



Section A – Operating Data

1. Please enter the number of students that your program has served over the previous three years.

Year	Fall	Spring	Total
2012-2013	1737	865	2602
2013-2014	2433	1891	4324
2014-2015	2224	1768	3992

2. Is the number of students served by your program increasing, decreasing, or remaining constant?

- Select -

3. Describe the reason(s) for this trend (600 characters max).

2014-2015 the staff at the Health Center was decreased. The full time RN moved to Minnesota and the Student Health Center Assistant II left with a medical disability. This caused a reduction in services due to lack of staffing.

4. Enter the number of students from each demographic group that your program served in the 2014-2015 academic year.

Race/Ethnicity	Number of Students Served in 2014-2015
Asian	275
Black	191
Hispanic	385
Native Amer	67
Pacific Islander	61
Two or More Races	
Unknown	
White	1272
Gender	Number of Students Served in 2014-2015
Female	2417
Male	1499

5. Are you able to increase the number of students your program serves and/or serve more students from underrepresented groups?

Yes



If yes, please create an initiative in Section F that describes how your program will do this, and what resources, if any, are necessary to achieve it.

6. If no, please describe why your program is unable to do this (600 characters max).

Section B – Services Offered

Please describe the type of services that your program offers.

Service Offered (100 characters max)	Offered Face to Face (Day)	Offered Face to Face (Evening)	Offered Online	% of Total Students Served who Used this Service in the Past Year
Medical Care	Yes	No	No	0.00%
Mental Health Counseling	Yes	Yes	No	0.00%
Class Room Presentations	Yes	Yes	No	0.00%
Student Health 101	N/A	N/A	Yes	0.00%
	- Select -	- Select -	- Select -	0.00%
	- Select -	- Select -	- Select -	0.00%
	- Select -	- Select -	- Select -	0.00%

1. Are you able to improve the quantity or quality of services that your program offers?
- Select -

If yes, please create an initiative in Section F that describes how your program will do this, and what resources, if any, are necessary to achieve it.



2. If no, please describe why your program is unable to do this (600 characters max).

Section C – Service Unit Outcomes

Please enter the following SUO information for your program.

Service Unit Outcome	Date/Semester of Most Recent Assessment	Brief Description of Assessment Results	Changes Made as Result of Assessment	Date/Semester of Next Assessment
Increased visibility of the Health Center	Spring 2013	81% of students according to survey new about the Health Center	Health Fair, Increased Classroom visits	2016
Total Conversion to Electronic Medical Records	Fall 2015	Totally electronic- except for student consent forms	Starting in January with Students completing consent forms online	January 2016

1. How does your program facilitate the achievement of the college’s institutional student learning outcomes or institutional service unit outcomes? (600 characters max)

Goal 1:- The Health Center continually updates the services so that we are always current and meeting the needs of the students. We have greatly expanded our counseling services. By helping the student maintain wellness they are preparing to enter the workforce.

Goal 2 Through our get FIT program and preventive health care emphasis this begins a strong path to their success.

2. How many department/program meetings have you held in the previous year in which SUO’s have been discussed?



6 meetings

3. Are you able to improve the service unit outcomes for your program (i.e. number of SUO's assessed, adherence to rotational plan, improved SUO assessment results, etc.)?

Yes

If yes, please create an initiative in Section F that describes how your program will do this, and what resources, if any, are necessary to achieve it.

4. If no, please describe why your program is unable to do this (600 characters max).

Section D – Program Staffing

Please enter the following staffing information.

Type	Headcount	FTE
Full-Time Non-Instructional Faculty	1	
Adjunct Non-Instructional Faculty		
Classified Staff	4	
Unclassified Staff	4	

1. Describe any changes in the staffing levels in your program over the past three years, and if applicable, describe how these changes have impacted your program (600 characters max).

2013-2014 the Health Center staff was missing two strategic positions- RN and Student Health Center Assistant II. These were both filled in May 2015.

This impacted the number of students that we were able to serve and it directly impacted the Coordinator as she was covering the RN position as well as the coordinator position resulting in many hours of volunteer time.

There is still a strong need to increase the Student Health Center Assistant II to 40 hours instead of the 32. The RN needs to be 11 month instead of 10. This will help with the summer coverage.



Section E - Previous Year Initiatives

Program	Funding Category	Initiative ID	Initiative Title	Initiative Description	Cost	Grants/ Categorical	College Funds	Program Priority	Division Priority	Committee Priority	College Priority	Funded	Status	Outcome
SHC`	Health Center Funds	SHC1401	Increased Marketing	Staff did classroom presentations	none	none	none	high				N/A	Ongoing	Increase number of students
SHC	HC Funds	SHC1402	Smoking Cessation	Posters, Health Fairs to promote our program	none	none	none	med				N/A	Discontinued	Increase number of students participating
												- Select -	- Select -	
												- Select -	- Select -	



Section F – 2015-2016 Initiatives

Program	Initiative ID	Initiative Title	Initiative Description	Cost	Funding Source	Initiative Category	Educational Master Plan Goal	Expected Improvement	Program Priority	Division Priority	Committee Priority	College Priority
Student Health Center	SHC1601	Rapid HIV testing	Free HIV testing through the Health Center with results in approximately 1/2 hour.	None	None	Other	<input checked="" type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input type="checkbox"/> Enrollment <input type="checkbox"/> # Under-represented students <input checked="" type="checkbox"/> Quantity/ Quality of Services <input type="checkbox"/> Course Success Rate <input type="checkbox"/> Productivity/ Fill Rate <input type="checkbox"/> Close equity gaps	<input type="checkbox"/> Req <input checked="" type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
Student Health Center	SHC1602	Expansion of the get FIT program	Recently started a Get Fit Program- hope to expand visibility of the program and have data for next year	None	None	Other	<input checked="" type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input type="checkbox"/> Enrollment <input type="checkbox"/> # Under-represented students <input checked="" type="checkbox"/> Quantity/ Quality of Services <input type="checkbox"/> Course Success Rate <input type="checkbox"/> Productivity/ Fill Rate <input type="checkbox"/> Close equity gaps	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low



2015-2016 Program Review
Student Health Center

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2015-2016 Program Review
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Educational Master Plan Goals

Goal 1: Continuously improve educational programs and services to meet student, community, and workforce development needs.

Goal 2: Provide students with information and access to diverse and comprehensive support services that lead to their success.

Goal 3: Partner with local and regional organizations to achieve mutual goals and strengthen the College, the community and the area's economic vitality.

Goal 4: Continuously enhance institutional operations and effectiveness.

Goal 5: Implement the Ventura College East Campus Educational Plan.



Section I – Process Assessment

How have the changes in the program review process this year worked for your area?

How would you improve the program review process based on this experience?

Appeals

After the program review process is complete, your program has the right to appeal the ranking of initiatives (i.e. initiatives that should have been ranked high but were not, initiatives that were ranked high but should not have been), the division's decision to support/not support program discontinuance, or the process (either within the department/program or the division) itself.

If you choose to appeal, please complete the Appeals form (Appendix E) that explains and supports your position. Forms are located at the Program Review VC website.

The appeal will be handled at the next higher level of the program review process.

Section I – Submission Verification

Preparer:

Dates met (include email discussions):

List of Faculty/Staff who participated in the program Review Process:

Preparer Verification:

I verify that this program document was completed in accordance with the program review process.

Dean/VP Verification:

I verify that I have reviewed this program review document and find it complete. *The dean/VP may also provide comments (optional):*



APPEAL FORM

The program review appeals process is available to any faculty, staff, or administrator who feels strongly that the prioritization of initiatives (i.e. initiatives that were not ranked high but should have been, initiatives that were ranked high but should not have been), the decision to support or not support program discontinuance, or the process followed by the division should be reviewed by the College Planning Council.

Appeal submitted by: (name and program) _____

Date: _____

- Category for appeal:
- Faculty
 - Personnel – Other
 - Equipment- Computer
 - Equipment – Other
 - Facilities
 - Operating Budget
 - Program Discontinuance
 - Other (Please specify)

Briefly explain the process that was used to prioritize the initiative(s) being appealed:

Briefly explain the rationale for asking that the prioritization of an initiative/resource request be changed:

Appeals will be heard by the College Planning Council. You will be notified of your time to present.