

University of Oregon  
HEALTH CENTER  
**Student Health Advisory Committee Meeting**  
June 1, 2007

<b>Student Members:</b>	<b>Faculty:</b>	<b>Alternates</b>	<b>ExOfficio Members:</b>
* Chiem, Jennifer	E Munroe, Dennis	E Kurnert, Allison	E Kerr, Shelly
* Kehdi, Norma	E Olson, Deborah	* Malasig, Cheryl	E DeHaven-Murdoch, Daralyn
E Ronco, Noelle	* Pangburn, Micheal	* Phillips, Ann	* Leith, Ramah
* Soetan, Folake	E Russell, Chantelle	* Smith, Kaylie	E Megerssa, Becky
* Straight, Leslie		E Thrower, Ashley	E Pressman, Ernie
E Wintermute, Ben	<b>Guests:</b>	* Wee, Brett	* Ryan, Tom
* Wu, Angela	* Loren McCaully, Peer		E Staight, Paula
	* Sreang Hok "C"		
	* Leila Smith		
	* Liz Michan		

The meeting was called to order at 3:00 p.m.

1. **Approval of Minutes** – The minutes of the previous meeting were approved as distributed.
2. **Budget Discussion** – Daralyn DeHaven-Murdoch, Personnel and Finance Administrator for the Health Center provided handouts on the budget updates. Daralyn and Tom re-evaluated the 07-08 budget and significantly reduced new and discretionary spending to bring the 2007-08 budget to a zero balance. The reductions will not affect services to students.

It looks like carry forward from this year is going to be higher than initially projected. However, when Budget Office looks at a budget they do not look at beginning balance or carry forward, but at the information in lines 1-18 (revenue, expense, total income, total expense and the Year-to-Date Net Income/Loss).

We talked before of the health fee being increased by \$9 up to \$100 which shows up in the health fee income. Departmental income has been increased. Daralyn worked with the department managers to make some changes in charges for services while keeping prices affordable for students. These will be smaller charges for a variety of different services instead of larger charges. There should be increased office visits next year which will drive visits up to the departments which will increase their income.

Salary expense have been reduced by around 8%. Salary increases for classified staff are mandated as part of the union contract and must be met. We usually project classified salaries as if all staff would be able to cover the full 9 months, but some cost savings is recognized during times when the Health Center is closed such as winter and spring break when a certain percentage of staff cannot cover their time off with vacation or other accruals. The remainder of the expense reductions were made by reducing temporary staffing and delaying some pending recruitments/positions until there is money in the budget to do this. This results also in a considerable cost reduction for OPE.

Expense reductions were also recognized in Supplies and Services. A lot of that is small pieces here and there such as in copying and office supplies. One of the big chunks in terms of savings is found in the IT budget. We went through and took out things that were not essential, keeping only those things that were absolutely necessary such as maintenance contracts. We would like to have a backup server outside the Health Center but that can wait until there are funds for this. Again, as we go through the year we will be looking at the budget and comparing it to the projected budget to see what can be funded.

Another thing done is a freeze on Travel and CME. This was not an easy decision as we want staff to participate in continuing education, but for right now there are a variety of things in the Eugene area that do not involve travel or are online, some without cost.

One of the other things done is in Cost of Goods Sold. This is based on only ordering what is needed. We will only be funding what is needed to start the year and then add in and continue to buy things that are needed as we go along—purchase “just in time” with funding from revenues for sales.

With all of the above Tom and Daralyn managed to pare the budget down to a zero balance—no loss/no gain.

Q: Why did Other Access Fees go from positive to negative?

A: In years past this typically included stop-out fees for students who have graduated or left school for a term to continue being seen here for one more term. The negative is caused by the payment for the students attending school in Portland at the UO Center there. This was the decision made by the UO Administration that the UO Health Center would make up the difference between the fee here and there. The fee is \$142 at PSU with ours being \$123.75. This figure is dependent on how many students attend school in Portland. The university really wants to promote students attending school up there.

3. **Health Survey – Ramah Leith** – Ramah brought Students for a Smoke Free Campus surveys for those SHAC students who have not filled one out previously to fill out now.

This survey is also available on line through the peer health promotion page with one for each the students and faculty. All surveys are anonymous. Student and faculty. Ramah will be compiling the survey data to use in presentations and talking about the issues; to get a sense of what is being done and how to gain allies. Because there is no safe exposure to second hand smoke, the goal is to try to make this campus a healthy work/living/student environment. SHAC members were encouraged to take the surveys to classes or groups they wish to help in this data gathering. Ramah has also been asked by the EMU Student Activities Director to give an presentation to all the people who work in the EMU.

Students for a Smoke Free Campus meetings will reconvene in the fall.

4. **Conference Attendance Guidelines** – Formal guidelines are needed on qualifications of SHAC members for conference attendance. If we can come up with criteria this would help avoid panic decisions about who attends. It would be nice to be more proactive and making the decisions on. PCCHA typically occurs in the fall about a month after school starts, late October and ACHA occurs towards the end of spring term. Of course it depends on budget whether the Health Center will be able to afford to send people to conferences.

The following are guidelines were decided upon today to be used in decision making regarding SHAC students attending conferences:

- Active member of SHAC, accepted by ASUO, minimum one term being a SHAC member.
- Returning the following year.
- Regular attendance at the SHAC minutes.
- Leadership, co-chair, chair to be given first choice.
- Depends on budget health...get from med staff CME procedure.
- Knowledge of SHAC, how it functions and process.
- Students will prepare a speech/essay about their expectations, qualifications, and experience.

If you think of any further additions to this list, please send them to Kim Barker.

1. **Use of Courtyard Space** – Tom Ryan provided a handout with a brief analysis of the pros and cons of usage of the South Courtyard by staff only or a staff/student mix that came out in discussion by a group of Health Center staff who came together to talk about use of the courtyards. The North courtyard was not set up or intended for people to use, but to as a visual peaceful place to focus thoughts from the inside. The South courtyard was envisioned as a usable space, but this brought up a variety of issues. This is a nice place for people to take a break outside, but some felt this should be only for staff use. Points from the discussion were:

Staff Only Usage:

Pro: Staff may feel more relaxed in staff only environment.

Con: Students may watch staff while waiting for an appointment and grow impatient.

Solution: Erect a screen in the courtyard so students waiting inside will not see staff on their break outside.

Pro: The outside environment is more pleasant and healing for many staff than indoors.

Con: The building remodel was funded by students so they should not be excluded from one of the building's best features.

Possible Solution: Develop other outdoor areas for staff break options (e.g., west end near the bile rack, south entrance near the Don Ausland bench).

Mixed Staff/Student Usage:

Pros: The outside is also a healing environment for many students.

Con: Students in the courtyard may pose confidentiality concern for clinic areas. The concern is visual since sound is muted and can not be discerned between the exam rooms and the courtyard.

Possible Solution: Exam rooms have obscured glass for visual confidentiality. Providers can raise and/or lower the window blinds.

Pro: Student fees funded the remodel and it is our primary charge to provide care for students.

Con: Tracking students for their appointments (are they waiting inside or out?) may be cumbersome.

Possible Solution: Have students indicate to the area coordinator if they plan to wait outside. The nurse can call them in from the courtyard.

Pro: Staff has several locations for taking their breaks but student waiting areas are limited.

Con: Doors being opened too much messes with the air handling system and lets in pollen and insects.

Possible Solution: Courtyard doors are no more problematic than north and south door opening.

Con: Security risk for back egress since students could walk into the back corridor between the clinics.

Possible Solution: Place a sign saying "staff only" and visual block in front of the door that leads to the back corridor. The feeling is that it is reasonable to make it clear that students can not go out through the east doors and marking them clearly that this is not an access.

Discussion:

Q: Why not have one space for students and one for students?

A: There is only one usable court yard. The problem with the north of the courtyard is the circulation grates that allow sound transmission out into the courtyard so there is a confidentiality issue.

Q: What is the security risk for the back east door?

A: This door leads into the back of the clinics and a student trying to exit out the east doors could cause the fire alarm to be set off. However, appropriate signage should be okay to keep students from entering the back areas.

The biggest problem could be students going out to the south courtyard without letting anyone know where they were going causing them to miss their appointment.

Suggestion: Put a sign on door letting student know they need to be available for their appointment. Students should take the responsibility to be here at their appointed time.

Q: Would it be possible to put in a sound speaker system to call students for their appointment, when budget permits?

A: Good idea.

There should be no problem in sharing the space with both staff and students.

There could also be a problem with calling students in for their appointments by calling their full names.

Other considerations:

Scheduled time for use of the courtyards should be during regular scheduling hours of 8:00 a.m. to 4:30 p.m. as there is concern about someone out there when there is not very much staff in the building.

Remembering to lock the door.

Maintenance of the area.

General consensus is that the courtyard should be made a usable space for both students and staff. Would this be seasonal? As the space is not covered this needs to be considered but we probably would not have it open during the winter.

4. **Items Not on the Agenda:**

- a) **1% for Art Sculpture:** Whatever happened with the artist's sculpture? He should be relocating to Eugene this summer to start installing the artwork.

5. **Adjournment** – The meeting was adjourned at 4:00 p.m.

Kim Barker, Recorder

**\*\*Next Meeting\*\***

**June 8, 2007**

**Health Center Medical Library**