

# Campus Health Care Fee Level Recommendation for 2014-2015

Independent Analysis by Health Fee Advisory Board (HFAB)

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## **SUBMISSION:**

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## **Executive Summary**

The 2013-2014 Health Fee Advisory Board (HFAB) is a group of 11 students, both graduate and undergraduate, who are tasked with recommending an increase, decrease, or no change to the Campus Health Care Fee (Health Fee) that students will pay in 2014-2015.

For the following school year (2014-2015), HFAB recommends a slight increase in the Campus Health Care Fee to \$62.50 for the fall and spring semesters and \$47.00 for the summer 2015. Overall this would lead to a 5% increase to the current fall and spring semester health fee of \$59.50, and a 7% increase to the current summer fee of \$44.50. HFAB sees the necessity and demand of services provided by UHS but encourages UHS to continue its efforts in attaining and developing alternative funding sources.

HFAB's recommendation of an increase in the fee is supported by many of the clinical leaders such as Social Services Manager Paula Flamm, Counseling and Psychological Services Director Jeff Prince, as well as the Medical Director Brad Buchman all of whom grow increasingly concerned with the lack of funding and its affects on student services. These directors have noted that while there is increased usage of UHS by students, the services provided to students have not increased but rather decreased due to the lack of funding. As in previous years, HFAB continues to emphasize the need for the university to provide and fund current services instead of having its students shoulder the burden of increasing fees.

This year, HFAB was informed that even if it were to raise the fee level to the maximum cap of 7.1% as allowed under the referendum for 2014-15, UHS would function under a deficit. HFAB feels strongly that the university must provide alternative funding sources in order to maintain current levels of services so as to ensure student physical and mental health and wellness.

## **Methods**

This year's HFAB consisted of eleven UC Berkeley students, two graduate students and nine undergraduates coming from a wide range of disciplines. The co-chairs of HFAB were Blake Owens and Aakash Ghai. Over the semester with the help of UHS Strategic Initiatives Manager Bené Gatzert and UHS Executive Director, Claudia Covello, the committee held interviews with representatives from different UHS departments including Information Technology, Medical Services, Counseling and Psychological Services (CPS), Social Services, Health Communications and Health Promotion. After each interview, there was a follow up discussion held among only HFAB members. Findings from these interviews along with student usage data that was provided by each department allowed HFAB to understand the financial needs of each department.

Along with these interviews, a few students on HFAB were also serving on other committees and consulted with them as well in order to receive a variety of feedback on UHS services and the Campus Health Fee. These committees included the Graduate Assembly (GA), the Associated Students of the University of California (ASUC), the Committee on Student Fees (CSF), and the Student Health Advisory Committee (SHAC). These separate committee opinions were obtained through surveys and meetings in order to come to a consensus that was representative of the student body.

By reviewing findings from the department interviews, student usage data and feedback from other student committees, HFAB used the information obtained to come to a decision in regards to the recommendation for the 2014-2015 academic year.

## **Majority Findings**

### *A. IT*

HFAB interviewed Information Technology Director Jeff Kreutzen and Information Technology Project Manager Myra Lijeck to understand the needs and trends of the IT Department at UHS. Trends in college health IT include 24 hour self-service options, increasing patient engagement, integrating test results, ensuring secure data exchange between specialists and outside providers, preventative health care programs and the ability to adapt to Affordable Care Act. Highlights of UHS technology services include the eTang Portal, kiosk appointment check-in stations and system data security and privacy.

The biggest challenges the IT department faces include IT staff retention, maintaining security and privacy regulations and ensuring secure access through online portals. The department also expressed concerns and gaps to meeting student needs. The wireless network is often overloaded and it is difficult to get online forms filled out in advance. UHS would like to increase student engagement with Tang's online activity, encourage laptops and mobile devices for every visit and make the eTang Portal more user friendly. The department would like to explore the use of tablets or Chromebooks for check-in and expand the use of kiosks.

### *B. Health Communications and Health Promotion*

HFAB interviewed Kim LaPean and Cathy Kodama of UHS Health Communications and Health Promotion respectively. LaPean is the Communications Manager, and Kodama is the Health Promotion Director. A major concern of theirs this year has been regarding the number of alcohol transports for UC Berkeley students. This number has been higher than previous years,

and has not exhibited the same decline pattern. It is unsure whether this is a byproduct of more effective bystander training, or due to ineffective alcohol education considering the large freshman class. The Tang Center has many well-developed programs, such as the 'Do You' campaign and PartySafe; however, the issue present seems to be making an impact on students.

There have been many measures taken to increase awareness of health promotion programs, including tabling on campus. In an effort to increase outreach without increasing costs, HFAB suggested more outreach to students by students, such as through health workers. HFAB believes having students perform outreach in volunteer positions such as these is more cost-effective and more likely to reach different student groups. HFAB did not feel as though this unit required additional funding, because the problems lie not within the program development but the fact that the student body is generally unreceptive to health promotion until they are in a time of need.

### *C. Counseling & Psychological Services and Social Services*

UHS's Counseling and Psychological Services (CPS) Director, Jeff Prince, spoke with HFAB regarding the campus's need and access to services on campus. Prince spoke at length about the issues revolving around mental health and stigma, utilization and services, and need for more developmental models of counseling throughout campus life. The interview revealed CPS's desire to introduce a new profit-making model via establishing a summer institute to train counselors from universities in other countries. A concern mentioned was the lack of space (9 spaces are currently present on campus for student access) for CPS moving forward.

The secondary interview with Paula Flamm, Social Services Manager at UHS, discussed the existing services and difficulties in addressing student needs on campus. Existing services include alcohol and drug treatment, sexual assault, pregnancy, and chronic disease

counseling/case management, the one relatively new social workers to help with higher-risk cases such as eating disorder treatment, and the increased utilization of an on-campus dietician. Addressing student concerns include increase on-site treatment with higher-risk community groups, and a healthy-body image online evaluation with increased outreach efforts. Another area of concern is the lack of funding directed to off-site services such as the Berkeley Builds Capacity (BBC) with community outreach once that grant runs out.

#### *D. Medical Services*

UHS's Medical Director, Brad Buchman, spoke with HFAB regarding the department's methods of increasing efficiency and improvements moving forward. Primary care remains medical services main focus as visits have steadily increased from 20,252 in 2011 to 25,681 in 2013, while urgent care visits have remained stable at about 10,000. In attempt to shoulder this increase, medical services are increasing over the phone and online triage services through secure messaging to determine patient needs before making appointments as well as deliver test results. This spring medical services will upgrade the electronic health record systems as well as introduce self-directed STI testing to reduce appointment volume.

Further initiatives to increase efficiency are streamlining the discharge process, a part of the overall Medical Home Model. This model includes group preventative care as well as allowing patients to visit the same doctor in hopes of quality continuing care. The Medical Home Model will not only increase primary care efficiency, but also quality for patients.

#### **Majority Perspective**

HFAB recommends a semester (Fall 2014 and Spring 2015) fee level increase of 5%, increasing the fee from \$59.50 to \$62.50, and 7% in the summer (2015), from \$44.50 to \$47.50.

The expected budgetary deficit that will be incurred with the decision of not raising the fee to the maximum level of 7.1% will be approximately \$202,964. The higher fee charged for the Summer Sessions was chosen upon the reasoning that there is a higher population of visiting students during the summer. The overall recommended percentage increases were based on the collective decisions in minimizing the students' burden of health care costs while maintaining an acceptable level of care services.

Our collective analysis of voices from different student groups through SHAC questionnaires, current UHS expenses in different departments, and staff interviews allow us to better determine the avenues of improvement in multiple departments. We use this analysis to conclude that maintaining current levels of service with slight cuts that are absolutely necessary is the most apt approach. HFAB has observed an incessant trend in the health fee level with the amount that students pay rising each year in addition to essential services being cut due to health care inflation and rising campus benefit costs. These gradual increases in the fee level have had an additive effect, which may be detrimental to the student body's reliance on essential health services.

The majority of HFAB is aware that budget cuts will come in the form of staff reductions that will inevitably affect UHS. Nevertheless the Board encourages a more ardent pursuit of alternative funding mechanisms in order to lower the burden of costs upon students for services that the university is responsible to provide. The majority of HFAB agrees that there is a large emphasis on improving care for students amongst the UHS staff and are grateful for the dedication and efforts of the departments to streamline services and to increase student access. However, in our analysis of the University's health budget, HFAB takes note that there is still a



great emphasis on adding newer services (i.e. alternative IT services) rather than improving current ones.

In an effort to improve student services this year, HFAB takes on the role of conceiving an advocacy project involving a potential amendment to the current language of the health fee referendum and reaching out to campus officials to actively restructure funding for student health services. Some of the probable health advocacy ideas also include disability health maintenance programs, wellness campaigns, and preventive care initiatives with an emphasis on psychological care and stress, and helping with underserved needs.

Alternative fee levels were not chosen due to lower fee levels incurring large losses in staff and services at UHS and higher levels were not chosen in order to promote the Board's sentiment that the fee level should not continue to grow yearly and that students should not be responsible to bear increasing costs.

### **Minority Perspective**

This section intends to represent the limitations of the health fee increase recommended elsewhere and the limitations of the fee, in general, to overcome the financial shortcomings of University Health Services (UHS). Much like its experience in the 2012-2013 academic year, HFAB was tasked with an impossible decision: set a fee level that, even when raised to its maximum, could only lessen an imminent UHS deficit. UHS projected a minimum deficit of roughly \$175,000 dollars, assuming the maximum health fee increase for students of 7.1%. Given HFAB's current recommendation at 5% for the fall/spring academic year, the deficit is projected at quarter million dollars. Each year, HFAB adheres to the unfortunate precedent in which students are expected to close the UHS budget gap.

The health fee was originally intended to ensure that students had a seat at the table in terms of creating, maintaining, and funding crucial student health services. In recent years, however, the health fee has barely covered the cost of medical inflation, let alone fund additional health services. HFAB spent much of its time interviewing various programs of UHS and surveying students campus-wide, and found a need for both additional staffing and programming. It was only after this outreach, that HFAB discovered that University of California's Office of the President mandated an employee benefits package increase that would reallocate the budget in such a way, that a cut to students services was inevitable and an expansion of services, impossible.

Although HFAB has not suggested the maximum increase, some board members felt that even the compromise concedes to the university, which continues to charge its student body for its shortcomings. In an environment, both national and statewide, where students are being asked to shoulder greater and greater costs, the student body must establish a threshold past which it cannot be pushed. In order for the health fee to be effective and for it to maintain its original purpose, students must actually be presented with options for student health services and their cost. HFAB members should be considered stakeholders, who deserve a return for their investment.

While HFAB did not want to see a complete reduction in services by maintaining the current fee level, they also did not want to be held responsible for such a cut in services by not recommending an increase. It is the university, not the students that should be held accountable for any services and staff lost due to budget cuts or reallocation. In order to maintain student health services, university administrators should be available to HFAB, in order to come up with financial solutions that involve matching the fee increase, seeking alternate funding, and

presenting options for budget allocation. Beyond changing its approach to funding pre-existing health services, the university should be charged with the responsibility of seeking alternate approaches to health that use a more holistic wellness framework. This would necessitate another avenue for the student input already garnered by committees, such as HFAB.

### **HFAB Advocacy Discussion:**

#### **Introduction:**

Discussions with the HFAB committee in consultation with UHS Departments and student governments (ASUC and GA) found many challenges affecting both the long and short term health-wellness needs of the campus - of which - many are fiscally exacerbated by unexpected increases in UCOP health benefit costs that are contributing to an annual UHS deficit for student referendum funded services. If left unresolved, many student health services will be limited in the near future; this comes at a time in many student's lives when such services are paramount to their academic success, wellness, and retention.

The HFAB committee identified the main challenges and concerns to student health-wellness as the following: Due to an outdated student referendum funding model, the sustainability of many UHS programs which support student health-wellness (mental health, social services, etc.) are in jeopardy; Facilities that contribute to student health-wellness are outdated and insufficient (medical offices, gyms, lack of wellness center, etc); With recent changes in health care, there is a need to develop more preventative health care programs to improve student wellness and mitigate costs on the back end; Health-wellness programs for specific underserved communities are in need of development (disabled, LGBTQI, international, etc); Holistic, alternative, and eastern methods of wellness and medicine are rare on campus and need further exploration; Although the campus has numerous student groups and committees

(similar to HFAB) which are dedicated to health, wellness, mental health, and the fees that finance health services - there is a perception and / or reality - that these committees do not adequately foster communication with one another via students or administration; There is a need to improve departmental collaboration to inspire cutting edge student health-wellness programs (partnering with Rec Sports Dept., Gender Eq., International Center, etc); Although U.C. Berkeley is home to many of the world's top scholars in disciplines related to health-wellness, they are largely underrepresented in discussions of improving student health-wellness on campus (Public Health, Nutrition, Disability Studies, etc); and programs that ameliorate mental health and reduce stress should be increased to meet student demand. To address these concerns, the HFAB committee is advocating for both long and short term agendas (listed below) that will institutionally improve such student health-wellness deficiencies.

**Long Term:**

A common theme throughout all of the HFAB committee discussions was the campus need to formulate a collective student vision of what health and wellness should be for UC Berkeley. The nexus for this discussion stems from several members of the HFAB committee who also serve on other student health committees that advise on student health, however, rarely (if ever) do these health committees share information amongst each other. Furthermore, there is a need to facilitate communication among campus departments that also contribute to student health (Rec Sports, academic units such as Public Health, Physical Education, Social Welfare, Integrative Biology, etc). In order to establish a student vision of wellness that includes campus collaboration, the HFAB committee is advocating for the creation of a temporary student led ASUC-GA joint health-wellness workgroup that will bring together students and departments to create a student vision of what health and wellness should be for UC Berkeley.

The HFAB committee strongly recommends that the work group should consist of a diverse student population, representing various departments across campus engaging with the themes of health and wellness, including those departments not traditionally associated with these concepts. Diverse students should include, but not be limited to, marginalized populations such as students of color, LGBTQIA students, disabled students, international students, and students representing the intersection of these populations. The workgroup will include buy-in and representation of GA delegates (2-3 seats), ASUC senators (2-3 seats) and open to members from Health Fee Advisory Board, Student Health Advisory Committee, Recreational Sports Board of Governors, Chancellor's Advisory Committee on Student Mental Health, Chancellor's Advisory Committee on Student Services and Fees, Graduate Student Mental Health Advisory Committee. To ensure consistency and to meet the demands of the work group, it is advisable that the workgroup meet in person on a regular basis (ideally throughout the Spring of 2014), most likely once per week.

The work group should conduct interviews with various departments and student groups on campus to explore what health and wellness on campus should or could be. Identifying underserved populations along with fostering ideas to promote their wellness will be a goal of the group. It is advisable that the workgroup conduct surveys and use other tools of engagement for students not represented within the group. The group will also explore the potential cost requirements to fund such needs and suggest potential funding mechanisms. Ultimately, the workgroup will create a report—a living document—that synthesizes the many diverse student voices on campus, their perspectives on health and wellness, and their needs with respect to health and wellness services. After completion of the report, the workgroup will present their findings to ASUC-GA student governments and key administrators in Fall 2014.

**Short Term:**

With the goal of greater student wellness, HFAB also recommends a greater emphasis on preventative care services that would emphasize psychological care and stress reduction services. HFAB recognizes the importance of care that treats both visible and invisible aspects of health and wellness while also acknowledging that an emphasis on preventative care is necessary to reduce healthcare costs overall at the UHS Department and student referendum supported services. With this in mind, the HFAB committee strongly believes that greater attention is needed in providing preventive health services that meet the needs of underrepresented populations on the campus. HFAB, therefore, advocates for creating small pilot projects that would serve the preventive health needs of marginalized populations. One such example that was discussed, but not limited to, includes the creation of a disability health maintenance program that would be a collaborative partnership between UHS and Rec Sports. The program would help serve the unmet health needs of the student population with a disability. After consultation with student government leaders, the HFAB committee is advocating that Student Services Fee funding be used to help start pilot programs. HFAB also recommends that UHS move forward with its plans to assign every student a personal physician or primary care doctor. This would foster a better relationship between students and UHS by creating a more personalized experience between students and their physicians. In addition, the student evaluations and Tang's efficiency checks will continue to be monitored to ensure the best health care for students.

**Conclusion:**

HFAB's advocacy efforts revolve around the area of a wellness-centered student health, focusing on both large-scale campus initiatives and smaller pilot programs to meet the needs of all students on campus (especially underserved). This effort is also to highlight the greater

attention that is needed to address the high health benefits costs at UHS that are contributing to a yearly deficit for student referendum funded programs. Rather than depleting TANG's carry-forward accounts, HFAB would also like to see the main campus administration contribute support funds until new sources of revenue can be created to augment the shortage. The HFAB committee considers these services of "great importance" and "critical" to student success, health-wellness, and retention. To determine a collective student vision of health and wellness that also represents the underserved, the HFAB committee is requesting that the campus administration support, listen, and assist the student led ASUC-GA workgroup in any capacity necessary to meet their objectives (help arrange departmental interviews, reserve facility space for meetings, etc). Furthermore, the HFAB committee is advocating that Student Services Fee funding be used to start small pilot programs that improve student wellness for underserved student population (Disabled, African American, International, etc).