

FINAL CAMPUS HEALTH CARE FEE LEVEL
RECOMMENDATION FOR 2006-2007

INDEPENDENT ANALYSIS BY
HEALTH FEE ADVISORY BOARD (HFAB)



Analysis by:
Nicole Arboleda
Jade Benjamin-Chung
Manly Cortez
Carissa Kwan
Caitlin Price
Kate Schluter
Truman So

Submitted to:
Steve Lustig,
Associate Vice
Chancellor

Claudia Covello,
Deputy Executive
Director of UHS

March 2006

TABLE OF CONTENTS

Executive Summary3

Background4
About the Health Fee Advisory Board and Campus Health Care Fee

Methods7
Data Sources and Analysis Process

Other Fee Levels Considered11

Key Findings and Recommendation12
Understanding the Proposed Increase

Legacy14
An Important Note for Future Generations of the Health Fee Advisory Board

Appendix15

EXECUTIVE 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 2006-2007. During the past five months, HFAB carefully analyzed University Health Services data, student surveys, and other student fees and consulted with other student groups and campus health officials.

HFAB reviewed whether the new Campus Health Care fee was able to improve access to quality care at the University Health Services (UHS), also known as the Tang Center. HFAB found that CHC fee revenue has been utilized appropriately in response to students' demands as outlined in the 2005 fee referendum². Since first implementing CHC fee in Fall 2005, the Tang Center has improved in the following areas:

- Extended hours in Urgent Care, Pharmacy, Lab and X-ray
- Additional counselors and Urgent Care clinicians
- Increased access to same-day medical care
- Improved phone scheduling of medical and counseling appointments
- Expanded group counseling program³

While UHS continues to work on technological improvements, one of the key promises of the referendum, it has efficiently used the revenue generated from the Campus Health Care fee.

HFAB strongly recommends a 3.5% increase to CHC fee for 2006-07 (a \$1.51 increase to the current \$43 semester fee and a \$1.09 increase to the current \$31 fee for UC Summer Sessions). Rather than fund additional improvements to UHS services, the board recommends limiting the fee increase to cover the minimum amount needed to sustain current services by covering the projected salary increases for health care employees as established in the Governor's Compact for 2006-07. Further discussion of our recommendation is in the *Key Findings and Recommendation* section of this report. It is not HFAB's intention to set a precedent for annual increases in the CHC fee to cover increases in personnel costs. As discussed in the *Legacy* section, HFAB believes each annual fee level review should consider the financial and political environment during that time.

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

² See Appendix: *What new services would the fee provide?* in the copy of the Safeguard Student Health Care Referendum

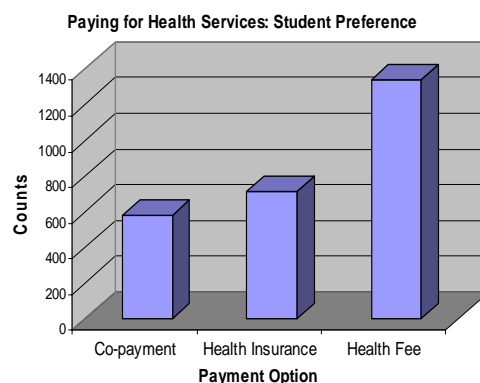
³ See Appendix: BearTalk, Fall 2005 issue

BACKGROUND

About the Health Fee Advisory Board and Campus Health Care Fee

A series of budget cuts to on-campus student services greatly affected the University Health Services—Tang Center (UHS). Between 2002-3 and 2004-5, \$2.6 million in UHS funding was cut from the Registration Fee and Summer Sessions resulting in reduced hours of operation, the elimination of approximately 30 full-time staff positions, increased user fees, increased off-campus counseling referrals and reduced on-campus medical, counseling and prevention services (including the loss of 185 medical appointments per week and 35 hours of counseling per week). Further, if the health fee had not passed, students would have experienced some or all of the following starting in 2005-06: new “co-payments” for medical visits, increased user fees, premium increase for the Student Health Insurance Plan beyond projections based on plan use, reduced number of counseling and psychiatry appointments and further reduction in hours of operation.⁴

Disappointed that the University no longer provided sufficient financial support for on-campus health services and concerned about access to services, members of student government and the Student Health Advisory Committee (SHAC) proposed a mandatory health fee to supplement the UHS operating budget. In Spring 2004, UHS was also asked by campus administration to explore the feasibility of holding a health fee referendum during 2004-5. To identify UCB students’ stance on a new health fee, UHS and SHAC surveyed 9000 students⁵ on their views on affordability, access and quality of UHS services. When asked how they would prefer to pay for services at the Tang Center, a clear majority of students favored a mandatory fee, which all students would pay each semester for unlimited access to urgent and basic care at the Tang Center. Other choices included using health insurance to pay for basic health services and paying a “co-payment” for each visit to clinicians at the Tang Center. (See table for survey preferences)



⁴ See Appendix for a detailed copy of the Safeguard Student Health Care Referendum language

⁵ Surveys were sent to 6,000 undergraduates and 3,000 graduate students. 2,684 students responded (30% response rate).

Feeling student health care was too crucial to wait or depend on the state coming to the rescue, members of student government and the Student Health Advisory Committee formed the Health Fee Advisory Committee (HFAC) in December 2004. This group of undergraduate and graduate students negotiated the details of the Safeguard Student Health Care referendum with UHS (referendum language, fee level and duration, services to be provided by the fee revenue, priorities of implementation of the new fee), advised campus administration, and organized voter education and endorsements. If passed, the referendum would assess students \$43 per semester and a \$31 for UC summer session enrollees to “protect and improve student access to high quality, on-campus medical and mental health care.” The fee was intended to supplement but not supplant the portion of UC Berkeley’s Registration Fee income allocated to UHS.

In the March 2005 referendum election, 9,384 or 29.6% Berkeley students voted, with 67.7% or 6,350 voting in favor of the health fee. Subsequently, the Chancellor and the University of California Office of the President approved the Campus Health Care fee. As voted on by students, this fee is subject to the following costs and conditions:

- Collection of the fee will begin in Fall 2005 and will be assessed as a \$43 charge each Fall and Spring semester and as a \$31 charge for students registered in Summer Sessions. The fee is subject to annual adjustment within the limits described below.
- An independent student health advisory committee will work with campus health officials, to ensure that fee money is allocated to meet students’ changing health care needs in the areas of urgent care, basic medical care, mental health care, specialty medicine, lab and pharmacy services, and preventive health education.
- By February of each year, the independent student health advisory committee will recommend any increase or decrease in the fee rate to campus health officials. Increases 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 (currently 5-7% per year).
- In accord with campus policy, one-third of fee revenues will be returned to financial aid to help offset the cost of this fee for the neediest students who are eligible for campus-based financial aid.

In Fall 2005, the Health Fee Advisory Board (HFAB) convened with undergraduate and graduate student representatives and consultants. Based on recommendations from members of student government, SHAC and the Committee on Student Fees and Budget Review, the charge of HFAB is to:

Advise campus health officials on the Campus Health Care Fee level and allocation of fee revenue to protect and improve student health services and programs provided by University Health Services:

- Review student health and counseling needs and emerging student health issues.
- Review allocation of health fee monies to meet student health and counseling needs, and advise on ways to maintain and enhance services.
- Recommend annually to campus health officials any increase or decrease in the fee level.
- Advise on communication about health fee matters to student body.

As described in detail in the methods section, the Board has analyzed the allocation and impact of the fee revenue. During the development of its recommendations for the 2006-7 academic year, HFAB has also sought advice from SHAC, ASUC, Graduate Assembly and the Committee on Student Fees (CSF).

HFAB reviewed a wide variety of data and surveys to gain an understanding of UHS's financial standing, the quality of services provided, and the needs of students. Claudia Covello, Deputy Executive Director of UHS, and Bene Gatzert, UHS Management Analyst, attended each meeting, but neither were present during HFAB's final decision making process or during the drafting of this document to ensure that feedback was unbiased by UHS administration. The following section is a discussion of methods used by HFAB; specific findings are noted on the "Key Findings and Recommendation" section.

1) Philosophy of HFAB's Decision

In weighing the many factors impacting the Health Fee, HFAB kept in mind the desired improvements students voted on in the Health Fee referendum as well as new trends and student feedback on access as communicated through surveys and access data⁶. HFAB attempted to choose a fee level that was equitable to as many students as possible and that also provided UHS with enough revenue to continue to provide quality care to all UC Berkeley students.

2) History of the Health Fee

HFAB members reviewed the history of the Health Fee by examining the budget cuts to UHS and the financial consequences of not instituting a fee. To gain a sense of students' perception of the fee, past student surveys and the activities of the Health Fee Advisory Committee in 2004-5 were considered. In addition, we reviewed the methods used to communicate the CHC fee during Fall 2005 and met with Public Information Specialist Dawn Finch to discuss future communication efforts. We also reviewed the referendum language on the ballot⁷ and the election results and noted the specific services students voted to guarantee or improve if a fee was implemented. These services served as a guide throughout HFAB's review of UHS services and the fee level for 2006-7.

⁶ See Appendix for student feedback on access to health services

⁷ See Appendix for a detailed copy of the Safeguard Student Health Care referendum language

3) Distribution of Health Fee Revenue

HFAB reviewed the actual distribution of the CHC fee and the new services the fee provided during the 2005-6 academic year.⁸

4) Utilization of UHS Services Pre and Post-Health Fee

HFAB reviewed the UHS student encounters for 2004-5, focusing on the top medical and psychiatric diagnoses. In addition, we considered the current health issues and barriers to seeking help identified by the SHAC Student Health Services Survey (Fall 2004), UC Berkeley student responses to the National College Health Assessment (Spring 2004), the Health Worker Health Assessment (Fall 2004), and the Graduate Student Mental Health Survey (2004)⁹. The trends identified in these surveys served as a guide as HFAB assessed whether or not UHS services meet students needs. In addition, HFAB examined the distribution of health problems among different groups of students to gauge the diversity of health needs.

5) Comparison of Student Perceptions of Access and UHS Data on Access

To gauge students' perception of access and satisfaction with UHS services, we compared satisfaction with access to health services with UHS data on same day and future appointment access. In addition, we compared the pre-Health Fee (2004-2005) and post-Health Fee (2005-2006) data for the following indicators:

- Primary care and urgent care volume
- Access to primary care appointments
- Counseling and Psychological Services volume
- Time between date appointment was made and appointment date for CPS
- Volume and wait times for the appointment line and advice nurse line
- Urgent care wait times (Fall 2005 only)
- Impact of pharmacy hours changes on utilization
- Impact of urgent care hours changes on utilization

This comparison allowed HFAB to gauge which services needed most improvement and which services were already aligned with students' requests. Incorporating student surveys on

⁸ See Appendix: Campus Health Care Fee Allocation by Category

⁹ See Appendix for Student Health Data—Health Problems and Student Health Data—Barriers to Seeking Care

access and quality of services allowed us to measure the gap between actual UHS services and students' perceptions of them. In addition, we assessed how Health Fee dollars translated into improved services to students and determined how many additional dollars would be needed to further augment UHS services.

6) Overall Budget Situation for UHS and University of California

HFAB recognized students' concerns about rising fees by paying special attention to potential new fees to be voted on this spring as well as increases in registration and education fees for 2006-7. In addition, we considered the overall budget picture for UHS for 2006-7, focusing on additional fees that students will directly incur, such as the increased Student Health Insurance Program (SHIP) premium, as well as the referenda to implement fees for AC Transit passes, the Career Center, and potentially the Recreational Sports Facility. HFAB noted which sources of funding would likely increase or decrease as well as the anticipated fixed cost increases associated with inflation.

7) Regional Health Care Updates

HFAB considered the regional changes affecting health care prices and access in the city of Berkeley and at the Tang Center including HIV testing and the shortage of clinical specialists in order to understand the subsequent effects it has on UHS.

8) Summer Services Information

Although the Campus Health Care fee has not yet been implemented in the summer, HFAB reviewed historical summer enrollment and UHS student encounters data to recommend allocation levels to UHS staff for Summer 2006.

9) Summary Data Pertinent to Fee Recommendation

Finally, HFAB considered the updated CHC fee allocation as of January 2006, the anticipated amount of leftover fee monies from 2005-6¹⁰, and the maximum increase allowed per the referendum¹¹ before making its final decision. After agreeing that the health fee must increase by the minimum amount needed to cover the increase in UHS employee salaries

¹⁰ In the first year of implementation, not all of the new/improved services were available the whole year, resulting in an anticipated \$50,000-100,000 of funds to be carried forward to next year.

¹¹ As stated in the original referendum: "Increases in any one year may not exceed the health care inflation rates for physician and clinical services published annually by the U.S. Bureau of Labor Statistics (currently 5-7% per year)."

(3.5%)¹² we then compared the additional revenue higher levels of fees would yield in increments from 3.5% to 6.9%¹³, the maximum increase allowed for 2006-07 by the medical inflation cap.

10) Consultations Regarding Preliminary Decision

Once HFAB came to a preliminary decision for the fee level recommendation, our reasoning and recommendation were shared with SHAC, the Committee on Student Fees, the Academic Affairs Vice President of the ASUC, the Academic Affairs Vice President of the Graduate Assembly, and Steve Lustig, the Associate Vice Chancellor for Health and Human Services. These meetings informed HFAB of how the CHC fee fits into the overall picture of on-campus fees.

¹² 3.5% is the amount of expected increase in UHS employee salaries as released by the UC Berkeley Campus

¹³ 6.9% is the amount determined to be the maximum possible increase for CHC fee based on an average of the 2006 and 2007 physician and clinical services expenditures published by the U.S. Bureau of Labor Statistics

OTHER FEE LEVELS CONSIDERED

The 2006-7 Health Fee rate remains at the current level

Our comparison of utilization of UHS services before and after the CHC fee showed that the CHC fee is being properly funneled towards areas in which students expressed a need for improvement, such as an increase in same day access appointments and longer operational hours. If the health fee rate were to remain at the current level of \$43 per semester and \$31 during summer sessions, the improvements made using CHC free revenue would not be able to be maintained due to an anticipated 3.5% increase in salaries for University Health Services' employees. In order to maintain the same quality of service attained after health fee implementation, staff salaries must mirror the 3.5% increase in salary inflation.

The 2006-7 Health Fee rate decreases from the current level

HFAB could have recommended a decrease in the current fee level in light of the education and registration fee increases and other potential new student fees for the 2006-7 school year: referenda for the Class Pass, the Career Center, and the Recreational Sports Facility (RSF)¹⁴, scheduled for voting in February 2006, may pass, imposing additional fees on students. Although the advisory board acknowledges the overall increase in student fees, if the CHC fee were to decrease, the level of funding will decrease as a result of an expected increase in salaries for UHS employees. Improvements made possible by the health fee would not be able to be maintained at their current level and would most likely have to be cut back.

The 2006-7 Health Fee rate increase by *more than 3.5%*

If the fee level were to increase more than 3.5% from its current level, the maximum of 6.9%, the additional revenue would be approximately \$68,800 annually, an amount insufficient to hire a full-time UHS clinical provider. However, the additional revenue could be used to employ per diem nurses during busy shifts or add additional nurses to advice lines. Nevertheless, areas of improvement are hard to identify as students' wants and needs constantly change and have not been sufficiently evaluated in the last year.

¹⁴As of time of print (3/01/06), the Class Pass fee passed, the Career Center fee did not pass, and the RSF fee referendum has not been voted on yet.

KEY FINDINGS AND RECOMMENDATIONS

Understanding the Proposed Increase

After considering these potential fee levels, the Health Fee Advisory Board recommends an increase of 3.5% to the existing Campus Health Care (CHC) fee for the 2006-2007 academic year:

- Increase of \$1.51 per student per fall and spring semester, totaling \$44.51 for fall and spring semesters
- Increase of \$1.09 per UC Summer Sessions enrollee, totaling \$32.09 for the summer session

After adjusting for the required return to financial aid, we estimate this would result in UHS receiving an additional \$70,824 in revenue to UHS during 2006-07.

The level of 3.5% was set and determined by the projected rate of UHS employee salary increase in 2006-2007 as publicized by the Office of the President and passed on to UC Berkeley's campus. Since over 97% of the CHC fee is allocated to hire new employees or increase the hours of current employees, maintaining funding for human resources is necessary to meet the improvements voted on in the CHC referendum and to maintain services implemented as a result of the CHC fee.

Given University Health Services' is continuing to experience financial difficulties, HFAB believes that the recommended increase in the CHC fee is necessary to provide UC Berkeley students with adequate health care services.

Based on the conditions of the original referendum, the CHC can increase, decrease, or remain the same each year without consent of the student body. Given this is the first Berkeley referendum with such terms, HFAB recognizes the unprecedented ability to change the amount of the CHC fee granted in the referendum and strove to equitably represent the needs and desires of students in forming its recommendation to increase by 3.5%. Although fee increases inevitably incur negative attention, HFAB hopes to highlight that its recommendation was made by and for students and hopes that the fee will continue to benefit UHS and students.

HFAB reviewed and identified emerging student health needs and areas of further improvement at UHS. HFAB has found the CHC fee improvements noticeable: there has been a 2% increase in primary care usage and 3% in urgent care. As seen in the Fall 2005¹⁵, the increase

¹⁵ See Appendix for Comparison of Primary Care, Urgent Care and Counseling Volume: Fall 04 vs. 05

in staffing in Counseling and Psychological Services at UHS has allowed an increase in student utilization of these services. Although our evaluation shows a successful first year after implementing the CHC fee, communication about the services offered at the UHS to students is an area in need of improvement.

Additional necessary improvements include increased staffing of the advice nurse line during peak hours to reduce dropped calls, establishment of more satellite clinics around campus to increase access, decreased wait times for women annuals by increasing staff, and increased availability of specialist appointments in areas like dermatology.

HFAB recognizes that there may be CHC fee monies remaining after the first year because not all staff positions funded by the CHC fee were filled immediately. HFAB recommends that the money be reserved to accelerate the implementation of online scheduling software for the Tang Center, in accordance with students' desires expressed on the CHC referendum.

As mentioned earlier, money generated by the recommended 3.5% increase is intended to cover salary increases for UHS staff. The money generated by the fee is intended only for staff positions that have been added since the implementation of the health fee, not for other UHS employees. HFAB does not believe that students should be responsible for paying the raises for staff; however, considering UHS' current, financial state, we find it necessary to raise the fee level in order to maintain important services for students that have already been established.

As a functioning, independent student-led committee in its first year of service, HFAB has learned a great deal, which we would like to share with the future committee that oversees the Campus Health Care Fee. First of all, the Health Fee Advisory Board (HFAB) is not the only way in which this annual evaluation can be done; the CHC referendum specifies that an independent student health advisory committee must review and recommend changes in the fee level each year. Possibly, the advisory board may become a sub-group of SHAC.

While we considered many factors while making our fee level recommendation, three key sets of data guided our final recommendation:

- Allocation of the CHC fee
- Students' needs as assessed from survey and utilization data
- Comparison data on improvements

We encourage future groups to also consider the political climate of the campus and community as well as the financial state of UHS in making future recommendations. Although we are recommending an increase for the 2006-2007 year, this does not imply that the fee be raised automatically each subsequent year to match increases in inflation. Rather, as we see change around campus fees and deficits, we hope that the fee may become stable.

We found it important to communicate with other student groups such as the Student Health Advisory Committee (SHAC), Committee on Student Fees (CSF), ASUC, the GA, and the Associate Vice Chancellor for Health and Human Services.

Also, be aware of any fee surplus or deficits and recommend accordingly. Most importantly, the advisory board is representing students' money and UHS should be guided by the needs expressed by students at all times.

Safeguard Student Health Care Referendum Language (March 2005)16
BearTalk, Fall 2005 Issue21
Feedback from Students about Access to University Health Services23
Campus Health Care Fee Allocation by Category24
Student Health Data—Health Problems25
Student Health Data—Barriers to Seeking Care30
Comparison of Primary Care, Urgent Care and Counseling Volume (Fall 04 vs. 05)31

Safeguard Student Health Care Referendum

To protect and improve student access to high quality, on-campus medical and mental health care, **do you approve a mandatory fee to support Berkeley's student health and counseling services?**

The fee will exclusively support **student health and counseling programs and services available to all registered Berkeley students**, even those who do not enroll in the Student Health Insurance Plan (SHIP).

The fee is **intended to supplement but not supplant** the portion of UC Berkeley's Registration Fee income currently allocated to University Health Services, Tang Center.

As the cost of health care continues to rise, this fee will ensure that Berkeley students have direct access to affordable, reliable, quality health care on-campus.

The fee is subject to the following costs and conditions:

— Collection of the fee will begin in Fall 2005 and will be assessed as a **\$43 charge each Fall and Spring semester** and as a \$31 charge for students registered in Summer Sessions. The fee is subject to annual adjustment within the limits described below.

— An **independent student health advisory committee will work with campus health officials, to ensure that fee money is allocated to meet students' changing health care needs** in the areas of urgent care, basic medical care, mental health care, specialty medicine, lab and pharmacy services, and preventive health education.

— By February of each year, the **independent student health advisory committee will recommend any increase or decrease in the fee rate to campus health officials**. Increases 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 (currently 5-7% per year).

— In accord with campus policy, **one-third of fee revenues will be returned to financial aid** to help offset the cost of this fee for the neediest students who are eligible for campus-based financial aid.

Do you approve this mandatory fee of \$43 per semester and \$31 during Summer Session to support Berkeley's student health and counseling services?

Yes

No

About the Referendum

From March 8th to 10th, all UC Berkeley students will have the opportunity to vote online in the *Safeguard Student Health Care* referendum. This measure would establish a new mandatory fee (\$43 per semester, \$31 for summer session enrollees) to safeguard access to student health and counseling services on the Berkeley campus.

Voting for this referendum will be conducted online, via Bear Facts (a secure campus server). A majority of student voters must approve the fee before it can be implemented.

What new services would the fee provide?

For 2005-06, the fee will be allocated for the following student health priorities:

Urgent Care and Medical Services

More medical appointments available each week	\$15
Longer Urgent Care hours— Open until 6pm	
Expanded Pharmacy hours— Open Saturday	
Faster service at the Pharmacy	
Extended Lab and X-ray hours	

Mental Health Services

Additional same-day urgent drop-in appointments	\$8
Shorter wait for on-campus counseling appointments	
Shorter wait for on-campus psychiatry appointments	

Information Systems & Technology

Online scheduling for medical appointments	\$5
Improved phone scheduling of medical appointments	

Preventive Health Services

Expanded prevention programs and services for health topics critical to optimal student health	\$1
--	------------

Allocations are based on student demand, as indicated by student surveys and health care utilization data. These allocations may change annually based on input from an independent student health advisory committee.

Financial Aid Component

One-third of the fee is directed to financial aid to help offset the cost of this fee for the neediest students who are eligible for campus-based financial aid.	\$14
--	-------------

What do I lose if the fee fails?

Consequences for students if the fee fails will include some or all of the following:

What could happen:	What you need to know:
New visit fees (“co-payments”) of \$20-35 per visit for every medical or Urgent Care visit to the Tang Center.	These fees may <u>not</u> be covered by financial aid , and may deter some students from seeking treatment when they need it, worsening their medical condition.
Increased user fees for all students who access health services at Tang.	These fees may <u>not</u> be covered by financial aid , which means that some students will face barriers to accessing health care.
Premium increase for SHIP (the Student Health Insurance Plan) beyond projections based on current plan use.	When primary health care services are not provided by the campus, student health insurance has to pay for it, which drives up health insurance costs for students .
Reduced number of appointments for counseling and psychiatry at the Tang Center.	More students would be referred off campus, resulting in delayed care and higher costs for counseling and psychiatry visits .
Reduced hours of operation at the Tang Center.	Less access to convenient, on-campus medical care when you need it most.

Why is this fee needed now?

Right now, colleges and universities across the country are facing the same health care crisis that all Americans are experiencing. Unprecedented health care inflation rates (nationwide)— along with severe cuts in campus funding and increased student demand for care— have eroded the essential on-campus medical and mental health services we rely on. As members of the student Health Fee Advisory Committee, we are willing to pay \$43 a semester in order to protect and improve our access to health care in Berkeley. We hope that you will join us.

What's happening on other campuses?

Students on 3 UC campuses have voted to pay mandatory health fees— like this one— to stabilize access to essential student health services in the wake of the national health care crisis and State and UC budget reductions. Another 3 UC campuses have built access fees into their student major medical health insurance premiums.

If I already have health insurance, why should I pay this?

Student health insurance, like SHIP, pays mostly for major medical care, like surgery or hospitalization after a traffic accident. To keep the cost of insurance affordable for students, it does not typically pay for basic or primary health care needs.

As a result, some students are faced with heavy out-of-pocket costs for basic health services—particularly when low-cost, on-campus health care is not available (for example when the Tang Center is closed).

To minimize out-of-pocket costs, the mandatory *Safeguard Student Health Care* fee would provide additional funding to University Health Services, to restore staffing for services and to make improvements in the student health resources available at the Tang Center. It protects equal access to health services for all Berkeley students— so that you can afford high quality health care, no matter how much pocket money you have.

What about summer?

Students will be charged for campus medical services during the summer, depending on their summer registration status and whether or not they have the Student Health Insurance Plan (SHIP). The following chart explains the fee schedule that would begin in summer 2006 if the *Safeguard Student Health Care Fee* is approved.

	If you are registered in Summer Sessions	If you are NOT registered in summer
If you have SHIP	\$31 <i>Safeguard</i> fee	Low co-payments for each primary and urgent care office visit
If you do NOT have SHIP	\$31 <i>Safeguard</i> fee	Higher rates for office visits and other services

Non-UC students registered in Summer Sessions will pay a separate rate but will receive the same level of access as UC students registered during the summer.

What efforts have been made to find funding elsewhere?

Given the recent decline in campus support available to support health services, the Tang Center has sought additional funding from federal grants, one-time gifts, and donor support. It has also implemented innovative measures to improve efficiency in its clinics and administrative offices.

However, without additional funds, continued increases in costs for on-campus student health services will result in additional fees for services, fewer operating hours, and reduced access to health care for some students.

Background

By paying Registration Fees, every currently registered Berkeley student has access to clinicians, counselors and services at the Tang Center, regardless of which health insurance they have. Many basic health services are provided at no additional charge to registered students.

Each year, 74% of Berkeley's 32,000+ undergraduate and graduate students access basic and urgent health care on campus. Over 100,000 visits per year are made by students to the Tang Center.

Services at the Tang Center currently include:

- Same day appointments for medical and mental health concerns
- Urgent care and triage
- Women's health care
- Counseling and psychological care
- Psychiatry consultations
- Pharmacy (prescription and non-prescription medications)
- Laboratory and x-ray
- Physical therapy and sports medicine
- Nutrition counseling
- Immunizations for flu, hepatitis, meningitis, travel, etc
- Night and weekend phone service for medical referrals
- Dermatology
- Counseling for substance abuse, eating disorders, sexual health
- Consultations with specialty MDs

The Fine Print

This referendum states that funds would be used to supplement but not supplant current campus funding for University Health Services. Students understand this to mean that the campus cannot protect UHS from across-the-board cuts to Registration Fees but will protect campus Health Services from differentiated cuts.

Each year, the independent student health advisory committee overseeing this fee may recommend changes in the allocation of fee revenues, to meet the evolving health needs of Berkeley students.

The committee may also advise on adjustments to the fee level. Any fee increase recommended by the committee may not exceed the rate of increase for per-capita health care expenditures for physician and clinical services, published annually by the U.S. Bureau of Labor Statistics.



TANG CENTER **BEAR TALK**

NEWS AND INFORMATION FROM UNIVERSITY HEALTH SERVICES

ON REVERSE:

WELCOME FROM THE
MEDICAL DIRECTOR

HEALTH FEE Q&A

SHIP CHANGES
FOR FALL

NEW AT TANG THIS FALL! EXPANDED HOURS, IMPROVED SERVICES

Last March, students voted for a health fee that would protect and improve services at University Health Services (UHS)-Tang Center.

With input from a student health fee advisory committee and a student survey, a number of new services and improvements are underway.

Beginning with fall semester, the Tang Center is offering:

■ **Extended hours in Urgent Care and Pharmacy.** Both services will be open until 6 pm weekdays. This was a top item on the student advisory committee agenda -- giving students an extra hour to get to the Tang Center at the end of the day.

■ **Urgent Care and Pharmacy open on Saturdays.** Formerly only Urgent Care was open Saturdays. Now, if a student comes to Urgent Care on a Saturday and needs a prescription -- or can't get over to Tang to pick up a prescription until the weekend, he/she won't have to go to an outside pharmacy.

■ **Additional counselors and Urgent Care clinicians.** This fall, we will be hiring six new licensed medical and mental health clinicians. More medical providers and counselors will result in less wait time to get an appointment.

■ **More same-day medical appointments.** Students also wanted more same day access to medical services, especially during the afternoon. The Tang Center is converting some of what we call "future medical appointments" during the afternoon to same day appoint-

YOUR \$43
HEALTH FEE
AT WORK

ments. This will give sick students another good option beside the Urgent Care clinic.

■ **An expanded Group Counseling program.** Students will have more opportunities to take advantage of this successful treatment mode. For example, UHS will provide additional depression/anxiety groups and offer new semester-long groups, including groups designed specifically for graduate students.

More improvement are planned for the coming months. Please check the web site for updated information.

WELCOME TO NEW STUDENTS! & WELCOME BACK CONTINUING STUDENTS

I am proud to introduce the Tang Center as the home of one of the best campus health centers in the country.

We are fortunate to have an outstanding professional staff, providing services that include urgent care, primary care, gynecology, specialty care, counseling, psychiatry, social services and health education.

Our clinical staff includes board-certified physicians and highly qualified nurse practitioners who are geared to take care of students' health needs, from prevention to complex treatment. And, if we don't provide the service on-site, we work closely with providers in the community.

Please know that all registered students are eligible to come to the Tang Center. You don't need to have the Student Health Insurance Plan to receive care here. Many services, including urgent care and regular medical care visits, are covered by student registration fees.

Please take a few moments to become acquainted with our web site at www.uhs.berkeley.edu. By going to the



A-Z index for students, you'll get a feel for the many services you can take advantage of while at Cal. Another information source is the UHS brochure, available at the Information Center. And don't be afraid to ask questions!

I wish you a fine academic career at Cal. I hope we at the Tang Center assist you well.

And, I hope, after you graduate, you'll look back favorably on the care and assistance you received here.

HEALTH FEE Q & A

The following may answer some of your questions about the new \$43 health fee voted in by students last spring. If you have additional questions, do not hesitate to ask Tang Center personnel.

What does the Campus Health Care Fee pay for?

The health fee supports your access to affordable, convenient on-campus medical care, counseling and health education throughout the academic year. The fee is helping to restore some services lost during past budget cuts and also allowing UHS to make improvements (see reverse). If students had not voted in the health fee, they would have paid additional fees at Tang this year, including a new visit fee (or "co-payment") for every medical or Urgent Care visit to the Tang Center and increased user fees for other health and counseling services.

Will I experience other fees at the Tang Center?

You may see a doctor or other clinician for primary medical care, receive counseling from a social worker or speak with a health educator at no cost. Fees you paid during registration (e.g., the Regis-

tration Fee and the Campus Health Care Fee) cover the cost of most primary care visits. However, there are fees for procedures, lab tests, x-rays and medications if they are required. The Tang Center makes every effort to keep fees as low as possible. SHIP members pay 20% of most fees and UHS submits the claim to Blue Cross.

THE HEALTH FEE SUPPORTS YOUR ACCESS TO AFFORDABLE, ON-CAMPUS CARE

If I already have health insurance, why do I need to pay this fee?

The Campus Health Care Fee supports on-campus care. Student health insurance is for off-campus care, for instance, hospitalization or care while you are traveling.

Can I waive this fee?

No. This is a mandatory student fee, paid by all registered graduate and undergraduate students who pay the Berkeley Campus Fee.

SHIP CHANGES

Changes in the Student Health Insurance Plan for 2005-06 include:

- Meningococcal (meningitis) immunization is covered by SHIP.
 - Inpatient hospital services are covered at 90% of negotiated rates for Blue Cross network hospitals and 80% of non-negotiated rates for hospitals not in Blue Cross network.
 - Emergency department services continue to be covered at 100% of Blue Cross negotiated rates for treatments provided within 72 hours for injuries or sudden and serious illness. Emergency department charges for non-emergent services are reimbursed at 80% of Blue Cross network rates, or 60% of non-network rates.
 - Ground Ambulance charges are covered at 100% of customary and reasonable charges, up to \$1,000 maximum per trip, if patient receives emergency treatment or is hospitalized.
 - Air Ambulance charges will be covered at 90% of customary and reasonable charges, up to \$5,000 maximum per trip, if patient receives emergency treatment or is hospitalized.
- Please see the web site for a complete list of SHIP benefits.

Feedback from Students about Access to University Health Services

Appointment Demand Survey – March 2005

- Distribution of patient preference for appointment date, in relation to scheduled date:
 - Same day: 48%
 - 1-2 days: 14%
 - 3 or more days: 39%
- 58% of patients requested any available provider.
 - There was a correlation between desiring an appointment the same day and requesting any available provider.
 - There were correlations between Briefs requesting any provider, Medicals requesting any MD, and Annuals requesting any NP.
- 53% of patients preferred a morning appointment, though there was variation between groups (e.g. 63% of those requesting a specific NP (often Annuals) preferred morning, whereas 53% of those requesting any MD (often Medicals) preferred afternoon).
- Note that the share of patients desiring a same-day appointment is much greater than the current share of providers seeing same day appointments.

Source: Survey captured by staff at the Appointment Office, Clinics 1-3 and Urgent Care at the time appointments were scheduled.

Overall, how satisfied are you with your access to health services provided by UHS?

Total satisfied: 80.5%

31.2%	Very satisfied
49.3%	Somewhat satisfied
15.9%	Somewhat dissatisfied
3.1%	Very dissatisfied

Source: Student Health Services Survey, SHAC, Fall 2004, N=2,684

How soon after scheduling was your initial appointment with a counselor at CPS?

18.3%	Not soon enough
81.0%	Just about right
0.7%	Too soon

Source: Graduate Student Mental Health Survey, Graduate Assembly, 2004, N=3,121

How satisfied are you with the amount of time that elapsed between scheduling your appointment and the time the appointment occurred?

89.1% Excellent or Good

Source: Client Satisfaction Survey—Same Day Clinics, UHS, Spring 2004, N=321

Were you offered an earlier appointment that you could not accept due to personal reasons?

24.9% Yes

71.7% No

Source: Client Satisfaction Survey—Same Day Clinics, UHS, Spring 2004, N=321

Campus Health Care Fee Allocation by Category

Campus Health Care Fee Allocation by Category	<u>% of \$29 to UHS (#s listed on referendum ballot)</u>	2005-06	2006-07
Urgent Care and Medical Services More medical appointments available each week Longer Urgent Care hours— Open until 6pm Expanded Pharmacy hours— Open Saturday Faster service at the Pharmacy Extended Lab and X-ray hours	52%	47%	44%
Mental Health Services Additional same-day urgent drop-in appointments Shorter wait for on-campus counseling appointments Shorter wait for on-campus psychiatry appointments	28%	32%	36%
Information Systems & Technology Online scheduling for medical appointments Improved phone scheduling of medical appointments	17%	16%	15%
Preventive Health Services Expanded prevention programs and services for health topics critical to optimal student health	3%	5%	5%

As of January 2006

Trends

Trends at UHS	
Medical Services Constants: <ul style="list-style-type: none">▪ Sexual health▪ Sports injuries▪ Upper respiratory Increases: <ul style="list-style-type: none">▪ Depression▪ Anxiety	Counseling Services Constants: <ul style="list-style-type: none">▪ “Developmental issues” Increases: <ul style="list-style-type: none">▪ Students seeking care▪ Severity of concerns

Current Health Issues Identified by the Student Health Advisory Committee, September 2005

- Stress
- Anxiety
- Depression
- Time management
- New students: homesickness
- Interconnectedness between health issues

Student Self-Reports

Top five factors affecting respondents' individual academic performance (e.g. received an incomplete, dropped a course, etc.)

1. Stress (31.3%)
2. Cold/flu/sore throat (24.7%)
3. Internet use/computer games (23.5%)
4. Sleep difficulties (22.9%)
5. Depression/anxiety disorder/seasonal affective disorder (18.7%)

Berkeley Student Responses, National College Health Assessment, Spring 2004, N=472

Top health problems reported within last school year

1. Allergy problems (51.6%)
2. Back pain (45.5%)
3. Sinus infection (26.9%)
4. Depression (22.6%)
5. Anxiety disorder (12.5%)
6. Asthma (11.5%)
7. Repetitive stress injury (10.6%)

Berkeley Student Responses, National College Health Assessment, Spring 2004, N=472

Depression reported within the last school year				
	<i>Percent (%)</i>	<i>Never</i>	<i>1-10 Times</i>	<i>11+ Times</i>
Feeling overwhelmed by all they had to do		5.4	58.5	36.1
Feeling so depressed it was difficult to function		49.2	40.0	10.8
Seriously considering attempting suicide		88.1	11.3	0.6
Attempting suicide		99.4	0.2	0.4
		<i>Total</i>		
Reported diagnosed with depression		15.5		
Diagnosed with depression in the last year*		34.7		
Currently in therapy for depression*		30.6		
Currently taking medication for depression*		33.8		

** Of those reporting ever having been diagnosed with depression*

Berkeley Student Responses, National College Health Assessment, Spring 2004, N=472

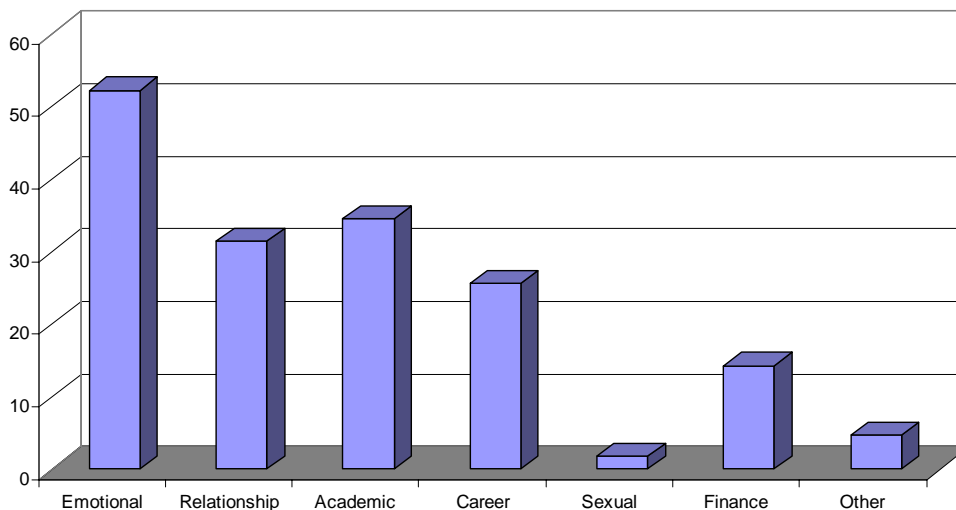
Health Worker Health Assessment Findings, Fall 2004 Students in Co-ops, Residence Halls, Fraternities, Sororities, International House

- 59.8% of students feel like they don't have enough time to do everything on their plate.
- 66.4% of students feel pressed for time.
- 61.1% of students reported only eating 2 meals per day.
- Almost 50% of the students are concerned about their weight.
- As opposed to a students' popular claim, 64.5% of students have at least 7 hours of sleep per day.
- However, 61.7% of students go to bed after midnight.
- 43.5% of students think talking to a sexual partner about using protection is difficult.
- More than 50% of students indicated that they drink 0 times a week.
- Almost 85% of students indicated that they smoke tobacco or marijuana 0 times a week, despite popular belief that a large number of Berkeley students smoke.

Health Worker Health Assessment, Fall 2004, N=1,818

Common Graduate Student Problems

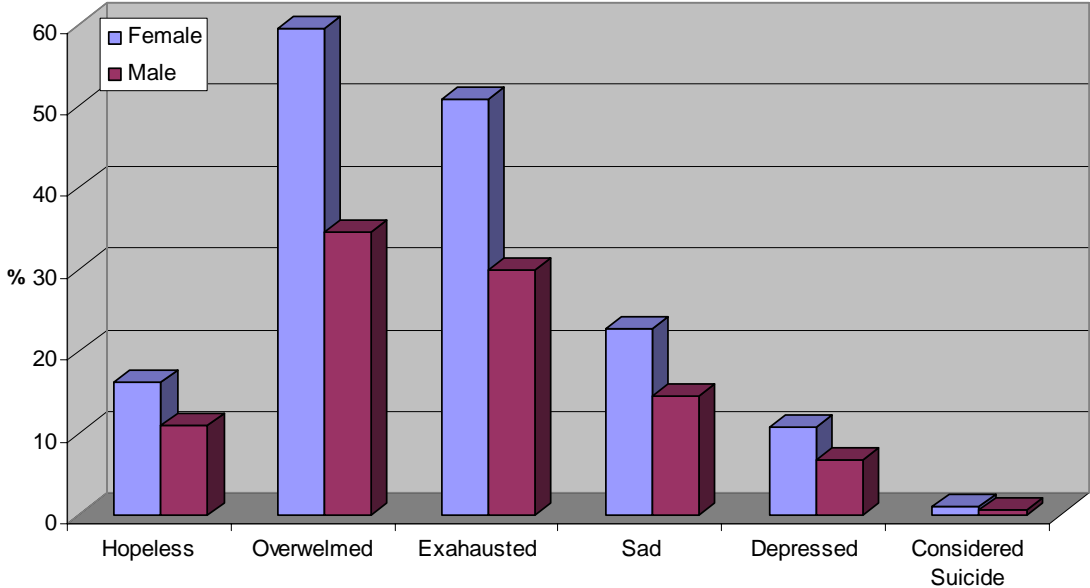
If you considered seeking help in the past 12 months, what kinds of issues would you/did you seek help for?



Graduate Student Mental Health Survey, Graduate Assembly, 2004, N=3,121

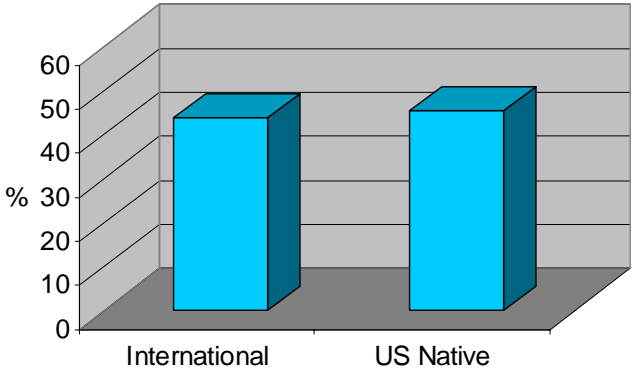
Graduate Student Mental Health Need: Gender

% Students Expressing the Following Emotions
“Frequently” or “All the Time”



Mental Health Need: Nationality

In the past 12 months, have you had an emotional or stress-related problem that *significantly* affected your well being and/or academic performance?



Graduate Student Mental Health Survey, Graduate Assembly, 2004, N=3,121

UHS Data

Top 20 Medical Diagnoses, Fall 2004 - Summer 2005

#	Diagnosis	Visits	% of Total
1	Gyn annual (breast, pelvic, pap, STD check)	4,059	6%
2	Strains, sprains, pulled muscles	2,696	4%
3	Ill-defined condition	2,324	3%
4	Physical exams (for education abroad, etc.)	2,301	3%
5	Colds	1,998	3%
6	Runny nose from allergies	1,888	3%
7	Bladder infections (primarily women)	1,613	2%
8	Visit for Hepatitis B vaccine shot	1,564	2%
9	Acne	1,549	2%
10	Depression or a down mood	1,373	2%
11	Soar throat	1,214	2%
12	Vaginal discharge, irritation or other types of discomfort	1,062	2%
13	Knee pain (e.g. from sports, trauma)	1,019	2%
14	Skin disorders (e.g. rashes, itches, bumps)	1,007	2%
15	Sprained ankle	999	2%
16	Backache (any part of spine or related back muscles)	993	1%
17	Health history review w/o a physical exam (generally for travel)	917	1%
18	STD check (generally for Chlamydia and Gonorrhea)	870	1%
19	Vaccines in a combined shot (e.g. Measles/Mumps/Rubella)	776	1%
20	Anxiety	757	1%
	Other	39,549	59%

Top Prescriptions filled at UHS pharmacy 2004-05

- 1 Hormonal contraception
- 2 Antidepressants
- 3 Allergy and asthma medications

Source: UHS Practice Management System

Student Health Data—Barriers to Seeking Care
 Prepared for Student Health Advisory Committee, September 2005

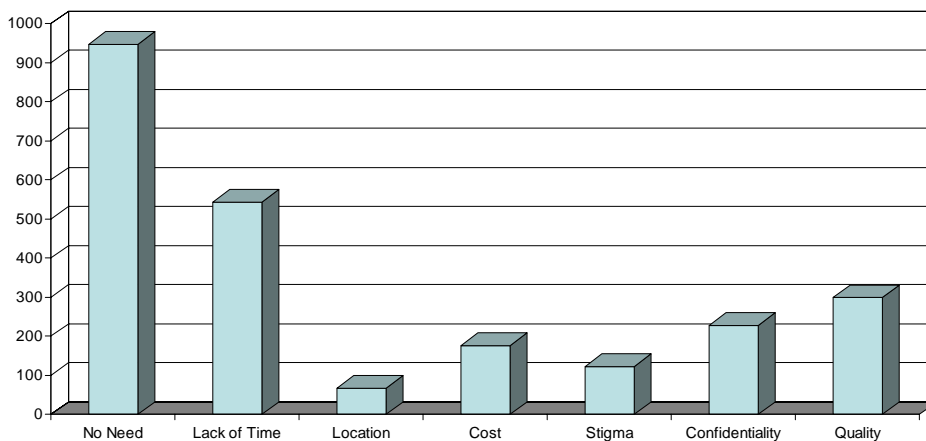
Which of the following would prevent you from using medical, mental health, physical therapy, and/or preventive health care services offered at the Tang Center *as often as needed*? (multiple responses allowed)

- 63.2% Difficulty Scheduling an Appointment (or Long Wait)
- 59.5% High Cost / Too Expensive
- 41.8% Complicated Paperwork / Insurance Hassles
- 40.2% Having to Pay Fees Each Time You Visit
- 36.1% Perceived Quality of Services
- 33.3% Limited Selection of Services Available
- 22.8% Difficulty Budgeting or Anticipating Medical Expenses
- 22.5% Services Are Not Conveniently Located
- 6.4% Other

Student Health Services Survey, SHAC, Fall 2004, N=2,684

Barriers to Seeking Help (Graduate Students)

If you knew that counseling services were available at the Tang Center, but did not use them, why not?



Graduate Student Mental Health Survey, Graduate Assembly, 2004, N=3,121

Graduate Student Help Seeking

If you had an emotional or stress-related problem that you wanted to discuss with someone, whom would you contact first?

- Spouse/Partner (51.2%)
- Friend (29.5%)
- Family Member (14.6%)
- Mental Health Provider (2.3%)
- Medical Care Provider (0.1%)

Graduate Student Mental Health Survey, Graduate Assembly, 2004, N=3,121

Comparison of Primary Care, Urgent Care and Counseling Volume (Fall 04 vs. 05)

**Primary Care Volume, Fall 04 vs. 05
UCB Students Only**

Week	Fall 04	Fall 05	% Change
Week 1	767	638	-17%
Week 2	861	848	-2%
Week 3	701	694	-1%
Week 4	812	798	-2%
Week 5	867	876	1%
Week 6	861	952	11%
Week 7	847	846	0%
Week 8	815	878	8%
Week 9	819	862	5%
Week 10	811	879	8%
Week 11	803	852	6%
Week 12	664	698	5%
Week 13	835	873	5%
Total	10,463	10,694	2%

**Urgent Care Volume, Fall 04 vs. 05
UCB Students Only**

Week	Fall 04	Fall 05	% Change
Week 1	200	166	-17%
Week 2	245	254	4%
Week 3	219	201	-8%
Week 4	241	254	5%
Week 5	268	253	-6%
Week 6	262	266	2%
Week 7	251	254	1%
Week 8	246	259	5%
Week 9	260	240	-8%
Week 10	229	256	12%
Week 11	238	289	21%
Week 12	195	212	9%
Week 13	264	292	11%
Total	3,118	3,196	3%

Number of Individual Students Seeking Services at Counseling and Psychological Services (CPS)

	# Seen in Same Day Appts (Emergency)	# Seen in Future Appts	Total # of Individual Students
Fall 2004 (8/24/04 to 11/11/04)	587	638	1225
Fall 2005 (8/23/05 to 11/10/05)	490	778	1268

Total Number of Counseling Visits at Counseling and Psychological Services (CPS)

	Total # of Counseling Visits
Fall 2004 (8/24/04 to 11/11/04)	2665
Fall 2005 (8/23/05 to 11/10/05)	2823