the month of May 2008 a sample of 149 students were seen by the both the RN and the MD. Each student received a history and assessment with specific teaching and at the conclusion of their visit, then was queried about their self-care learning. When posed with the question; “What did you learn today?” Students returned the following results:

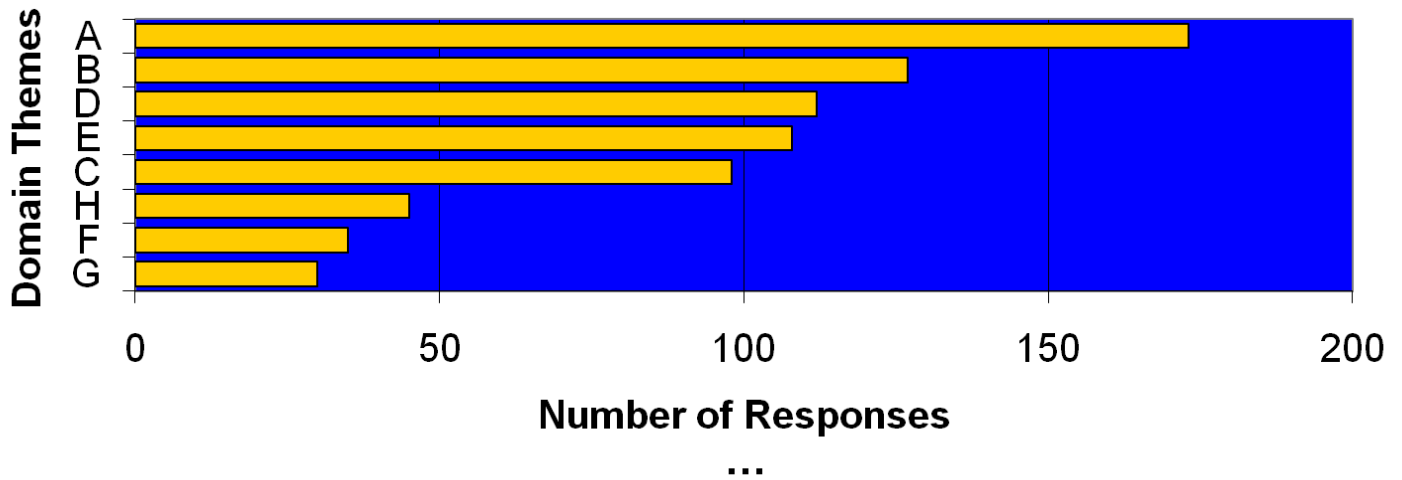
149 Student patients were treated and asked to complete the questionnaire.
109 Student patients actually completed and returned their questionnaire.
29 Students did not return or complete the information requested.
11 Students refused to participate due to time constraints (late to class).

Summarize the Process to Verify/Validate the Results – From the total sample of 149, 109 students completed and returned the questionnaires. (A seventy-three percent (73%) return rate.) Returned questionnaires indicated learning specific to chief complaint was achieved one hundred percent (100%) of the time. Twenty-nine (29) students did not return or only partially completed the tool some left the self care learning question blank. Eleven (11) students chose not to participate in the questionnaire because they needed to leave to make their class on time or had some other time constraint.

B. 2008-2009; E-CHUG ALCOHOL USE DATA SUMMARY

During the 2008 -2009 school year over 1,241 students participated in the e-CHUG online survey from this total sample, over 500 students self selected to send personal reflections to the HWC’s clinical psychologist. Statistical outcomes for the survey are reported annually by the e-CHUG webmaster at San Diego State University; aggregate data for all respondents to personal reflections is reported below. The personal reflections content has been sorted according to content domains and is reported in the following bar chart.

**1st - 4th Quarter
July 1, 2008 - June 30, 2009
Student Personal Reflections e-CHUG**



DOMAIN THEMES KEY

A - Misconception of Normative Values

B - Concerns with Quantity, Volume, and Peak Blood Alcohol Content (BAC)

C - Unaware of Tolerance Level and Potential for Habituation

D - Concerns of Safety (Drinking and Driving, Injuries, Blacking Out)

E - Concerns for Negative Consequences (other)

F - Awareness of Family and Genetic Risk Factors

G - Concerns of Monetary Expenditures on Alcohol

H - Awareness of Alcohol Use to Overcome Inhibition

C. EVOLUTION OF A SMOKE FREE CAMPUS TOBACCO (SURVEY DATA)

1. Is any tobacco currently used? Yes 32% No 68%
2. At what age did you first smoke cigarettes?
69% had their first experience between the ages of 15 - 17 years
3. Do you consider yourself an:
 - a. Occasional smoker? 68%
 - b. Regular Smoker? 32%
4. At what age did you begin to smoke regularly?
 - a. 10 years or younger 9%
 - b. 11 years to 14 years 27%
 - c. 15 years to 17 years 32%
 - d. 18 years to 20 years 25%
 - e. 20 years to 24 years 7%
5. What tobacco product has been used in the last 30 days;
 - a. Cigarettes 20%
 - b. Chew 2%
 - c. Clove cigarettes 2%
 - d. Bidis 1%
 - e. Blunts 7%
 - f. Herbal cigarettes 4%
 - g. Snuff 1%
 - h. None
 - g. Other product
6. Have you ever tried to quit smoking? No 39% YES 61%
7. How many times have you ever tried to quit in the last 6 months?
1 – 2 attempts 63% 3 – 4 attempts 21% 5 or more attempts 16%
8. Do you intend to quit smoking in the future? YES 65% NO 35%
9. How harmful do you think it is to use cigarettes?
 - a. Extremely harmful 93%
 - b. Somewhat harmful – data not available
 - c. Not too harmful - data not available
 - d. None of the above – data not available
10. Which of the following campus smoking areas would you support?
 - a. Designated Smoking Areas 46 % (existing practice)
 - b. Smoke-Free outdoor dining Areas 31%
 - c. Smoke free campus 57%
 - d. None of the above 10%

VI. ANALYSIS

A. 2007-2008 SLO; SELF-CARE LEARNING

Decisions and Recommendations – Data from the student questionnaires indicated that aftercare instructions were provided consistently and that students could reliably articulate/report new learning about how to care for themselves. Overall our questionnaire return rate was 73%. In summary, measuring individual learning outcomes at the point of care is valuable feedback for each provider.

Opportunities for Improvement None – Data informing the clinical staff was to be discussed at prospective staff meetings and in writing for circulation to all staff. The student questionnaires were conducted on paper for one month at the end of the sixteen (16) week spring semester. Favorable findings reinforce both verbal and written aftercare as an ongoing standard practice.

B. 2008-2009 SLO; E-CHUG ALCOHOL ASSESSMENT

Decisions and Recommendations The efficiency of student's online access and the favorable feedback from participating faculty encourages Health and Wellness Services to continue to pursue this learning outcome in the 2009 -2010 school year. The HWC will continue to subscribe to the e-CHUG online service and work to hold the level of participation from faculty requiring student participation in credit courses. Orientation to the online assessment tool will continue to be offered at the onset of each semester on the HWC webpage, through coursework, and with bookmarks to engage both new and returning students. SCC Faculty continues to incorporate the e-CHUG assessment and normative feedback tool into their classroom curriculum. Specific student objectives build on the personalized feedback with course assignments such as written papers, oral presentations and posters demonstrating the untoward effects of high risk alcohol consumption.

Opportunities for Improvement In the 2008-2009 school year HWC Staff members involved with perpetuating the online assessment included a health educator, various nursing staff, clinical psychologists, medical staff and clerical support services. To improve student assessment volume, the HWC also queries all incoming students about alcohol use with the Alcohol Use Disorders Inventory Test (AUDIT). Students with risk scores above the gender related threshold are provided a brief motivational interview highlighting the normal rate of consumption and the untoward effects of excessive alcohol use. They are shown their own responses and student support is offered through Psychological services as well as via resources for community based services which are provided for students as written aftercare instructions.

C. EVOLUTION OF A SMOKE FREE CAMPUS

Following the initial collection of the “Young Adult Tobacco Use Surveys”, Tobacco prevention grant activities were specifically driven by the progressively more smoking-restrictive grant contract deliverables clearly supported by a 57% majority of student’s preference (data) for a smoke free campus.

Activities and Recommendations The HWC Staff partnered with members of the Associated Student Government to review survey data favoring a smoke free campus environment. This included a review of current campus policy and practice for users of tobacco on campus. HWC staff created handouts for students to obtain both campus & community based cessation services. In addition to Integrating smoking cessation messages into permanent college publications like the schedule of classes and the college catalog.

HWC Staff members participated in the quarterly (CYAN) California Youth Advocacy Network conference calls which included community college constituents from all over the state of California. Increasing community Involvement was a highlight of the CYAN discussion. With support from the County Health Care Agency, HWC staff successfully advocated for the creation of smoke free outdoor-eating areas at 3 local restaurants. Participating eateries were awarded “Five Star” Community Recognition Certificates to acknowledge their successfully adoption of smokefree outdoor dining areas. An article in the local Orange City News also acknowledged the local businesses which adopted smoke free dining areas.

In the spring of 2007, in collaboration with the SCC Forensic Speech and Debate Team two open debates were held in the A-B Quad, a grassy public area where students congregate. Day time and evening student involvement was solicited while debate team members argued the health effects of exposure to secondhand smoke. Debate team members and any interested student participant’s from both debates were awarded with 1 GB flash drives.

Opportunities for Improvement Following the two second-hand smoke debates momentum built, HWC Staff collaborated with members from Associated Student Government (ASG) to draft a Resolution for a Smoke Free A-B Quad where students eat and study. A resolution was soon developed and successfully passed. By fall semester of 2008, the A-B Quad was newly established as a smoke-free zone. Permanent signage and reminder postcards helped inform newly enrolled students to smoke only in 5 designated internal campus areas. Tobacco cessation services continue to

be offered in the student Health and Wellness Center including 1:1 counseling, chemotherapy with Chantrix or Zyban, and group classes off campus.

Smoke Free Campus Resolutions: Concern for the adverse health effects of second-hand smoke continued among students, faculty and staff at Santiago Canyon College. In late spring semester of 2008, the colleges' collegial governance body known as College Council, received three separate yet simultaneous constituent led "*Smoke Free Campus*" resolutions. These resolutions were proposed, and submitted by The Faculty's Academic Senate, The Associated Student Government Groups and the Classified Staff groups who each concurrently resolved to create a Smoke Free Campus Environment.

In early summer 2008, College Council convened an Ad-Hoc inter-disciplinary college team to embark on tactical preparation for student education and public relations plan to phase-in SCC's smoke free campus. The Tobacco Free Campus Work Group was convened which comprised: the Student Senator for Environmental Health from Associated Student Government, a Student representative from the non-credit Orange Education Center, the Division Dean for Arts and Humanities, the Lieutenant for Campus Safety, the Public Information Officers from both Santa Ana College and Santiago Canyon College and the Health and Wellness Center Coordinator. Meetings were initially held on a bi-weekly basis to establish a framework and time line for elimination of five (5) existing designated smoking areas contained on the campus adjacent to classrooms and common student areas, ultimately converting any allowable smoking areas to a few specific parking lots.

The public relations/education campaign was initiated by informing constituent campus groups of the forthcoming new smoke free environment and selecting a recognized date for change. Given the inherent influx of student matriculation and transfer, the educational campaign was designed as an ongoing process. Business cards were created illustrating maps of campus parking lots where smoking would be sanctioned including wellness services for tobacco cessation services on the flip side. (See addendum for example of business cards) Design for temporary and permanent signage was discussed and finalized, content of both college policy and student code of conduct were reviewed for recency and publications with campus maps were re-designed in a collaborative fashion. Ultimately approved by the President's Executive Cabinet, these changes were targeted for rollout beginning spring semester of 2009.

On the first day of spring 2009, SCC officially provided a smoke free academic environment for students and the campus community. An initial amnesty period

was created for students who failed to immediately recognize the conversion to a smoke free environment. One month after the first day of school safety officers would verbally warn any violator, and then a written citation would be awarded. Multiple smoking infractions by any one individual would result in a formal referral to the Associate Dean of Students for disciplinary action.

Articles in the local Orange County Register Newspaper affirmed the smoke free transformation ultimately completed as a result of common resolutions. Journalists touted SCC as the 9th Community College to achieve smoke a free environment in Orange County. The Tobacco Free Campus Work Group continued to meet on a monthly basis through the final months of spring semester. Two months into the smoke free campus change process, a quality assessment survey was conducted online from students and staff to determine if the changes were successful, how information was received, if cessation support was available, and survey time demographics.

1. Have you noticed changes in smoking behavior/patterns on campus?
NO - 10.4%
YES - 89.6
2. How did you receive information the college was going smoke free? Multiple responses are included in the answer (total % exceeded 100)

“SCC Courier” Newspaper	27%
“What’s New @ SCC” Weekly Email	47%
Viewed Signage Posted on Campus	75%
From a Colleague	41%
Other Means	23%
3. Was the availability of free smoking cessation classes included in the non-smoking information you received?
NO - 38.9%
YES - 61.1%
4. What time of day are you usually on campus?
Before 5PM - 86%
After 5PM - 14.%

Survey Monkey data was designed and collated through the public information office and reported to the College Council as follow up.

VII. FINDINGS & FUTURE DIRECTIONS

A. 2007-2008 SLO SELF-CARE LEARNING

Aftercare instructions are routinely provided for students verbally and in writing. Measuring the student's learning for self care was informative both for the clinical staff and for the coordination of clinical care. We found that we were performing well and students were indeed acquiring adequate self care knowledge! Emerging practice for health care documentation includes electronic medical records (EMR) which allows for trending of labs, blood pressure weight and clusters diagnosis for coordination of care among many practitioners. This technological advance will serve clinical providers well in settings like Student Health Centers to create continuity of care including health education for self care.

Identify When Learning Outcomes will be Evaluated Again

In program year 2007-2008, The outcome data for the initial "Self Care" student learning objective informed us that the health center staff member were successfully providing students with the information, referrals and feedback needed for successful self care outcomes. It was determined that the self-care SLO could be placed on hiatus and potentially re-surveyed in future years to "hold the gain". It is recommended that this learning outcome still be monitored, though in a less formal process than in the SLO cycle of improvement. If repeat visits for the same chief complaint increase or if outcomes are realized due to lack of discharge education we will re-visit the practice of monitoring and measuring self-care learning.

B. 2008-2009 SLO - E-CHUG ALCOHOL ASSESSMENT

As a result of implementing e-CHUG and the Personalized Feedback data, we review aggregate student feedback on a semester by semester basis which reflects new insight and choices related to personal alcohol risk factors including; frequency of personal alcohol consumption, quantity of personal alcohol consumption, monetary expenditures on alcohol and familial risk factors for alcohol habituation.

Identify When Learning Outcomes will be Evaluated Again We recommend that the e-CHUG online assessment and normative feedback process continue. The online subscription will be maintained by the HWC and offered to faculty and students via the Health and Wellness Website. Our partners in the alcohol on-line assessment include SCC faculty from the following departments: Counseling, English, Speech and Communication, Women's Health, Human Development,

Psychology, Exercise Science, AmeriCorps Program, Political Science, Student Leadership Institute, and the faculty from the Student Health and Wellness Center.

Both the e-CHUG outcome criteria and evaluation methods employed at SCC are part of the nationally standardized e-CHUG assessment process designed and maintained by San Diego State University. It has been concluded that this student learning outcome process has been well established through the work of a recently concluded three-year grant for high risk alcohol prevention.

FUTURE DIRECTIONS

For the prospective year we will work on holding the gains achieved by engaging faculty for curriculum infusion and build on our work by informing additional members of the SCC community of the benefits of the online assessment and feedback tool. Information regarding student feedback such as written papers, and personal reflections online will be shared with administrators, faculty and students through continued presentations via the college's shared governance structure beginning with information dissemination to the Student Services Program Leaders Group and Student Success Council.

The outcome measures are a valuable snapshot of student behaviors and normative data. Access to the e-CHUG online assessment tool is now and will continue to be available to faculty and students year around. Aggregate data will be gathered on a school-year calendar from July through June and reported at the close of the spring semester for the academic year in arrears. Information dissemination will be conducted through-out the year by the faculty and staff in the Health and Wellness center through emails, classroom presentations and various faculty /administrative presentations such as Student Services Program Leaders Meeting and the Student Success Council.

C. EVOLUTION OF A SMOKE FREE CAMPUS

A new Santiago Canyon College Code of Conduct was drafted to assist in the behavioral compliance (*Effective February 9, 2009*).

“To protect the health of Santiago Canyon College students, employees and visitors, the campus is now a smoke-free zone. Smoking is permitted only in designated parking lots (see map on reverse). Need help to quit smoking? FREE classes are available—for information, check with the Health and Wellness Center in T-102 or call 714-628-4773. Individuals who don’t comply with the smoking policy will be subject to disciplinary action.”

As of December 2009, Santiago Canyon College is approached the one year anniversary as a smoke free academic environment. There are continued efforts underway to address both students and staff needing help with cessation. Environments where tobacco use still is allowed including the parking areas are currently being evaluated for safety management. In the fall of 2009, Members of the Associated Student Government conducted informal surveys on the preference of the student body to further limit the locations where tobacco is permissible. In addition individual students have asked for a designated area where they would be protected from the rain and sun while still electing to use tobacco.

Smoking Cessation Resources and one to one intervention services continue to be provided for students on both the HWC Website and in person when students or present for services. Health and safety issues still exist for the campus community with regard to second hand smoke when students and staff arrive and depart campus in the many parking lots where tobacco use is currently allowed.

FUTURE DIRECTIONS; FUNDING, PERSONNEL, TECHNOLOGY AND FACILITIES.

Resource Allocation: At the close of 2009 calendar year the HWC program was newly limited by a decline in health fee revenue despite the college's move to \$17.00 per semester the highest allowable state rate of health fees since the inception of the college. This year's enrollment cap and subsequent student enrollment decline of 10% has required an operating budget reduction for Spring 2010 and further reductions will likely be necessary again in the next academic year with further expected roll backs. This significant reduction in monetary resources has become a limiting factor in the continued development of new and existing Student Health and Wellness programming.

First, prospective program cuts will occur in labor expenditures. Our Mental Health Services will be reduced. It is important to note that in 2007, a faculty retirement resulted in the loss of permanent clinical psychology services. Despite repeated requests in each of the last three years for a full-time tenure track faculty position, replacement of this permanent position has not been approved. Currently there are 28 hours of direct clinical services per week offered by two Psychologists' both part-time adjunct faculty members. Hours for 2010-2011 will be further reduced to 20 hours per week for the fall 2010 semester. Nursing hours will also be reduced by five hours each week, resulting in less support for the program coordinator to provide oversight and engage in professional development or outreach activities outside the day to day clinical service. Physician hours will be reduced by three hours each week for the summer session.

In the future as the California State Budget improves the districts allocation cap is re-evaluated and SCC's student enrollment is allowed to grow again these reductions in service will be reinstated. Technological growth is expected as healthcare providers move to higher efficiencies with the institution of electronic medical records (EMR). Proprietary EMR programs have been evaluated locally and are in various stages of development and implementation at many other community colleges across the state.

At present our service volume has reached a nadir at 5000 annual visits. We occasionally have students lined up out the door as there is no physical space to create a student waiting room. Otherwise the existing T-102 offices for Health and Wellness Center and building continue to serve the students and campus adequately. The campus physical master plan includes a preliminary application to the State of California for a new Student Services Building. At that time the Health and Wellness Center will be housed in a central location along with all other student service programs.