

# Student Health Services

## CAS Action Plan

The following action plan is intended to identify specific actions that will enhance the program of health care delivered to ISU students. These actions are based on a self-assessment study of the Student Health Services conducted in the summer of 2001. The assessment process utilized the 1998 CAS Self-Assessment Guide.

This document will utilize Section IV of the above guide entitled, "Formulating an Action Plan" as an outline for presenting the results of the self-assessment study. The findings will be presented in accordance with each of the Steps shown in Section IV and linked to the 13 CAS program components.

### **Areas of Program Excellence**

According to the Guide this section is supposed to identify all parts in the study where exemplary performance/accomplishments were identified. According to the respondents, there were no components that received an exemplary rating. The author believes a factor contributing to these findings is that there are no specific guidelines for Student Health Services. Thus, the general guidelines were used and it is thought that for some participants it was like fitting a "round peg into a square hole". From the perspective of the author the major evaluation of the clinic is accomplished through the accreditation process that has occurred every three years since the mid 1980s. The SHS is scheduled for another accreditation visit in September/October 2002.

There were four components that were fully met, i.e., they received a rating of 5. Those components are Financial Resources, Facilities, Technology and Equipment, Equal Opportunity, Access and Affirmative Action, and Campus and Community Relations.

### **Summary of Actions Required for the Program to Meet Standards**

This section will list the nine components that received a rating of 4, show the discrepancies between what the program does and what the standards require, list actions needed to bring the program into compliance, and identify priorities for each component.

**Mission**- Some participants felt the mission was consistent with the mission of the university and described the overall function of the SHS. Others felt the mission did not guide employees in how to contribute to the development of students and there is not enough documentation on those services that support the SHS and University mission.

**Actions needed for improvement:** a) Revise the SHS mission statement, making it shorter and more succinct while, at the same time, linking the SHS to the broader university and Educating Illinois missions, b) Link SHS goals and objectives to the mission statement, c) Educate staff to understand their responsibility to the SHS mission, and d) Require SHS department heads and staff to show how suggestions for change/improvements are compatible with mission.

The priority is to revise the mission statement for FY03 Strategic Plan and assure its linkage to the University.

**Program** - With regards to program, the overall rating was 4. The main discrepancy is that as a whole unit, programming as it is defined by the CAS criteria is not the main function of SHS. However, when individuals areas such as Health Promotion Office/Sexual Assault Prevention and Survivor Services or Clinical Services are reviewed, the program rating increases. These facets of the SHS provide the developmental and educational components of Student Affairs and demonstrate consistency with University mission. Overall, the participants were satisfied with the quality of services provided by the SHS staff. The programs are convenient, affordable, and purposeful. It was also mentioned that although each program area has a different function, the areas complement one another. Participants felt that all areas were beneficial to student development. The following section analyzes the separately rated program components.

1) The pharmacy is very informative in educating clients about prescriptions, the service is affordable, and the on-campus location is convenient. **Actions needed for improvement:** a) increase the visibility of pharmacy services and b) enhance confidentiality by increasing counseling space.

2) In regards to clinical services, participants reported that it is a quality service, easily accessible, and clients can request particular medical staff. **Actions needed for improvement:** review the hours of service. Some hours are

inconvenient for students (i.e. need later evening hours, when students are less busy and weekend afternoon hours).

3) Participants agreed that the Health Promotion Office/Sexual Assault Survivor and Prevention Services had an excellent educational component that directly linked the Student Health Service with the mission of the University. Actions needed for improvement: a) Develop and utilize outcome measurement tools to assist with determining program effectiveness.

4) Regarding Health Insurance, it was felt the cost was affordable and claims were handled quickly. Actions needed for improvement: heavily advertise the existence of the program and its benefits to students.

The major priorities for the above areas are 1) to prepare for an accreditation survey in the fall of 2002, 2) improve visibility of the SHS on-campus so that students are more aware of all of the programs and services available to them, 3) identify ways to better determine effectiveness of Health Promotion Office programs, and 4) continue to utilize insurance consultant to review program of benefits and services.

### **Role of students in assessing the Student Health Services Program**

Students were initially involved in assessing the SHS. However, because of the low number of student participants, additional focus groups were conducted in October to increase the validity of their responses. When planning for these focus groups, it was decided to develop a separate list of research questions rather than use the CAS Self Assessment Guide. The reason for this decision was the belief that students would not take the time (or have the time) to fully read all the documentation required to rate the SHS on all 13 components.

The research questions were developed by Adrienne Coleman with assistance from Wayne Ericson and are shown below.

- 1) Were you aware of the Student Health Services' existences? If yes, describe the service provided by the Student Health Service.
- 2) What are students' health needs and wants?
- 3) Does the Student Health Service meet these health needs and wants?
- 4) For those that have utilized the Student Health Service, what are strengths of the Student Health Service?

- 5) What are the weaknesses and how can Student Health Service be improved?
- 6) What does the Student Health Service cost? Are you willing to pay an increased health fee to accommodate more health care services?
- 7) What hours are most convenient for students to receive health care?
- 8) What stereotypes have you heard pertaining to the Student Health Service? Were they or were they not confirmed?

Adrienne then identified the five following groups of students: National Pan-Hellenic Council (NPHC, Black Greeks), PRIDE, Association of Latino Students, College Student Personnel Administration graduate students, and students enrolled in General Education courses Drugs and Lifestyles or Healthy Family Living.

During the month of October focus groups were conducted to ascertain the students' responses to the survey questions. In general, the students were aware of SHS, believed the SHS meets their needs, and that there is a friendly staff that provides prompt service and "cheap" medicine. Weaknesses identified include little outreach/visibility, perception of misdiagnosis, and lack of diversity-especially GLBT. The stereotypes include misdiagnosis, not "real doctors", and over/misuse of medications. When asked if the students would be willing to pay more for increased services the participants were about evenly split. The health needs identified included medicine, education, flu shots, check-ups, birth control, and condoms. When asked about hours of service, many students wanted increased evening hours after 6:00 p.m.

Actions needed for improvement: a) increased visibility, b) address stereotypes including "real" doctors, misdiagnosis, overuse/misuse of medications, c) assure all students feel welcome regardless of sexual orientation, and d) study feasibility of expanding/changing hours of service.

**Leadership**- a rating of 4 was given to leadership. Comments indicated the organization was willing to change and try new ideas as needed but some staff are resistant to change. The SHS is like most medical organizations in that it has high differentiation and specialization, which often results in a lack of adequate communication and reduced teamwork.

Actions needed for improvement: a) increase teamwork among the SHS departments, b) emphasize the revised mission statement and how it relates to all activities within the SHS, and c) address issues that inhibit program and goal achievement.

The priority is to emphasize the importance of teamwork for all SHS employees as a means to fulfill the SHS mission and linkages to the larger University.

**Organization and Management**- Organization and Management was given a score of 4. Most of the participants felt the organization is purposeful, but perceived internal communication as a problem. Participants feel information on new and current resources are not adequately shared and there is a lack of knowledge on activities outside of individual departments.

Actions needed for improvement: a) SHS departments need to make greater efforts to communicate their objectives and functions more fully within the SHS, b) increase communication among the SHS departments and employees, and 3) increase communication between management and the departments.

The priority is to increase communication among SHS departments.

**Human Resources**- This area was given a score of 4. No discrepancies were reported either on the focus group questionnaire or in the sessions.

Actions needed for improvement: a) enhance staff development and training, and b) implement rewarding and recognition of outstanding efforts.

The priority will be on staff development and training especially as related to recognizing and rewarding outstanding efforts.

**Legal Responsibilities**- This component was given a score of 4. No discrepancies were reported either on the focus group questionnaire or in the sessions.

Actions needed for improvement: achieve compliance with HIPAA.

The priority is to begin immediately to develop and implement the necessary privacy policies and procedures to attain compliance by April 2003. The Pharmacy will be compliant with the transaction standards by October 2002.

**Diversity**- Diversity received a rating of 4. A contradictory finding emerged from the focus groups in that some participants felt the SHS has a diverse staff that respects cultural differences while others mentioned that diversity trainings are minimal and increased understanding of cultural values is essential. Some participants believe more training sessions and/or cultural events should be conducted on an on-going basis.

**Actions needed for improvement**: more training is needed which aims to deepen the respect and education about the similarities and differences among people as well as understanding the histories of various cultures.

The priority will be to work with the SHS Staff Development and Diversity Committee to develop a long range (multi-year) action plan that will systematically address the action shown above.

**Ethics**- Ethics was given a score of 4. Most participants commend the professionalism of the staff, but a few participants have stated this as a weakness and feel there should be a better dissemination of ethical standards. There is a sense that not all staff adhere to the highest principles of ethical behavior in their interactions with one another.

**Actions needed for improvement**: a) educate staff members to recognize and avoid personal conflicts of interest AND ensure fair, objective, and impartial treatment of all persons with whom they deal, and b) educate and help staff members to hold accountable other staff who exhibit unethical behavior.

The highest priority is train, support, and encourage staff to deal with others whom they believe are exhibiting unethical behavior. The Staff Development and Diversity Committee will be asked to work with the Director in addressing this need.

**Assessment and Evaluation** - This received a rating of 4. Assessment in the form of accreditation surveys, customer satisfaction, and student behavior

occurs on a regular basis, but many participants believe that the results have not been circulated throughout the Student Health Service. Also, there are not currently no assessments that actually address student development, so it is difficult to ascertain if the SHS contributes to this aspect of Student Affairs.

Actions needed for improvement: a) assure that all future survey results are more widely distributed to SHS staff, b) review current assessment activities to assure that appropriate data is being collected and utilized, in order to address student development, and c) assure that assessment results are fully used to bring about improvement in programs and services.

The priority is to assure that assessment results are fully utilized to bring about improvement in programs and services.

### **Summary of Program Enhancement Actions**

The following three areas received a rating of "5" which means they fully met the criteria. However, there were several ideas associated with these components what would help to maintain to assure a high rating in the future.

**Facilities, Technology, and Equipment** - while this area was given a rating of fully met, there were some comments that need to be considered to assure a continual high rating in this component.

Actions needed to maintain a "Fully Met" rating: a) the inside doors (off the main hallway) are not automatic which causes hardships for some students, and b) the Pharmacy, Information Systems, and Health Promotion Office have very limited space due to recent demand to provide services.

**Equal Opportunity, Access, and Affirmative Action** - this is another component that received a rating of "fully met". As with Facilities, Technology, and Equipment component above, there are actions that need to be considered if the SHS is to maintain this rating.

Actions needed to maintain a "Fully Met" rating: a) must continually work to assure all staff exhibit sensitivity and awareness regarding cultural differences as related to gender, race, and sexual orientation, b) educate staff to avoid students feeling rushed through SHS in an impersonal manner-acquire a better

understanding of students and their pressures to bridge the communication gap that may occur, and c) review the hours of service to assure student access is not being hindered.

The priority is to continually provide in-service programs that help staff better understand all students, especially GLBT students, and their ability to communicate with them.

**Campus and Community Relations** - This component was also given a rating of 5. It was agreed by all that the SHS successfully collaborates with external sources both within the University and the larger community. However, there is a need to become more visible on-campus and to students.

Action needed to maintain a "Fully Met" rating: improve visibility on-campus to both students and faculty/staff.

The priority is to expand activities that enhance visibility such as more advertising and greater outreach to faculty and staff.

### **Description of Program Action Plans**

The following program action plans are a summary of both those actions required and actions that will enhance the Student Health Service in the coming years. It was decided to combine these actions since there is an overlap of actions in both areas (i.e. increase visibility). The following list of action plans are shown in order of priority.

- 1) Prepare for re-accreditation in the fall of 2002.
- 2) Achieve compliance with HIPAA by April 2003.
- 3) Review current assessment efforts and, when needed, develop new instruments to measure program effectiveness.
- 4) Improve visibility to the SHS as a distinct and excellent resource to the ISU students and community.
- 5) Revise the mission statement for the FY03 Strategic Plan and assure strong linkage to the University and Educating Illinois.

6) Provide staff programming that emphasizes a caring and welcoming environment through the provision of in-service programs that continue to emphasize customer service, diversity, the importance of teamwork, and reaching underserved students.

7) Increase the emphasis on Department Heads understanding their leadership role, the importance of teamwork, and the need to promptly resolve and conflict.

It is anticipated that the CAS Study will be conducted again in the summer of 2004 utilizing the new CAS Standards that have been developed for student health services.