

UNIVERSITY OF WASHINGTON FACULTY COUNCIL ON STUDENT AFFAIRS

The Faculty Council on Student Affairs met at 8:30 p.m. on Tuesday, **February 5, 2002**, in 36 Gerberding Hall. Chair Lee Nelson presided.

Approval of minutes

The minutes of January 8, 2002 were approved as written.

ASUW priorities – Will Rasmussen, ASUW Vice President

Rasmussen said the highest priority for all UW undergraduates is a reasonable tuition. He said students leave the University each year because they cannot afford to stay, and the cost of tuition is a major reason for those departures. He said the ASUW is concerned over issues of “local control”; that is, control of tuition and other student-related costs by the Board of Regents or any body outside the state legislature.

Rasmussen said an ongoing issue for the ASUW is diversity at the University of Washington. Since the passage of Initiative 200 this issue has become even more perplexing. The number of students of color at the University is down, with no prospect of that trend being reversed. “This is not good for undergraduate student life at the UW; we like and need different points of view, and different cultural experiences. And we also would like to see more faculty of color, a representation that is also diminishing.”

Kravas wondered why the “diversity requirement” has not moved more than it has at the University. Rasmussen said, “Yes, students have wondered about that as well. That’s a very important issue to the ASUW.” Lee said, “How much do we teach diversity as a didactic topic, and how much do we teach students to actually interact about diversity in real-time settings”? Rasmussen said that diversity is not taught enough in middle schools as if it were a current issue; it is taught more as a historical phenomenon.

Rasmussen said students are pleased with the extensive renovation to the Student Union Building (or HUB). “I spend upwards of 30 hours a week in the HUB,” he said, “as do many students I know.”

The ASUW would like to see an enhancement of student services. With well over 30,000 students at the UW, “the more services the better.” A problem with respect to student services is that a great many students are not aware of most of the services that are available. “We make available what we know of student services on a list proc,” said Rasmussen. “But most students do not even know where Hall Health Center is. There is a large knowledge gap there.” He said it is the same with the Career Center; most students have not even heard of it.

“We need greater PR for student services,” said Bennett. Kravas said, “We need gatekeepers on campus. Students do get exposed to the existence of many of these services at orientation, but, quite naturally, they do not pay close attention at that stage.” And especially with respect to student health services, it was noted, students, like anyone else, are going to pay more attention when they are in need of such services. And they also, like anyone else, are going to be private about what they do know about such services.

Rasmussen said a new online voting system for student elections may be in place this academic year. The ASUW believes this will have a salutary effect on voting turnout. “Last year, only about 3,000 students voted in the Spring elections. That number should go up noticeably with online voting. We’re quite excited about this prospect.”

Rasmussen said student involvement tends to increase during and after national conflicts and crises. He noted the intense student activity at universities throughout the country during and after the Vietnam War. And student involvement at the UW is greater than it has been in some time, he stressed.

Regarding the “MY UW” Web page, Rasmussen said, “It works very well with respect to registration; registering online is a great advantage for students.” He said “professor evaluations” of courses is also very useful. STAR online is an extensively used service.

Lee told Rasmussen to let his constituents know that “we’re interested in them in the Faculty Council on Student Affairs. This council is composed of faculty representing many sectors of the campus, as well as interested administrators. And we want to do whatever we can to bring student concerns to the attention of faculty and to the Faculty Senate. We can also bring legislation to the Faculty Senate, if necessary.”

Jeanne Holm, Assistant Vice President, Office of the Vice President for Student Affairs

Holm said that getting students actively involved in “shared governance” at the University is an ongoing challenge. “We haven’t had much student representation on our committees in recent years,” Holm noted. Rasmussen said there has been a “disconnect” in the last two years. “We know better now [in the ASUW] what the committees are. Though with the number of committees requesting student representatives increasing every year (we currently have upwards of 150 students represented on committees of one kind or another), it is difficult to keep student representatives motivated. Some committees are much more interesting to students than are others.”

Elaine Jong, Director, Student Health Center, Hall Health Primary Care Center

Jong said there were major changes in the Student Health Insurance Plan this year at the University. Basic services remain “very good.” However, because of inflationary costs, student mental health coverage is more limited than it has been. Jong said the Hall Health Primary Care Center budget proposal will soon be submitted. The budget proposal will delineate how student activities are being used to support the Student Health Center, and will help clarify the most prevalent problems in student health.

Jong said Hall Health Center is the name of a building only. Approximately two-thirds of Hall Health Center is occupied by the Hall Health Primary Care Center. Environmental Health and Safety Services is also located in this building, as is the Employee Health Clinic, established four years ago as a result of the rising compliance issues and occupational health needs on the UW campus. “This is one example of the ways in which the campus is composed of interlocking services,” Jong emphasized.

Jong said she has been at the Student Health Center since 1994, and at the University of Washington since 1975. She was for some time an emergency room faculty member, and was on duty when a student was brought in who had been intoxicated, had fallen and who became paraplegic. She monitored that student’s progress.

Jong was attracted to the Student Health Center because she wanted to be around students, around young people who were intelligent, concerned about their health, and desirous of learning whatever they could about healthful living.

She has become an active fund-raiser because the Primary Care Center’s currently available financial resources do not meet the inflationary rate of delivering health care. “We won’t sacrifice quality,” she stressed. “We won’t have substandard health care. It would be better to shut down than not to have good health services.”

Jong said that today, as in 1994, if a student shows up at the emergency room in the hospital without a life-threatening illness or injury, he or she could “wait a long time” for any kind of treatment. (It is a triage system, and any student low on the medical priority list has no choice but to wait, even if in significant pain.) Acute care is simply very difficult to find with any urgency off campus.

In 1987, the Student Health Center became a fully accredited health service certified by the Association for Accreditation of Ambulatory Health Care (AAAHC), and has been re-accredited for every consecutive 3-year cycle since. This accreditation requires having completely up-to-date medications, appropriate care for any given diagnosis, qualified health care providers for the numbers of students who would be serviced, and many other stringent requirements.

However, with the recession and budget limitations of the past several years, the Student Activities Fee Committee (SAFC) contribution has declined from 87% to 60% of the overall HHPCC budget. “Since 1995 to the present we have had to lay off staff after each budget cycle. We have cut our secretarial staff to a bare minimum in order to maintain as much provider staff as possible.” Jong does much of her own secretarial work, in fact, to help in this effort.

In 1996, the Student Health Center – with the approval of the students themselves – opened up part of its practice to the surrounding University community: mainly faculty and alumni. Students rarely come to the Center in the early morning hours (8:00-10:00), and this “unused capacity” was congenial to the schedules of faculty and alumni. The much-needed income generated from providing billable health care services contributes financial support towards ongoing services for students. To do this, Jong said, the Center had to get regional health insurance plans to agree to reimburse for patient services provided at Hall Health. All except Group Health did so.

Jong said about 10% of the University’s students have no health insurance. If a student comes to the Student Health Center, however, he or she pays the lowest possible out-of-pocket fee. Also, all students get one free primary care visit to the Center each quarter, plus unlimited free access to health advice from the consulting nurses. After that, they pay \$60-70 per visit with a physician or allied health provider, which still is considerably less than they would pay elsewhere and often covered by their health insurance plan.

Jong said that, though there are fewer staff at the Center now than in 1995, the operating costs have risen from \$4.5 million to \$8 million per year, in part because of state-mandated salary increases for the classified staff, but also because of the rise in cost of medications and all other supplies and equipment needed for the Center to be fully operable. Cutting FTE’s and striving for maximum efficiency have made operating costs less than what they might be, but they are nonetheless daunting, and are not likely to decrease in the coming years. The Student Health Center, unlike the Student Counseling Center, cannot count on assistance from state funding. “By opening up the practice, we have generated more revenue,” Jong noted. But she emphasized that the struggle to maintain a self-sustaining health service is ceaselessly demanding.

Jong said that most faculty at the Hall Health Primary Care Center earn upwards of \$90,000, as opposed to their peers in the private medical community, who earn upwards of \$110-120,000 plus incentive bonuses. Thus faculty who choose to work at the Center are trading higher salary for the chance to do what Jong said she chose to do: work with intelligent, generally healthy patients who are eager to learn, who can be educated and taught. (These faculty also do not have to make night calls, which is another compensation for their lesser salary.) Jong said the SAFC (Student Activities Fee Committee) annual allocations to the Hall Health budget are going up maximally every year at the officially allowed UW inflation rate, “and we appreciate this very much.”

Jong said that, until recently, the services for student mental health at the University had been “scattered”; but there is better coordination now between the Student Counseling Center and the Student Health Center. There is better co-training and planning between the two centers. “But the need for mental health services among students is greater than the help that is available,” Jong stressed. She said this is due in part to students’ lives being “more stressful” now than in the 1990’s. “A huge component of students that would

not have been coming to campus previously is now present on campus, thanks to the benefits of mental health care and medications during their middle school and high school years. Their continuing needs have to be met. They have an increased sense of competition and academic challenge at UW, which only exacerbates their stress. They need attention.”

Jong said if the Student Counseling Center feels a particular student needs help that they cannot offer, they will now send that student to the Student Health Center. Jong said there has been a 28% growth in one year in the number of students who require medications for mental health management. This of course has a large impact on student health insurance claims. And drug costs have escalated greatly. When the fact that health insurance coverage has decreased for student mental health needs is then considered, the seriousness of the present situation can be appreciated.

Jong said there is still a “huge demand at both the Student Counseling Center and the Student Health Center for psychotherapy.” No noticeable effects from the events of September 11, however, have been observed in University of Washington students. The complaints and anxieties of students are confined to the stresses mentioned above. “When you do medical assessments, as we do, you have to have a state licensed provider staff; you have increased regulations (including federal); and you have billing regulations (insurance companies tell us what we can bill). We are aiming to earn over 40% of our operating budget this year, which is the revenue we need to keep the student health service viable. We’re struggling to determine how to subsidize many of our student needs.”

Holm said, “The Hall Health Primary Care Center is primarily funded out of student fees; increases in student activities fees (SAF) are tied to increases in tuition.” Kravas said the University of Washington is unusual in not having a “mandatory health fee”; that almost every other peer institution with which he is familiar does have such a fee. Jong said, “I have advocated having a student health fee, because I have wondered if we would lose core staff because of our not having the budget stability that would result from such a mandatory fee. This fee had been seen as a barrier to access, but because we don’t have the fee, there is a need to work around our *not* having any kind of fixed budget. We have to lay off staff each year, as it turns out. This takes a heavy emotional toll. It is stressful and uncertain for us from year to year.”

Holm said, “It would have to be clearly shown that students were in favor of the mandatory fee for us to implement it. Thus far, when the issue has been discussed, the student leadership has backed away from implementation.”

Asked about the nature of the student health care offered at the Student Health Center, Jong said, “We offer primary care. For all secondary care (major surgery and the like), students go to local medical centers or hospitals. Though, again, all major health insurance plans except Group Health cover students needing emergency, non-life threatening, care at our Student Health Center.” (Hall Health Primary Care Center and the UW Medical Center are preferred providers for the UW Student Health Insurance Plan and the Graduate Appointee Insurance Plan, meaning that any individual co-payments, if any, are lower compared with outside facilities.)

The average age of undergraduate and graduate students at the University of Washington is now 26, Jong noted. All physicians employed by the Student Health Center have academic appointments in the School of Medicine, and continue to teach. “This keeps their intellects alive,” said Jong.

Holm said, “Of the claims to the Student Health Insurance Plan, 20% of the claims are for prescription drugs, and 67% of those drugs are for mental health.” She said a difficult balance to strike is the balance between what students say they want and what they can actually afford. “It’s a common issue,” said Jong. “So many students are on pharmaceutical drugs. And there is so much more violence now. Students need to see the University of Washington campus as a community. And we need to address issues of frustration

between faculty and students owing, in large measure, to ‘different sets of expectations’.” Kravas said, “And it could well get worse. It is indeed a crisis.”

The council decided to have a follow-up discussion of today’s presentation, and the issues it raised, at its next meeting. ASUW representative Will Rasmussen concurred, and said student health is an important issue to students. “The student health care services at Hall Health Center are not well perceived by students,” he noted. “But today’s presentation was very helpful, and gave me a deeper understanding of the Student Health Center, and the challenges it faces. Part of the problem is that students are not well informed about the health care centers: what they do, and what they must do to stay viable. These discussions help me understand that much better.”

Next meeting

The next FCSA meeting is set for Tuesday, March 5, 2002, at 8:30 a.m., in 36 Gerberding Hall.

Brian Taylor
Recorder

PRESENT: *Professors* Nelson (chair), O’Neill and Schwartz;
Ex officio members Bennett, Clark, Hatlen, Jeanne Holm (for Lewis), Kravas and Rasmussen (for Martin: ASUW);
Guest Elaine Jong, Director, Student Health Center, Hall Health Primary Care Center

ABSENT: *Professors* Karmy-Jones, Lehman, Nicholson and Williams;
ex officio members Bennett, Feetham, Lewis, and Martin.