

February 1, 2008
**FINAL CAMPUS HEALTH CARE FEE LEVEL
RECOMMENDATION FOR 2008-2009
INDEPENDENT ANALYSIS BY
HEALTH FEE ADVISORY BOARD (HFAB)**

Analysis by

:

Michelle Boontanom
Marta Filipski
Bernie Lau,
Sumita Mitra
Yasmina Mohan
Erica Odukoya
Chandresh Patel
Shivam Punjya
Kevin Ting
Stephanie Wu

Submitted to:

Steve Lustig,
Associate Vice-Chancellor
Claudia Covello,
Executive Director
February 2008

SUMMARY

The Health Fee Advisory Board (HFAB) is a student-led advisory committee that oversees the use of the Campus Health Care (CHC)¹ fee and makes recommendations on the fee level and allocation for subsequent academic years. This report will focus on the recommended fee for 2008-2009. During the past five months, HFAB carefully analyzed University Health Services (UHS) data, student surveys, other student fees, interviews with UHS officials and consulted with other student groups.

HFAB reviewed whether the new Campus Health Care fee was able to improve the access, efficiency, and quality of care delivered at University Health Services (UHS), also known as the Tang Center. HFAB determined that the CHC fee revenue was generally utilized appropriately in response to students' demands and needs. Since last year's fee recommendation in Spring 2007, the Tang Center has improved in the following areas:

- Improved efficiency in each major sector of the Tang Center
- Continued implementation of the campus online system and patient portal
- Successful implementation of the Center's electronic medical recording database (EMR)

As such, UHS has improved much from the campus health budget cuts from two years ago. HFAB has then shifted its role from revamping the health services to its original levels of service output to improving the services as a whole through continued funding and upgrading each aspect of UHS.

After considering the potential fee levels and the areas that need improvements, HFAB recommends an increase of 4.2% to the existing CHC fee for the fall and spring semesters and 5.9% for the summer sessions of the 2008-2009 academic year. More specifically this amounts to an increase of \$2.00 per student per fall and spring semester, bringing the new CHC fee total \$49.50 per student per fall and spring semesters, and an increase of \$2.00 per UC Berkeley summer sessions enrollee, bringing the new CHC fee total to \$36.00 for the summer session. HFAB recommends a portion of the increase to the following areas:

¹ The official name of the fee passed in the Safeguard Student Health Care Referendum.

- E-Tang Project
- Communication Services
- Mental Health Hot Line
- Medical Care Equipment:

METHODS

Data Sources and Analysis Process

Based on experiences and suggestions from previous years, this year's HFAB revised its annual review process with hopes to: 1) increase transparency of the review process; 2) increase UHS accountability to the student body; and 3) to better allow HFAB members to make educated recommendations on relevant student and UHS needs. This year's data sources consisted of various financial, utilization and survey data, as well as interviews with key staff members of various UHS departments at each meeting (see Appendix A). The review process was planned around key themes including: IT and Ease of Use, Prevention and Communication, Mental Health, Medical Care (including Primary Care and Urgent Care). These themes were chosen based on the CHC mission (increasing UHS access and ease of use for UC Berkeley students.)

Meetings were chaired by the HFAB co-chairs (one undergraduate, one graduate student) and attended by 8 other members of diverse backgrounds and disciplines from the undergraduate and graduate student body. There was representation from the Graduate Assembly, ASUC, Committee on Student Fees. Each meeting was also attended by guest UHS representatives for each theme of interest, Claudia Covello, the Executive Director of UHS and Bene Gatzert, UHS Management Analyst. Data discussions, recommendations, follow up questioning, and drafting of this document were completed solely by the HFAB to ensure that feedback was not biased by the UHS administration.

In weighing the many factors impacting the CHC fee, HFAB considered the desired improvements voted on by students in the original CHC fee referendum and reviewed impacts of the first few years of CHC funding, new trends and student feedback as communicated through surveys, access data, and the voices of student representatives serving on both HFAB and Student Health Advisory Committee (SHAC). HFAB members also consulted with campus partners including the Graduate Assembly, ASUC, and the Committee on Student Fees. Input on future trends and gaps in services were also sought from Steve Lustig, the Associate Vice Chancellor for Health and Human Services and Claudia Covello, Executive Director of UHS.

HFAB's reached its recommendation with three principles in mind: 1) equitably represent the needs and desires of the majority of UC Berkeley students; 2) provide UHS with

sufficient revenue to continue providing high quality care and access to all UC Berkeley students; and 3) increase transparency and accountability of where CHC monies are used.

ANALYSIS OF LAST YEAR'S RECOMMENDATIONS

Since the initiation of the CHC fee, students have witnessed continuous improvement in the services provided at the UHS. Particularly, HFAB has found noticeable improvements key services during this academic year 2007-8, the second full year the CHC fee has been assessed. The increase in staffing from the previous year's assessment has continued to show a decrease in office wait times. Although the same effect has not been realized in the phone scheduling system, primarily due to staffing issues, the majority of health services are still not hindered. Students are experiencing a more efficient and organized health delivery system at the university.

Assessment of Recommendations from 06-07 HFAB

In order to determine the effectiveness of HFAB and the views of the students in impacting UHS administrative decisions, this year's HFAB analyzed the differences seen in each service deemed insufficient by the previous year's HFAB analysis. This year's HFAB has seen considerable progress in the three main areas focused by last year's HFAB:

1. **Communication about the services offered at the UHS to students.** The UHS administration has increased attention to health communication considerably. UHS recently hired a new communication director solely focused on publicizing UHS services. Kim LaPean developed and spearheads a new communication strategy, which includes innovative communication proposals, convening student groups, and revamping the website. The newly hired personnel and improvements made signify the commitment of UHS towards HFAB's assessments. (For more information on Communication projects please see Appendix D)
2. **Expanded activities in the Health Promotion Department.** With the prior year's HFAB recommendation, this year, the Health Promotion Department focused on more tangible activities to encourage healthy living and behaviors among students. The Department has targeted seven different areas in which to

promote health issues. A recent health promotion effort was presented through the water promotion campaign. With the funds allocated by last years HFAB, the Department was able to purchase water bottles, fill them with educational information and distribute them to the student body.

3. **The e-Tang project.** The e-Tang project was recognized as an important project for both clinical staff and students alike. It was a major initiative pushed by last year's HFAB. The board pushed specifically for a patient portal, online scheduling, integration of UHS and other web services, and ensuring consistent access to UHS while developing EMR. Of the above, there has been continual advancement in each segment, yet full development has yet to be accomplished. EMR has successfully been introduced; however, patient portal and online scheduling is continually pushed back due to internal operational issues. Yet, with continual funding from CHC, the project's initiation should be completed by the end of spring 2008.

Analysis of Fee Levels

Based on the conditions of the original referendum, the CHC fee can increase, decrease, or remain the same each year without the consent of the student body. HFAB has sought to equitably represent the needs and desires of students in forming its recommendation. In keeping with this mandate, HFAB considered various levels of fees up to a maximum of 7.0% of the current CHC fee². In making our final recommendation, we were restrained by a campus administrative unit requirement that stipulated that the total fee charged per semester be rounded to the dollar or to fifty cents. Furthermore, HFAB was made aware that in order to maintain the same level and quality of service attained after CHC fee implementation, staff salaries funded with CHC fee revenue must mirror the 5.0% increase in salary and benefits inflation. Nonetheless, HFAB highly scrutinized various fee options (see Appendix B for complete list) with three overarching considerations:

The 2008-9 CHC fee decreases from the current level

HFAB considered a decrease in the current fee level in light of recent education and registration fee increases and other potential new student fees (e.g., student fee referenda that may be held this spring) for the 2008-9 school year. Although the advisory board acknowledges the overall increase in student fees, HFAB decided that if the CHC fee were to decrease, this would result in decreased service levels equal to the decrease plus the amount needed to cover the anticipated 5.0% increase in personnel costs. (i.e.: *the minimum amount necessary to adjust for increases in their cost of living in the coming year*). Especially pertinent to next year, HFAB members noted the negative effect of a decrease in funding on the complete launch of, access of and ease of use initiatives of the ongoing e-Tang project.

The 2008-9 CHC fee remains at the current level

Our comparison of utilization of UHS services during the 2004-5 (pre-CHC fee), 2005-6, 2007-8 (post-CHC fee) academic years showed that the CHC fee is being properly funneled towards areas in which students expressed continuous need for improvement, such as

² 7.0% is the amount determined to be the maximum possible increase for CHC fee based on the 2008 and physician and clinical services expenditures published by the U.S. Bureau of Labor Statistics. This cap was stipulated in the Safeguard Student Health Care Referendum

improved access to same-day appointments, time-to-next appointments, and the ability to make appointments and perform prescription refills over the Internet. If the CHC fee rate were to remain at the current level of \$47.50 per semester and \$34.00 during summer sessions, support for any improvements or special projects using CHC fee revenue would not be possible, due to an anticipated 5.0% increase in personnel costs.

The 2006-7 CHC fee increases from the current level

In order to maintain the same level and quality of service attained after CHC fee implementation, staff salaries funded with CHC fee revenue must mirror the 5.0% increase in salary inflation. Last year's CHC recommendations built into the fee a special projects fund of approximately \$36,000.00 to fund new initiatives to increase availability and accessibility of UHS services. As a result, this year's HFAB had various options to consider that could meet staff salary requirements, but could vary the percent increase of CHC. HFAB considered a variety of potential fee-increase increments between 3.2% (for fall/spring semester and 4.4% for the summer session) to 7.0%. After careful analysis, HFAB found that a 3.2% increase would only provide enough funds to match the 5% increase in salary inflation, while a 7.0% increase would provide funds to match the 5% increase in salary inflation AND create a \$38,800 reserve for HFAB recommended special projects. For a complete list of the fee choices considered by HFAB please see Appendix B.

2008-9 FEE LEVEL RECOMMENDATION

After in depth analysis, the advisory board agreed that they had sufficient information from various sources to make an educated and substantiated recommendation. After considering the potential fee levels and the areas that need improvements, HFAB recommends an increase of 4.2% to the existing CHC fee for the fall and spring semesters and 5.9% for the summer sessions of the 2008-2009 academic year. More specifically this amounts to the following:

- Increase of \$2.00 per student per fall and spring semester, bringing the new CHC fee total \$49.50 per student per fall and spring semesters.
- Increase of \$2.00 per UC Berkeley summer sessions enrollee, bringing the new CHC fee total to \$36.00 for the summer session.

After adjusting for the required return to financial aid, we estimate that the recommended increase would result in UHS receiving an additional \$106,237.00 in revenue during 2008-9. HFAB proposes that 5.0% of the increase cover salary inflation of employees and that the additional revenue (\$22,181.00) support the following recommended areas:

1. E-Tang Project
2. Communication Services
3. Mental Health Hot Line
4. Medical Care Equipment:

HFAB chose to increase fee level in order to maintain the current standard of access at UHS and to provide some additional support to the four abovementioned areas. . HFAB would like to emphasize that even though a recommendation of 7.0% was possible, HFAB would not recommend the maximum increase. This year's advisory board was particularly sensitive to the overall climate of increasing fees and was particularly concerned about the fee reaching the \$50.00 mark. HFAB hopes to highlight on behalf of its constituents, through its ongoing support of CHC, that we as a student population are

committed to and highly value working with UHS to continuously improve access to high quality care.

RECOMMENDED AREAS

After successfully analyzing each major aspect of UHS, HFAB has determined a number of specific recommendations for the use of CHC funding. Since most divisions would benefit from increased staffing, the cost amount is too high to currently fund. As a result, HFAB decided to break up the amount of funding for various UHS projects, rather than increase staffing. With the current recommended CHC increase, when necessary staff salary adjustments, we foresee the additional funding to go towards a 'Special Projects Fund' (totaling approx. \$22,181.00) to be allocated towards the following areas.

Areas Needing Service Improvements

HFAB has identified key areas that will further advance each UHS divisions' work and minor improvements that should be made in an effort to enhance overall student health and experience with UHS. HFAB recognizes the hard work and commitment UHS administration, staff and employees have toward serving the UC Berkeley community and thank the UHS administration for considering the following recommendations:

- 1. E-Tang Project:** With the continual advancement towards an online based UHS system, HFAB recognizes the importance of the project and deem a 30% allocation of funding from the Special Projects Fund. This would allocate about \$6,600.00 to the project. HFAB supports and recognizes the importance of the E-Tang project and allocates the large amount to ensure its completion.
- 2. Communication Services:** HFAB continually notices a lack of communication between UHS and the associate student body. As a result, HFAB also allocates 30% (or \$6,600.00) to innovative communication projects presented by the newly hired Communication Director, Kim LaPean. This will allow for a purchase of necessary materials, focus groups, and other activities that will enhance communication to the UC Berkeley community.
- 3. Mental Health Hot Line:** After meeting with the Mental Health Director, Jeff Prince and Resident Doctor, Rich Tittle, HFAB recognizes that the implementation of a mental health hotline would greatly benefit the campus. A twenty-four hour hotline would allow any student/faculty/worker to contact UHS

at any time and receive care for mental health issues. Thus, HFAB allocates 32% of the Special Projects Funds (about \$7,100.00) to the initiation and completion of the project. HFAB realizes the extensive time required in implementing a project of this magnitude but encourages an expeditious timeline. However, if this is unfeasible then HFAB suggests that 21% of the Special Projects Fund be given to mental health projects (about \$4,700) and the remainder amount be equally divided between communication and E-Tang projects (about \$1,200.00 in additional funding for both projects).

- 4. Medical Care Equipment:** Lastly, HFAB recognizes that some instruments/equipment currently being used at the Tang Center are outdated. After thorough analysis on each type of equipment, and researching priority issues presented by the Director of Health Operations, HF\AB has decided to use 8% of Special Projects Funds to purchase a new microscope (about \$1,800.00) which will allow for more efficient and precise on-site patient diagnosis. For reasoning please see Appendix C.

NOTES FOR FUTURE HFAB

As the function and role of HFAB continues to evolve, there are many things that this year's committee learned and would like to pass on to future committee chairs and members.

- Future HFABs should continuously re-examine their role and mission as a committee. Whereas, it appears that referendum goals of restoring and bettering access and ease of use of student health services have been met, many improvements remain possible. We urge future committees to continue to be leaders in maintaining UHS accountable towards their student clients and also by playing a larger advisory role in shaping the outcome of special projects funded by the fee.
- Transparency of the CHC fee analysis and recommendation process is key to maintaining HFAB credibility as an advisory board. Future committees should ensure that their review methodology remain as public and thorough as possible.
- This year's HFAB changed the format of their meetings to include live guest speakers from UHS management and services. This technique allowed HFAB to ask pertinent and candid questions of the departments directly and better assess student needs and future trends. Face to face interviews allowed HFAB to become more familiar with UHS and simplified the final decision making process. We highly recommend continuing this format in future years.
- Given the current campus fee climate, HFAB urges its successors to closely monitor student capabilities in supporting university services through continuing to increase its student fees. This years' recommendation for the 2008-09 Fall/Spring health fee of \$49.50 approaches the \$50.00 mark, which may be a turning point for student support of the fee. Next year's HFAB will have to consider whether any further increase of the fee remains feasible and affordable to the student public.
- Lastly, HFAB urges its future members to keep in mind the mission of the original CHC referendum, especially as it pertains to implementing new technologies. While the support of the E-Tang project continues to be a HFAB

priority, there must be a continuous assessment of the uses of the CHC fee moneys towards improvements to access and ease of use at UHS for student and not other efficiencies that technology can provide.

THANK YOU

HFAB wishes to thank the many UHS administrators, clinical staff, and campus staff that allowed HFAB to objectively examine the effects of the current CHC allocation on student health services. A special thank you goes to Bene Gatzert and Claudia Covello for their time and effort in helping to gather data and lead the committee through its examination of UHS services. HFAB would also like to thank the Student Health Advisory Board, the ASUC, the GA and the Committee on Student Fees for their input and recommendations.

APPENDIX A: DATA REVIEWED

1) Evolving History/Context of the Health Fee

- Evolving context of the Campus Health Fee
- Health Fee history: Finances, Student Experience and UHS Operations 2000-2006
- UHS Funding Sources
- Campus Health Care Fee Background Information
- Campus Health Fee Referendum Language
- Overall UHS Budget Picture
- Health Fee Expenses and Revenue 2006-2007
- Role of Students on Advisory Committees
- Health Fee Allocation 2007-2008
- Summary of all UC Berkeley Student Fees

2) IT and Ease of Use

- IT Funding
- E-Tang Overview
- E- Tang Costs Overview
- Online Scheduling Overview
- Pre and Post Campus Health Fee Medical Appointment Line Use
- Interviews with UHS Managers
 - Jonathan Wills, EMR Project Manager
 - Bene Gatzert
 - Bob Keeves, MD

3) Prevention and Communication

- Health Promotion and Communication: Background Information
- Overview of Health Promotion Projects 2006-2007
- Outreach Ideas Requiring funding for 2008-2009
- Communications Update 2006-2007
- Interview with UHS Managers
 - Cathy Kodama, Health Promotion Director
 - Kim LaPean, Communications Director

4) Mental Health

- Student Mental Health Committee Final Report 2006
- Overview of Mental Health Services offered by UHS
- UHS Mental Health Information and Utilization Data (Psychiatry, Counseling, Social Services)
- Proposed Use of Increased Registration Fees for Mental Health Services
- Information about After Hours Counseling Line
- Interviews with UHS Managers
 - Jeff Prince, CPS Director
 - Paula Flamm, Social Services Manager
 - Rich Tittle, MD

5) Medical Care (Primary and Urgent Care)

- Required Medical Equipment: Reasons and Pricing
- Client Satisfaction Data 2003-2006
- Share of office visits by clinic
- Interviews with UHS Managers
 - Bob Keeves, MD
 - Jo Billington, Clinical Services Operations Director
 - Harris Masket, Chief Urgent Care Physician

APPENDIX B: FEE LEVELS CONSIDERED BY HFAB

2007-08 Fee Level

Fall/Spring

Summer

\$47.50 per semester

\$34.00

Annual (Fall + Spring + Summer)

	Sample %	as % of current fee annual	amt to UHS annual	new fee level at that % annual	est "maintain" to UHS annual	est "improve" to UHS annual	est addl to UHS annual	special project funding that could be reallocated	total "improve"
a	0%	\$0.00	\$0.00	--	-\$120,307	\$0	\$0	\$0	cut to services
b	1.1%+1.5%	\$1.50	\$1.00	\$130.50	-\$93,748	\$0	\$26,559	\$0	cut to services
c	2.1%+1.5%	\$2.50	\$1.67	\$131.50	-\$71,522	\$0	\$48,785	\$0	cut to services
d	2.1%+2.9%	\$3.00	\$2.00	\$132.00	-\$67,188	\$0	\$53,119	\$0	cut to services
e	3.2%+2.9%	\$4.00	\$2.67	\$133.00	-\$44,962	\$0	\$75,345	\$0	cut to services
f	3.2%+4.4%	\$4.50	\$3.00		-\$40,629	\$0	\$79,678	\$0	maintain services
g	4.2%+4.4%	\$5.50	\$3.67	\$134.50	-\$18,403	\$0	\$101,904	\$17,847	maintain services
h	4.2%+5.9%	\$6.00	\$4.00	\$135.00	-\$14,070	\$0	\$106,237	\$22,181	maintain services
i	5.3%+4.4%	\$6.50	\$4.33	\$135.50	\$120,307	\$3,823	\$124,130	\$36,250 + % increase	\$41,886
j	5.3%+5.9%	\$7.00	\$4.67	\$136.00	\$120,307	\$8,156	\$128,463	\$36,250 + % increase	\$46,220
k	6.3%+5.9%	\$8.00	\$5.33	\$137.00	\$120,307	\$30,383	\$150,689	\$36,250 + % increase	\$68,446
l	6.3%+7.4% (weighted average increase to annual fee rate below 7%)	\$8.50	\$5.67	\$137.50	\$120,307	\$34,716	\$155,023	\$36,250 + % increase	\$72,779
m	7.4%+5.9% (weighted average increase to annual fee rate below 7%)	\$9.00	\$6.00	\$138.00	\$120,307	\$52,609	\$172,915	\$36,250 + % increase	\$90,672
Cap	7.0%+7.0%	\$9.03	\$6.02	\$138.03	\$120,307	\$48,123	\$168,430	\$38,788	\$86,910

Revenue estimates based on enrollment projections for 2007-08 as follows:

Fall + Spring

66,678 students

Summer

13,000 students

Increases to the fee rate in any one year may not exceed health care inflation rates for physician and clinical services published annually by the U.S. Bureau of Labor Statistics. Cap for 2008-09: 7%.

APPENDIX C: MEDICAL EQUIPMENT CONSIDERED

After interviews with UHS medical staff, HFAB became aware that there are various pieces of medical equipment described as being outdated and ‘on its last legs’. After careful review HFAB came to the conclusion that the purchase of a new microscope would be within HFAB’s scope and could potentially positively impact many students. HFAB supports the purchase of this new piece of medical equipment, though we urge UHS to follow this lead by updating other equipment to allow for the most efficient quality of care for its clients.

Item	Number Needed	Priority	Longevity	Price
Microscope	1	1	10-15 yrs	\$2000
Exam Table	3	2	10 yrs	\$1600 ea
EKG Machine	1	2	5-7 yrs	\$5800
Colposcope	1	1	10 yrs	\$8000
Power Table	1	1	5-7 yrs	\$5400
Vital Signs Monitors	6	1	3-5 yrs	\$3250 ea
Treatment Cart (Mobile)	7	3	12+ yrs	\$1300 ea
Exam Table Welch Allyn Lights	3	2	5-7 yrs	\$870 ea

APPENDIX D: UHS COMMUNICATIONS UPDATE 2007-2008

PUBLIC RELATIONS/AWARENESS CAMPAIGN KICK-OFF FOR 2007-08

PURPOSE

- Increase student awareness of UHS services
- Create a stronger brand image for UHS
- Provide student voice in strategic planning and communications initiatives
- Conduct student needs assessment and compile all available feedback data
- Create a communication outreach strategy to support goals of increasing awareness and strengthening UHS brand identity

TIMELINE

- **Phase I: October 07 – January 08**
 - Build infrastructure
 - Research + discovery
- **Phase II: Spring 08 into summer**
 - Implement activities
 - Create communications plan for 2008-09, implemented end Spring 08

ESTIMATED HEALTH FEE FUNDED COSTS

Phase I: October 07 – January 08

- Purchase large poster printer for visual communications – HP3100- poster printer output up to 44” \$7030
- Conduct student focus groups \$1000
- Hire 1 student communication assistant \$1500
- Create information card (magnet) directing students to web \$5000
- Facebook advertisements – 40,000 fliers over 4 days @ \$80 \$240
 - Oct: What can UHS do for you? or
 - UHS services: one less thing to stress about during mid-terms
 - Nov: Don't wait till your sick – learn about UHS today
 - Dec: UHS services: one less thing to stress about during finals

Estimated costs subtotal: \$14,770

Phase II: Spring 08 into summer

- Implement additional activities based on research and discovery efforts TBD
- Create strategic outreach communications plan 2008-09 TBD

CURRENT COMMUNICATIONS IDEAS FOR 2008-09

- **Continuation of PR/Awareness campaign**
 - **Goals:** increased face to face outreach, targeted awareness outreach, increased visual communications (signage, overview brochure, promotional items), enhanced web features
 - **Cost areas:** brochure printing, promotional item costs, other costs TBD based on initiatives
- **UHS web site overhaul**
 - **Goals:** more dynamic information (frequent updates, multi-media/interactive features), easier navigation (user-friendly, full navigation access from home page), accessibility

- **Cost areas:** increase bandwidth, hire web design firm, project management costs, labor hours for increased web work, multi-media software/hardware, research, other costs TBD

Awareness + discovery focus groups

- Conduct 5 group sessions in the “Dinner for 10” style
 - Graduate – 2 groups (1 SHIP, 1 non-SHIP)
 - Undergraduate – 3 groups (1 SHIP, 1 non-SHIP, 1 mixed)
- Participant recruitment goals
 - Mix of participant based awareness of UHS services (know a lot, a little, nothing about services)
 - Inclusion of under-represented target audiences
 - Division of SHIP and non-SHIP customers

Student Communications Assistant

- Report to Communications Manager
- Recruitment: Mass Communication or Public Health major
- Hours per week: 8-10 hours
- Duties
 - Visual communication assistance
 - Graphic design assistance (basic layout, more work based on skill level)
 - Production finishing (copying, cutting, laminating)
 - Internal UHS sign management/maintenance assistance
 - Weekly table tent management (weekly standing DC table tent reservations; assist with graphics, copy, cut and take to RSSP weekly)
 - Guidance to Communications Manager for student tone, message, etc
 - Outreach assistance – assist Communications Manager to work with UHS key departments, external and internal groups for information gathering, as well as creating a broader outreach plan beyond the scope of established efforts
 - Project management – research, reports, web redesign project assistance,
 - Photography assistance– increase collection of UHS photos, special event photography, staff photos, etc.
 - Other duties as assigned; position will evolve to meet needs of UHS

Examples of UHS communications areas

