

Student Health Committee Report 2005

Executive Summary

This report was prepared by the Student Health Committee charged with assessing the physical and mental state of students' health with particular attention to impact on academic performance and making recommendations on changes needed to promote improvements in student health and health related concerns. This Executive Summary is organized in four parts: The State of Student Health, The State of Student Health and Counseling Services, a comparison of services available at UML with those at our Peer Institutions, and Recommendations.

State of Student Health

The committee examined findings from Lowell's participation in the National College Health Assessment (NCHA) survey from 2001-2003. Although generally Lowell students report behaviors and illness experiences similar to those across the nation, some important findings are:

- Fewer than half of the students report sufficient sleep to feel rested on 4 or more nights per week.
- Drug use (alcohol, marijuana and cigarettes) has adverse effects on academic performance, with an increase in first use reported over the undergraduate years.
- Binge drinking is common among students (50% of both sexes) and is among women 50% higher than the national rates.
- Academic consequences due to alcohol use, drug use, and relationship difficulties increased with the number of reported sexual partners.
- Depression in the last school year was found to be associated with academic consequences.
- There was a high correlation between reported health impacts on academic performance and low GPA.

Students receive much less health-risk information from the university than is reported nationally except for alcohol and drug abuse. A challenge to be faced is that, while students identified Student Health Center Medical Staff and Health Educators as the most believable sources of health information, they were much more apt to obtain their health information from sources they judged much less believable.

Lowell students were far below the Healthy Campus 2010 target figures for having cholesterol checked, flu vaccinations, and use of sunscreen, somewhat below on reported seatbelt use and higher than nationally on frequency of exercise.

For all of the student health issues investigated in these surveys, a major problem is the lack of accessibility of professional Health Education on campus. The findings indicate that problems such as use of alcohol, drug abuse and depression also have academic consequences that can affect student retention. For both reasons it would be in the best interests of the university to provide services that can focus on prevention of these health problems through educational programs in the campus community.

State of Student Health and Counseling Services

Staffing:

Student Health Services

- 2 full time NPs; 2 ½ Part-time NPs, 1 volunteer NP (12 hrs/mo)
- 1 consultant MD, a requirement for NP practice in Mass. (no on-site time)

Student Counseling Center

- 1.6 FTE equivalents counselors with doctorates; 1 Full-time masters level counselor
- 3 Masters level interns from other institutions (20 hrs/week each)

Utilization:

Student Health Services (last 2 years)

- Approximately 200 different diagnoses were made among the 15% of students who visited at least once (average number of visits from 2.3-2.7)
- Approximately 280 visits/month during the academic year, 100/month in the summer
- Approximately 40% of visits are for infectious or allergic conditions and another 25% are for non-illness related concerns (mostly immunizations and health counseling)
- 50% increase in mental health visits in the past year
- Utilization appears based on accessibility and availability of care - not necessarily contingent upon place of residence or insurance coverage.

Student Counseling Center (last 2 years)

- Yearly approximately 400 students made 1600 visits with ½ self-referred and 20% referred by faculty
- Students whose base is South Campus attended at a higher rate
- The major reasons for seeking counseling are mood, general life, academic problems, medication, suicidal ideation and physical or emotional abuse.
- Stress (54%), sleep problems (35%), unexpected events (25%) and suicidal ideation or gesture (18%) were the concerns most associated with academic problems.
- Students with depression reported ≥ 11 times feeling overwhelmed (31%), exhausted (34%), hopeless (15%) and seriously considering suicide (1%). Those reporting these same feelings as many as 10 times were, however, much higher: 60%, 55%, 55% and 11% respectively.

Other Issues:

- Health Insurance – Only one third of students enroll in the university health insurance plan
- OTC medications/equipment – Students are often given OTC medication and supplies without charge
- Counseling Center – Offers printed brochures and broadsheets, and web-based information, workshops in residence halls, faculty guidance document “Assisting Persons with Behavioral Problems”

Peer Comparisons

It is difficult to identify directly comparable information about our peers concerning some aspects of our program offerings. It is a reasonable summary, however, that we are towards or at the bottom of the list compared with our peers on many service variables. The following list highlights some of the differences identified by the review:

- Lowell’s number of clinical staff is the lowest among our peers and aspirant peers and second lowest when considered in terms of FTE clinical staff/1000 FTE students
- Most have a student health fee but there is variability in insurance billing practices
- Lowell has much fewer special clinical services
- Lowell’s number of counseling staff is much lower than our peers and next to lowest in counseling staff /1000 FTE students.
- Range of counseling services and types of professionals are generally narrower than peers
- Health education programs appear to be more comprehensive among peers but assessment is difficult and incomplete
- Peers have more robust alcohol and drug prevention programs, comprehensive wellness programs and more extensive internet-based offerings on health education

Recommendations

Our primary recommendations are those related to health concerns that are impediments to students’ Academic Performance.

1. Standing Committee on Student Health (Physical and Mental Health)

RECOMMENDATION: The Chancellor and Provost should establish a Standing Committee on Student Health charged to oversee student health programs on campus and require regular public reports on progress and needs.

2. Ongoing Assessment of Student Health

RECOMMENDATION: The University should institutionalize annual participation in the NCHA survey as a cost effective mechanism for monitoring student health.

RECOMMENDATION: An annual report on the state of student health should be prepared under the direction of the Standing Committee on Student Health and shared with the university community.

3. Adequate Student Health Services and Related Resources

RECOMMENDATION: The Chancellor and Provost should support the development of an integrated Student Health program to insure cost effective high quality health services for basic student health needs.

RECOMMENDATION [Staffing]: There is an immediate need to hire at least two full-time counselors for the Counseling Center and the addition of another full time nurse practitioner to the SHS and to arrange for regular attendance at Student Health Services of a psychiatric nurse practitioner or psychiatrist to prescribe appropriate psychotropic medications. This position should also be well coordinated with the Counseling Center. The Chancellor/Provost should request the Standing Committee on Student Health to develop a proposal for appropriate student health staffing in Student Health Services and the Counseling Center, as soon as possible.

RECOMMENDATION [Student Fee]: The Chancellor/Provost should request the Standing Committee on Student Health to develop a proposal for a nominal student fee or an increase in Health Services budget to cover medical supplies currently given to students who use services.

RECOMMENDATION [Medical Insurance]: The Chancellor/Provost should request the Standing Committee on Student Health with appropriate administrative assistance to review current medical insurance policies and practices to insure best rate and services for all students, with specific attention to international students and recent graduates.

RECOMMENDATION [CE and Online Students]: The Chancellor/Provost should request the Standing Committee on Student Health with appropriate administrative assistance to examine the feasibility and nature of health services and insurance designed for continuing studies students and on-line students. This examination should include an estimate of institutional costs to provide such services or per-student rates to make services available for students who choose to pay a fee.

4. Comprehensive Approach to Campus-Wide Health Education and Outreach

RECOMMENDATION: The Chancellor/Provost should request the Standing Committee on Student Health to develop a proposal for a properly staffed health education program for UML students to provide educational resources and programs for students and the general community about comprehensive health issues addressed in this report.

RECOMMENDATION: An electronic link directly from www.uml.edu to the Student Health Services page and Counseling Center page and an interactive health information website should be established under the direction of the health education program (above). Resources to develop and maintain these web resources should be made available.