

2012 Annual Report

Health Fee Advisory Board Recommendation on Student Healthcare Services Fee

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Executive Summary

The Health Fee Advisory Board (HFAB) is a group of students – both graduate and undergraduate – who are tasked with recommending an increase, decrease, or no change in the healthcare services fee that students pay each semester.

This year's HFAB, comprised of eight students, recommends a limited increase in the healthcare fee to \$56.50 for the fall and spring, a \$2.00 increase over the current fall and spring fee of \$54.50; and to \$41.00 for the summer, a \$2.50 increase over the current summer fee of \$38.50. This recommendation reflects HFAB's desire to preserve the health services students currently receive through University Health Services (UHS) while limiting the increase in cost. This recommendation, which stops short of the maximum allowable increase of \$58.00 for the fall and spring, reflects two values: 1) the importance of health services to the university's educational mission, and 2) HFAB's sensitivity to the trend of rising fees and the burden they place on students.

Our recommendation to raise the healthcare services fee by \$2.00 for the fall and spring rather than the maximum increase of \$3.50 should not be construed as a statement on the lack of need for maximum healthcare fee funding by UHS. On the contrary, HFAB found that all six core UHS departments – Information Technology, Medical Services, Counseling and Psychological Services (CPS), Social Services, Health Promotion, and Communications – presented compelling needs for funding. Specifically, HFAB found that Social Services and Medical Services presented the most compelling cases for increased funding. Social Services Manager Paula Flamm said her department was understaffed to meet the growing demand for case management among U.C. Berkeley students. Medical Director Brad Buchman echoed this sentiment when he described a small group

of highly acute eating disorder patients who require a disproportionately high amount of staff time, which drains resources away from the large number of less acute patients in need of primary care services. Therefore, HFAB considered funding either a second year post-MSW (Master of Social Work) counselor¹ in Social Services to meet the needs of highly acute patients or a nurse practitioner in Medical Services to reduce wait times for less acute patients. Funding either of these two positions would have required a greater increase in the fee than the \$2.00 increase for the fall and spring that HFAB recommends. Ultimately, HFAB chose a limited fee increase that would preserve current health services because of our concern about the increasing financial pressures experienced by U.C. Berkeley students.

To address the long-term funding needs of UHS, HFAB recommends that the university review and revise its allocation of Student Services Fee revenue. The university should direct funding away from departments and services that do not meet the university's core mission and toward departments and services that are at the heart of the university's educational mission. HFAB believes that UHS, a university resource accessed by the vast majority² of the student body for health and wellness needs, is central to its educational mission.

Methods

This year's HFAB was comprised of eight U.C. Berkeley students, including six undergraduates and two graduate students. The student committee was co-chaired by

¹ A second year post-MSW counselor would provide direct clinical service and case management for students facing new and chronic illness, sexual assault, intimate partner violence, harassment, stalking, or alcohol and other drug use/abuse/dependence issues.

² During the 2010-11 academic year, UHS delivered 86,000 medical and mental health visits (not including radiology, laboratory or pharmacy), according to data provided by UHS Strategic Initiatives Manager Bené Gatzert.

Rashi Kesarwani, a graduate student earning a Master of Public Policy, and Rachel Tenney, an undergraduate junior earning a Bachelor of Arts in Integrative Biology. With the assistance of UHS Strategic Initiatives Manager Bené Gatzert, the committee interviewed representatives from UHS departments, including Information Technology, Medical Services, CPS, Social Services, Health Promotion, and Communications. These hour-long interviews were held over four weeks and each was followed by a half-hour debriefing session among students serving on HFAB. Findings from these interviews as well as the student usage data that each department provided enabled HFAB to better understand the funding needs of each department.

In addition, HFAB co-chairs Rashi Kesarwani and Rachel Tenney consulted with student leaders from Associated Students of the University of California (ASUC), the Graduate Assembly (GA), the Committee on Student Fees (CSF), and the Student Health Advisory Committee (SHAC) to ascertain their opinion on UHS services and the healthcare fee. In the case of SHAC, a student group with representation from a wide-range of student communities, HFAB administered a one-page survey about health services and the healthcare fee that was completed by 17 students. The results of this survey suggest that students vary widely in their opinions about the healthcare fee level and services offered by UHS. No respondents favored drastic cuts to key services.

HFAB relied on its findings from interviews with UHS departmental representatives, usage data, as well as the feedback of student leaders to make its recommendation of a limited increase to \$56.50 for the fall and spring and to \$41.00 for the summer of the 2012-2013 academic year.

Major Findings

I. Information Technology

HFAB interviewed Information Technology Director Jeff Kreutzen and e-Tang Project Manager Caitlin DeClercq to understand the needs of the Information Technology Department within UHS. Past HFAB committees have steered healthcare fee funding to Information Technology in an effort to speed the implementation of the following technologies: online scheduling, check-in kiosks, electronic medical records, and the patient portal system, which enables students to securely communicate with their provider online.

Kreutzen said that funds allocated to his department would be used mainly to increase staffing for self-service technologies such as the patient portal, which is now operational in a pilot phase.

II. CPS & Social Services

HFAB interviewed Associate Director of Clinical Programs Gloria Saito and Social Services Manager Paula Flamm to understand the needs of CPS and Social Services within UHS. Both Saito and Flamm mentioned the need for increased staffing, citing long wait times for CPS.³ In particular, they highlighted staff reductions that have made it extremely difficult to adequately treat a relatively small group of highly acute patients, such as those with eating disorders. Saito and Flamm suggested funding a second year post-MSW position to both increase service levels and also to assist the two fresh MSW graduates that Social Services traditionally hires each year in order to

³ Saito and Flamm mentioned that wait times sometimes exceed a week between an initial triage phone call and the first counseling appointment for CPS.

enhance the department's productivity.

III. Medical Services

HFAB interviewed Medical Director Brad Buchman and Clinical Services Director Jo Billington to understand UHS's Medical Services needs. This department plays an integral role in UHS, having seen 17,000 students in more than 66,000 appointments during the 2010-11 academic year.⁴ Buchman and Billington said that inadequate staffing levels were the biggest issue facing Medical Services, as it causes reduced appointment availability and longer wait times for these appointments.

IV. Health Promotion and Communications

HFAB interviewed Health Promotion Director Cathy Kodama and Communications Manager Kim LaPean to understand the needs of these two departments. Kodama and LaPean are responsible for increasing awareness of UHS services and disseminating information to students about preventative care. LaPean mentioned the need for additional staffing to assist with UHS outreach efforts via Facebook, Twitter, and an e-mail newsletter, as well as funding to hold publicity events on Sproul Plaza. In their own interviews, CPS and Medical Services representatives also emphasized the importance of Health Promotion in improving students' health and encouraged HFAB to consider funding this area of UHS.

V. Executive Director

HFAB also met with UHS Executive Director Claudia Covello. She informed the committee that UHS had secured short-term funding for the IT department's Patient

⁴ Data provided by UHS Strategic Initiatives Manager Bené Gatzert.

Portal project. Covello recommended that HFAB consider funding the second year post-MSW to bolster staffing within Social Services, as it has traditionally been an area of lower priority for university administrators and thus less likely to receive increased campus funding.

Majority and Minority Perspectives

HFAB recommends a fee increase of 3.7%, increasing the fee to \$56.50 from \$54.50 per semester. This fee level will maintain services, accounting for the rising cost of medical services due to inflation.

Given the results of the HFAB survey administered to SHAC members, financial and usage data, and interviews with UHS staff, it is clear that maintaining high quality health services is of utmost importance. However, while there are sectors where more funds would undoubtedly improve efficiency and services, HFAB is also sensitive to the student body climate and how a maximum increase in the healthcare fee would be perceived. The recent compounding increases on tuition and the resulting strong negative response from the student body suggests that a healthcare fee increase for expanded services would be ill received by some.

HFAB recognizes that while only small fee increases would be needed to add some services, these small additions have a compounding effect when they are implemented every year.

HFAB supports recent student protests against tuition increases while also recognizing the importance of and need for accessible and efficient healthcare on campus. We hope both efforts – preventing steep tuition and fee increases and meeting health service needs – can be fulfilled by restructuring the distribution of student services

fees to increase funding for UHS.

A minority of HFAB members advocated a maximum increase to the healthcare fee to increase UHS services in order to meet the compelling need demonstrated by Social Services or Medical Services. The minority recommended the following two options: 1) funding a second year post-MSW Social Work Intern to meet the high demand for case management through Social Services or 2) funding a nurse practitioner to increase the number of primary care appointments available through Medical Services.

Ultimately, however, HFAB reached a consensus on a limited increase to the healthcare fee in order to maintain health services. HFAB believes that needed improvements in health services should not be funded by increasing the healthcare fee, but rather, through the redistribution of student services fees.

Campus Fee Climate

The State of California has been disinvesting from the University of California system for the past several years; between the 2007-2008 and 2010-2011 academic years, Higher Education General Fund Appropriations to the U.C. system has decreased by 11 percent.⁵ Therefore, the entire U.C. system faces a 2011-2012 budget shortfall totaling more than \$1 billion, resulting in layoffs, program cuts, and reduced services, among other cuts.⁶ In addition to cost-cutting measures to address the budget shortfall, tuition and fees have also steadily increased. Over the last ten years, U.C. system-wide tuition has increased by more than 300 percent, and mandatory campus fees now average more

⁵ Alfredo Mireles and Jonathan Stein, Student Regent Presentation, "Budget & Fees at the University of California."

⁶ <http://www.ucop.edu/newsroom/newswire/img/97/9726440274e1f6ec507f69.pdf>

than \$1,000, up from just \$430 in the 2001-2002 academic year.⁷ Like tuition and other campus fees, the student healthcare fee has continued to rise, increasing by 21% over the 6 years it has been in place.⁸

In response to the continued cuts to higher education, the U.C. Berkeley student body has mounted a series of protests over the last several years. The recent “Occupy Cal” events in the fall of 2011, while aimed at addressing issues beyond tuition and fee increases, are in part a continuation of protests in reaction to tuition and fee increases at U.C. The actions over the last several years have included protests and rallies on campus, U.C. system-wide actions, including general strikes and walkouts, and busing of students to meetings of the U.C. Regents to oppose further fee increases. While it is not known what percentage of the student body is actively participating in these actions, there is a clear vocal opposition to further increases to student tuition and fees.

Representative student organizations have also reacted to the increases in tuition and fees, and several have decided not to endorse any fee increases for the next academic year. Both GA and ASUC representatives informed the HFAB co-chairs that they do not want to support any recommendations for fee increases, though they would consider an exception for an increase to the healthcare fee if legitimate need was demonstrated. The HFAB chairs also solicited feedback on potentially raising the healthcare fee from members of SHAC. Even among this group of students who are aware of the health needs of the student body, almost half responded that they would be comfortable with increasing the fee only enough to maintain current service levels funded by the healthcare

⁷ Alfredo Mireles and Jonathan Stein, Student Regent Presentation “Budget & Fees at the University of California.”

⁸ Data provided by UHS Strategic Initiatives Manager Bené Gatzert.

fee, and several stated they would be comfortable decreasing the level of service by only raising the fee slightly.⁹

It is clear that decreases in funding from the state have led to a reduction in services for students, including at UHS. However, it is also evident that the student body will continue to react strongly to additional increases in fees and tuition. In recommending a healthcare fee level, HFAB strove to maintain a balance between these competing tensions.

Reallocation of Student Services Fees

It is HFAB's belief that students who are already struggling to afford the rising cost of a U.C. Berkeley education should not have to endure a maximum healthcare fee increase when other student services fee revenue could be reallocated to high-need areas like student healthcare.

The Student Services Fee (SSF) Guidelines stipulate that the primary purpose of the SSF is to “support services and programs that directly benefit students and that are complementary to, but not a part of, core instructional programs.”¹⁰ The first example listed in the guidelines of services that should be funded by the SSF is services that pertain to the physical and psychological health of students. Clearly, then, UHS is a prime example of a service that should be funded by the Student Services Fee: UHS directly benefits students, is open for use by every U.C. Berkeley student, provides a service that is not a core instructional program, but supports academic success by working to maintain students' psychological and physical health. While the SSF is not necessarily intended to fully cover the cost of any particular unit, HFAB's concern that

⁹ HFAB survey of SHAC, Nov. 2011.

¹⁰ <http://saa.ucsf.edu/sites/saa.ucsf.edu/files/PDF/SSFGuidelinesImplementation.pdf>

the SSF portion allocated to UHS is insufficient stems from the fact that while UHS struggles to meet the dynamic physical and mental health needs of U.C. Berkeley students, the SSF funds units that are less integral to the needs of the campus as a whole.

HFAB understands that there are other units that also warrant SSF funding according to the guidelines, and that there is a limited amount of SSF funding that must be divided amongst various units; any increase in SSF allocation to UHS must be balanced by a decreased allocation to another campus unit. Thus, HFAB draws upon a survey conducted by the Operational Excellence group to propose how potential reallocations of the SSF should be considered. The survey plots various campus units along an X-axis measuring how much the unit aligns with the mission and priorities of the university, and a Y-axis measuring how important a unit is to students.¹¹ In a financial climate in which not every service and amenity that may benefit the campus can be funded completely by SSF funds, it is crucial that the university prioritize services that directly support its mission to teach, to do research and to serve the public.¹² While UHS scores high in both relative importance to students and alignment with the mission of the university, there are units that do not score high under either category.

In a time when state funding is receding, and students are paying more out of pocket for fewer services, HFAB is reluctant to impose a greater fee level on students by increasing the healthcare fee until the allocation of the SSF is revised. If the needs expressed by UHS departmental heads and Executive Director Claudia Covello can be funded through a reallocation of SSF funds, then this manner of funding UHS should be pursued before imposing a maximum increase of the student healthcare fee. HFAB

¹¹ See appendix for Figure 3.

¹² <http://www.universityofcalifornia.edu/aboutuc/mission.html>

recommends that the university administration continue to assess services on the basis of how valuable a given service is to students, how well the service aligns with the mission and priorities of the university, as well as whether or not the service warrants SSF funding.

Appendix

Figure 1

Higher Education General Fund Appropriations

(Dollars in Millions)

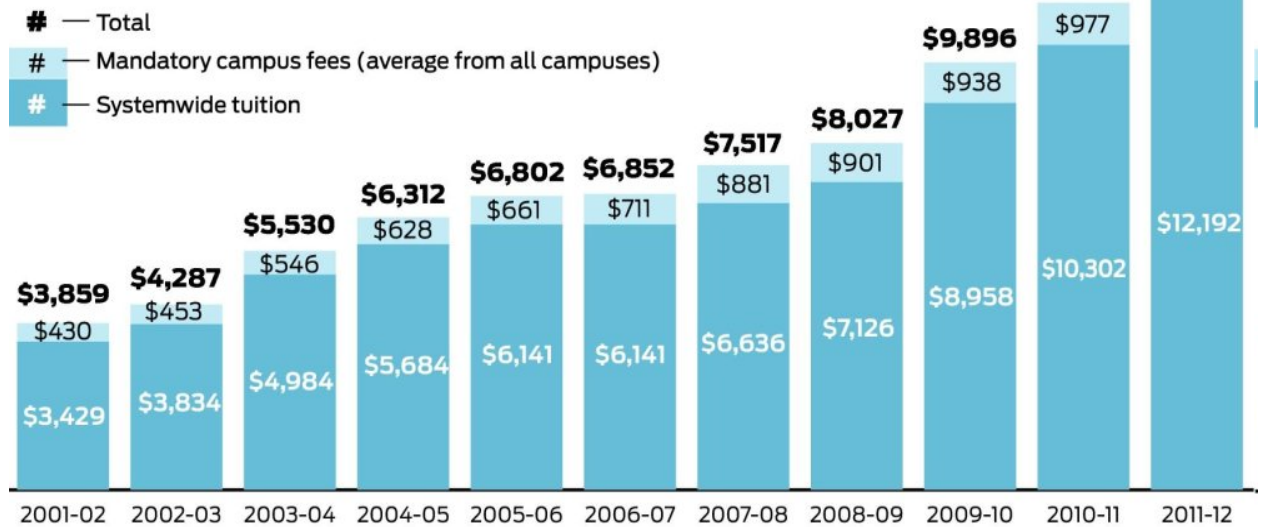
	2007-08	2008-09	2009-10	2010-11	Change From 2007-08	
					Amount	Percent
UC	\$3,257.4	\$2,418.3	\$2,591.2	\$2,911.6	-\$345.8	-11%
CSU	2,970.6	2,155.3	2,345.7	2,682.7	-287.9	-10
CCC	4,272.2	3,975.7	3,735.3	3,994.7	-277.5	-6
Hastings	10.6	10.1	8.3	8.4	-2.2	-21
CPEC	2.1	2.0	1.8	1.9	-0.2	-12
CSAC	866.7	888.3	1,043.5	1,224.3	357.6	41
Totals	\$11,379.6	\$9,449.7	\$9,725.8	\$10,823.5	-\$556.0	-5%

Hastings = Hasting College of the Law; CPEC = California Postsecondary Education Commission; and CSAC = California Student Aid Commission.

Figure 1.

University of California fee history

UC regents approved an increase Thursday, making tuition 18 percent higher than it was last year. Mandatory campus fees, which average \$1,026, are also likely to rise.



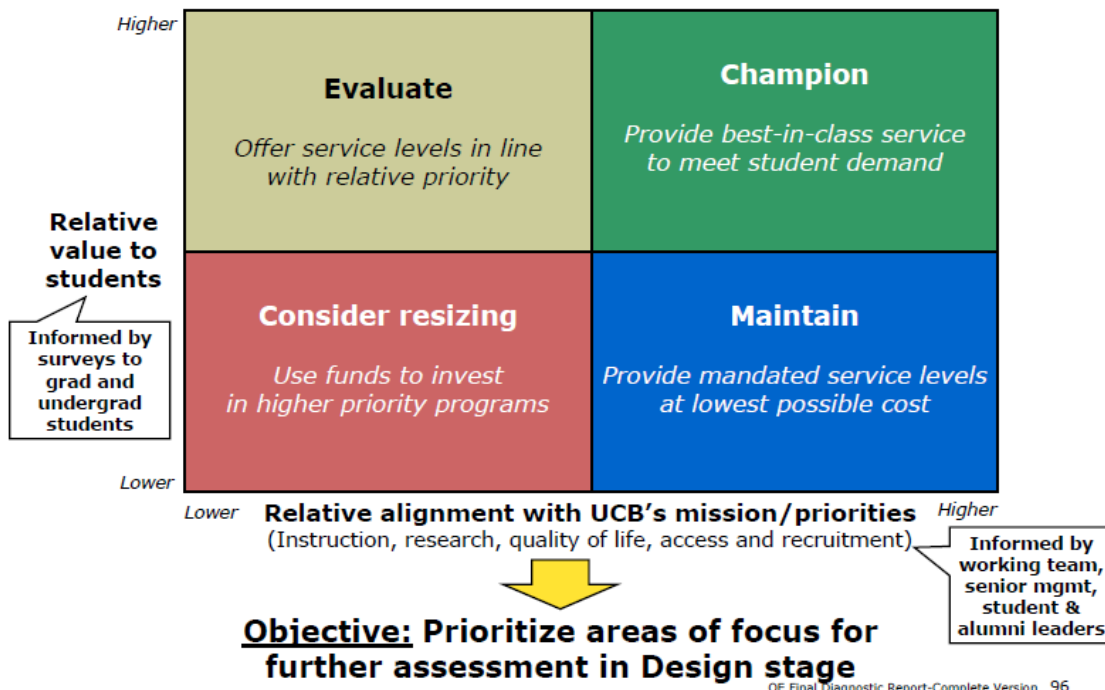
Source: University of California

Todd Trumbull / The Chronicle

Figure 2.

Services can be evaluated on value to students and alignment with mission

A Prioritize/resize services



OE Final Diagnostic Report-Complete Version 96

Figure 3.

Works Cited

Alfredo Mireles and Jonathan Stein, Student Regent Presentation, “Budget & Fees at the University of California.”

<http://www.ucop.edu/newsroom/newswire/img/97/9726440274e1f6ec507f69.pdf>

Health Fee Advisory Board (HFAB) survey of the Student Health Advisory Committee (SHAC), Nov. 2011.

<http://saa.ucsf.edu/sites/saa.ucsf.edu/files/PDF/SSFGuidelinesImplementation.pdf>

<http://www.universityofcalifornia.edu/aboutuc/mission.html>