

STUDENT HEALTH CENTER

PROGRAM REVIEW
2016-2017



PEPPERDINE UNIVERSITY
STUDENT AFFAIRS

PROGRAM REVIEW

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Introduction

Internal Context:

The Student Health Center (SHC) serves the entire campus community and sees students representing undergraduates, graduates, different ethnicities, and majors. All five schools of Pepperdine are served by the SHC. Students, who attend classes on the Malibu campus, where the Center is located, are the highest utilizers. The SHC is a department of the Division of Student Affairs.

Services offered by the SHC are identified in two broad categories:

1) Patient Care, which includes not only focusing on the medical complaint, but lifestyle issues and mental health concerns. Changing lives in that “teachable moment” facilitates the learning process, promotes a healthy community, and influences academic retention. Strongly emphasizing on health education and student learning is unique in a medical clinic; the private sector rarely highlights and collects data on learning outcomes.

2) Special Programs, includes prevention-oriented outreach events for the entire student body, Quality Improvement Program, Peer-Mentoring Leadership Programs, Student Health Insurance Program, and Emergency Preparedness for the campus community.

A number of changes have occurred since the last program review, which was completed in 2010, including addressing a number of concerns that were identified at that time.

1) The SHC has contracted with an Independent Massage Therapist to offer services in the clinic several days per week. This service is offered to students, staff and faculty and began again in 2011 following a mandatory 10% cut in programs in 2008.

2) The SHC was advised to greatly reduce its outreach programming. There are now only two large events hosted by the SHC, with all other outreach facilitated by the Student Health Advisory Board and Nutrition Peer Educator Program in partnership with the SHC. Partnerships with other Student Life departments occur on a regular basis and target Pepperdine health related data or observance of national health days/months.

3) The SHC Director and other medical staff was spending an inordinate amount of time on administrative tasks rather than direct patient care, and it was therefore recommended that there be an Associate Dean for Health and Counseling position which has been created. The administrative realignment offers a more integrated health and counseling service with the Director of the Counseling Center becoming the Associate Dean of Health, Counseling, and Wellness.

4) The SHC Part-time Physician was promoted to Medical Director and was afforded opportunities for training specifically in managing eating disorder cases. Additionally this position is the Automated External Defibrillator (AED) Compliance Manager for the University, and assures quality medical care adhering to best practice in medicine.

5) The SHC proposed funding for a Health Educator to be added to the department based on the recommendations of reviewers. A position of Health and Wellness Education Coordinator was granted, and the position is located in the Counseling Center, however close collaboration occurs with the SHC on various outreach programming.

6) The SHC moved from a paper-based health record to an electronic health record (EHR).

External Context:

Immediate, local external context (Malibu)---Providing services on campus is particularly important at Pepperdine due to the largely rural nature of the surrounding Malibu area. There are few local providers, and public transportation is extremely limited. Even for students who do have cars, most healthcare options would be at least forty-five minutes each way, depending on LA traffic which is known to be a challenge.

National Picture--As identified in Framework for a Comprehensive College Health Program (American College Health Association, 2016), "A local urgent care provider can accurately diagnose a student acutely ill with influenza and prescribe appropriate medication. However, the college health physician or advanced practice clinician also addresses the impact of influenza on the student's class attendance, studies, roommates, and sports participation, including intercollegiate athletic competition." The Pepperdine University Student Health Center follows best practices and believes that the "...college health plays a critical role in the retention, progression, and graduation of students by providing access to and/or coordination of quality, affordable, convenient health and wellness services and programs delivered by professionals who are attuned to the unique stressors and needs of college students." (American College Health Association, 2016). Surveys (The National College Health Association NCHA II) of the study body document that chronic health problems and serious illnesses have negative impacts on academic performance. Specifically, Pepperdine has seen a 29% increase from 2013 to 2015, while NCHA has seen only a 2.7% increase. As evidenced by data collected at Pepperdine's Student Health Center (through the Health Risk Questionnaire) Pepperdine is not exempt from concerning trends including sexual health, cold/flu, sore throat symptoms, and allergies.

Mission Statements, Goals and Outcomes:

University Mission Statement

Pepperdine is a Christian university committed to the highest standards of academic excellence and Christian values, where students are strengthened for lives of purpose, service, and leadership.

Student Affairs Mission Statement

The mission of Student Affairs is to strengthen students for lives of Christian purpose, service, and leadership by providing high-quality co-curricular programs and services that promote student learning and development.

Student Health Center Mission Statement

The Student Health Center is committed to providing high-quality, multi-specialty, low-cost health care to our diverse community of students. Our primary focus is to keep the students healthy by providing preventative care, the timely treatment of disease, and making appropriate referrals when necessary. We emphasize health education and aim to provide care in a confidential, respectful, and safe environment. We encourage honest, open communication. We are dedicated to perpetuating the wellness of the whole being--Mind, Body and Spirit.

Student Health Center Goals

The Health Center seeks to:

- Provide confidential essential care services, emphasizing student learning, to all Pepperdine undergraduate and graduate students in a compassionate, culturally sensitive, Christian context, in a timely, easily accessible, cost-effective and efficient manner.
- Work collaboratively campus wide to maintain the student's health, to support active engagement with academic studies and to create a healthy campus community.
- Partner with other departments and campus organizations on prevention programs, communicable illnesses, and other public health concerns.

Student Health Center Learning Outcomes

The Student Health Center strives to incorporate learning and student development in its effort to provide quality service. A student who participates in Student Health Center programs should be able to demonstrate:

1. **Knowledge** – Demonstrate an increased understanding of medical information, including one's own medical diagnosis and treatment plan;
2. **Self-Care** – Demonstrate risk reduction and preventative behaviors;
3. **Others-Focus** – Demonstrate caring for others, understanding the importance of public health concerns and the importance of managing communicable disease and serving others;
4. **Faith-Focus** – Integrate a Christian faith and worldview of physical health principles in understanding and maintaining medical wellness.

Benchmarking:

Patient/Provider Ratio Benchmarking

Benchmarking was conducted with peer institutions to compare staffing ratios against student population who visit each clinic. The term “Provider” for this benchmarking includes the positions of MD, PA, & RN.

Table 1.1

Institution	# of Students	# of Providers	Ratio
Abilene Christian	4,427	5	885 to 1
Azusa Pacific	9,972	8	1246 to 1
Boston College	14,317	5	2863 to 1
Carleton	2,057	4	514 to 1
Claremont Colleges	7,390	6	1231 to 1
Notre Dame	12,179	31	392 to 1
<i>Pepperdine</i>	<i>7,417</i>	<i>5</i>	<i>1483 to 1</i>
Rice	6,621	4	1655 to 1
Seattle Pacific	4,217	4	1054 to 1
Samford	4,933	2	2466 to 1
Valparaiso	4,507	5	901 to 1
Vanderbilt	12,686	19	667 to 1
Wake Forest	7,788	22	354 to 1
Westmont	1,300	3	433 to 1

An additional example of benchmarking with the same peer institutions focuses on fees, and the proposal for a designated Health Fee, as surveys over the years indicate that fees are a deterrent to seeking care at the SHC. Since Seaver College is growing, the SHC is seeking ways to maximize access of care, and to increase staffing to accommodate the anticipated health needs of the community. Benchmarking has been conducted with peers on a variety of topics (see Appendix

1), with health fee and staff/student ratio representing areas of need for the SHC. Initial results are shown below.

Health Fee Benchmarking

Table 1.2

Institution	Health Fee	Fee Determination Notes
Abilene Christian	No	Block tuition does not itemize Health Fee; all cash operation; \$40/visit; works as a clinic to a local provider network last 3 years; all medical staff are network employees; front office staff are university employees; test costs are rounded up to a multiple of \$5 for simplicity and anonymity.
Azusa Pacific	Yes	\$120 mandatory Health Fee for undergrads; graduates and international students optional participation; fee allows for unlimited provider access
Boston College	Yes	New "State of the Art" Facility; meds, vaccinations, and supplies are billed at cost +15% except larger fees that max at \$8; 1 full time staff member for billing insurance; have contracted rates with SHIP; provider fees based on fee schedule.
Calvin	No	
Carleton	No	No charge for provider visits with an appointment; \$5 walk in fee; other fees are charged as close to cost as possible.
Claremont Colleges	No	Formula funded; % of tuition is allocated to SHC but not itemized on tuition bill; same fees for past 10 years (at least); no charge for scheduled appointments; physical exam \$45; \$10 no show/late fee; hard to make changes to fees as all 7 schools have to approve
Notre Dame	Yes	Undergraduates are charged a 'health center access fee'; schedule of fees listed online; \$5 walk in fee otherwise no charge for provider

		visits; charges are as close to costs as possible;
<i>Pepperdine</i>	<i>No</i>	<i>Fee for service</i>
Rice	Yes	Health Fee covers both Counseling and Health Center; no fees for provider visits; all prescriptions are filled by outside providers.
Seattle Pacific	Yes	Health Fee mandatory for undergrad and charged per quarter. Grad students are optional and pay \$50/ quarter if they come in for illness or injury and only at cost for wellness visits. Cost of supplies + a small % determined by inflation; costs have been stable past two years
Samford	No	Bill insurance directly; fees based on fee schedule; managed by St. Vincent's for last 4 years; self pay rate \$50/visit and 25% discount on tests.
Valparaiso	No	Fees based on fee schedule; bill insurance directly; part time employee to handle insurance billing.
Vanderbilt	No	% of tuition is allocated to Health Services but not itemized on tuition bill; no fee charged for provider visits; prescriptions add on to price for simplicity.
Wake Forest	Yes	Any office visit is covered; labs, medicine, crutches, testing, etc. are all charged; no SHIP; medicine is charged at medicare rates in NC + 10-15% for simplicity; rates are small compared to outside providers; thinks the health fee is \$190
Westmont	Yes	\$250/ semester; no insurance mandate; walk ins, appointments, and small incidentals are no cost; prescriptions, vaccines are charged a small fee; flu shot \$15

Patient Care

Internal Context:

The Student Health Center's (SHC) mission emphasizes a strong commitment to providing high-quality healthcare at a low cost to Pepperdine's diverse student population. This commitment focuses on the use of evidence-based medicine, and collaboration between practitioners and other departments/outside resources to fully care for student patients' needs. Direct patient care is at the heart of this mission. The Student Health Center provides direct patient care to all registered students encompassing a wide range of students from 17-year-old first year students to older, International graduate students and everything in-between. The care provided includes a range of illnesses from acute illnesses, such as sinusitis and influenza, to monitoring of chronic disease such as hypertension. The SHC is also the primary provider to students with complex medical problems who may need coordination of services between departments at Pepperdine or among various medical specialists. The SHC also cares for students with acute injuries providing wound management, suturing of simple lacerations, and referral if needed. Preventative care is an important piece of any patient care program and the SHC meets this medical need by offering regular physicals as needed or requested, women's and men's health services, pre-op physicals, Travel medicine exams, sports physicals, and employment or volunteer physicals. Immunizations are an integral part of preventative medicine, and the SHC has a robust program to ensure students are up to date on immunizations.

External Context:

The SHC serves a very basic need of students: access to affordable, on campus, quality health care. In this time of rapidly rising medical costs, the SHC's fees have remarkably been unchanged for more than 15 years. For students on the Student Health Insurance Plan (SHIP), all provider fees are reimbursed, resulting in very low cost health care. Cost analyses utilizing Medicode and benchmarking over the years have consistently shown that SHC fees are significantly lower than other primary care providers in the area. The SHC is also very accessible located right on campus between the main undergraduate and some of the graduate campuses, with easy shuttle access. Unlike many private doctors' offices, the SHC typically can see a patient the same day they request an appointment, even for non-urgent concerns. Since walk-in patients are accepted, the demand care model is available to all students. Even physical exams can often be accommodated within a few days of request.

The location of Pepperdine in a relatively isolated area without many options for affordable medical care highlights the need for access to medical care on campus. The quality of care provided at the SHC is demonstrated by the high grades on patient satisfaction surveys over the years, the robust Quality Improvement Program, the limited number of patient complaints, and the quality of the providers giving care as shown through licensure, Board Certification, and CME activities. The advantages of on-campus care include the strong follow up care via secure messages to students, phone calls, and convenient follow up appointments. In addition, availability of on campus health care facilitates great partnerships with other relevant departments, such as Housing Residential Life for "flu" follow up, Disabilities Services for

students needing disability services, and Student Counseling Center for coordination of care for students with mental health issues, and the Student Care Team.

Goals:

As noted above, the program exists to meet the need of students for affordable, accessible, quality healthcare. Our goal is to provide this service to students in order to maximize their health so that they can fully participate in the academic and social life of the university. When health is compromised or if pursuing health entails multiple off campus visits at a distance from campus, the Pepperdine and student goals of obtaining purpose, pursuing service, and providing leadership are compromised. An additional goal is to provide these services so that patients with acute or chronic illness or injuries can stay in school if possible. Lastly, the SHC strives to keep the entire campus healthy and safe. One way this is accomplished is through the patient care program providing immunizations, timely care to ill and contagious students, and patient education concerning contagiousness when they come in to the clinic. Indeed, students consistently state that they better understand their health and how to stay healthy after a visit to the SHC: in FY 2014-2015, 73% of students reported that they “better understood their health overall” and 63% reported that they “received advice on how to stay healthy” after their visit to the SHC.

Analysis of Evidence:

As noted above, the program exists to meet the need of students for affordable, accessible, quality healthcare, to keep them and the campus healthy and safe to promote maximal academic and social success in an environment where access to alternatives for medical care is limited. Students can be seen on campus efficiently, effectively, and in a timely manner which has proven to be very desirable for our campus community.

Students are made aware of our services through introduction to the SHC during New Student Orientation when most of them interact with us to review or, if needed receive, their immunizations. They also learn about us in their Freshman Seminars, through our Outreach Programs such as Influenza Vaccine clinics and Sexual Integrity, through our website, via articles in the School newspaper and Parent Newsletter, through their RAs whom we help train at the start of each year, through digital signage ads, and through Facebook and other social media marketing.

Usage: Over the past 5 years total patients seen has ranged from 1,569 to 1,811 with total visits ranging from 3,223 to 3,388 (see tables 2.2 and 2.3). The most common visit reasons have stayed about the same over the past 5 years with Travel Physicals and respiratory illnesses consistently topping the list year after year (see table 2.1).

Disaggregation of data: Nearly one in four enrolled students was seen at least once during the 2015-2016 school year. The majority of patients who visit the SHC are undergraduate students with 42% of enrolled undergraduate students seen at least once during the 2015-2016 school year. This utilization demonstrates how essential affordable, convenient health care is needed even for this relatively young, healthy population. Percentage of female students seen compared to enrolled females has held steady during the past 5 years with about 65% of patients seen female compared to enrollment of about 59%. Percentage of Asian students seen has increased over the

years from 17% of Asian patients seen at the SHC (compared to 11% enrolled) in 2011-2012 to 21% of Asian patients seen during 2015-2016.

There has been a gradual decrease in graduate students seen, except for an influx in 2014-2015. Within graduate students, over the past 5 years, numbers seen and number of patient visits, have both decreased in School of Public Policy, School of Law, and Graduate School of Education but both numbers seen and visits have consistently been increasing in the Graduate School of Business Management (GSBM). The mandatory immunization requirement and submission of the Health History Form for GSBM International students compared to no requirements for the other graduate programs is a likely cause of such a large gap between graduate schools. The mandated requirements for undergraduate and for GSBM International students improve campus health and introduce often hard to reach graduate students to the SHC, decreasing barriers to care. Another possible reason for decreased graduate student utilization is that repeatedly students list the abysmal appearance of the SHC facility and the \$70 initial visit fee as prime deterrents to seeking care here. Most graduate students have more options to seek care elsewhere compared to undergraduate students if they consider the SHC undesirable in appearance and fees. Over the year 2015-2016, the ratio of patients seen to visits was the same for both undergraduate and graduate students (1284/2501 and 396/717 respectively) showing that once graduate students do come in to the Health Center, they return at rates similar to undergraduate students. Frequently, students living on campus, whether undergraduates or International graduate students do not have transportation to seek care elsewhere and public transportation in the area are limited. Attempts have been made over the years to increase graduate and International student awareness of the SHC most notably through the Student Health Advisory Board (SHAB), however, efforts are still needed to grasp this sometimes hard-to-reach population.

Student Feedback: a comment box is displayed in an easily visible location in the patient waiting room allowing students to give feedback easily at any visit. Students are actively surveyed with a satisfaction survey every year (100-200 students surveyed). Students consistently give the SHC an “A to B” performance grade, including the last 4 years. This rating is actually very commendable and has been consistent for 20 years. Medical staff are rated as above the 90th percentile, as “excellent or good” on understanding health concerns and overall care given. In addition, SHAB has done independent surveys, which include patient care feedback, and the Service Leadership group also reviewed this issue (see Appendix 1).

Demand for other services: Students consistently want increased availability of specialists and appointment times (extended hours). Some students have also requested increased availability of sexual health related services. If possible, requests for a service are met such as the recent requests for injections such as Humira, and for Yellow Fever vaccination for travel.

Top 5 Most Common Patient Visits:

Table 2.1

<i>FY 2010</i>	<i>FY 2011</i>	<i>FY 2012</i>	<i>FY 2013</i>	<i>FY 2014</i>
Sinusitis	Travel Physical	Travel Physical (197)	Travel Physical (218)	Travel Physical (264)
Travel Physical	Sinusitis	STI Screen (175)	Sinusitis (203)	Sinusitis (196)
URI	Acute Bronchitis	Sinusitis (169)	Bronchitis (148)	Bronchitis (134)
Acute Bronchitis	URI	Bronchitis (146)	URI (116)	Pharyngitis (131)
Pharyngitis	Eating Disorder	URI (144)	Pharyngitis (94)	URI (116)

Since 2011, Travel Physicals have been the most common reason for patient visits. Sinusitis, URI, Bronchitis, and Pharyngitis have also been on the list since 2012. STI Screen and Eating disorders are no longer on the list as of 2012.

Patients Per Year:

Table 2.2

	Total Patients 2010/2011	Total Patients 2011/2012	Total Patients 2012/2013	Total Patients 2013/2014	Total Patients 2014/2015	Total Patients 2015/2016
All Schools	1,675	1,790	1,631	1,569	1,811	1,783
Seaver	1,212	1329	1,267	1,202	1,352	1,384
Graduate	463	461	361	367	459	396
SPP		35	40	19	19	10
SOL		196	130	126	117	94
GSBM		178	145	180	283	249
GSEP		52	55	27	27	25
Seaver Grad			11	15	13	18

Trends

The majority of patients who visit SHC are undergraduate students. There has been a gradual decrease in graduate patients, but influx during 2014/2015. Patient totals have decreased significantly in School of Public Policy (SPP), School of Law (SOL), and Graduate School of Education and Psychology (GSEP) since 2011/2012. There has been a substantial increase in patients attending GSBM. Over the past 5 years, overall total patient visits have been steady. There has been a fairly constant decline in total patient visits in SPP, SOL, GSEP, and Seaver Grad. GSEP is an outlier to that trend in 2012/2013 as well as SOL in 2013/2014. GSBM has had an upward trend in total patient visits over the past 5 years.

Visits per Year:

Table 2.3

	Total Patient Visits 2010/2011	Total Patient Visits 2011/2012	Total Patient Visits 2012/2013	Total Patient Visits 2013/2014	Total Patient Visits 2012/2014	Total Patient Visits 2015/2016
All Schools	3,525	3,223	3,264	3,255	3,388	3,223
Seaver	2,407	2409	2,556	2,522	2,529	2,501
Graduate	1,118	814	705	733	859	717
SPP		75	42	37	31	31
SOL		354	260	278	257	209
GSBM		290	249	315	481	401
GSEP		95	117	77	61	41
Seaver Grad			37	26	29	35

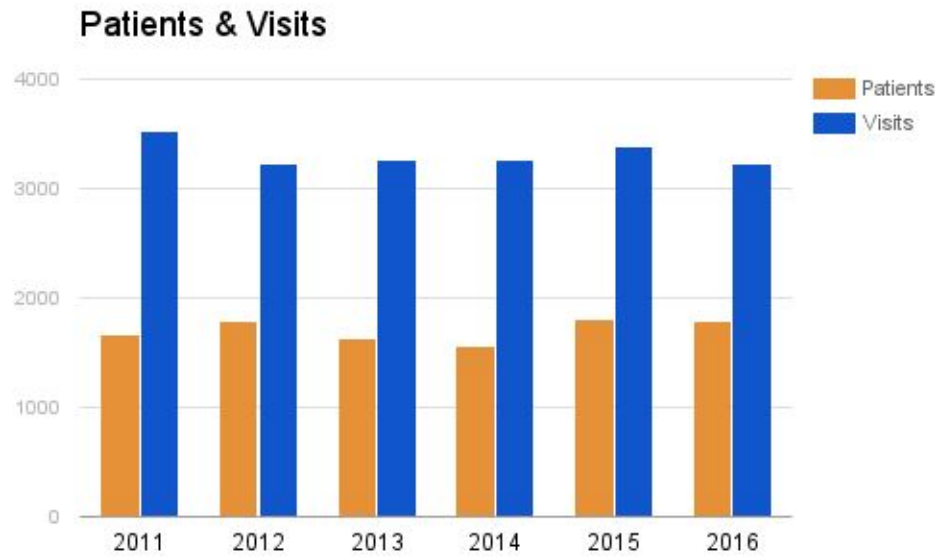
Trends

Over the past 5 years, overall total patient visits has been steady. There has been a fairly constant decline in total patient visits in SPP, SOL, GSEP, and Seaver Grad. GSEP is an outlier to that trend is 2012/2013 as well as SOL in 2013/2014. GSBM has had an upward trend in total patient visits over the past 5 years.

Key reason for lower patient visit numbers

The Student Health Advisory Board (SHAB) 2013 Survey reported that 62% of students answered that the “first visit of the semester appointment fee” was the primary deterrent to coming to the SHC. In an open response to the same prompt, 23% of respondents cited the \$70 fee as prohibitive to their use of SHC. Another possible reason is that the SHC does not bill insurance secondary to limited staff resources. The SHC is considered “out of network” which is confusing to patients as they are used to the “co-pay”. Once students see the charges posted on their student accounts, reconsideration of seeking care at the Center has occurred.

Table 2.4



Travel Medicine

Internal Context:

The Travel Medicine Program (TMP) optimizes student's health and safety during travel to other countries for international studies, internships, personal travel, mission trips and other volunteer service. The Student Health Center (SHC) works closely in collaboration with International Programs, Project Serve, Graduate Programs, and Insurance and Risk to prepare students for travel. This partnership helps to ensure that students are able to engage in a maximized cultural learning experience. The TMP has been in existence for sixteen years and has grown significantly in usage and scope of services.

External Context:

Travel provides students with valuable educational experiences: becoming adept in speaking and understanding a new language, recognizing cultural differences and similarities, unearthing the history of a country, as well as the personal growth that occurs when one is faced with new experiences. However, travel can pose health hazards particularly to countries that are endemic for illnesses and diseases such as typhoid, malaria, cholera, meningitis, ebola, rabies, lyme disease, dengue fever and now the Zika virus. Pre-vaccination and medications to prevent and treat travel related illnesses are an important part of travel safety. Knowing steps that can be taken for proper sanitation and food safety support infection prevention. Pepperdine offers extensive travel opportunities globally with multiple options for students to engage in learning outside the U.S. The SHC contracted with Travax, electronic resource for travel medicine, and has utilized this program for greater than ten years.

Goals:

The goals of the TMP are to provide educational, low cost and convenient travel services that meet the health needs of the student and the program they are participating in. Travel appointments are structured based on destination, purpose, individual health and educational needs. For example, a student traveling to Uganda on a medical mission would receive a physical examination, recommended immunizations, prescriptions for malaria prophylaxis and treating foodborne illnesses, first aid supplies and personal protective items, and the accompanying education on the potential spread of infection.

Analysis of Evidence:

The TMP continues to be one of the most frequently utilized services provided by the Student Health Center (SHC). Students who are participants in the International Programs have an option to seek outside travel health to meet pre-participation health requirements yet they continue to choose the SHC for this service. Over the past 5 years, access by students has increased by 28%. This is due to several factors: the lower cost of travel vaccines and physical exams, the convenience of having the services available on campus, and, the valued reputation the Health

Center holds with its university constituents for the quality of travel information provided to students. The SHC performs an annual cost analysis of fees related to the TMP. Costs for vaccines actually fall below those of both private and the Department of Public Health travel clinics. The Health Center maintains up to date travel information by subscribing to Travax, an online travel service offering current information from the CDC and formatted in an easy to follow health and related safety education written plan for the student. Over the past 5 years, students participating in the TMP have returned to campus with only reports of occasional cases of traveler's diarrhea substantiating the program's effectiveness in preventing the more serious consequences from illnesses as malaria, typhoid or cholera.

Immunization Program (IP)

Internal Context:

The Student Health Center (SHC) holds high standards for student immunization requirements. The Centers for Disease Control (CDC), American College of Immunization Practices (ACIP) and the American College Health Association (ACHA) guidelines and best practices for adolescent and adult immunizations, and for tuberculosis testing in a University setting represent the guidelines for the Immunization Program (IP). Over the years, the SHC has received strong support from University administration for this approach with the belief that a high immunization rate among students provides for healthier outcomes on campus. Immunizations aid in the prevention of communicable disease outbreaks and also protect students who have a compromised immune status.

Undergraduate students and Graduate International students must meet the University's health requirements as part of their initial registration process. Though students may waive out for religious or medical reasons, the compliance rate remains high at 98%. Immunization and screening services are provided primarily during New Student Orientation, travel appointments, or through outreach vaccine clinics on campus.

Since the previous 5-year review, an electronic database to document and monitor student's immunization compliance has been implemented. The first steps were to develop the database and then enable students to enter their immunization history online. This past year the program was updated to link to the electronic medical record making it easier to view immunizations as part of the student's entire medical record. A second update allows for confidential communication with the student prior to orientation to answer questions and provide education regarding needed vaccines. In addition, ongoing refinements are made to the Health History Form to simplify and provide clearer instructions for completion. Other improvements have been made to the TB testing program by reducing the number of PPD's required for US students, and utilizing the newer IGRA lab testing for International Students from countries that carry a higher TB risk. Note: In the IP program, the IGRA is referenced as "T-spot". Should be consistent.

Noteworthy also is that the SHC participated with Los Angeles County Public Health in the Influenza Surveillance Program between September 2013 and June 2016. Data and samples from participating students with influenza-like illness provided valuable information in identifying circulating viral strains in the community and public health research statistics.

External Context:

Outbreaks of vaccine preventable diseases have occurred on campuses locally and in many states across the US over the past years. In 2015 there was an actual reemergence of measles, an example of our continued vulnerability to these diseases. The CDC, ACIP and Local Public Health provide up to date information and educational support to raise campus awareness of the importance of immunizations.

The SHC has responded to the increasing numbers of students attending Pepperdine by adding on-call nurses to accommodate students during NSO. Immunizations are provided year round,

however, the largest numbers are seen in August and again in January. With changes in vaccine recommendations and an increase in the number of incoming international students, the SHC staff has to maintain expertise in deciphering records and keeping current with the latest information on vaccine practices.

Goals:

The goals of the IP are to ensure that students meet the university's minimum requirements for immunization in accordance with CDC, ACIP, and ACHA. The SHC follows best practice guidelines combined with education and culturally competent care to support health and wellness. In addition, the overall goal is to decrease the occurrence of communicable disease in the residential and classroom settings where the risk of outbreak can be high.

Student Learning:

Each Student is provided a Vaccine Information Statement (VIS), which provides information about the vaccine including risks, benefits and possible side effects. Students are given a copy of the statement and asked if they understand the information and have any questions. At the Stick or Treat flu shot event, students participate in hand washing and "cover your cough" demonstrations, plus a flu related question and answer roulette to reinforce knowledge about the flu and prevention approaches.

Analysis of Evidence:

Influenza continues to be the vaccine given most frequently. Surveillance reports validate that influenza illness has a negative impact on students' academic performance. It is the one vaccine that is provided to students at no charge. Flu clinics are offered outside of the SHC, given at the Drescher Campus, the Law school, and the Waves café; students have provided positive feedback about the convenience of having these clinics close where they can be accessed quickly and easily. The annual Stick or Treat flu event featuring a Student Health haunted house attracted 198 students this October 2016, a record number for this event.

The SHC has been successful using the T-Spot testing for tuberculosis screening. This test is performed on international students or students who traveled abroad extensively in high-risk areas. This test has a high accuracy rate and reduces the need for costly chest x-rays and lengthy treatment for Latent TB that would have otherwise been recommended with a false positive PPD test. This is an example of a proactive strategy to lower costs and enhance patient care.

Tdap and meningitis were the vaccines given most frequently in response to the continued higher incidence of pertussis in the western US and the higher risk for students living in residence halls for meningitis. The CDC also added the recommendation for a meningitis booster to be given after age 16 in 2010 and many new students had not yet received that dose from their pediatrician.

The immunization module of the electronic medical record as mentioned previously provides for close to 99% of students completing their required immunizations. Combined with an actively marketed influenza vaccine campaign, the University has experienced only one outbreak (H1N1).

Students are made aware of the immunization requirements on multiple occasions prior to coming to campus. Usage trends over the years are consistent and have emerged based on recommended immunization requirements, best practice, and benchmarking activity.

Sports Medicine Program

Internal Context:

The Sports Medicine Program was originated 18 years ago to partner with the Athletic Department providing specialized sports related care for the athletes. The continuity of patient care for the athletes was enhanced by way of increased communication between the SHC practitioners, trainers, the registered dietitian, and the sports medicine physician who also works at the SHC one day a week. Over the years, the partnership has grown delivering continuity of documentation, pre-participation physicals, sports medicine related care, educational outreach programming, and the sport medicine physician providing medical for sporting events.

In 2010-11, 275 sports physicals were performed at the Student Health Center (SHC). This offering identifies conditions that may require monitoring of medical care to avoid further injury. Specific follow-up and further testing is closely monitored to ensure there are no limitations before participation in a sport. Outreach events for this year included updates on dangerous supplements and targeted programming based on American College Health Association and National College Health Association National Survey AHCA-NCHA, and NCAA studies regarding alcohol and drug use in athletes and the latest information on health issues relative to the college athlete.

During 2011-12, the sports medicine physician also served as Medical Director for the Pepperdine Intercollegiate Drug Testing Program. Again, the SHC was utilized to perform 225 pre-participation physicals. Each year a certain percentage of athletes are given specific instruction for further follow-up, testing, or therapy for an on-going injury/illness.

The sports medicine physician again provided the sports physicals in 2013-14 providing 270 exams. Athletes requiring further evaluation or therapy remained low throughout the years. The SHC worked closely during this year with the athletic trainers, the sports dietitian, and sports medicine physician to refine communication protocols reducing redundancy and ensuring that student-athlete's diagnosis, treatment, readiness to return to sports, and need for follow-up was addressed. Best practice concussion guidelines based on National College Athletic Association (NCAA) standards, promoted consistent care between the SHC and the Athletic Training Center. Sickle cell trait testing required of student-athletes by NCAA was provided by the SHC. In addition, in an attempt to detect abnormalities that may lead to sudden cardiac death (SCD) in sports participation, the SHC participated in a pre-participation electrocardiogram (ECG) screening program required for all new student-athletes. 2014-2016 continued to provide the sport physicals, specialty care, educational outreach, and continued to refine the concussion identification and treatment as well as diagnosis and treatment of eating disorders.

External Context:

The sports medicine program has remained consistent throughout the years. The sports physicals range from 225-270 participants. Identification of pre-existing conditions is a safety net for

athletes that participate in rigorous training and sporting events. Adding the registered dietitian to the Athletic Department provided nutritional counseling to enhance athletic performance and focused on early detection of disordered eating behavior or eating disorders. The sports medicine physician sees student athletes in the training room once per week, and also provides oversight for the athletic trainers. The need to initiate drug testing was in line with NCAA guidelines. Early recognition of a possible concussion and pre-participation ECG's provided an additional layer of protection for all athletes.

Analysis of Evidence:

The number of athletes coming to Pepperdine has remained constant over the years. As mentioned above, the numbers for pre-participation physicals has ranged from 225-270. Typically, 10-25% of the athletes require a further exam, records request, or continued therapy for an on-going injury. Only 1-5% of students were held out of practice/play over the last five-year period. The need for the program is great due to the location of Pepperdine, considered remote for medical care and sports medicine related coverage. The students are made aware of the program through the Athletic Department. Participation is a requirement for all sporting events.

In the Student Health Center, the sports medicine physician is only here once a week for 4 hours. Since the physician is internal and sports medicine, a variety of students can be seen during office hours. By history, this is a time to schedule all sports related injuries/concerns for the entire student population. This gives the SHC a "specialty" clinic and this offering has been well received and does eliminate the need to go off campus and seek orthopedic care elsewhere.

Nutrition Program

Internal Context:

The Nutrition program, developed more than 25 years ago, has changed its course dramatically over the years. Initially operating out of the Student Counseling Center, the Nutrition Department transferred to the Student Health Center in 2004, as it was deemed best practice as more medical oversight could be executed, as well as improved coordination among health care providers could take place. In essence, this was an early adaptation of the medical-home model strived for by many accredited facilities today.

Originally developed to care for eating disorder patients, the Nutrition Program has expanded exponentially since its inception to cover a vast variety of nutrition related concerns, including but not limited to medical nutrition therapy, i.e. nutrition for hypertension, diabetes, dyslipidemia, ideal weight determination, special diet recommendations, and navigating healthy options for on and off-campus dining.

Individual counseling covers a variety of nutritional related concerns. The Registered Dietitian's hours were expanded over the past few years, resulting in a steep increase in numbers indicating substantial benefit from these services. Following the resignation of the previous Registered Dietitian, who worked part-time for the SHC, the SHC hired a Registered Dietitian Intern from Pepperdine's Natural Science Division. It is noteworthy that the previous RD mentored the intern who went on to perform nutritional counseling and outreach programming for the SHC. Since the last five-year review, the Nutrition Program saw a 75% increase in total student visits, including a 57% increase in new patients and an 86% increase in follow-up visit. Eating disorders, disordered eating, weight loss, food allergy patients, and athletes comprised a majority of these visits. The loss of the sports dietitian in Athletics also resulted in an increase in the number of patients seen. The registered dietitian resigned from the SHC in 2015 and following resignation, a part-time RD with limited hours was on-boarded partly due to the Student Health Insurance Program (SHIP) compensating for nutritional counseling through the SHC. However, due to the significant increase in numbers seen after a full-time dietician was present in the SHC, it's apparent that a full-time RD would be beneficial to the campus community, as there is a significant need for these services. Additionally, the Eating Disorder Treatment Team, comprising medical and counseling services, is still an ongoing and demanding portion of the Nutrition Program, requiring a substantial time commitment.

Established in 2009, the Nutrition Peer Education Program (NuPEP) was developed in response to the 2011 AHCA-NCHA survey, which indicated that only 7.4% of students consumed the recommended 5 or more servings of fruits and vegetables per day. In order to combat this problem, NuPEP has been very active in the campus community by involvement in outreach events targeting healthy eating habits and choices, which have been presented to over 500 students yearly. Expanding its role during the 2011-2012 year, NuPEP addressed body image concerns among the student body through Body Image Convocation presentations. This was sparked after NCHA survey results revealed that 26% of males and 58% of females were actively trying to lose weight, despite a normal BMI. Additional outreach during this year included

joining the Green Team in promoting an organic garden on campus. NuPEP continued to target ACHA-NCHA survey results, and from 2009, 2011, and 2013 continued to show that students were not making healthy food choices. The SHC in-house Health Risk Questionnaire supported the national survey findings with only 6% of students seen at the SHC consuming the recommended fruits and vegetables per day. Surprisingly, Pepperdine actually scored lower compared to nationwide NCHA data of 7% in 2009 and 2011, and 8% in 2013. To combat this problem on a larger scale, the NuPEPs became involved with the Healthy Campus 2020 Coalition, which targets three main initiatives, one of which is increasing the fruits and vegetables consumption of Pepperdine students. The Healthy Campus 2020 Coalition was originated in the SHC, promoted to Student Affairs, and was launched. It is now incorporated into the Wellness Department.

A noteworthy highlight during the 2014-2015 academic years was a pilot program, entitled “Waves of Change.” This program consisted of collaboration whereby the RDN and SHC partnered with the Natural Science Division, Campus Recreation, and Human Resources to provide nutrition counseling, nutrition groups, weekly exercise, and health information to the 12 staff and student participants.

External Context:

The Nutrition Program has been stable over the years. There was a drop in patient numbers seen over the last five year period due to the Eating Disorder MD leaving the SHC and a decrease in the hours available for nutritional counseling. When the new RD was hired, the numbers increased due to marketing, an active peer education group, and patient satisfaction. Survey data does confirm that eating disorders are prevalent in this setting and as a result, the SHC has offered services for many years in partnership with the Counseling Center. Survey data has substantiated the need for this service in terms of health nutritional choices, as well as the increase in acute diagnoses, chronic illnesses requiring dietitian intervention. The Student Health Insurance Program covers nutritional counseling. The decision was made to continue this program despite the lack of funding and budgetary deficits. Survey data certainly substantiates nutritional counseling availability as well as the increasing numbers of students with allergies or chronic illness.

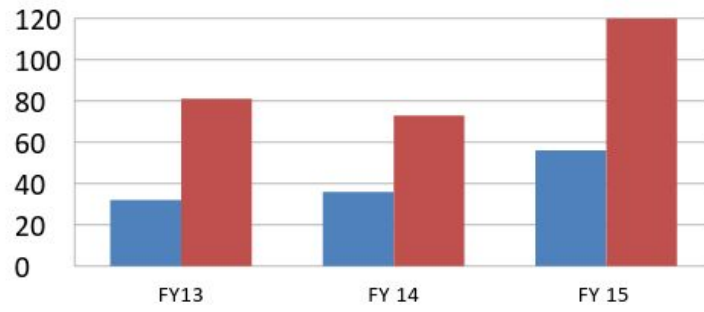
Goals:

The Nutrition Program was developed and designed to offer nutritional counseling to any enrolled Pepperdine student at a low cost. Intended outcomes included empowering students to make healthier nutritional choices and managing acute and chronic medical conditions. The Eating Disorder Team Treatment Program (EDTT) has a history of keeping students in school, and the triad of support from a nutrition, counseling, and medical standpoint has received much acclaim over the many years offered. As there is significant demand for the above-mentioned services, and utilization by students has confirmed that services rendered result in positive medical outcomes as well as healthy lifestyle changes; the goal is to continue the growth of the nutrition program. Growth of the program requires more staff resources, and as such, having a full-time registered dietitian is optimal to continue meeting the needs of the students.

Analysis of Evidence:

Table 3.1

Table : Nutrition Services First Visits and Follow-up Visits



Eating Disorder Program

Table 4.1

	Patients	Visits
2010-2011	20	122
2011-2012	18	84
2012-2013	11	24
2013-2014	19	64
2014-2015	38	108
2015-2016		

Internal Context:

The Eating Disorder Treatment Program has been in existence for over 15 years. The SHC has always had the three critical aspects of care, namely, medical, nutrition, and counseling. The Eating Disorders Team Treatment Program (EDTT) serves the general Pepperdine University student population as well as Pepperdine students with diagnosed eating disorders, students with symptoms of eating disorders but not yet diagnosed, and students with Disordered Eating that do not meet criteria for a formal diagnosis. These cases have symptoms significant enough to impair their physical or mental health, or impair their ability to function optimally in an academic environment. The Program participates in education and outreach to inform students about these illnesses and to identify at risk and suffering individuals in order to facilitate prevention and treatment. For students requiring care, the program strives to provide services for all aspects of these complex diseases in collaboration with the medical provider, nutritionist, and counselor. This three-pronged approach utilizes the multidisciplinary approach recommended by eating disorder specialists. The medical aspect of care is provided primarily by the MD at the Student Health Center. Nutrition services are provided by the Registered Dietician at the Student Health Center and by the Registered Dietician in Athletics. Counseling services are provided by the Student Counseling Center. Students sign Release of Information forms to facilitate communication between providers and the EDTT meets regularly (usually once per month) to discuss and review individual cases and to ensure continuity of care.

External Context:

Eating Disorders are a serious concern for college students, having the highest mortality rate for any mental illness. This issue is particularly important to address on college campuses, as studies

show that as many as 25% of college-aged women engage in bingeing and purging as a weight management approach. These are complex illnesses that often take years to resolve, require multiple providers for care, and take enormous amounts of time to address both for the student and for their providers. Students often require multiple provider visits in a week. Given the relative isolation of Malibu and the distance to providers in the community, who have little experience with eating disorders, it would be almost impossible for most students to get adequate care outside of the Pepperdine community and remain in school.

Goals:

The mission and goal of the Eating Disorders Program, is to educate students about these illnesses in order to promote prevention and to facilitate identification of students needing services. Once identified, the goal is to encourage students' to obtain treatment from all three providers with the ultimate goal of advancing the student toward recovery from the illness, keep them safe medically, nutritionally, and mentally, and, if possible, keep them in school.

National College Health Association (NCHA) data repeatedly confirms that Pepperdine tends to have slightly more students affected by anorexia as compared to the national student sample (generally 1% nationally and 2% at Pepperdine). In 2010, 1.9% of students reported that anorexia or bulimia affected their academic performance. In addition, many students at Pepperdine report their weight as normal, but admit to engaging in multiple behaviors to lose weight. The EDTT serves to bring together different treatment providers to facilitate communication and to offer a cohesive approach to treatment.

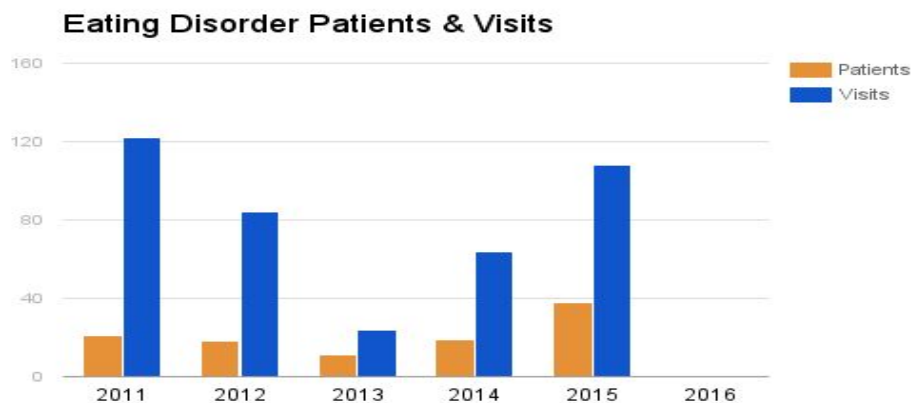
Analysis of Evidence:

The numbers of students identified and cared for with an Eating Disorder, varies by year. The year 2010-2011 had one of the highest numbers of students served (21) and student visits (122) for Eating Disorders. This high number was attributed to the institution of a case manager for the program and to outreach by both the Student Health Center (SHC) and Nutritionist. The outreach identified more at risk and affected students and the case manager helped facilitate acquisition and continuity of care. Over the next several years, the number of students cared for with Eating Disorders decreased. This may have been due to normal year-to-year fluctuations, but may also be attributed to the loss of the MD who specialized in Eating Disorders, loss of the case manager, and to the Athletic Department getting their own RD. In addition, a decrease in numbers who were officially in the program might have been attributable to establishing new and strengthened criteria for student participation. After students voiced concern over confidentiality and signing over approval to contact various departments on campus, the SHC changed the approach to participation. Students were then urged to "just meet once with the practitioners to better understand and gather information". This approach increased the numbers as the "threatening component" that they perceived was eliminated. Over the last several years, the numbers have again risen with 28 students served in 2013-2014 (with 76 visits) and 38 students served in 2014-2015 (with 108 visits). Once again, outreach was increased through the addition of a nutrition peer education program (NU Pep) and partnerships were improved, including with the Athletic RD.

Students are made aware of services through the program being included in First Year Seminar presentations, NuPep outreach, Convos given by the RD (in the past), identification and referral by all SHC providers and staff, faculty, education of RA and RDs, as well as inclusion in Love Your Body program.

Demand for different services: some students, because of the extent of their illness, require a higher level of care than can be provided at Pepperdine. Currently, given the limited number of providers at the SHC, the part time position of the MD who is also the lead in the medical portion of treatment of these patients, and the wide scope of services provided to all Pepperdine students, the SHC does not have a provider or nutritionist with specialization in Eating Disorders. The SHC Medical Director has taken on this role and has acquired additional training specific to these cases. In addition, the lead nurse works directly with all eating disorder patients providing continuity of care. The new registered dietitian is versed in counseling eating disorder patients, but does not specialize in this area. While students may seek care outside of the university for Eating Disorders, most primary care providers and even nutritionists are not specialists in this area and may, in fact, have no additional training in caring for these complex patients. Specialized programs are available in the area, but they are a distance from Pepperdine and their programs are generally during the day, expensive, resulting in participation by students difficult.

Table 4.2



****Key reasons for lower patient numbers in '12-'13:**

Student utilization of the EDTT decreased significantly this year coinciding with several factors: the loss of the case manager who served as a liaison between SCC and SHC, the loss of the SHC Eating Disorder Specialist physician, increased numbers of at-risk patients being seen in Athletics by the nutritionist resulting in less exposure to the SHC, and to on-going difficulties of following-through with medical appointments which is part of the symptomatology of an eating disorder.

Outreach Program

Internal Context:

Higher levels of awareness and knowledge are necessary to help students participate in their own health. The SHC seeks to proactively influence students' health enhancing behaviors and measures that aid student learning in ways that foster wellness. The outreach programming is designed to help students reduce risk for illness and injury and to enhance health as a strategy to support student learning. Health promotion augments the academic mission of student learning by assisting students in leading healthier lives.

In response to the National College Health Association's (NCHA) student survey responses as well as recommendations by the American College Health Association (ACHA), the Student Health Center has developed and conducted many presentations and events throughout the years. Based on considerable AHCA-NCHA Survey data collected over the year, the key areas addressed through the outreach program are body image, sexual health education, general physical health, and nutrition. Evaluation of learning outcomes was completed whenever possible. The challenge is motivating students to participate in testing and/or the evaluation process, even with incentives.

An emphasis was placed on updating the campus on current health concerns and topics such as influenza, STI prevention, and recognizing national awareness days/months on a myriad of health related topics. SHC members also participated in and sponsored numerous presentations regarding sexual health, and living a balanced lifestyle. Areas of outreach have included STI testing promotion held at the SHC. A "Wellness Week" event was coordinated to promote physical, mental, and emotional health on campus. Overall, the programs provided a learning experience of enhancing health educational opportunities and providing a forum to promote the SHC's scope of practice and services. Post-event surveys were utilized, indicating a high percentage of potential change in behavior as a result of attending the programs.

Over the years, Sexual Integrity continues to draw over 200 students and though it is challenging to capture SLO's when students want to rush to the next thing, post-test survey results show that approximately 10-15% of already sexually active participants decide to not be sexually active after hearing the presentation. Perhaps the most encouraging finding is that approximately 20% of students decide to wait to have sexual activity based on the presentation. Three quotes from participants show that they planned to save sexual intimacy for marriage as follows: "My decision to abstain before marriage and to marry someone with the same values and opinions has been reinforced" (18 year old female) and, "It reinforced the idea that sex is beautiful and important, and isn't something to be given easily" (20 year old female) and, "It definitely reinforced my choice to wait until marriage, not only for personal and religions reasons, but for safety reasons" (19 year old female).

Wellness Week over the years has drawn approximately 400 participants and feedback has shown that this program is valuable, targets the major survey health areas of need, and complements

Healthy Campus 2020 initiatives. During the 2015-2016 academic year, Wellness Week was held the week prior to finals. Post-event survey results indicate 90% of students learned something new, or were reminded of some helpful tips, at Wellness Week. Comments made by students on post-event surveys included the following: “Great timing, shows Pepperdine cares”; “It was a relaxing break and I love how it motivates people to be healthier (it gives ideas for snacks)”; “Your dedication to the students is awesome! Thanks for creating an opportunity for mental health and wellness”; “I liked that it was available to students. It was a nice surprise to see in the plaza”.

STI Testing draws 50 students to the SHC for free testing. This program has been co-sponsored by Student Government Association and/or Interclub Council annually. During testing, sexual risks are assessed and addressed. It is an opportune time for that “teachable moment”.

Love Your Body Program has a yearly success rate of attracting 150-200 participants. This convocation seeks to demonstrate the Christian view of the human body as it is referred to in the Bible. Jimmy Pena, the renowned creator of PrayFit, has led this conversation for the past few years, enlightening the group on the importance of feeding the body as the temple it is for overall health rather than for image and outward appearances. Learning outcomes indicate approximately 83% of students learned about spiritual wellness and how God intended the body to be fed. Post-event comments indicated the following: “I learned that it is more important to honor God through smart healthy choices instead of looking perfect”; “Grace is enough. We shouldn’t focus on the mirror but whom we are mirroring”; “We can see our health through the Gospel’s lens”.

External Context:

The SHC strives to incorporate learning and student development with quality health delivery. While health education and student learning take many forms and encompass a variety of health topics, the SHC has focused on addressing the major health concerns identified by the 2014 NCHA findings. In comparing the past 5 years of NCHA findings, the topics that continue to remain a priority are men’s and women’s health, sexual activity, nutrition, sleep, and stress. Health promotion activities and outreach programs have been designed to include and emphasize the top health-related issues identified by the most recent NCHA data. Activities and programs have included presentations, convocation series, campus wide outreach programs, and provider counseling following student completion of the Health Risk Questionnaire at healthcare appointments. Outreach event surveys have continued to be administered post events in order to assess learning outcomes attained. The focus of the assessments has been to ensure that students have come away from a program, outreach activity, or presentation with increased knowledge and tools to apply this knowledge gained to their daily lives. In general, post survey data has substantiated continuing the three major outreach programs and the annual STI testing.

Goals:

The SHC recognizes that, for many students, their years at Pepperdine University are their first for making independent health decisions. Health information and behaviors they acquire here may affect their decisions, behavior and health for years to come. The SHC recognizes the opportunity

and responsibility to contribute to the general education of the students regarding behaviors that promote physical, psychological, spiritual, and social health.

Student Learning Outcomes:

Following outreach programs, presentations, and events, the SHC reviews and analyzes student feedback received from pre- and post-test responses as well as surveys. When available, the data is compared to previous years' responses. The focus of these assessments is to ensure that students, after attending a program, have attained an increased knowledge to utilize in their own lives and make positive behavioral changes. Following review and analysis of the data, future outreach events, presentations, and programming is tailored to improve in these areas of deficiency. Over the past several years, about 60% of Pepperdine students reported eating 2 or less servings of fruits and vegetables on a regular basis, and more Pepperdine students reported a negative impact on academics due to stress, lack of sleep, and cold and flu than the national average. The Healthy Campus 2020 (HC2020) coalition has created a space for collaborative efforts to combat these experiences. The Chaplain's Office increased programming on the Sabbath after identifying that students needs greater support coping with stress. Healthy Happy Hour, a de-stress, healthy snack event was created to offer a space for students to slow down, grab a healthy snack, and learn about important health topics through educational tabling. Reviewing NCHA data also spurred on collaboration between HC2020 and nutrition faculty. We, the SHC and HC2020, are currently proposing a fruit and vegetable focus group research study to IRB, in order to gain greater insight into the reasons students are not eating the recommended amount of fruits and vegetables. Part two of this study will include developing an initiative or program from the results of the focus groups and testing the efficacy of the program. These are several examples of the excellent collaborative efforts that have originated from HC2020 conversations.

Analysis of Evidence:

Prior to the previous 5-year-review, the number of outreach activities that were conducted was forty-six. It was recommended the SHC decrease the amount of programming that was done, as the time involved in providing excellent programming decreased the amount of time that practitioners and staff were in the health center. Progress has been made on this previous recommendation. Programs are now directly associated with needs determined from NCHA data. The programming that has continued includes the following: Healthy Campus 2020, Love Your Body Convocation, Sexual Integrity Convocation, Wellness Week, on-campus flu shot clinics. Partnering with other departments was recommended at the previous review as well, and the SHC has partnered with the Student Counseling Center as well as the newly implemented Wellness Department to maximize outreach and minimize SHC staff involvement. This has freed up time for direct patient care in-house.

Following the recommendations of the 2010 5-year-review, the implementation of a wellness education coordinator to assist with outreach events has successfully been fulfilled. This has taken a significant burden off of the SHC to continue with the amount of outreach events that were being done on campus. Partnering with other departments has been optimal to maximize outreach and minimize staff involvement, which has freed up time for patient care.

Additionally, following the recommendations of the 2010 Review, the Associate Dean and Curriculum Committee reviewed a list of SHC outreach programming activities, giving input and direction. The SHC has taken the initiative and decreased outreach offerings to 7 per year. This is a better allocation of resources, as it is costly to have professional staff act as health educators, as well as consideration given to no base funding to the SHC for outreach.

The Health Center Director, along with the Counseling Center Director, successfully incorporated the Health and Wellness Education Coordinator into a leadership role on the Healthy Campus 2020 (HC2020) Coalition. This has resulted in the Coordinator taking on a leadership role, which includes designating meeting dates and locations, designing agendas, leading meetings, and preparing meeting minutes. The Coordinator, working alongside other members of the HC2020 coalition, has also assumed the implementation of Healthy Happy Hour, an on-campus initiative developed by the SHC and Campus Recreation to increase awareness of nutrition and fitness through free healthy snacks and fitness activities on a monthly basis. This program attracts approximately 150 students and is highly organized and implemented by students in coordination with the Health and Wellness Education Coordinator, Campus Recreation, and the Student Counseling Center. Students attracting their peers is a major component to the success of this. Healthy Happy Hour now involves multiple student groups, which provide education by way of tabling. Student groups include the Student Health Advisory Board, Nutrition Peer Educators, and Peer Wellness Representatives. Different health topics are covered by the student groups, with guidance from advisors or appropriate professionals, covering awareness topics such as breast cancer, heart health, suicide prevention, etc.

The Health Center and Wellness Coordinator worked together on key outreach programs, including First Year Seminar (FYS) Presentations. The SHC staff and Coordinator partnered together to present Resident Advisor training, which exemplified and further developed the relationship and close relationship of the SHC and Wellness Department. The Coordinator will be taking more of a lead with SHC major outreach events allowing staff to focus more on direct patient care. Delivering educational programming on numerous health topics based on NCHA data results always has been of utmost importance to the mission of the SHC; however, as Health Center staffing resources are limited, therefore having a Wellness Education Coordinator deliver this programming serves the SHC well.

The SHC foresees a continued relationship with the Coordinator collaborating, planning, and implementing programming addressing the needs of Pepperdine students, which ultimately leads to increased education on numerous health topics and increased access to healthcare of students in the Health Center.

Summary & Reflections:

Years ago, the Student Health Center provided educational outreach to the entire campus community. In the 2004 Five-Year Review, it was recommended that programming for faculty and staff should be repositioned in Human Resources. This was a significant accomplishment due to limited SHC resources and allowing a refocus on student health. Over the years, the SHC provided many outreach events, often not well attended or were not driven by data. The Five-Year Review suggested that offerings be limited, closing the loop on programming that was

tied to data and student learning outcomes. These changes have provided the SHC with a more direct approach to health promotion activities. Allowing more opportunity to focus on accreditation, quality improvement, staffing, cost containment, and excellence in medical care to our patients and community has been beneficial and rewarding.

Student Health Advisory Board

Internal Context:

The Student Health Advisory Board (SHAB) members advocate for the health and wellness of all students and act as liaisons for the SHC. It is notable that SHAB's membership grows each year providing a broader representation of the "student voice" for outreach and administrative input. SHAB members enthusiastically provide health education outreach on campus targeting health awareness topics that are nationally recognized or as a result of campus health related data. The group also monitors student interests and surveys resulting in the development of health care policies, programs, and access to high-quality, efficient, and cost-effective health care. SHAB provides an annual report and survey identifying areas of needed improvement or enhancements that are presented to the SHC for consideration and action. In closing the loop, SHAB reviews survey results and makes recommendations to the SHC.

One of the largest events that SHAB plans and implements is Stick-or-Treat. This event is the annual flu shot clinic that occurs just before Halloween at the SHC. The SHC "haunted house" attracts over 200 students annually "Free flu shots, haunted house, and treats" attract students from all schools with notable attendees from the graduate campuses. SHAB has a full range of the responsibilities for this program including requesting funding from the Student Government Association (SGA), determining and maintaining a budget, marketing, decorating the facility as a Haunted House, partnering with other student groups interested in the medical field, and planning what educational topics will be presented. This event is considered a tradition for many students who start attending as first year students and return year after year until graduation! Food has been provided for the last three years, "goodie bags" are also provided and feedback from students has always been positive – the food really helped!

SHAB wrote a proposal for funding to create a monthly event "Healthy Happy Hour" which has now been granted two years in a row. Each month SHAB works closely with the Health and Wellness Department to put together an event that has a specific health focus and draws in students from across the campus.

SHAB has been in existence for over 10 years. The program has grown under the leadership of the Operation's Manager. SHAB members now range from 16 to 21 and are representative of Sports Medicine, Pre-Med, Psychology, Business and Communications majors, the 600% of the group is female with an increasing number of males joining each year. SHAB is hoping to build a relationship with the graduate schools and recruit some members to represent those groups in the future.

External Context:

The Student Health Center is better posed to respond to the needs of the student population through an active Student Health Advisory Board (SHAB). This group is notable for building community as their “student voice” is invaluable to the overall operation of the SHC. Not only does this group advise the SHC, they are also peer educators and advocates creating a more healthy campus community.

Each semester SHAB leadership offers events for members to volunteer time outside of the Pepperdine campus, and spend time in the community using some of the skills and knowledge they have acquired being a part of the group. An example of this outreach is working with the Happy Feet Clinic; this clinic is run by Undergraduates at University of California in Los Angeles (UCLA), it is podiatric health clinic offered to the homeless community. Some of our SHAB members participated in the clinics that were hosted close to campus. They also sought out supplies from the SHC as donations in order to provide care for the individuals they encountered. SHAB co-sponsored a Relay for Life team with the Student Health Center for 6 years in a row. Funds raised during Relay for Life went to the American Cancer Society. Members have also participated in marathons, and volunteered at Convalescent homes.

Goals:

The purpose of the Student Health Advisory Board (SHAB) is to promote student participation in health care, and to enhance healthy choices at Pepperdine University. Consistently the goals remain to increase and maintain membership, strengthen SHAB’s name and presence on campus, become an active member of the Interclub Council, provide quality outreach activities that members may continue to develop in the future, and to enhance leadership skills.

Analysis of Evidence:

Each year SHAB distributes a survey at the end of the academic year. In the last two years, SHAB has been able to send the survey to all enrolled students, whom live on or off campus. Past surveys only reached campus residents or those willing to take the survey in-person. What has been interesting is that regardless of how many surveys have been collected, or the responders the answers tend to be consistent. For example, the top 5 deterrents to students that have not yet been a patient at the SHC are:

- 1- The first visit of the semester appointment fee (\$70)
- 2- Lack of need for health/medical services
- 3- Health center does not take their health insurance
- 4- Fears about unqualified staff
- 5- Location in a modular unit

More than half of the students surveyed do not understand the process of seeking reimbursement from their insurance, nor are they aware that concerns can be brought to the attention of SHAB. Recommendations for services have historically remained consistent as well including: STI education and free testing, acupuncture, chiropractic and lower-cost or free care, longer hours or weekends, and for the SHC to be located in a central location on campus.

SHAB provides reflective narratives post presentations and freely offers recommendations to the SHC staff to improve services. The group highly utilizes social media to promote events and encourage membership. Based on national standards, the SHC initiated a SHAB 20 years ago, although small in number, it is remarkable how this group has grown in number and in activity. A sustainability challenge remains that there is no designated funding for SHAB. The group has been quite resourceful reaching out to campus partners for special event funding. A small budget allocation specifically for SHAB would be optimal for future development and programming.

Massage Program

Internal Context:

The massage program began in 2008. The massage therapist at that time was a salaried employee. When all departments in Seaver College were asked to cut back programs by 10%, this program was eliminated despite strong student voice to continue offering massage through the Student Health Center.

The massage program was reinstated in the Student Health Center at the beginning of the 2011-2012 academic year, due to student demand and prevalence of stress among students. It is notable that each year the program utilization has increased. Massage therapy serves to relieve stress and muscle tension, and is offered to students, faculty, and staff. A contracted, licensed and insured massage therapist, certified in deep tissue, trigger point and sports massage provides this service. Multiple free massage opportunities are offered at outreach events including: New Student Orientation, finals week, first year seminars and Stick-or-Treat, the annual flu shot event. The massage therapist provides services three times a week, expanding hours over the last few years secondary to demand.

External Context:

The massage program originated from student requests and the commitment by the SHC to provide a variety of services for the Pepperdine community focusing on various survey instruments. The popularity of the program stems from on campus availability, a very qualified, licensed therapist, and low costs. There are massage therapists in Malibu, but the cost is twice the amount charged here and there is no tip required. The national trend is that stress is on an ascending scale, and the SHC certainly identifies students with very high stress during the first visit, and annually, utilizing the Health Risk Questionnaire.

Goals:

With stress identified as one of the highest contributors reportedly having a negative impact on academics per 2015 Pepperdine National College Health Association (NCHA) survey data, the SHC recognized the importance of offering services that the students have requested, and furthermore, enhance relaxation with the bonus of alleviating some of the stress symptoms.

Analysis of Evidence:

In FY15 there were 262 massage appointments (a 31% increase from FY14), accessed by 135 individuals with 68 clients having multiple sessions. Seventy percent of total massage visits are students, with 30% of client visits comprised of faculty/staff members. This increase may reflect the high levels of stress reported by students accessing the SHC as noted by the Health Risk Questionnaire where more than 40% report “more than average or tremendous stress.”

Students reported that stress, anxiety, depression, tension headaches, migraines, and insomnia were reasons for seeking massage therapy. Based on a 10-point scale, patients utilizing the massage program rated massage as being beneficial at an average of 9.53. Students receiving more than one massage session reported fewer areas of pain and lower levels of pain overall. Forty-two percent of returning clients reported no areas of pain, compared to zero 1st session patients. Satisfaction surveys indicate a reduction in stress, and improvement in muscle tension and discomfort. Students are made aware of the services through a variety of presentations, social media, parent newsletters, Student Health Advisory Board (SHAB) events, and through happy and relaxed students who tell their friends!

The SHC has limited space for services provided. It is likely that the massage therapist could add days to the schedule, but the massage therapy room is also utilized by the registered dietitian, and is an overflow exam room when the SHC is busy. The program is now sustainable since the position is contracted. The SHC does realize a small revenue from the room rental from the therapist.

Emergency Preparedness

Internal Context:

When the Director started working at the Student Health Center in 1993, it was only a couple weeks until the first wild fire came roaring through. The “command center” was set up on the Pepperdine campus, but it was evident that an emergency preparedness plan for taking care of potential exposures was not in place. An improvised first aid station was set up in the foyer of the Firestone Fieldhouse and this was the beginning of several subsequent fires that swept down on or around Pepperdine.

Emergency protocols were developed after the 1993 fire and have been updated and improved based on various emergent scenarios, public health issues, and benchmarking. In January 2007, the Bluffs Park, directly beneath Pepperdine, was ablaze. Relocation centers were pre-designated so students knew where to go to shelter in place. Staff from the SHC provided medical triage, mostly for smoke inhalation.

Sadly, another fire in the Malibu Canyon actually burned landscaping on campus, and again a medical triage was set up in the Fireside Room. Several people were treated for smoke inhalation, injuries, and respiratory related symptoms. Pepperdine and the surrounding areas were hit hard in 2007 with the third wildfire breaking out during Thanksgiving break in Malibu just north of campus. A medical triage was set up, but thankfully, there were minimal cases to be cared for. The SHC feels confident in the medical triage for fires. Two medical triage caches were designed and stocked in 2007 as a result of the various emergencies SHC was involved in. The SHC planned and executed emergency triage bags/backpacks, outdoor triage capability, decedent bags, and other related items necessary in a major emergency scenario. The supplies are located in two strategic locations, one in the Fireside Room which is designated the main triage and re-location site for students/faculty/staff.

In 1994, there was a large Northridge earthquake. Although there was no damage on the Pepperdine campus, this earthquake stimulated interested in developing a plan for multiple crush injuries that might be a potential in the future. Additional supplies to accommodate different injuries and concerns from our usual response to fires were procured.

Medical emergencies over the years include H1N1, H5N1, and Ebola. The SHC was very instrumental in protecting our community and developing protocols for phone triage that were utilized nationwide.

External Context:

Over the years, the Pepperdine campus has experienced fires and public health concerns. Response has been swift with regard to medical triage and acting as a resource for public health issues. The trends seems to point to fires, although preparedness for a potential earthquake must remain a focus. The SHC participates in annual disaster preparedness drills considering various emergency scenarios. Staff is also First Aid, CPR, and AED trained. The medical director is the AED coordinator for the entire campus.

Since Pepperdine is somewhat isolated from advanced medical care, it is essential that this program continue to receive funding, focus, and that volunteers that are medically trained are identified. Since students attend Pepperdine from all over the world, and there is an active study abroad program, SHC must be very aware of public and safety concerns locally and around the world. Close association with public health, world health organization, and travel medicine resources prepares our Center and students for a safe environment in which to study and participate in extracurricular activities.

Analysis of Evidence:

The emergency preparedness program is needed due to the large in-residence population of students/faculty/staff that live on campus. In addition, Pepperdine is somewhat isolated from a higher level of care. The Urgent Care, located approximately 2 miles away, has confirmed that they will be of little assistance to us during an emergency (this has been proven to be true based on past history). The closest hospitals are approximately 30 miles away. The safest place to be, during a fire, is right here on campus as most often, this is the location for the command center. Students are made aware of this program through various marketing tools, Insurance & Risk Management Department, Public Safety, and Student Affairs. Fire drills are conducted on an annual basis. Active shooter drills are also conducted at Pepperdine, partnering with outside organizations. This program is very sustainable and the emergency caches are truly remarkable in scope of supplies. Even though the SHC is only prepared to handle basic first aid, there are supplies for over 150 potential victims. There is sustainability for food, water, shelter, for approximately two weeks. A table top drill for a bus roll-over was conducted between SHC and Public Safety. That drill did demonstrate where we are weak, namely, communication and acquiring first aid trained volunteers to assist with larger emergencies. It would be optimal for funding to be available for training of skilled volunteers to be assigned to the SHC, ideally starting this role as a first year student.

Student Health Insurance Program (SHIP)

Internal Context:

The University-supported Student Health Insurance Plan (SHIP) ensures all students attending Pepperdine have access to adequate medical coverage that will address a wide variety of student health-related concerns. Students have access to the insurance brochure through the University Insurance website. There they also have access to insurance requirements, enrollments/waiver information, and deadlines. Several email communications are sent each term to students with information and links regarding insurance requirements. Each new school year, a letter from the Vice President of Student Life and the insurance brochure is mailed to the permanent addresses of all Malibu students. Insurance information is also included in the Parent Association Newsletters and each enrollment/waiver period the Association sends a reminder email to parents. The University has a strong Student Health Insurance Committee, which includes representatives of key departments and the schools of Pepperdine. The Committee meets annually to review statistical data from the previous year, federal legislative mandates (i.e. healthcare reform), best practice guidelines, such as those published by organizations such as the American College Health Association (ACHA), and to present recommendations for the upcoming school year to the University Management Committee.

External Context:

The Pepperdine SHIP continues to offer a comprehensive, ACA-compliant insurance plan that meets all of the Minimum Essential Health Benefit criteria, along with all California state-mandated requirements. The plan is reviewed annually by the Student Health Insurance Committee as well as the experts from the Student Insurance Division of Wells Fargo Insurance Services, to ensure the plan continues to address and meet the specific needs of the Pepperdine student population. By offering a uniform plan and distributing risk on an equal enrollment philosophy, the student plan is able to better manage spikes in utilization on a year-over-year basis that allow for more consistent and predictable pricing changes. Further administrative efforts have also been undertaken to increase efficiencies, streamline internal processes, and follow best practices within the industry. The outcome of these efforts is a more reliable student experience with increased turnaround times in enrollment.

The insurance industry has seen an unprecedented number of changes in recent years, and with recent events, more change is a certainty. News outlets have well documented the recent plans of many national insurance carriers to withdraw their participation in state exchanges across the country due to sub-par plan performance. These changes are in advance of significant anticipated price increases to stabilize the exchange offerings in light of the enrolled population, which has tended to be older and less healthy than anticipated. Further, the outcome of the presidential

election along with the change in power of the legislative branches has led to many uncertainties and speculations regarding the state of the Affordable Care Act in the years ahead.

In this uncertain time, SHIP will continue to offer coverage that complies with all legal requirements while placing the needs of the student population at Pepperdine first.

Goals:

As stated above, the student health insurance plan exists to ensure all students attending Pepperdine have access to adequate medical coverage that will address a wide variety of student health-related concerns. Additionally, a further goal is to provide an affordable option with platinum-level benefits at a very competitive cost. Adequate and affordable health coverage will allow students to remain enrolled in classes, should a serious illness or accident occur, which will help them to reach their educational goals.

Analysis of Evidence:

In 2010-11 the University Management Committee (UMC) approved the Insurance Committee's recommendation to implement the hard-waiver mandatory (HWM) process for the grad and law school programs on the Malibu campus. The UMC also approved a higher rate increase for all grad/law students to spread the increase on a more equitable basis, concurrent with the high utilization data for grad/law enrollments. Seaver enrollments remained comparable to that in recent years while grad/law enrollments reflected a notable increase. A historical review of the claims experience showed an upward sloping trend in the amount of claims paid per policy year. Claims had increased across most of the major benefit utilization categories suggesting students were simply utilizing the insurance more frequently, and that the cost for the same medical services had increased when compared to years past. Claims increased by more than 30% in each of the past two complete plan years (2008-09 and 2009-10). Claims utilization outpaced increases in total premium resulting in loss ratios of approximately 100% in those same years. The rise in cost was attributed to a number of factors, including increased utilization (both number of students and number of visits per student), increased medical costs (\$ paid/visit), and frequency and severity of large claims. Early projections of a significant rate increase due to the continued increase in utilization necessitated the need to conduct a formal bid process for an insurance carrier to underwrite the program. Multiple benefit scenarios were requested and evaluated, should the determination be made by the U.S. Department of Health and Human Services (HHS) that student insurance plans are subject to the new mandates in the ACA. Wells Fargo Insurance Services conducted the RFP process and reviewed responses from top-tier carriers to over 50 custom-designed questions for the Pepperdine program. Questions focused on company-specific information such as: claims administration process, customer service standards, strength of provider network, underwriting practices, experience and duration in the marketplace, and experience with comparable universities and student insurance programs. Three finalists were selected and in-person site visits were conducted by Wells Fargo, the Insurance Coordinator, and the Student Health Center Director during the finalist interview stages. The Student

Insurance Committee recommended the University select Anthem Blue Cross as the preferred insurance carrier to underwrite the student health insurance program. While the final ACA legislation would modify some of the requirements, Anthem's plan design for Pepperdine incorporated many of the proposed required changes at no additional cost.

Seaver enrollments had a marginally upward sloping trend, with a notable increase in the 2011-12 school year. It is possible that the enhanced schedule of benefits adopted for that plan year increased the desirability of the plan for many students. Grad and Law school programs saw an increase in enrollments for the 2010-11 year that was attributable to the adoption of a hard-waiver mandatory process. The subsequent decrease for 2011-12 was likely the result of the newly mandated legislation that allows students to remain as dependents on their parents' plans until age 26 (up from age 24 previously). Graduate programs have been most affected by this legislation, given the average age range of students enrolled in graduate programs.

Claim utilization continued to escalate on an annual basis, with increases of 32%, 37%, and 58% over a three year period. The large increase in 2010-11 was due to large claims (>\$25k) that together accounted for \$653k. For the Seaver program, five claims made up 43% of the approximate \$1M in claims in 2010-11 – an uncharacteristically high amount. Grad and Law large claims were more consistent with historical trends, but were still significant at \$225k.

Outside of the large claim impact, utilization continued to be on the rise as well, both in terms of the number of claims filed and the dollar amount paid per claim.

2011-12

The 2011-12 SHIP included many of the mandated benefits ahead of the required timeline. The end result was an expanded insurance plan that provided greater benefit to Pepperdine students ahead of the mandated timeline. The adoption and implementation of a reform-compliant student health plan moved Pepperdine ahead of the curve for reform-compliant student health programs. The HWM initiative added consistency and stability to the insurance program, while achieving the University's objective of ensuring all Malibu campus-based students have access to medical insurance while enrolled at Pepperdine.

2012-13

No plan changes were necessary 2012-13 in order to comply with the Patient Protection and Affordable Care Act (PPACA). Seaver enrollments decreased 78%. Grad/Law enrollments increased 127%. Claim utilization had virtually doubled over the past three plan years as benefits under the plan had increased and medical costs continued to rise. To help combat these forces, the Student Insurance Committee continued to review steps to ensure maximum value to students under the plan. This year, the Committee elected to enact four plan changes:

- Increase ER co-pay from \$100 to \$150
- Increase Rx co-pay from \$20/45 to \$25/50
- Increase Deductible from \$100 to \$150
- Increase Office visit co-pay from \$20 to \$30

2013-14

In 2013-14 Seaver enrollments continued to decrease from 78% in 2011-12 to 54%. Grad/Law continued to increase from 127% in 2011-12 to 142%. Claim utilization, benefit increases, and rising medical costs prompted the Student Insurance Committee to recommend the exclusion of all voluntary enrollments to SHIP in order to lower premium costs for those on the hard waiver mandate on the Malibu campus. The exclusion would apply to students on satellite campuses. The majority of these students are employed full-time and have insurance options through the workplace. The University Management Committee (UMC) approved this recommendation for the 2014-15 policy. International students attending satellite campuses remain eligible for SHIP.

2014-15

The 2014-2015 premiums for both undergraduates and grad/law students increased 11%, as opposed to 24% if the voluntary enrollments had remained an option. The plan continued to be well above the insurance carrier mandated minimum target loss ratio of 80%. However, even with claims continuing to be over target, the SHC was able to negotiate an 11% increase for 2015-16, which was on-par with the annual cost of medical inflation. Other trends note a decline in enrollment that can be attributed to two major factors: 1) Seaver enrollments are primarily decreasing due to other available options such as Medicaid and plans available on the state exchange, through which students may be eligible for financial subsidies that are not presently available for student insurance plans and, 2) Grad and Law enrollment decrease is mainly due to the elimination of the voluntarily enrolled non-Malibu students. The net result was a savings on the renewal of over 13%, allowing for the lower increase posted for the 2015-16 year.

2015-16

Seaver enrollments remained about the same in 2015-16. Grad/Law enrollments decreased slightly. Seaver experienced a skewed one-year loss ratio at 102% which was due to a large spike in hospitalization claims - 5 claims totaling \$65k (average is 2 claims totaling \$65k). Grad/Law large claim utilization remains low with no major anomalies, following the removal of non-Malibu students. The loss ratio is projected to be 65% which will help balance the high year of undergrad claims. Until 2015-16 Seaver balanced the high grad/law loss ratio.

Wells Fargo conducted a carrier RFP in which 4 bidders responded. Pricing ranged from + 7% - + 36%. Anthem remained the most favorable option and was recommended by the Committee and approved by the UMC for the 2016-17 policy.

The plan changes included a parody rate for dependents, removal of annual enrollment option moving to term enrollments, and adding continuation terms for graduating students. The 2016-17 rate was finalized at a 9.6% increase.

From 2011-2012 to present, SHIP has developed into a robust insurance plan that offers platinum-level benefits at a very competitive cost.

2010 Five-Year Review Recommendation for Insurance Mandate Met

The 2010 Five-Year Review recommended Pepperdine adopt a uniform policy requiring students in all the colleges, undergraduate and graduate alike, to provide proof of insurance. The University has met this recommendation for all students on the Malibu campus by moving the graduate and law school students to a hard waiver mandate (HWM). Students who attend the satellite campuses are employed full-time with insurance available through their employers. The deans on the satellite campuses met and voted in agreement that a HWM mandate was not necessary for this group.

Table 5.1

Plan Year	Mandated Benefit Changes
2011-201 2	Increase Benefit Maximum from \$100,000 to Unlimited Added Preventive coverage at 100%
2012-201 3	Added Women Wellness coverage to the Preventive benefit Decreased the In-Network Out-of-Pocket expense from \$10,000 to \$6,350
2014-201 5	Added coverage for yearly Pediatric Dental and Vision exams Removed exclusions for Pre-existing conditions, Nicotine use, Hearing aids and tests
Plan Year	Elected Benefit Changes
2013-201 4	Increase ER co-pay from \$100 to \$150 Increase Rx co-pay from \$20/\$45 to \$25/\$50 Increase Deductible from \$100 to \$150 Increase Office visit co-pay from \$20 to \$30

Quality Improvement Program (QIP)

Internal Context:

The SHC Quality Improvement Program (QIP) was developed in response to the Accreditation Association for Ambulatory Health Care (AAAHC) recommendations, the Council for the Advancement of Standards in Higher Education (CAS) Self Study, and the American College Health Association (ACHA) five-year program review. An accredited organization links peer review, quality improvement activities, and risk management in an organized, systematic way. The QIP is a vital part of the organization to ensure high quality, effective, and efficient healthcare facilities and services. The Program is also a significant component of accreditation and is best practice in health care settings.

The SHC follows the American College Health Association's (ACHA) Guidelines, Recommendations and White Papers on numerous topics such as direct medical care practices, insurance coverage, and access to care. The QIP Committee meets monthly to review designated indicators important for the safety and quality of health care, and makes recommendations for policy/procedure development. QIP Indicators include a myriad of topics including credentialing compliance, incident reports, reportable diseases, confidentiality, laboratory certification, clinical care, evidence-based medicine, cost of care, health education, and patient learning outcomes. Throughout the year, quality improvement studies are done to identify areas that need improvement and implement changes to improve patient outcomes, thus ensuring best practices. One example of a QI study that was done during the 2014-2015 academic year includes an asthma study. A synopsis of the study follows:

1. Asthma Study: A study evaluating asthma care at the SHC in patients with a history of asthma to address presenting symptoms and overall asthma control. Charts collected over a 9-month period, with a total of 18 patient charts meeting criteria for review.
 - a. Performance Summary: The SHC did not meet the criteria (80%) of asthma patients asked about history of asthma symptoms and inhaler use, or obtain oxygen saturation and peak flow readings on all patients presenting with asthma symptoms/exacerbations.
 - b. Corrective action: The study was reviewed at a provider meeting, with additional education provided via e-mail. Asthma Control Test forms are available in all exam rooms, to remind providers to ask the appropriate questions.
 - c. Patient education was enhanced regarding treatment options and correct inhaler use.

As the SHC continually strives to meet best practices, the asthma study continued for the 2015-2016 year, and became an indicator that was focused on throughout the year to ensure asthma control was assessed in the appropriate patient population. At the conclusion of the 2015-2016 year, documentation of asthma symptoms and use of inhaled albuterol for evaluating asthma control had improved significantly, and the newly implemented asthma checklist was utilized for some patients which may have aided in this outcome. Readdressing this study closed the loop to enhance learning and outcomes.

The QIP continues to develop policies and procedures to meet the AAAHC criteria with the long-term goal of becoming accredited by the association. Policies and Procedures are updated and refined based on national standards, changes in AAAHC accreditation standards, county and state standards, every evolving clinical findings, benchmarking, and best practice in student health and medical models for healthcare.

External Context:

This program regularly closes the loop in re-evaluating all new policy and procedure changes and quality improvement activities by way of peer review, benchmarking, and annual indicator compliance comparisons. *Indicators* can cover a wide range of topics, e.g. code drills, customer service, patient perceptions of care, chart notes, procedure consents, cost of care, etc. The standards that continue to be non-compliant will be reviewed on a regular basis, and those that moved from non-compliant to compliant will again be tested. Closing the loop is an on-going process in the QIP. *Peer Review* compares industry standards with best practice. Examples of peer review include chart and procedure reviews, adverse events, patient satisfaction/complaints, and educational training consistent with scope of practice. Activities are monitored on a monthly basis; therefore, closing the loop in this section is consistent. *Benchmarking* provides information regarding patient care topics and has assisted the SHC in aligning with accreditation standards. Benchmarking examples include tuberculosis screening, staffing and workflow, cost of immunizations, absence notes, treatment of pharyngitis, ankle injury evaluation and treatment, charging late fees, and condom distribution. Policies and procedures are then reviewed and edited secondary to benchmarking results. .

Goals:

The Student Health Center is committed to providing high-quality, multi-specialty, low cost healthcare to our diverse community. The SHC keeps students healthy by a variety of services to include direct patient care, risk reduction, preventative care, outreach, and partnership with other campus constituents to maintain a safe and healthy community.

- ***Student Learning Outcomes:*** *The QI Program identifies “indicators” that are an area of focus in the above mentioned categories. The percentage of compliance is reviewed on a regular basis and remedial action is taken based on outcomes.*
 - *This is exemplified through the Nursing Documentation Indicator. This indicator, initiated in October of 2013 and reviewed biannually since the inception, assesses essential nursing records to ensure patient safety and best practices. 10 patient charts are reviewed for reevaluation at least 20 minutes after any injection such as: antibiotics, pain medication, or anti-emetics. When an injection is administered, documentation is to include observation for side effects or adverse reactions for a minimum of 20 minutes prior to release and mode of transportation back to patient’s residence. To maintain compliance with this indicator, 9/10, or 90% of charts reviewed, must be monitored appropriately, thereby complying with the minimum threshold.*

- *The following data shows the SHC compliance in this category since the inception of this indicator:*
 - *09/2016: threshold met at 100%*
 - *02/2016: threshold met at 100%*
 - *10/2015: threshold met at 100%*
 - *3/2015: threshold not met at 83%*
 - *11/2014: threshold not met at 80%*
 - *3/2014: threshold met at 100%*
 - *10/2013: threshold not met at 80%.*

- *Many remedial actions were taken through the years to bring this indicator into compliance, including the following:*
 - *A stamp was developed that was utilized in all charts in which a patient received an injection. This stamp required documentation of re-evaluation of side effects at least 20 minutes after an injection was given.*
 - *An e-mail was sent out to all providers and nursing staff reminding them to document side effects/adverse reactions after injectable medications, and to continue utilization of the stamp.*
 - *The system in which charts were filed changed, so that before charts were filed, they were returned to the nurses for final review.*
 - *Once the EHR was implemented, a template for injections was developed, which requires all medical staff to document for adverse reactions/side effects after an injection is given to a patient. The chart is unable to be signed off until this documentation is completed.*

Student Learning:

The Student Health Center strives to incorporate learning and student development in its effort to provide quality service. Students who participate in Student Health center Programs should be able to demonstrate an increased understanding of medical information, including one's own medical diagnosis and treatment plan; risk reduction and preventative behaviors; caring for others, understanding the importance of public health concerns and the importance of managing communicable disease and serving others; integrate a Christian faith and worldview of physical health principles in understanding and maintaining medical wellness. The SHC has been doing student learning and satisfaction surveys since 2005, and over this 10 year period has continually strived to maintain excellence, and consider and review survey results. Some examples of this include the Quality Improvement indicator "Customer Service Complaints" and "Patient Perception of Quality of Care", yearly studies that are done to evaluate complaints and quality of care concerns. These concerns are evaluated, discussed at monthly meetings, and then remedial action plans are implemented following each incident. Review of student learning outcome surveys reveal that students consistently report that the SHC explained their condition and treatment, the SHC helped the student to understand health, and the SHC gave advice on how to stay healthy.

Analysis of Evidence:

The SHC continually analyzes indicators, which cover a wide range of topics, to ensure best practices. Indicators that continue to be non-compliant are reviewed on a regular basis, and new practices are put into place to improve compliance in deficient areas. Indicators that have moved from non-compliant to compliant are tested again, to ensure accuracy. An analysis of indicators since the inception of the QI program is detailed below:

Table 6.1

Annual Indicator Compliance Comparison [C = Compliant, NC = Non-compliant]

Indicator	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Credentialing Compliance	C	C	NC	C	C	C
Code Drills	C	C	C	C	C	C
OSHA/Safety Training	C	NC	NC	C	C	C
Employee Health	NC	C	NC	C	C	C
Incident Reports	C	NC	NC	C	C	C
Consent for Procedure	N/A	C	C - CHANGED INDICATOR	NC	C	C
Front Office Billing Review	N/A	NC	NC	C	NC	NC
Patient Record Confidentiality	NR	NR	C	C	C	C
Complete Patient Chart Note	NR	C	C	C	C	C
Tetanus Prophylaxis	NC	C	NC	NC	C	C
Customer Service	C	C	C	C	C	C
Complaints						
Depression & Anxiety Documentation/Referral	NC	NC	NC	NC - CHANGED INDICATOR	NC/C	NC/C
Medication and Medical Supply Safety	NR	NR	NR	NR	NR	C

Nursing Documentation	NC	NC	NC	C	NC	C
Adverse Drug Reactions Documentation	NC	NC	NC	C	C	C
Cost of Care	C	C	C	NC	C	C
Patient Perception of Quality of Care	C	C	C	C	C	C
Evaluation and Treatment of Asthma	N/A	N/A	N/A	N/A	NC	NC
Reportable Diseases	C	NR	Removed	N/A	N/A	N/A
Body Substance Exposure	C	C	C - REMOVED	N/A	N/A	N/A
Laboratory Certification	C	C	C - REMOVED	N/A	N/A	N/A
Clinical Care by Provider	C	NC	Removed	N/A	N/A	N/A
Evidence Based Medicine	C	NR	Removed	N/A	N/A	N/A
Allergy Shot Administration	NC	C	C - REMOVED	N/A	N/A	N/A
Label Errors	NC	NC	NC - CHANGED INDICATOR	C - REMOVED	N/A	N/A
Health Education Learning Outcomes	C	NC	C	C - REMOVED	N/A	N/A
PAP Smear Records: ASCUS and HSIL	C	NC	C	C - REMOVED	N/A	N/A

The SHC also participates in a number of clinical benchmarking surveys, providing data utilized for statistical analysis through the ACHA. The data and statistical results are then analyzed to ensure the SHC is meeting best practices. One of the clinical benchmarking surveys completed during the 2014-2015 year include the AHCA PAP and STI Survey. Results of this study indicate that the SHC's current protocols and procedures fall in line with the majority of peer institutions.

Summary & Reflections:

The best outcome from previous five-year reviews was the establishment of the QI Program. This program was not established prior to the 2004 five-year review. The program development and implementation of standards and indicators is remarkable to date. As is mentioned, the QI Program might be considered the cornerstone of the SHC in creating a strong foundation for quality health care and delivery of services.

Accreditation Association for Ambulatory Health Care (AAAHC)

Internal Context:

The American College Health Consultants, during the 2010 Five Year Review, strongly recommended that the Student Health Center (SHC) conduct a pre-assessment to position itself to move toward Accreditation Association for Ambulatory Health Care (AAAHC) accreditation of the Center. Obtaining accreditation would provide the student consumer and other stakeholders with an additional layer of confidence regarding the Health Center's practice standards. Given that the AAAHC accreditation process is a rigorous effort, the Health Center has invested the past six years in preparation to become viable candidates meeting all AAAHC's required standards. Based on the completion of a self-assessment in 2011, areas were identified that were non-compliant, and a plan of action to remedy was created. In addition, coursework and consultation with leaders of other accredited student health facilities was sought and implemented. The SHC also introduced strategic initiatives in the Annual Reports relating to the standards this same year.

Ensuring compliance with AAAHC standards ensures the provision of high-quality health services that fulfills the organization's mission, goals, and objectives. Standards of compliance validate that the patient's healthcare meets national standards, and that the professionals at the SHC are following medical best practice criteria. The increased likelihood of desired health outcomes occurs through participation in performance measurement and quality improvement activities. SHC has partnered with the American College Health Association (ACHA), through its Benchmarking Committee, to participate in nation-wide student health center benchmarking for clinical quality care standards. Aggregated data is then utilized to assist ACHA's future national programming priorities and as a means to advocate for ACHA members' quality of care with accreditation and governmental agencies. Participation in this program offers comparative data from other health centers, and information acquired is invaluable in confirming that the SHC practice protocols are state of the art.

Examples of benchmarking include the following: TB screening for international students, staffing and workflow, cost of immunizations, excuse notes, appropriate treatment for pharyngitis, application of "Ottawa Ankle and Foot Rules" for acute ankle injury, group travel appointments, charging late fees and condom distribution. Analysis of the data concludes the SHC's current protocols and procedures fall in line with the majority of the other school's policies and procedures on each topic, with the exception of Condom Distribution (see Appendix 1).

The SHC also participates in a number of clinical benchmarking surveys, providing data utilized for statistical analysis through the ACHA. The data and statistical results are then analyzed to ensure the SHC is meeting best practices. One example of the clinical benchmarking surveys completed during the 2014-2015 year includes the AHCA PAP and STI Survey. Results of this study support the SHC's current protocols and procedures fall in line with the majority of peer institutions (see Appendix 2).

External Context:

During the 2010-2011 fiscal years, the SHC pursued the voluntary process of an organizational self-assessment in order to improve its care and services and ultimately align itself among other accredited health centers. A Self-Assessment Team was initiated and each member received individual standard assignments relevant to their specific job duties. The action plans pointed out areas of needed improvements in the organization's overall provision of patient care. Staff also attended the AAAHC Accreditation program at the ACHA Annual Meetings in Philadelphia and Phoenix. Revisions made to the Standards were highlighted as well as areas requiring particular focus by student health centers nationwide. Prior to completion of the self-assessment, staff worked to ensure the Center was also aligned per The Council for the Advancement of Standards in Higher Education (CAS Standards). Review of the completed CAS Standards and early review of the AAAHC self-assessment revealed that the facility structure may be a hindrance to attainment of this goal, highlighting the importance of administrative input and support in the achievement of accreditation.

During the 2011-2012 fiscal years, SHC staff identified areas of both compliance and where remedial action was needed. SHC started revising and updating policy and procedure manuals. This work was necessary to be compliant with various standards regarding operational policies and procedures. A consultant from UCLA reviewed all the standards that were partial or non-compliant and made recommendations to the SHC process and helped align the SHC accordingly to accreditation standards. In addition, staff met with AAAHC surveyors at the ACHA Annual Conference in Chicago and reviewed remedial action that was initiated, and obtained valuable insight from the "surveyor's lens." A plan was developed to pursue eventual SHC accreditation and it was decided that strategic initiatives for the upcoming years would be designed to meet targeted areas of improvement.

During the 2012-2013 fiscal years, the SHC complied with the Governance Standard. The AAAHC pre-assessment standards were again reviewed by a consultant from UCLA identifying remedial action items. Based on the review, this standard was met in the following ways: The Policy & Procedure Manual was updated to reflect AAAHC Standards; an outside consultant for Human Resources, confirmed that the SHC Occupational Safety & Health Administration (OSHA) Program meets standards; The QI Committee was implemented as the Health & Safety Committee for the SHC; Review of facility safety and incident reports were addressed on a monthly basis; The Emergency Manual was updated regarding on-campus emergency responses to natural disasters, active-shooter responses, communicable disease outbreaks, and other emergencies that would require medical support; Credentialing and background checks were completed; Medical staff scope of practice ("Privileging") was implemented; A legal review and compliance of past legal opinions was completed; Professional liability reports were given to Insurance & Risk Management ensuring that all medical professionals are covered through Risk Management; All computers were encrypted; and Pending updates to protocols and procedures were made to ensure substantial compliance to all standards.

During the 2013-2014 fiscal years, the SHC completed the Administration and Pharmaceutical Standards components bringing these sections into compliance. Areas of focus, but not exhaustive, included policies and procedures relating to accounting/finances, employee health and

safety, rates and charges for services provided by the organization, the maintenance and security measures for pharmaceuticals and compliance with laws and professional standards relating to pharmaceutical standards. Documentation was also enhanced in all applicable areas.

During the 2014-2015 fiscal years, the SHC completed major components of the Quality of Care Standard. Standards that were met, but not exhaustive, included the following: There was substantial evidence that all health care professionals have appropriate training and skills to perform tasks; Peer review was active and meets the standard of care; Staff upholds ethical and legal standards including HIPAA, Pepperdine Code of Ethics, and SHC Policy and Procedure Protocols; On-going self-assessment occurs regarding the medical necessity of care and outcomes through the Quality Improvement Committee; Benchmarking and best practice is utilized as assessments; Patient education is a priority and is well documented; Protocols for emergencies continued to be practiced annually. Partnership with the Department of Public Safety, designated as first responders, were refined and agreed upon regarding their role in an emergency. A continued close partnership with Insurance & Risk Management assures meeting best practice and high standards for response to various emergent scenarios.

During the 2015-2016 fiscal years, the SHC substantially completed all major components of the Rights of Patients Standard. This standard is measured through various methods i.e. satisfaction surveys, student learning outcomes, in-house quality improvement studies, and the implementation of recommendations by the Quality Improvement Committee (QIC), which are analyzed throughout the year. Findings reflect students consistently feel medical providers respect students' privacy and right to confidentiality, as well as understand students' health concerns. Additional methods of measurement include specific indicators that encompass the Quality Improvement Program and are regularly assessed by the QIC. For example, an indicator entitled, "Patient Record Confidentiality," implemented in 2012, evaluates the following: Patient disclosures and records are treated confidentially; Patients are given the opportunity to approve or refuse their release, except when release is required by law; Patients are provided with the SHC Summary of Notice of Privacy Practices form, which requires patients to indicate receipt and agreement of privacy practices; Student workers are required to sign a contract outlining the confidentiality standards; All SHC staff are required to abide by the University Code of Ethics policy. Since its implementation in 2012, regular assessment of this indicator denotes that the SHC has consistently been compliant.

The degree to which initiatives are met is based entirely on evidence which includes evaluating the compliance within each of the subsets of the standard. The SHC is unfailingly committed to ensuring the patient is the first priority and their needs/desires are consistently valued with regard to confidentiality, cost of care, the treatment plan, follow-up, and time spent educating the patient taking into account communicating in a respectful way and in language that meets their needs.

Summary & Reflections:

The AAAHC accreditation initiatives are essential in providing a layer of protection for consumers as well as for the staff. This program ensures that national standards of quality are being met, and that staff is committed to providing the highest level of care. The program was discussed briefly in 2004, and again in 2010. At the last Five-Year Review, there was more emphasis placed on pursuing eventual AAAHC Accreditation. There is always a balance between the "administrative component" to health care and the actual "hands-on clinical care". The SHC is underfunded and resources are not readily available to allocate the hours needed to

accomplish accreditation within a short time frame. It was decided to focus on one standard every year, which seems to keep the SHC on track, and focused on the ultimate goal. Ideally, staff resources could be dedicated to the pursuit of accreditation within a short time period, but the reality is that The SHC is limited in time, resources, and funding. It is noteworthy that the QI Committee has performed in an exemplary fashion over the years, which certainly contribute to bringing many AAAHC standards into compliance. The QI Program is strong and established, and focusing on one or two standards a year in the Annual Report moves the SHC towards eventual accreditation. The SHC will continue to select a standard each year until full compliance is achieved. For a small SHC, the progress to date is remarkable!

Strategic Initiatives

Table 7.1

	Strategic Initiatives
2010-2011	<ol style="list-style-type: none">1. Obtain information technology systems that will improve work efficiency, accuracy, and communication with patients.2. Create clear objectives to pursue a marketing plan to “brand” the SHC’s program and services for the campus community.3. Complete the Accreditation Association for Ambulatory Health Care (AAAHC) pre-accreditation self-assessment.
2011-2012	<ol style="list-style-type: none">1. In conjunction with the Student Counseling Center (SCC), target clinical and prevention/outreach focus on stress management.2. Continue progress towards creating clear objectives for brand marketing the SHC that clearly communicates the SHC’s mission and services to the campus community.3. Continue working towards eventual Student Health Center (SHC) accreditation.
2012-2013	<ol style="list-style-type: none">1. Comply with the Governance Standard based on the Accreditation Association for Ambulatory Health Care (AAAHC) recommendations.2. Expand and Further Develop the Quality Improvement Program.3. Provide an ongoing public relations/outreach plan.4. Develop specific medical capabilities to respond to an emergent situation within the campus community.
2013-2014	<ol style="list-style-type: none">1. Sleep Initiative: Develop and implement campus-wide outreach through peer education and staff-run health education events to address the sleep deprivation epidemic among college students. Expand and Further Develop the Quality Improvement Program.2. Healthy Campus 2020: Establish coalition to implement national Healthy Campus 2020 program.3. Nutrition: Develop and implement campus-wide outreach through peer education and staff-run health education events to address poor nutrition

and eating habits among college students.

4. Accreditation Initiative: Comply with the Administration and Pharmaceutical Standards based on the Accreditation Association for Ambulatory Health Care (AAAHC) recommendations.

2014-2015

1. Implement the Mediat electronic medical record (EMR) at the Student Health Center.
2. Healthy Campus 2020: Continue to collaborate with the coalition to expand initiatives and exposure campus-wide.
3. Accreditation Initiative: Comply with the Quality of Care Standards based on the Accreditation Association for Ambulatory Health Care (AAAHC) recommendations.

2015-2016

1. Student Health Advisory Board: Strengthen the roles of SHAB members in an advisory capacity to include leadership training.
2. Accreditation Initiative: Comply with the Rights of Patients Standards based on the Accreditation Association for Ambulatory Health Care (AAAHC) recommendations.
3. Develop Wellness Educator Department.

Sustainability:

The Student Health Center (SHC) faces considerable challenges for the future. Program scope should be maintained as utilization and need propel offering each service to the Pepperdine community. Cutbacks to the programs mentioned in this report are highly discouraged. It is noteworthy that there are a variety of services that the SHC provides without designated funding. This has caused a deficit over the last 3-5 years. It would be optimal for the University to truly access the value of healthcare on the campus, and consider a health fee or adequate funding for staffing, free medical care/testing, ancillary services, and programming. Since Seaver College is slated to grow each year, the SHC will be confronted with space issues, which have been a concern for years. The SHC triple wide trailer can no longer provide a wide range of services with a small staff, inadequate funding, and challenges recruiting and retaining highly qualified professional staff with competitive salaries.

Patient Care:

Sustainability is a question to ponder for patient care as resources are not allocated to the SHC to keep up with medical inflation and increasing costs overall. There is an overall demand for the program as health care is limited in the immediate area surrounding Pepperdine. In addition, the SHC care model is “comprehensive” with regard to considering all components of the reason the student is coming to the Center. Considerable time is spent reviewing Health Risk Questionnaires and dealing with the mental health component which is quite remarkable and has been increasing over the years. Beyond the extra time involved with mental health cases, SHC focuses on all aspects of healthy choices including sleep, nutrition, exercise, and inclusiveness in the community, and academic concerns.

Travel Medicine:

The Travel Medicine Program will continue based on high demand and utilization. This program is time consuming for the medical staff. Consideration on streamlining the process has been considered, however, the students travel to a variety of locations globally requiring talented and trained staff to accommodate specific travel needs. The Travax electronic travel system has not received designated funding. To maintain this program, additional funding is needed.

Nutrition Program:

In FY15, the Nutrition Program saw a 75% increase in total student visits, a 57% increase in new patients served, and 86% increase in follow-up visits for FY15 compared to FY14.. The number of follow-up visits increased from 2 appointments per patient in FY14 to 2.5 appointments per patient in FY15. One in four visits was a graduate student and 21% of patients were graduate students. The growth of the program can be attributed to an increasing number of eating disorders, disordered eating, weight loss clients, food allergies, and athletes being seen by the RDN. It is doubtful that an 8 hour a week part-time registered dietitian can provide continuity of care for those students needing nutritional counseling. Due to the limited hours, the peer educators, NuPEP, moved to the Natural Science Division which represents a loss to the SHC as

that program was developed in 2009 and was the “first ever student peer education group”. Additional funding is needed to sustain and expand the nutrition program.

Immunization Program:

To ensure the safety of students, the Immunization Program will continue as a vital component of Student Health Center services. Requiring students to obtain immunizations prior to coming to Pepperdine has occurred for years, however, so many students/parents miss this essential piece of the registration process. NSO costs the Student Health Center considerable funds, and with Seaver College growing, there is concern about additional funding for this vital program. Funding is needed to maintain the scope of this program and to ensure growth in the future.

The process for obtaining students’ documentation of vaccine history and clearing them for registration is cumbersome. The purchase of an electronic immunization module made the tracking more accurate and allowed for secure communications, however the process remains time intensive. Completing the vaccine on line has proven confusing for some newly registering students and particularly for International students. The lines of students continue to be present on NSO as students who have not completed the requirements line up to come to the health center even though they had several months to file the information or obtain the vaccine from with their physician or local pharmacy. Additional per diem nursing staff must be used to accommodate new students in at the beginning of the fall and spring terms. Training on-call nurses to be competent in reviewing immunization histories and providing vaccines is costly and time consuming.

In order provide an improved cost benefit ratio and increased student compliance, the process needs additional streamlining. Fewer vaccines could be listed as required, and the online instructions could be further clarified. The cost of vaccines requires further assessment to include the SHC nursing and clerical staff time as well as storage and maintenance of the vaccines. Funding is definitely needed to sustain this program.

After 18 years working at the SHC, the internal medicine and sports medicine physician will be leaving. This poses a considerable challenge as plans need to be developed to handle the pre-participation physicals that were organized and implemented by this valued staff member. Due to budgetary constraints, it is unlikely that this position would be filled which leaves a deficit for both internal medicine and sports medicine at the SHC.

Quality Improvement:

The QI Program will be maintained in the future. It is an integral component of assuring quality health care for the Pepperdine community. The Program positions the SHC towards eventual accreditation, and provides continuity of care establishing wide-ranging policies and procedures. ACHA Standards and benchmarking, as well as the previous two Five-Year Reviews, highly endorse the SHC pursuing an ongoing and comprehensive QI Program. The SHC has taken this suggestion seriously and will continue to pursue outcomes that will benefit the consumer. From a funding standpoint, there have been no designated funds for the QI Program, AAAHC, and outreach/health promotion.

Outreach Program:

As most in student health agree, health promotion is a very valuable component to student retention, healthy choices, and lifestyle changes. Regarding our SHC, the program is not sustainable without specific funding for outreach. This is the reason why the Wellness Department was approached to assist us the SHC this year in all programming. Benchmarking other student health centers similar in size, the answers are varied. Many have their own “health promotion or wellness departments”. The smaller schools do some outreach, but limited based on funding. Most who have a Student Health Advisory Board do not use those students for outreach. In our case, SHAB has been very involved in SHC educational offerings. Since members are all tracking in the medical profession, this is a learning activity for them which they eagerly seek. Nutrition Peer Educators (NuPEP) was originated at the SHC, but this year has moved to the Natural Science Division. By history, this group provided much outreach on healthy nutritional choices, fuel for finals, increasing fruits and vegetables, and how to navigate the Café. The SHC still partners with NuPEP and looks forward to future programming relating to nutrition.

If funding is designated specifically to the SHC, the major programming may return to the Center. For such a small Center, it is truly amazing the diversity of programming that is presented by staff who each wear many other “hats”. In looking to the future, it appears the Wellness Department will take on a more major role in this health outreach arena.

Future Considerations:

1. Decrease SHC scope of practice to very “essential care”.
2. Cut back on the physician and essentially have the clinic providers PA’s or FNP’s with one nurse and one medical assistant. This is a model that Cal Lutheran uses. Note that Physician Assistants must have telephone backup with an MD. This would incur additional expenses for an MD to be on-call. In the past, SHC compensated one hour a day for this service.
3. Have upper management provide additional base allocations so there is not a deficit every year, OR, just assure the SHC that they know “why” there is a deficit and it’s all acceptable to foster a higher level of morale and to remove consistent yearly concerns about every expenditure when medical care nationwide is going up.
4. Consider outsourcing. There is a group in Pacific Palisades who are interested and might be worth talking further about this possibility. They are capable of insurance billing.
5. Taking away the barrier to seeking care at the SHC needs to be considered. Health fee or insurance billing so the SHC appears like the students’ doctor’s offices at home (i.e. minimal co-pay).
6. When the time comes and the Director retires, consider Rebecca Roldan as “Executive Director” upon her obtaining her Joint BSM-MBA Program Degree. This recommendation is strongly suggested until a permanent SHC is in the plan with a date of construction.

Appendix 1: External Benchmarking Examples

Staffing/Workflow

Topic: Staffing/workflow

Source: Student Health Services Listserve 07/14

Summary of data results:

20 schools responded. Average current enrollment was 4377 and average appts as of May 2014 was 4520. Average staffing included 1 FT MD, one FT mid-level provider, 1.5 RNs, and 2 clerical staff. 60% accept walk-in patients.

Comparison with SHC/Pepperdine:

Pepperdine has approximately 7000 enrolled students at the Malibu Campus and had approximately 3500 patient visits in 2013-14. Staffing falls in line with averages and Pepperdine SHC accepts walk-ins.

Conclusions:

Staffing and appointment scheduling falls in line with the average school.

Recommendations:

None.

Pendings:

None.

Results of TB International Student Screening

Topic: Results of TB International Student Screening

Source Student Health Services Listserve 07/14

Summary of data results

107 schools responded. 54% mandate TB testing within 12 months, 25% do not mandate. 96% provide testing at the Student Health Center and 15% do not charge for this service.

Comparison with SHC/Pepperdine

International students who are coming from countries identified by the CDC as areas of high risk for TB are required to have TB testing within 12 months of starting school. Pepperdine SHC does provide testing at a charge for students .

Conclusions

The SHC's current protocol falls in line with the majority of schools that responded to the survey.

Recommendations

No changes recommended at this time. The Pepperdine SHC will continue to monitor guidelines from the American College Health Association and CDC.

Pendings

None.

Group Travel Appointments

Topic: Group Travel Appointments

Source: ACHA Listserve

Summary of data results: To an enquiry about whether colleges/universities do group travel appointments for their International Programs, there were 7 responses. All 7 schools reported that they do group travel appointments. 5 of the 7 complete all requirements including immunizations and anti-malarial medication prescriptions at the group travel appointments. 5 of the 7 have a group travel educational session geared toward the travel destination/purpose, and then have students make individual appointments at a later date for personal issues such as immunizations, medications. These appointments were then relatively short as most of the education piece was already done. Of the schools doing it all at one time, usually a nurse spent time giving general safety and health information, then a group of nurses take students one by one aside for personal issues, immunizations etc. . Most schools agreed that this is only feasible if groups are relatively small, 10-20, and there are enough nurses available that students do not need to wait too long. In addition, most programs required students to provide updated immunization records and travel forms filled out PRIOR to the meeting so that it was already known what meds/immunizations etc. they needed. Most schools felt that group appointments streamlined the process of travel related physical/appointments.

Comparison with SHC/Pepperdine: In the past, some group educational sessions were held, mostly for Project Serve, but we have never done complete group appointments. Possible problems/difficulties with group appointments:

1. With multiple International Programs, if group appointments were geared toward destination, it would require multiple group sessions, each one requiring extra nursing staff if all of the requirements were met at the group appointment.
2. Students often fulfill their travel Physical requirement with their PMD. We cannot force them to go through the SHC if they are paying for the visit. None of the schools responding to the Listserve question addressed reimbursement or noted if they are schools with a Health Fee.
3. Students frequently do not know their immunization status and often have not completed their forms prior to their visit. In a group setting, if this was the case, it would greatly add to the time to see all of the patients.

Conclusions: Group appointments may streamline the process of travel education/preparation, but have many difficulties as well.

Recommendations: Pursue providing group education, even if all of the requirements such as immunizations are not met at that time. This would at least decrease time in the office repeating the same educational information. Note that this would also take a nurse out of the office on a number of occasions to make the presentation. In order to make it time efficient, the individual appointments that came later would need to be focused solely on individual needs.

Pendings: Meet with International Programs to determine best approach.

Charging Late Fees

Date: 05/2015

Topic: Charging Late Fees

Source: ACHA list serve

Summary of data results: 13 responses – 8 schools do NOT charge late fees. 5 schools do charge late fees. Breakdown of 5 the schools that do charge late fees:

- 1 if late by 10 minutes
- 2 if more than 15 minutes late
- 1 charges the cost of the copayment
- 1 does not charge the No Show fee unless 3 hours late

Comparison with SHC/Pepperdine: the Pepperdine SHC is in the majority in not charging late fees.

Conclusions: See above

Recommendations: None

Pendings: None

Excuse Notes

Date: 11/2014

Topic: Excuse Notes by Student Health Centers

Source: ACHA list serve

Summary of data results: 46 responses- 39 schools do NOT provide medical excuse notes.
Breakdown of data-Of Big 12 schools, 8 do not and 1 does provide excuse notes; in UT system, 4 do not and 3 do provide excuse notes; from ACHA list serve, 27 do not and 3 do provide excuse notes.

Comparison with SHC/Pepperdine: the Pepperdine SHC is in the majority in not providing medical excuse notes.

Conclusions: See above

Recommendations: None

Pendings: None

Condom Distribution

Topic: Condom Distribution

Source: Obtained through ACHA list serve. Study done by Georgia College.

Summary of data:

1. Among institutions that do NOT distribute condoms, the most prevalent barriers include religious affiliation-based objections, institutional ideology and administrative objections.
2. The “vast majority of colleges and universities sponsor a condom distribution program” (378/438 colleges=86%).
3. Benefits of a condom distribution program are perceived to be (by colleges and universities): decreased STIs, decreased unplanned pregnancy, increased encouragement of healthy behaviors, and increased healthy communication.
4. Another barrier to condom distribution programs are perceived to be: Increase in sexual activity (15% of colleges/universities that do NOT have a distribution program believe this compared to 3% of those that do have a distribution program).

Comparison with Pepperdine: Pepperdine is in the minority in that we do not have a condom distribution program.

Recommendations: As even a majority of institutions that do not have a condom distribution program believe that condom use has benefits and do not have a belief that a program increases sexual activity, a condom distribution program at Pepperdine would be beneficial to the health of students.

Cost of Care for SHC immunizations

Topic: Cost of Care for SHC immunizations compared to other clinics

Source: CDC recommendations and price lists or telephone information from outside resources.

Summary of data results: Out of 39 data points, the SHC is below cost on 26 of them and above cost on 11 of them (2 with same cost). In addition, the CDC recommends a \$20-\$55 consultation fee and an injection fee of \$10-\$20 which is not charged at the SHC. Travel Clinic and Valley Urgent Care also charge consultation fees or injection fees.

Comparison with SHC/Pepperdine: See above

Conclusions: The Pepperdine SHC charges significantly less for Immunizations compared to outside clinics.

Recommendations: Some charges may be increased to cover our costs of purchasing and administering immunizations while still maintaining our lower than average costs to the student.

APPENDIX 2: ACHA 2014 Pap and STI Survey Data Comparison

ACHA 2014 Pap and STI Survey for Calendar Year 2013 Data

- Data Source
 - 150 respondent institutions
 - 102 public, 4-year institutions
 - 10 faith-based institutions
 - 2.9 million students
 - 2,956,788 visits
- OB/GYN Services Offered
 - Cervical cytology screening tests Used-Liquid-based cytology, with reflex HPV testing
 - Yes: 88.7%
 - No: 17%
 - Cervical cytology screening tests Used-Liquid-based cytology, without reflex HPV testing
 - Yes: 51.3%
 - No: 48.7%
 - Standard recommendation of when to begin Pap Testing
 - Age 21: 87.2% (most common)
 - Three years after first intercourse or age 21, whichever comes first: 10.1%
 - For women under age 25, what is your health center's usual practice for management of a first screening Pap test reported as ASC-US?
 - HPV DNA test (reflex or otherwise): 43.4%
 - Repeat Pap in 12 months: 45.5%
 - Repeat Pap in 6 months: 8.4%
 - Does your health center routinely screen sexually active women under age 26 for chlamydia infection:
 - Yes: 93.9%
 - No: 6.1%
- HIV Testing Practices
 - HIV test type offered
 - Rapid blood
 - Yes: 35.3%
 - No: 64.7%
 - Rapid oral
 - Yes: 24.0%
 - No: 76.0%

- HIV 1/2 antibody test
 - Yes: 82.7%
 - No: 17.3%
 - HIV p24 antigen/HIV antibody combo test
 - Yes: 24.0%
 - No: 76.0%
 - HIV pDNA or RNA test qualitative PCR test
 - Yes: 28.7%
 - No: 71.3%
 - HIV RNA quantitative/viral load test:
 - Yes: 28.0%
 - No: 72.0%
 - Syphilis Testing:
 - RPR
 - 90.4% utilize this test
 - HSV Testing:
 - Viral Culture
 - Yes: 82.0%
 - No: 18.0%
 - PCR
 - Yes: 33.3%
 - No: 66.7%
 - Antibody testing
 - Yes: 71.3%
 - No: 28.7%
 - Trichomoniasis Testing:
 - Microscopy
 - Yes: 89.3%
 - No: 10.7%
 - Culture
 - Yes: 8.5%
 - No: 91.3%
 - Conclusions
 - Regarding Pap smears, we use liquid-based cytology with reflex HPV testing. We start testing at age 21, like most schools. For ASCUS, 45% of schools repeated Pap in 1 year, 8.4% repeated Pap in 6 months. We mostly refer out if Pap is abnormal for gynecology to follow (which is also appropriate, and the report didn't comment on this).
 - Routine screening for chlamydia infection – 93.9% of schools routinely screen for chlamydia infection in students < 26 years of age. U.S. Preventive Services Task Force recommends annual screening of all sexually active females aged <25 years and screening of older women at increased risk (e.g., women who have new

or multiple sex partners.) We are aware of the recommendation and strive to do this. This recommendation has been discussed at medical meetings.

- o HIV testing – the majority of schools do HIV 1/2 antibody testing (as we do). 35% offer rapid blood, and 24% offer rapid oral testing. This is something we are looking into, depending on cost, as discussed at the last medical meeting. But bottom line is we offer what the majority of schools offer.
- o Syphilis testing is mainly performed with RPR, as we do
- o HSV testing is most commonly done by culture and antibody testing. We do not frequently perform HSV antibody testing, but 71.3% of schools do.
- o Trichomoniasis testing is done by microscopy most commonly at 89.3% (Affirm Test). A culture is done 8.3% of the time. Wet mount was not mentioned in this report. We do microscopy testing for this. We also send out the BV panel which includes a test for yeast, bacterial vaginosis, and trichomoniasis.
- Final Thoughts:
 - o The SHC is following best practices, as evidenced above.
 - o Remember to offer chlamydia testing annually to all sexually active women < 25