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**CORE PURPOSE OF THE HEALTH CENTER**

“In 1900, the faculty of the University of California became dissatisfied with the average attendance of students upon classes and investigated the cause of absence with a view to meting out proper discipline to delinquents. The discovery was an unexpected one: that sickness and not idleness or lack of interest was at the bottom of the trouble.” *The History and Practice of College Health*. ed. Turner and Hurley, Kentucky Press 2002.

Although developed more than 100 years before the UO Student Affairs Strategic Plan core purpose, College Health was specifically modeled for the purpose of advancing student learning. The above quote from the History and Development of College Health describes one of the reasons for the development of health centers on college campuses.

The UO Health Center is grounded in this same philosophy centered on advancing student learning.

The Health Center was accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Accreditation was renewed this year for another three years.

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**DEMOGRAPHIC INFORMATION OF UHC STUDENT USERS**

25% of students who utilized the UHC were first-year students. This represented 57% of the UO first-year student population.

89% of students who utilized the University Health Center (UHC) were between the ages of 18-26.

52% of eligible UO students used the Health Center at least once in the 2008-2009 academic year.
BUDGET

After years of declining fund balances, the Health Center reversed the trend and nearly doubled the fund balance of the preceding year. Steps taken during the past year have reversed the negative trend in the Health Center budget. However, there are still questions about the long term sustainability of the Health Center financial model, particularly in light of the need for very expensive building system upgrades (window replacement, equipment replacement, and building expansion), and rapidly growing assessment charges from the University.

5 Year Comparison:
Revenue, Expenses & Health Fee Increases

RESOURCES/OPERATIONAL BUDGET PROBLEMS

- Through great effort, the UHC budget has come back into a healthy state. However, the long term financial sustainability of the Health Center is still in question and may require a different funding model or at minimum, substantial increases in fees or a significant reduction in the scope of practice provided at UHC.
- For the past two fiscal years there have been practices by the university that have made managing the UHC budget very challenging. In one case, significant charges were applied to the UHC budget after the close of the fiscal year, with no advance warning. In another case, commitments made prior to the start of the fiscal year, to remove certain ongoing monthly charges to the UHC were not implemented until after the close of the fiscal year, despite numerous attempts to bring these charges into compliance with the agreement made before the start of the fiscal year.
- The University may be nearing the point where it will have to allocate funding for more mental health services or make a decision to limit access to mental health services. Demand for psychiatric services is beginning to outstrip our current staffing level.

5 YEAR SUMMARY OF REVENUE, EXPENSES AND HEALTH FEES

<table>
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<tr>
<th>Fiscal Year</th>
<th>Health Fee Income</th>
<th>Charge Income</th>
<th>Other Income</th>
<th>Total Revenue</th>
<th>Total Expenses</th>
<th>Health fee</th>
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<td>2004-05</td>
<td>$5,151,671</td>
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KEY ACCOMPLISHMENTS

• UHC leadership was actively involved with the development of the Student Affairs strategic plan as well as serving on many of the implementation teams, including the Healthy Campus Initiatives team.

• The orientation of the UHC staff in fall 2008 focused on helping UHC staff gain a better understanding of the larger context of the university and the Student Affairs Division in which they work.

• We implemented a pilot project of sending e-mail messages to students reminding them of their scheduled appointment in the Health Center.

• The UHC budget, while still requiring work, reversed a trend leading toward non-sustainability.

• Follow up continues to try to resolve HVAC problems that remained after the UHC/UCTC building expansion and renovation. Funding from the student building fee was sought and authorized to address this need.

• A divisive and contentious case involving peer review of one of the practitioners was resolved.

• A more productive schedule was implemented resulting in more appointment slots being made available for students at times that are preferred by students.

• After operating for a year without a manager for the PT/SM department, a manager was hired from within the staff.

• UHC staff geared up and worked hard during the H1N1 outbreak and is preparing for a return of H1N1 next year.

• Both the Interim Medical Director hire and the PT/SM manager hire promise to add stability and quality to Health Center leadership.

• We signed a contract directly with the state to become an FPEP provider. This will eliminate the 15% fee UHC had been paying to Lane County to administer our FPEP program.

• Several UHC staff worked on an OUS plan to provide universal health care to all OUS students.

• Staff members in the Health Center have remained interested in the topic of diversity and participated in several projects during the past year.

• There were no needle stick injuries reported in the Health Center during the past year.

• UO students in Eugene are no longer subsidizing the cost of Health Center access for UO students attending in Portland.

• Provided leadership opportunities for SHAC students by including them in the fall and spring Oregon College Health Association all-day meetings and in providing our new SHAC chair person the opportunity to attend the annual national conference of the American College Health Association.

• Peer Health students and SHAC students develop leadership skills, problem solving skills, communication skills both written and verbal, presentation skills and organizational skills as well as an increased awareness about the health field which has directed some of the students to health related careers such as public health, nursing, medical etc.
MILESTONES

- Healthier budget
- Improved productivity of staff
- New leadership staff (Interim Medical Director, Manager of Physical Therapy/Sports Medicine)
- Work on Student Affairs Strategic Plan
- Integration of UHC into the Student Affairs Division
- Improved staff selection processes

BEST PRACTICES

- A great deal of work has gone into developing clinical guidelines for the treatment of asthma patients and providing continuing education to the medical staff on this topic.
- The medical staff has an ongoing practice of case review during which they present cases for comment by their professional colleagues.
- The Peer Health Education Internship Program continues to thrive and provide the students in the program the opportunity to learn about basic health issues and public health, and develop leadership skills as well as meet with students who come by the peer health promotion office where numbers are up.

EXCELLENCE IN ACTION

- Our peer health internship students (seven attended and five presented) spoke at the April University Senate meeting on behalf of the university going smoke-free. They presented data and read student testimonials in support.
- Contract with Language Line an over-the-phone interpretation service to assist physicians and nurse practitioners in communicating with patients whose native language is other than English.
- We conduct special orientations for international and AEI students in an effort to make the Health Center more accessible to students who come from cultures where health care may be practiced much differently than in the U.S.
- The Health Center routinely contributes to the pre-professional experience of students enrolled in health care fields. We frequently serve as a site to mentor Pharmacy students in Pharmacy Clerkships and host internships for Nurse Practitioners and other care professionals.
MISFIRES/PROBLEMS

- A complicated, divisive, and time consuming peer review case pointed out a lack of a clear process for Quality Medical Assurance.
- Although great progress has been made on staff morale problems at UHC, these problems are well entrenched, of long standing, and are interwoven into the fabric of the Health Center. They are being addressed and will continue to be through efforts of the entire staff to operate more effectively as a team.
- Various commitments related to UHC assessments throughout the entire year were disregarded, making it very difficult for us to determine the status of our budget throughout the year. After the close of the fiscal year, adjustments were made to the UHC budget to conform to the agreements made at the beginning of the academic year. The only exception to this is the Health Center continued to be charged for the minority student fee remission program contrary to the promise that was made to discontinue this charge to the Health Center.
- Ongoing lengthy delays in having routine contracts approved have caused additional work by UHC staff and placed in jeopardy, contracts that are of great benefit to students and the financial well being of the Health Center.
- The UHC web site is hopelessly out of date and received little to no attention during the past year due to the death of the IT staff member.

PLANS FOR 2009 – 2010

- Complete further analysis of productivity, staff schedules, and the budget. Staff worked very hard last year, saw more patients than in previous years, and generally were more productive. While that generated additional revenue, it appears that the pace is not sustainable. In addition, the staff schedules of the medical staff and the nursing staff provide for no time for significant involvement in broader student affairs activities and projects. This is a dilemma. Leaders in other university Health Centers contend that in order to pay for medical staff time, it is vitally important that their time be as fully committed to patient care as possible. As a result there is only limited time for medical staff members and nursing staff to be engaged with campus wide or student affairs wide projects. We will continue to try to find ways to make the UHC financially sustainable.
- There are some long standing problems related to the culture in the UHC. During the past year, improvements have been made. More work is required on this front.
- National College Health Assessment will be conducted spring 2010. Goal is not only to conduct the survey and collect data but ensure other Student Affair departments have access to the data.
- Staff is preparing to host regional college health conference, Pacific Coast College Health Association, to be held in Eugene the fall of 2010. This is in collaboration with OSU and the Oregon College Health Association.
- Continue collaboration in working with other Student Affairs colleagues and campus partners in developing the Healthy Campus Initiative.
- Participate in an ACHA pilot project for clinical benchmarking.
- Review clinical guidelines and practices for prescription of medications for ADHD/ADD and chronic pain.