

STUDENT HEALTH COMMITTEE REPORT 2005

UMASS LOWELL



883 BROADWAY STREET
DUGAN HALL #207,
LOWELL, MA 01854

TABLE OF CONTENTS:

1) Introduction	3
<i>a. Background</i>	3
<i>b. Committee Activity</i>	3
<i>c. Organization of Report</i>	4
2) State of Student Health	5
<i>i. NCHA Survey</i>	5
ii. Impediments to Academic Performance	6
iii. Drug Use	7
iv. Obtaining Health Information	8
v. Preventative Health Behaviors	8
vi. Common Health Problems	8
vii. Accessibility	9
3) Student Health Services	10
<i>a. Staffing</i>	10
<i>b. Public Health</i>	10
<i>c. Utilization</i>	10
<i>d. Cultural Competence in Health Care</i>	13
<i>e. Health Insurance</i>	13
<i>f. Additional Services</i>	13
4) Student Counseling Center	14
<i>a. Service Data</i>	14
<i>b. Staffing</i>	14
<i>c. Utilization</i>	14
<i>d. Outreach/Education Activities</i>	18
<i>e. Mental Health Concerns on U.S. Campuses</i>	19
<i>f. Academic Impact-Health Events-Mental Health</i>	19
<i>g. Depression & Suicidality Concerns</i>	20
5) Peer Comparisons	22
<i>a. Health Services</i>	22
<i>b. Counseling Services</i>	24
<i>c. Health Education</i>	31
6) Recommendations	33

STUDENT HEALTH COMMITTEE:

Noel Cartwright	Director, University Counseling Center
Nicole Champagne	Assistant Professor, School of Health & Environment
Joyce Gibson	Chair /Associate Vice Chancellor for Academic Services
Julie Handy	Undergraduate Student, School of Health & Environment
Nancy Quattrocchi	Director, University Health Services
David H. Wegman	Dean, School of Health & Environment

INTRODUCTION

a. Background

In late fall of the academic year 2004/2005, the Student Health Committee was established through a confluence of events including a recent appointment of a new Dean of the School of Health and Environment, (SHE) and the compelling data describing student health needs presented by the Directors of the Student Health Services and Counseling Center to appropriate members of the new governance team at UML. Professor Beverly Volicer, faculty in the SHE had been collaborating with Nancy Quattrocchi, Director of the Student Health Services, to collect data on the state of student health for several years through a national survey of the American College Health Association. In a similar manner, the Director of the Counseling Center has for many years worked with Deans, faculty and staff to educate the community on the state of the mental health of students at the university, while collecting campus data to compare with other institutions in the US.

The Student Health Committee is charged with:

Initially:

- Assessing the physical and mental state of students' health
- Reporting to the UML community on the status of student health
- Recommending changes to promote improvements in student health and health related concerns

Standing Responsibility For:

- Reporting on health issues that particularly impact academic performance
- Advice on educating the UML community about student health issues and available health services
- Ongoing evaluations of student health and health services in order to meet the health needs of the student community

b. Committee Activity

Establishing the Student Health Committee and determining its charge and scope required several meetings, initially. The Committee met a total of 8 times between December 2004 and May 2005. Major topics of discussion were:

- i. Current state of student health.
- ii. How to educate faculty about students' health concerns.
- iii. How to address under-served populations.
- iv. Insurance costs, and lack of insurance for recent graduates.
- v. Approaches to educating students about their health needs.
- vi. How to increase numbers responding to ACHA survey.
- vii. Reviewing health data from peer institutions

The Committee arrived at the following conclusions:

Participation in the ACHA survey should continue because of its value in understanding campus health issues from students' perspective and our peer institutions.

The first campus report should include:

- A summary of the ACHA results focused on two priorities:
 - #1--health issues that impact academic performance
 - #2—health issues that are also public health concerns
- The most recent annual reports from the Student Health Service and the Counseling Center
- A report of the ACHA findings should be forwarded to Student Government Association (SGA) and a meeting scheduled to discuss results
- That appointments of committee members should be staggered to insure continuity of service and history of membership
- That the committee include a representative from the Campus Recreation Center (CRC)

c. Organization of Report

This report is organized in five parts:

- The State of Student Health - a summary of data from the three years of results for the ACHA survey with a particular focus on health issues that affect students' academic performance
- The State of Student Health Services, with annual statistics of students served in the Student Health Service and the Counseling Center, along with comparisons to the data from ACHA, and challenges to serving students' needs.
- Health educational programs currently offered.
- A comparison of services available at UML with those at our Peer Institutions
- Recommendations

STATE OF STUDENT HEALTH

The American College Health Association (ACHA) designs and conducts the National College Health Assessment (NCHA) survey to characterize student health across the nation. Findings of the NCHA surveys contribute to a picture of the health of college students nationwide and to set benchmarks for “Healthy Campus 2010”. In 2002, the ACHA published Healthy Campus 2010: Making it Happen, an adaptation of “Healthy People 2010” for the college and university population. This document not only identifies the relevant national objectives for college students, but serves as a tool for developing campus specific strategies to advance health.

a. NCHA Survey

- In the spring of 2001, 2002, and 2003, undergraduate students at the University of Massachusetts Lowell completed health surveys as part of that year’s NCHA survey. Findings for the UML surveys were analyzed separately for each of the three years, and results found to be consistent across all three survey years are reported in this document. With few exceptions, general health status, reported health problems, and behaviors related to major health issues among UML students were found to be remarkably similar to those reported by participants in the national surveys of nearly 65,000 students completed during the same time periods.
- Three different survey methodologies were used for data collection at UML, due to technical difficulties experienced each year, as well as the development of new methodologies by ACHA. In each case, a random survey method was used. Surveys were anonymous and were computerized and tabulated by ACHA. Data from UML were included in the annual National College Health Assessments for 2001, 2002, and 2003, and provided data for our own additional analysis.
- In 2001, invitations were mailed to students randomly selected by the Office of Student Services and participants were entered into a raffle drawing to win one of several cash awards of \$40. For 2002, a general email was sent to students, articles were printed in The Connector, and signs were posted around the campuses, which indicated that students whose school ID number ended in one of three randomly chosen digits from 1-9, were invited to participate in the survey. Eligible students were asked to come to a designated room near the Student Health Services on South Campus to complete the survey form. An incentive payment of \$40 was offered to each student completing the survey. In 2003, students were invited to participate using a newly developed web-based survey designed by ACHA, using the same random digit method and communication procedure as used in 2002, and again a \$40 incentive payment was offered to each participant.
- Response rates were poor for all three years (18%, 2001; 22%, 2002; 11%, 2003). For 2001, it was determined that many students did not access their mailboxes and did not receive the mailings. For 2002 and 2003, only students who accessed their student email accounts or saw the published invitations or signs would have known about the survey. The absence of standardized use of university student e-mail addresses resulted in many students never reading the e-mail notice of the survey. Despite these procedural difficulties, we found remarkably consistent findings across the three survey years, and findings that were consistent with the national survey results.
- The report summarizing the three years of surveys¹ [1] includes general findings about health behaviors and problems reported by UML students, along with separate sections on drugs and

¹ Volicer BJ, Quattrocchi N, Pavoll A, Nicolosi R. UML Component: American College Health Association National College Health Assessment, 2001-2003. September, 2004

alcohol use, sexual behaviors, overweight/obesity, and mental health. In addition to assessing the magnitude of various health issues and associated behaviors, the report examines relationships between health problems and self-reported academic performance. Academic performance was found to be adversely affected by use of drugs and alcohol, having multiple sexual partners (through association with increased drug and alcohol use), and depression.

- Data from these surveys have been used by faculty in teaching and in grant applications, for education projects conducted through the Student Health Services as service learning projects for Community Health Education students, for evaluation of the Counseling Service, and for campus Health Fairs. Members of the UML community are welcome to use the data, with citation, for any relevant projects, or as pilot data for grant submissions to the federal or private sector.

i. Impediments to Academic Performance

As part of the survey, students were asked to review a list of items which might be expected to be possible “impediments to academic performance.” Percentages were calculated of students who reported their self-assessment that a behavior or health problem affected academic performances, such as a lower grade (on an exam, an important project, or in the course), receiving an incomplete, or dropping the course. Those items which were reported by $\geq 5\%$ in any of the survey years are reported in Table 1

Table 1
Percent of UML Students Reporting Academic Performance Affected
by a Health Behavior or Problem by Survey Year

Possible Impediment to Academic Performance	2001 (N=281)	2002 (N=341)	2003 (N=151)
Stress	37%	30%	38%
Sleep Difficulties	28%	26%	34%
Cold/Flu/Sore Throat	24%	25%	34%
Depression/Anxiety Disorder/SAD	17%	14%	21%
Concerns for Troubled Friend/Family	17%	19%	29%
Relationship Difficulty	15%	20%	25%
Internet Use/Computer Games	10%	12%	16%
Alcohol Use	10%	15%	14%
Death of Friend/Family Member	10%	11%	7%
Sinus Infection	10%	11%	11%
Drug Use	5%	7%	5%
Attention Deficit Disorder (ADD)	5%	9%	11%
Allergies	4%	5%	10%
Chronic Pain	3%	4%	6%

- For UML students, stress, sleep difficulties, and colds/flu/sore throat were consistently reported as the possible impediments most likely to impact academic performance. In the NCHA national database, these three possible impediments were also the most common issues affecting academic performance, and the national top ten possible impediments found to affect academic performance were the same as those reported by the UML students. Magnitude of effects was also similar in the national data to the UML data.
- It is important to note that fewer than half of the students reported getting sufficient sleep to feel rested on 4 or more nights per week. Staying up much of the night appears to be part of the culture of the dormitories on campus. The Student Health Services has already begun to address this problem with the Residence Life staff. Staff are being encouraged to plan programmatic activities to end at a reasonable time in the evening and to establish and enforce quiet hours.

ii. Drug Use

The survey allowed a more detailed examination of the impact of drug use on academic performance (Table 2). The most frequently used drugs were alcohol, marijuana, and cigarettes: findings similar to the national data. Students perceived that a much higher percentage of typical students used these drugs than they reported using themselves. In all three surveys, the percentage of students ever using alcohol, marijuana, and cigarettes was higher by the fifth year in school compared with the first year in school. Use of all drugs was highly correlated; that is, the more students used one drug the more they used all other drugs. These findings consistently support the need for alcohol and drug education counseling on campus.

Specific assessment of alcohol use revealed that nearly 50% of female students (nationally about 1/3) and more than 50% of male students (nationally similar) reported binge drinking, far higher than the Healthy People 2010 target figure of 20%. Students who perceived greater use of alcohol by the “typical student” were themselves likely to consume more alcohol, compared to those who perceived less use of alcohol by the “typical student.” Binge drinkers were less likely to make use of party strategies for responsible drinking and more likely to report negative consequences of drinking. By several measures of alcohol use, higher consumption was positively associated with more serious academic consequences.

Table 2
Impediments to Academic Performance & Associated Drug Use

Health Behaviors or Problems	Associated Drugs
Stress	Amphetamines
Depression/anxiety disorder/SAD	Amphetamines
Relationship difficulty	Marijuana
Alcohol use	Alcohol, Marijuana, Cigarettes, Cigars, Amphetamines, Cocaine, Smokeless tobacco
Drug use	Alcohol, Marijuana, Cigarettes, Cigars, Cocaine, Amphetamines, , Smokeless tobacco, Rohypnol
Attention Deficit Disorder (ADD)	Amphetamines, Cocaine
Learning disability	Amphetamines, Cocaine
Physical assault	Marijuana
Sexual assault	Amphetamines

It should be noted that universities are federally mandated to have alcohol education programs for all students and to have consequences for violation of alcohol policies. Beginning in fall 2004, completion of a new online alcohol education program will be mandatory for all students (www.mystudentbody.com); however, no formal follow-up program has been established to determine efficacy of the program. Despite evidence of increasing use throughout the years of enrollment, no on-going education program is in place. Some alcohol counseling was previously provided through the Counseling Center and Student Health Services, but this has been severely restricted due to loss of personnel by retirement. The findings of this section specific to alcohol use among students reinforce the need for alcohol and drug education counseling described under the previous section on drugs.

Two other issues were examined with respect to their self-reported impact on academic performance. The survey indicated that 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.

iii. Obtaining Health Information

General health information: The Healthy Campus 2010 target for percent of college students who receive health-risk information from their institutions is 48% for 11 health topics, including alcohol and drug abuse, sexual assault, fitness and nutrition. UML students were uniformly below this target figure for every topic except alcohol and drug abuse. While our 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, including friends, TV, and the Internet. This discordance between which sources of information are used and which are believable, illustrates the need for reinstatement of professional Health Education resources selected and provided by the university. This need is further supported by specific health problems documented in this report, along with evidence of their adverse effects on academic performance.

iv. Preventative Health Behaviors

UML students were questioned about the use of 12 preventive health behaviors, including vaccinations and common screening procedures. Our students were far below the Healthy Campus 2010 target figures for having cholesterol checked, flu vaccinations, and use of sunscreen. We did find higher rates of other types of vaccinations for UML students compared with national data and attribute this to relatively stringent Massachusetts laws regarding immunization of college students. The average using seatbelts was a bit lower than the Healthy Campus 2010 target of 92%, while the frequency of exercise indicators was higher than the Healthy Campus 2010 target figures. Our students compared favorably with national data on these general preventive health behaviors.

v. Common Health Problems

The five most commonly cited health problems during the last school year, selected from a list of 29 items, were back pain, allergy problems, sinus infections, depression, and strep throat, in identical order to the national findings, and many students reported multiple health problems. Students also reported the impact of 24 possible factors on academic performance. The number of academic impediments reported to have these consequences was strongly and negatively correlated with reported grade point average. The most common factors reported to affect academic performance, again identical to national data, were stress, sleep difficulties, colds/flu/sore throat, and depression/anxiety disorder/SAD (Seasonal Affective Disorder).

vi. Accessibility

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 Student Health Services has gradually lost positions and support over the past few years, so that the resources to provide services other than acute medical care are minimal. The Counseling Center has also lost staffing positions over the past several years, and must focus limited resources on individuals referred for consultation. Aside from the concern for health of students, 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.

STUDENT HEALTH SERVICES

The mission of Student Health Services (SHS) is to provide accessible, affordable, quality health care to all University of Massachusetts Lowell students, with a particular focus on wellness and prevention, and to participate in the teaching/learning environment of the university, while still addressing the individual needs of a unique and diverse population. The university health service has utilized the nurse practitioner model to deliver health care, since it hired its first NP/Director in 1979.

a. Staffing

Presently the staff consists of two full-time nurse practitioners, one of whom is the Director, two half-time nurse practitioners, and one nurse practitioner/faculty member, who volunteers four hours of clinical services 2-4 times per month. Additionally, the SHS employs a consultant MD, a requirement of state law, in order for nurse practitioners to practice in Massachusetts. This physician provides no on site clinical hours, but is available for phone consultations. The nurse practitioners practice under written protocols, mutually agreed upon by the physician and the N.P.'s. Nurse practitioners are registered nurses with advanced education and training in physical assessment, disease management, and health education and typically have a minimum of a master's degree. They are capable of independently diagnosing and treating common medical problems and have full prescriptive privileges in the Commonwealth of Massachusetts. Nurse practitioners treat patients holistically and focus on engaging patients in their own care, providing extensive health education and counseling. College health is a perfect environment for nurse practitioners to practice their craft and nurse practitioners are particularly suited to work with the college age population, as they can guide students into becoming independent and educated consumers of health care.

b. Public Health

Student Health Services provides an important public health function for the university community, particularly by ensuring students' compliance with the state's mandated immunization regulations. Additionally SHS provides surveillance, prevention and treatment for communicable diseases, such as tuberculosis, influenza and chickenpox. Last year a graduate student with active Tb had to be monitored on a daily basis at SHS for 6 months to ensure compliance with his medication regime. This required a considerable amount of time and cooperation to coordinate his care with the Lowell Board of Health, but it enabled the student to remain in school and complete his semester successfully. This incident highlighted the need for someone to manage the Tb screening of our incoming students and provide all the appropriate tedious follow-up that is often necessary when an individual tests positive.

v. Utilization

Student Health Services staff also treat a large number of students with a wide variety of illnesses and injuries. Some problems are simple, many are routine, but often they are complex and very involved. These visits are frequently unpredictable and complaints that may initially seem simple, can turn out to be multifaceted and the most difficult to treat. Students' visits are reported here by academic year (AY), from July 1 to June 30 of the following year. During AY '03-04 students with 187 diagnoses and in AY '04-05, an astonishing 226 different diagnoses were treated at SHS.

The following is a comparison of the last two academic years' data. The first set of data was collected from July 1, 2003 - June 30, 2004, (AY '03-04) and the second set is July 1, 2004 - June 30, 2005, (AY '04-05).

In AY'03-04 there were 2,668 appointments made by 1,151 different students, or 13% of our student population (8,731), at Student Health Services. During AY'04-05 the SHS experienced an overall 29%

increase in appointments to 3,428, representing 1,293 students, or 15% of our population. A slight majority of our students (53-54%) had just one visit/year to Health Services. Many students have 1-5 visits per year and a small number of students (10 in '03-04 and 19 in '04-05) had 10-16 visits in a year. Only 3 students had multiple visits in AY'03-04, 20, 29, and 64 visits each. No students in AY'04-05 had more than 15 visits during the year. The two students with 20 and 29 visits were being followed closely for eating disorders and the third student with 64 visits was the previously mentioned graduate student with Tb. All 3 of these students successfully completed their academic year.

The increase in visits for AY'04-05 is directly attributed to a modest increase in staffing from the previous year. An 18-hour position for an R.N. was added to provide immunizations, Tb testing, and triage service in October 2004. Unfortunately the person had to resign in mid March 2005, (personal reasons) and the position was just backfilled in late August 2005. Additionally, the SHS hired a work study student from the undergraduate nursing program, who is a licensed practical nurse. In the interim she was able to fulfill some of the duties of the registered nurse, particularly the immunizations. Our faculty/NP was also an unexpected gift this year and the plan is to continue the collaboration in the future.

The number of patient visits tends to coincide with the academic calendar. During AY'03-04 there was an average of 280 visits per month, except for the summer months when visits dropped to about 100 visits/month and during semester break in January when approximately 150 patients were seen. In AY'04-05 there was an average of 390 visits per month, but fewer than 100 visits during July & August 2004, apparently, due to the fact that the full-time nurse practitioner had retired and there was less clinical appointment time available. In contrast, January 2005 saw an 86% increase in visits from the previous year, probably most directly related to the increased staffing available at that time.

Patient visits to the SHS are coded by diagnosis and/or type of service provided. Visits are then grouped by medical systems for simplicity and the numbers of patient visits in each category are presented in Table 3.

Table 3
Student Health Clinic by Type – 2002-2004

Type of Visits	Number	%	% Increase in past year
Student Visits for Non-Illness Reasons			
Immunizations	1067	76%	18%
Health Counseling	243	17%	-17%
First Aid	94	7%	35%
Substance Abuse	7	0%	150%
Total	1411		13%
Student Health Visits for Specific Illness			
Total Infectious/Allergic ¹	2153	49%	33%
Other Common Conditions ²	1723	39%	53%
Miscellaneous ³	536	12%	56%
Total	4412		43%

¹ EENT, respiratory, infectious, allergy;

² gyn, derm, mental health, GU, ortho

³ GI, Metab, neuro, CV, Heme, Dental

Note that for each category there was an increase in visits during AY 2004-2005 from the previous year, except in the area of Health Counseling. This may be due to the fact that this is only the second year utilizing a particular database system and the staff is still learning to become more adept in their record keeping. Since “Health Counseling” is such an integral part of every visit, the NP’s may not yet be recording this as a separate component of the visit.

By adding an RN and LPN to handle routine immunizations, first aid, and some health related telephone calls, the nurse practitioners had more time to see sick patients. Of particular interest is the fact that visits for “Mental Health AY ’04-05 had a 51% increase from the previous year. The category of “Mental Health” also moved from 6th place to 5th place in rank order.

During AY ’03-04 Immunizations accounted for the most number of visits in any one category. In AY’04-05, with the assistance of an R.N. and L.P.N. to administer immunizations, the number of immunizations provided for students increased while, with the increased nurse practitioner availability to see sick patients, EENT (Eyes, Ears, Nose, & Throat) visits became the number one reason for patient appointments. This is consistent with both the national and UML data from the NCHA survey, as to impediments to academic performance. The categories that had the largest percentage increase in visits from the previous to the current year were “Allergy”, “Cardiovascular”, and “Hematology”, all of which require the skills and expertise of a nurse practitioner. All of the staff NPs were able to increase their productivity from the previous year and were able to see more patients. The increases ranged from 0.7 – 6%.

Utilization of health services appears to be based on the accessibility and availability of care and is not necessarily contingent upon a student’s place of residence or insurance coverage. All student groups are seen (Table 4) including: undergraduate, graduate, commuters and residents, traditional college age and older, international students and those who live locally, students insured by the university’s plan, those still covered by their parent’s plan or some with MassHealth, and others unsure of their insurance coverage. This contrasts with the assumption that only resident students use health services on campus. In spite of living locally, a good number of students consistently choose to access their health care on campus. During AY ’03-04 commuters represented 55% of all visits and 52% in AY’04-05. Females in general tend to be more frequent users of health care and our students here at UMass Lowell are no exception, accounting for 51-53% of our visits while comprising 43-44%, respectively of the student population.

Table 4
Student Utilization Demographics

Category		Percent
Residence	Commuters	53%
	Residents	47%
Degree	Undergraduates	93%
	Grad students	5%
	Not registered	2%
Gender	Female	60%
	Male	40%
Campus	South campus major	60%
	North campus major	40%
Insurance	Insurance unknown	32%
	Private insurance	30%
	University insurance	25%
	Unknown classification	12%
	Both university & other insurance	1%

d. Cultural Competence in Health Care

Nurse practitioners working in college health need to be culturally competent. It is imperative to have an understanding of a patient's health beliefs and usual health practices in order to be skilled in evaluating and treating patients from multicultural backgrounds. Since international students are required to have the university's health plan and it is most cost effective for students to utilize the free health care on campus, they are heavy users of our health services. In AY'03-04 13% of our patient visits were international students, representing 38 different countries. This is approximately double the percentage (6.9%) of the international student population at UML. In AY '04-05 a more modest 9% of our visits were by international students from 24 different countries, but there was a corresponding drop in the percentage of international students on campus this year to 5.8%. One goal at SHS last year was for staff to enhance their understanding of various alternative health treatments and to develop a referral list for alternative health care providers in the area, in order to be able to guide students, as to what might be the most appropriate care that is consistent with their own health beliefs.

e. Health Insurance

Approximately one third of all UML students enroll in the university health insurance plan every year. Students with the school's health insurance plan do not pay any fee for lab specimens collected at SHS. Lab costs are covered 100%, even if the testing is ordered by an outside provider, as long as the collection is done at SHS. Insurance is not billed for any services provided at SHS, but lab specimens that are collected at our facility and then sent to an outside lab for processing, are billed to the student's insurance carrier by the lab. Students with insurance, other than the university's plan, may have a co-pay or deductible for this service. The students may still save money with this service, since Health Services does not charge a fee to collect the blood specimens.

Insurance information from students is often not collected, if no lab work is done as part of their visit to Health Services, so data are incomplete in this area. Attempts are being made to be more vigilant in capturing this insurance information at every visit, however, many students have no knowledge of their insurance coverage. Among those students whose insurance information was collected in AY'03-04, 39% had the university's insurance plan. In AY'-04-05, 43% were covered by the school's insurance. Consequently it appears that the university has provided totally free health care to approximately 60% of students seen at SHS, which amounts to a substantial savings for either the private insurers or MassHealth, the state's Medicaid plan. Whether billing outside insurers for these services would be cost-effective needs to be considered.

f. Additional Services

Not only are free office visits provided for illnesses or injuries, but students are often given a supply of over the counter medications, that are recommended as part of a treatment plan. Prescriptions must be filled at area pharmacies and students are responsible for any co-pays imposed by their insurer. Additionally, crutches and canes are loaned to students with temporary mobility problems, which often are never returned, requiring expenditures to replace. Other orthopedic aids such as ace wraps, braces, and splints, as well as ice packs and bandages are frequently supplied without charge. Over the past few years the budget for medical supplies has been limited to \$5000, which is extremely inadequate. Even with careful rationing of supplies typically those monies are exhausted by the early part of the spring semester.

In the past, charging students a nominal out-of-pocket fee to help defray the cost of some of these devices and medications was a problem, because many times students did not have the money on hand when they presented for their visits. No student was deprived of necessary treatment, due to inability to pay. A modest health fee should be considered to cover the costs of medical supplies. It would enhance the ability of the

staff at Health Services to provide care for all students and would ensure better compliance with the recommended treatment plan.

STUDENT COUNSELING CENTER

The overall goal of the Counseling Center is to provide counseling services, information, consultation and referrals to assist students with their personal and academic success, and to help them understand and do better with their own feelings, relationships, choices, decisions, and their studies.

The Counseling Center staff is committed to assisting students with the wide variety of personal difficulties and concerns that can interfere with academic success and progress. When necessary, referrals to outside specialized mental health services are also provided. There are some constraints on the number of visits available, but most students find they are able to address their concerns adequately without exceeding these. In fact, the majority of students who use the Counseling Center’s services find that they are able to clarify their feelings, concerns, and options in only one or two meetings with a counselor.

a. Staffing

- The Counseling center currently has 2.1 FTE equivalents: one Director with a doctorate, who also serves as Director of Disability Services that take up .5 FTE of his time; one full time Associate Director; and one .6 FTE counselor who also has a doctorate.
- In addition, during the academic year, the Counseling Center has 3 Masters level interns from Mental Health Counseling programs from other universities and agencies in Massachusetts. Each works 20 hrs/week, and sees 6-8 students per week on average.

b. Utilization

**Table 5
Status of Appointments 2004-2005:**

Scheduled Appointments.	n	%
Kept Appointments	1648	68
Rescheduled by Student	243	10
Rescheduled by Counseling Center	48	2
Cancelled by Student	118	5
No Show	335	14
Other	37	2

During Academic Year 04-05, 403 students have used the services of the Counseling Center for a total of 1648 visits. Our statistical year is Aug 1 to July 31. Similar numbers were seen in AY 03-04, (391 students for a total of 1591 visits).

Yearly Visit Pattern:

The average number of visits per student AY 04-05 was approximately 4, a number consistent with visits over the past five years. There is a substantial drop in number of visits during the summer months, as well as somewhat fewer during the January break

Gender Breakdown:

Similarly to the Health Services, the majority of students who visited the Counseling Center in AY 2004-2005 were female (58%)..However, in AY 2003-2004 the proportions were about equal.

Referral Patterns

On the referral sources, female and male self-referrals were about the same and higher than any other source of referrals within and outside the University (Table 6). These referral patterns have been essentially unchanged over the past four years

Table 6
Referral Patterns

Referral Source	Males	Females	Total
Self	49%	49%	49%
Faculty	17%	21%	19%
Friend	11%	14%	13%
Residence Life	5%	5%	5%
Other Administrator	6%	4%	5%
Other	12%	5%	9%

College Affiliation

It appears that students who concentrate on South (Arts and Sciences and Health and Environment) may use the counseling service proportionately more than those on North (Table 7).

Table 7
College Affiliation

College	Percent Visits	Ratio to Student Body
Arts and Sciences	64	1.3
Education	0	-
Engineering	11	0.6
Health and Environment	12	1.2
Management	10	0.6
Unknown	3	

Ethnic Breakdown

The distribution of use of counseling services by ethnicity appears consistent with the proportion and distribution of minorities on campus. (Table 8)

Table 8
Ethnic Breakdown

Ethnic Identity	Female	Male	Total
White	34.6	30.7	65.4
African American	2.3	2.1	4.4
Asian/ South East Asian	3.6	2.9	6.5
Hispanic	3.4	0.8	4.1
Native American	0.5	0.0	0.5
Other Identified	2.4	1.3	3.7
Not Identified	7.3	7.1	14.4
Total	54	45	100

Why do students use Counseling Center services?

Each year, at the first visit to the Counseling Center, students are asked to complete a Concerns Checklist. This is a way for them to identify the issues that are impacting their lives at the moment, and to indicate those that are primary to them. By reviewing all the items in the list, it also gets them to think about other life issues that may be affecting them, but are not the primary reason for their visit. Along with a discussion about their presenting concerns, a review of this checklist by their counselor enables us to identify relationships between items checked and to help formulate a plan about how best to assist them. This checklist is organized into several broad categories that cover general life issues, physical and mental health concerns, even family concerns. Most students complete a new checklist annually while some students choose not to complete this checklist. This year, we have 327 completed checklists for the 403 students who have used our services.

**UMASS LOWELL COUNSELING CENTER
– CONFIDENTIAL – Concerns Checklist:**

Please check all your concerns. Mark with (X) your most pressing concerns

<p><u>GENERAL LIFE</u> Self esteem Personal identity Adjustment to college Financial difficulties Coping with stress Managing multiple responsibilities Sleep difficulties Coping with unexpected events</p> <p><u>INTERPERSONAL SKILLS</u> Making friends Getting along with others Social skills Multicultural concerns Conflict Resolution</p> <p><u>RELATIONSHIPS (Current Concerns)</u> Relationship conflict Breaking up Improving relationships Relationship abuse / Violence: Circle: (Physical) (Sexual) (Emotional)</p> <p><u>ACADEMIC</u> Motivation Learning problems Learning disabilities Time Management Test Taking Problems Missing classes Conflict with Faculty Choosing a major Career Planning Dealing with UMass Lowell</p>	<p><u>DISCRIMINATION / HARASSMENT</u> Sexual Harassment / Stalking Taunting / Bullying Ethnic Discrimination/ Harassment Gender Discrimination/Harassment Sexual Orientation Discrimination/ Harassment Discrimination based on Disability</p> <p><u>PHYSICAL HEALTH / ILLNESS</u> Coping with illness: (self) (other) Physical Disability concerns Other health concern</p> <p><u>DISCIPLINE / LEGAL / CRIMINAL</u> Victim of crime Witness to crime UML Discipline concern / referral Other legal / criminal concern:</p> <p><u>SEXUAL</u> Sexual Identity / Gender Identity Sexual problems or concerns</p> <p><u>ADDICTION-RELATED CONCERNS</u> Alcohol concern: (self) (other) Other drug concern: (self) (other) DUI / OUI / DWI Gambling concern: (self) (other) Support with Recovery Family Alcoholism / Drug Abuse Family Gambling Problem Computer game / Internet /TV overuse</p> <p><u>EATING</u> Overeating Binging / purging Under eating Weight concerns Body Image concerns</p>	<p><u>MOOD/FEELINGS /BEHAVIOR (Current)</u> Anxiety, worries, panic Depression, sadness, apathy Grief, loss Mood swings Obsessions and / or compulsions Irrational feelings, thoughts, behavior Suicidal feelings / thoughts Suicide attempt / gesture (recent / past) Irritability () or Anger () problems Impulsive behavior Psychiatric / psychological disability Tendency to violence Self Harm / Cutting</p> <p><u>ABUSE / VIOLENCE (Circle all that apply)</u> Emotional abuse: (recent) (past) Sexual abuse: (recent) (past) Sexual assault: (recent) (past) Rape: (recent) (past) Physical abuse: (recent) (past) Threat / Assault: (recent) (past)</p> <p><u>FAMILY</u> Parental conflict / divorce / separation Conflict with parent Family financial difficulty Removal by parent Family Violence Sibling concerns Marital concerns (including sep/div) Child concerns</p> <p><u>OTHER:</u> Specify: _____</p>
---	--	--

The proportionate distribution of concerns was reasonably stable over the past five years so the data were averaged and examined to identify the leading concerns that students identified when completing the check list. The top 10 general categories checked are listed in Table 9 as “All Listed Concerns”. Students are also asked to identify the most important concern or the specific concern that brought them to seek counseling. These are identified as “Major Concern”.

Table 9
Categories of Concerns

Major Concern	(%)	All Listed Concerns	(%)
Mood, Feelings, Behavior	35	General Life	78
General Life	34	Mood, Feelings, Behavior	74
Academic	23	Academic	59
On Medication or Med Recommended	21	Relationships	34
Suicidal Ideation or Gesture	14	Family Concerns	32
Physical or Emotional Abuse	14	Interpersonal Skills	27
Relationships	13	Eating Concerns	27
Family Concerns	11	Physical Illness/ Health	20
Sexual Abuse / Assault / Rape	10	Abuse, Violence	19
Interpersonal Skills	8	Alcohol, Drugs, Gambling	15

During each visit the counselor determines what is the most important feature of the student’s request for counseling. Information is gathered that supplements that identified as the student’s major concern.

c. Outreach / Education Activities

The Counseling Center provides two kinds of informational outreach services – printed brochures and broadsheets, and web-based information. Brochures produced commercially and purchased for distribution and brochures produced in-house are provided in racks outside the Counseling Center and in the Residence Halls. Extensive information on mental health concerns is available on the Counseling Center web, along with links to information at many other university counseling sites and reliable mental health information sites. (See <http://www.uml.edu/student-services/counseling>)

In addition, Center staff provides workshops within the Residence Halls each semester. Over many years, our ability to provide this important health education outreach through workshops and programs has been curtailed because of the increased time necessary for individual counseling services and a reduction in staff.

The Counseling Center has also produced and distributed to Faculty a 20-page document titled “Assisting Persons with Behavioral Problems: Responding to Distressed or Disruptive Students”, which is also available on the Counseling Center section of the UML Web.

Through a generous donation, we are able to provide web-based screening instruments from Screening for Mental Health, as well as offering these screenings in person through National Depression Screening Day,

National Alcohol Screening Day, National Eating Disorders Screening Day, National Anxiety Screening day. Many of our students take advantage of these screenings and seek appropriate help as a result.

We also participate in training for Residence Life staff and CLASS staff. We have in the past offered to make classroom presentations about mental health issues, but no longer make this general offer to faculty because of reduced staff availability. However, we continue to respond to all specific faculty requests for such presentations.

d. Mental Health Concerns on US Campuses

Our center has experienced over the years an increase in the number of students with significant mental health issues requiring our services. Because of better mental health treatment options and medications, many students who previously would not have been able to attend college are now able to do so. This phenomenon has been given national attention in the past few years. [refs]

e. Academic Impact – Health Events – Mental Health

The committee has reviewed two sets of data that summarize student perceptions of the academic impact of various health events – the NCHA survey (UML data for 2001-03), and the Counseling Center Checklist data. The six top issues that affected academic performance (See Table 1) were Stress (38%), Sleep Difficulties (34%), Cold/Flu/Sore Throat (34%), and Concern for troubled friend/family member (29%), Relationship Difficulty (25%) and Depression/anxiety disorder/Seasonal Affective Disorder (21%).

Relationships were also examined between Academic Concerns and concerns noted on the Counseling Center Checklist. For example, of those with Academic Concerns, 83% had General Life Concerns 78% had Problems with Mood, 35% had Interpersonal Concerns, 34% had Relationship difficulties, 32% had Eating Concerns and 32% had Physical Illness Concerns. Among these general concerns, however, the counselors were able to identify some priority targets for attention (Table 10).

**Table 10
Priority Concerns for Those with Self-Assessed Academic Concerns**

Concerns Grouped by Type	(%)
Stress	54
Sleep	35
Unexpected Events	25
Admin Withdrawal	22
Total with Suicidal Ideation or Gesture	18
On Medication	18
Total with Physical or Emotional Abuse	13
Total with Sexual Concerns	7
Medications Recommended	4
UML Discipline	3

Analyses of data over the past 5 years show the relationship between Stress, Sleep, Coping with Unexpected Events, General Life, and Mood Concerns with other concerns identified by students. The Counseling Center staff have completed these analyses which are available on request. These charts identify the percentage of other concerns identified by all those identifying the particular category of the chart as a concern. Each shows the significant academic impact of the particular identified concern.

The NCHA and CC data both show the impact of difficulties with life management and emotional stability on academic performance.

f. Depression and Suicidality Concerns

It is also our professional concern, as health and mental health care providers, that we address issues of depression and suicidality and provide appropriate professional intervention when possible with students experiencing these difficulties. During this year the Counseling Center has worked with 45 students (14.9% of the students we have seen) with some degree of suicidal concern, several of whom have been hospitalized at least for a short time during the semester.

Unfortunately, we had 2 deaths by suicide early in the fall of 2004, one by a graduate student who had withdrawn from school near the beginning of the semester, and who was known to both the Student Health Service and the Counseling Center. Reports, just a week before the student's death, were that he was with his family and doing well and continuing in treatment. The second was a student who was enrolled the previous semester, but not that current year, whose death came immediately after being released from the hospital. Several fraternity brothers had in fact been instrumental in having him hospitalized – showing a high level of caring and responsibility by these students. These students were further supported and monitored by the Counseling Center to assist them in dealing with this tragedy, including several visits with the whole fraternity group.

- Because of the impact of these situations on other student friends, residents in residence halls, and family, there is a lot of very important work to be done to minimize the possible negative effects of these situations and to assist residence hall staff and others in the community in addressing these issues. They also require significant coordination with family, hospitals, and outside professionals involved, and with faculty regarding academic adjustments that need to be made. We also have to provide increased contact with and monitoring of these students when they return to campus, which most are able to do successfully, often after only a brief period of absence.
- The 2000 National College Health Assessment (16,000 students, 20 public and 8 private colleges around the US) reported that:
 - 9.4% Seriously considered suicide
 - 93% Of students felt overwhelmed
 - 44.5% Felt so depressed, hard to function
 - 65% Of students report feeling hopeless

The UML NCHA (2003) reported on UML students who experienced specific symptoms of Depression eleven or more times during the school year (Table 11)

Table 11
Percent of UML Students Reporting Each Symptom of Depression Occurred 11 or more Times in Last School Year by Survey Year (Q40)

Symptom of Depression	Percent Reported		
	2001 (n=281)	2002 (n=341)	2003 (n=151)
Felt overwhelmed by all you had to do	29	23	31 (60)†
Felt exhausted (not from physical activity)	27	21	34 (55)
Felt things were hopeless	13	13	15 (55)
Felt very sad	17	15	9 (68)
Felt so depressed that it was difficult to function	7	9	12 (40)
Seriously considered attempting suicide	1	<1	1 (11)
Attempted suicide	0	0	0 (1)

† = number in parentheses is percent responded the symptom occurred 1-10 times in survey year

While the above table identifies students reporting more than 11 occurrences, it is instructive to note the frequency of 1-10 times as noted in 2003 data. For example, 11% of students seriously considered suicide 1-10 times during the 2003 year. Seventy-three percent (73%) of students using the CC this academic year reported problems with mood. Of these, 68% were having academic concerns. Many of these students need to use medication to assist them with these difficulties.

PEER COMPARISONS

a. Health Services

- A brief comparison study of UMass Lowell's Student Health Services with eight of our peer institutions was conducted in January 2005 (Table 12). The data for UMass Lowell was taken from fiscal year July 1, 2003 – June 30, 2004. The areas selected for comparison were student population, total number of annual patient visits, hours of operation, and total number of full-time equivalent (FTE) clinicians. Clinician is defined as either a physician, nurse practitioner, or physician assistant. Physician assistants are considered mid-level practitioners, masters prepared, with prescriptive authority similar to a nurse practitioner. The next category was an actual headcount breakdown of each clinician category, then we asked for numbers of registered nurses, licensed practical nurses, and other types of health care personnel i.e., pharmacists, x-ray technicians, dieticians, nutritionists, physical therapists, etc. Additionally the comparison data included funding sources; specifically, a university imposed health fee, fee for service, or whether a student's health insurance was billed. Lastly a question was asked about what specialty services were provided on campus.
- While a sincere effort was made to obtain exact data from each institution, this study had several limitations that hindered drawing accurate comparisons. Much of the information was gathered through phone or email contact with colleagues from the other Health Services, but in one instance where there was no personal contact, the information was obtained from the university's web page. In reporting some of the answers there may have been some discrepancies as to how each university categorized a "visit" or how they counted their student population.
- In regards to student population, UML was closest in size to UMaine Orono. We did not count our own continuing education students, as they are not eligible for Health Services at UML, but it is unknown if the figures from the other campuses included continuing education students or not. In the category of annual visits, UML was significantly lower than all the other campuses. This can most likely be attributed to staff size and hours of operation, since the other campuses also had larger staffs. The general rule of thumb on a "typical" campus is that one can expect 1.0 – 1.5% of the student body to visit Health Services on any given day. An urban, primarily commuter school, such as UML, may see as few as 0.5%. This would translate to roughly 44 patient visits per day and given our staffing limitations and hours of operation, we have approximately half of those appointment slots available on a daily basis.
- If one looks at hours of operation, two universities offer Saturday morning hours. One school, URI, has both Saturday and Sunday hours during the academic year, as well as extended evening hours, but offers no clinical services during the summer. Five schools have very similar hours of operation as UMass Lowell.
- There were some significant differences apparent in the numbers of personnel reported (Figures 1 and 2). Data were not available from five schools on the FTE number of clinicians. Of those schools that did report, two had 5 and one had 7 clinicians. Note UML has only 1.8 FTE clinicians devoted to patient visits. There was a glaring inequity in numbers of physicians. Other campuses had from 1–8 MD's on staff, even though many may only be contracted for a few hours/week. The number of mid-level practitioners (NP & PA) ranged from 1–6, with a mean of 2.7. Calculating a health care provider (MD, NP, or PA) to student population ratio may provide a clearer picture of staffing patterns. The following numbers indicate UML's ratio is second only to the Univ. of Louisiana's low of 1:8280 (as determined from the website only). Important to note also is that five of the surveyed schools have considerable nursing support staff (RN, LPN, Nursing or Medical

Assistants) that can relieve a great deal of the burden for physicians, NP's and PA's, so that the clinicians can see more patients in less time. All of the other universities provide a variety of specialty services, such as physical therapy, pharmacy, x-ray, nutrition counseling, IV therapy, minor surgical procedures, and/or specialist appointments with dermatology, psychiatry, orthopedics being common. Undoubtedly these account for a good number of the annual visits. Since UML does not provide any specialty services and only offers routine immunizations and lab services in addition to sick visits, then invariably our numbers are significantly lower than other campuses.

- A review of the American College Health Association's College Health and Staffing Survey Report 2003 – 2004 reveals glaring inequities in UML's professional health staffing compared to other institutions of higher education (Table 13).
- In the area of funding, six of the nine universities charge a health fee, and six bill insurance for at least some of their services. Virtually all charge some fees for service with Lowell only charging for immunizations.

Figure 1
Number of Clinical Staff

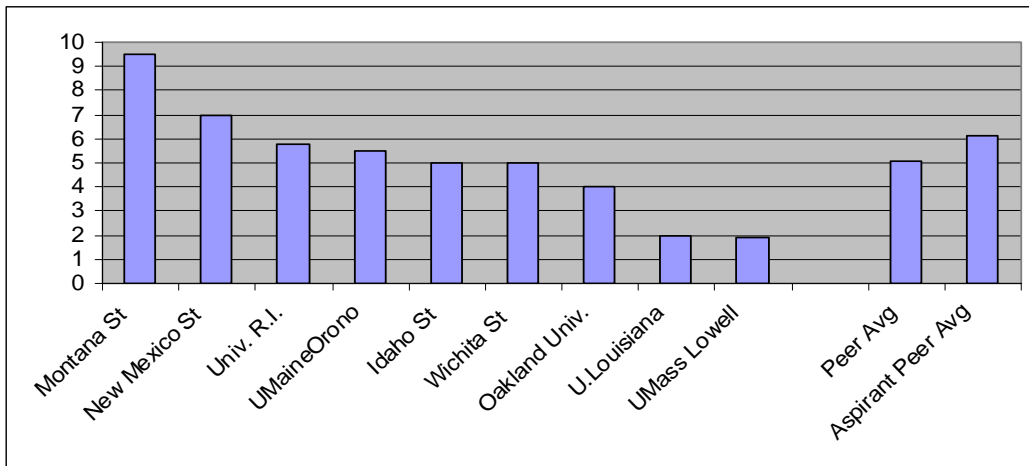
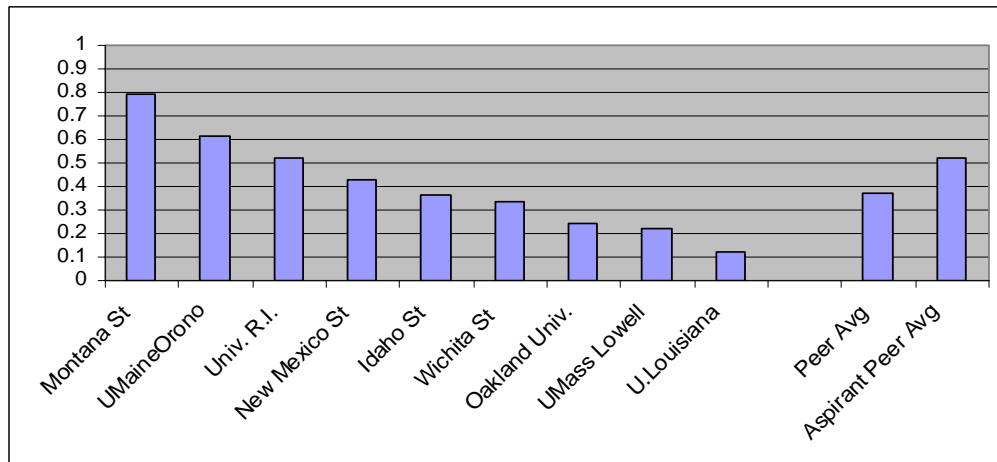


Figure 2
FTE Clinical Staff per 1000 FTE Students



b. Counseling Center

Data from the UML Counseling Center were compared to data from eight of our peer institutions for the AY 2003/2004 (Table 14). The areas selected for comparison were: full-time student population; total clinical FTE; full-time staff; total interns; hours of operation and general services. The institutions include three aspirant peers, University of Maine at Orono, New Mexico State University (main campus), and the University of Rhode Island; of the three, only Maine has a population close to the FTE students at UML—9000 to our 8700 for AY 03'04. Data from the charts are not always comparable, as they are reported from staff, websites, and even one from a different year—02-03. Yet, there are enough similar data to gain some perspective on the difference in our staff, student visits, and to indicate that we are not adequately servicing our student population (see Figures 3-7). The International Association of Counseling Services (the primary accrediting body for the University and College Counseling Services) recommends a staff/student FTE ratio of between 1:100 and 1:1500.

Here are some comparison data from our peer institutions to demonstrate our need. In this description, our 5 peer institutions are compared together, but separate from our 3 aspirant peers, all without UML data which are also described separately:

- Our peers have an average FTE of 13, 815 students, our aspirant peers average 12,196 FTE students;
- Our peers average a FTE clinical staff, (including PhDs, Master's staff and full-time interns) of 9.18 FTE, while UML has 3.1 FTE; our closest in FTE students, University of Maine at Orono has 9 FTE clinical staff (Figure 3);
- Staff to student ratio is highest at UML 1: 2800 versus 1:1674 among our peers, and 1:1115 among our aspirant peers (Figure 7).
- Five of our peer institutions are open either in the evening, or one week-end day, while the others have similar week day hours of operation like ours;
- All peer institutions offer general counseling to individuals, couples, marriage, crisis, outreach education, but three also offer services to spouses and family members;
- UML's annual student visits were 2, 214 for AY 03-04 with 3.1 clinical staff; and our peers visits ranged from a high of 4500 at Wichita State with 6 FTE clinical staff, to mid-range of 3829 at New Mexico State University with a FTE of 7 clinical staff, and 2685 at University of Maine Orono with 9 FTE clinical staff. Five of the eight offer psychological consultations with a psychologist, the majority without a fee;

Figure 3
FTE Counseling Staff

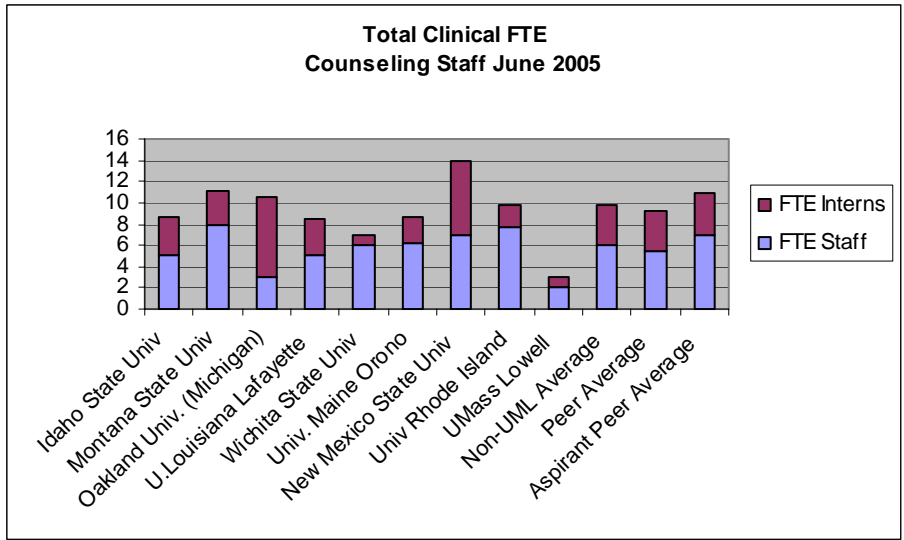


Figure 4
FTE Comparison Counseling Staff

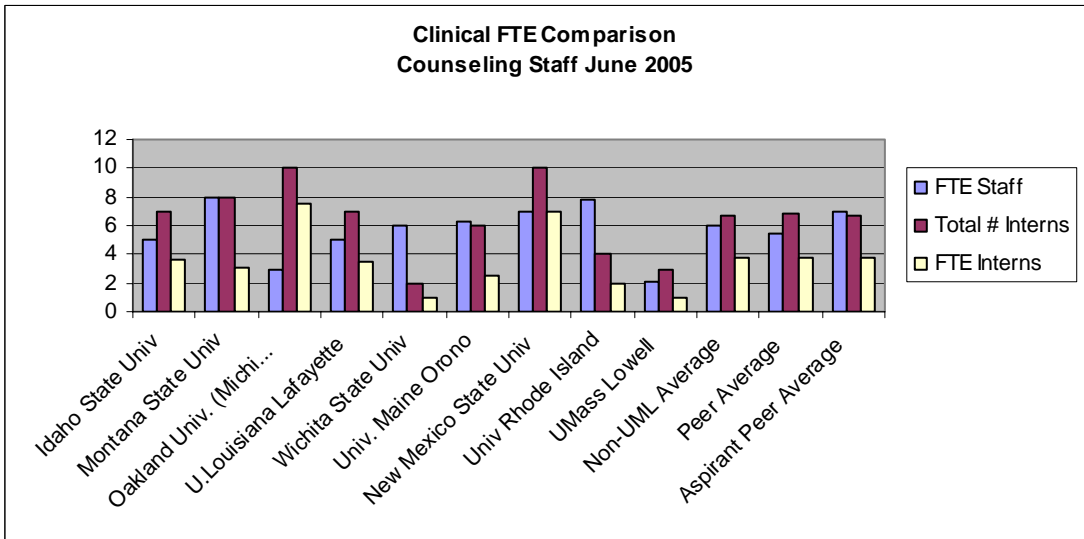


Figure 5
FTE Students per Clinical Counseling FTE

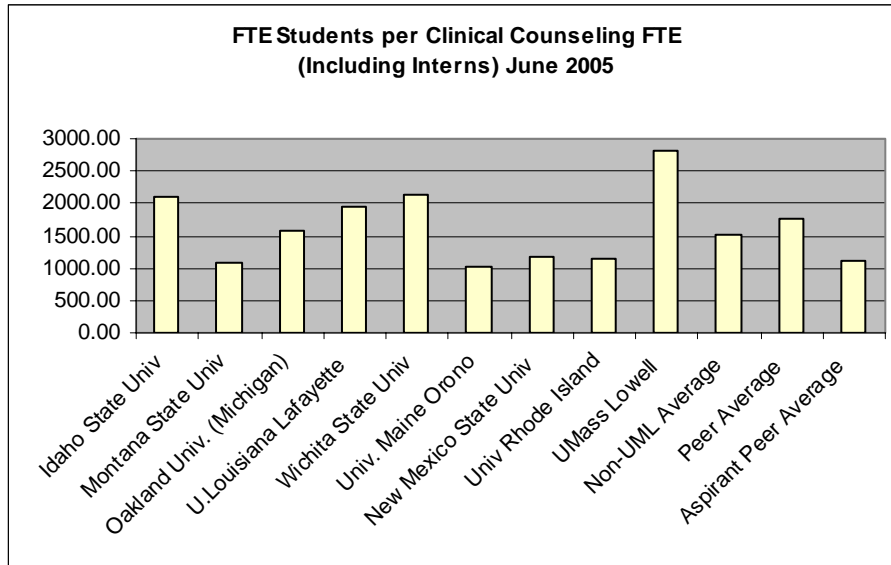


Figure 6
FTE Students per Counseling Staff FTE

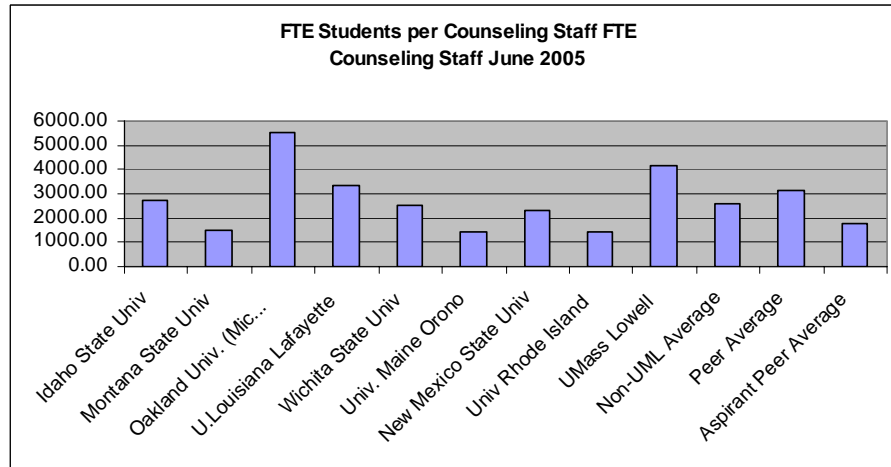


Figure 7
FTE Counseling Staff per 1,000 FTE Students

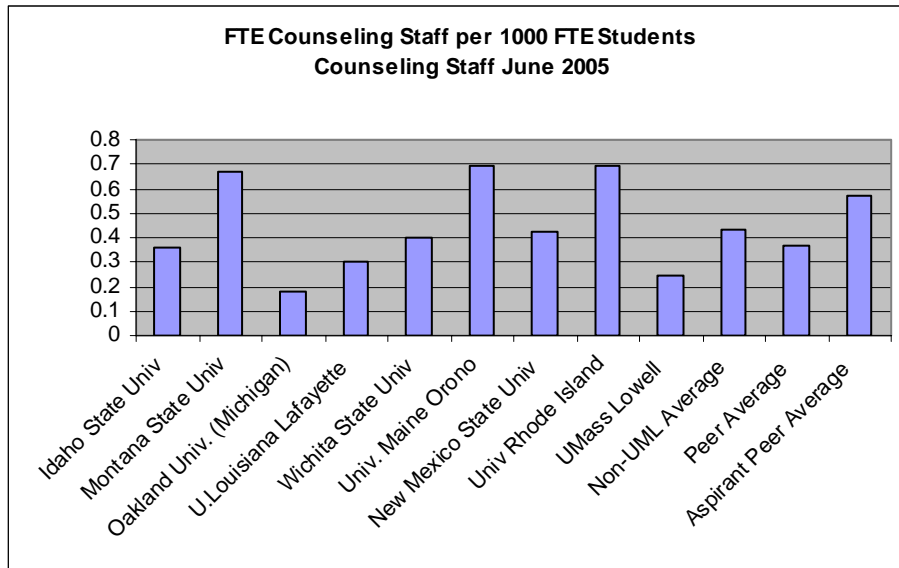


Table 12 Comparison of Student Health at Peer Institutions

Institution	UMass Lowell	UML Peer Institutions					UML Aspirant Peers		
		Idaho State University	Montana State Univ	Oakland Univ MI	Univ of Louisiana Lafayette	Wichita State Univ	Univ Maine Orono	New Mexico State Univ	Univ. Rhode Island
Students	8,700	13,802	12,000	16,576	16,561	15,000	9,000	16,428	11,160 FT
Visits/Yr	2,668 (03-4) 1,825 (04-5)	20,000	30,000	N.A.	N.A.	15,000	14,000	28,200	20,000
Hours	8-4:30 M-F all yr	Similar	Similar + Sat Acad Yr	Similar	Similar Acad Yr + Summer 4 hrs	Similar	Similar + MD/ambulance on call nights	Similar + Sat Acad Yr	Similar + Eve/Sua/Hol - Acad Yr
Clinical/FTE	2.8 (1 Director)	5	N.A.	N.A.	N.A.	5	N.A.	7	N.A.
M.D.	0	3	6	2	1.0	5 †	8	5	3.7
N.P.	1.9	1	2.5	2	1.0	6	2	2	1.4
P.A.	0	3	1		0.0	0	1		0
RN/LPN	1/2 RN (new)	3RN/ 2LPN	3RN/ 1LPN	0	2 RN/ 3LPN	3 RN	0		7 RN/ 2LPN
Other	None	1 Pharm 1 x-ray tec		2 Med.Asst.	1 Nsg. Asst.	1 Psychi, Derm, Diet.	3 AT,1 Pharm 6 Hlth Ed 1 Psych PT/ Ophthal 2d/wk; Pod/Ortho/Gyn q2wks	1 Psychiatrist	Nurse Spec, .7Clin Psych,
Health Fee	0	\$55/sem	\$59/sem	0	0 (if <6 credits)	\$1.75/cred hr; \$5 NoShow/ Late Fee	0	\$61/sem	\$229/sem
Institution	UMass Lowell	UML Peer Institutions					UML Aspirant Peers		
		Idaho State University	Montana State Univ	Oakland Univ MI	Univ of Louisiana Lafayette	Wichita State Univ	Univ Maine Orono	New Mexico State Univ	Univ. Rhode Island
Fee for Serv	\$15/immun	\$20/visit for Part-time or family	Fee for lab, x-ray, pharm	\$30/visit average \$50/visit urgent care	Yes \$80/meningitis	Lab \$5 >cost; Pharm \$2.5 >cost	\$20/visit Lab \$14-28	Lab, x-ray, procedures, pharm - small fee	Lab & xray (U&C) co-pay pharm
Bill Insurance	No	Yes	Yes to stud plan	Yes to stud pln	N.A.	N.A.	Some	By Req.	Yes -not pharm
Special Services	Women's Health, Immunizations	Healthy lifestyle & nutrition counseling Spirometry EKG Colposcopy LEEP Minor surgery Ortho clinic IV therapy Acupuncture Light therapy Event monitor Sigmoidoscopy	Lab X-ray pharmacy nutrition	Allergy shots Nutrition Physicals Smoke cessation Immunization phone line	Physicals Lab Tb test Allergy shots IV or Nebuliz, treatment X-ray, Pharmacy meningitis immuniz (\$80)	Travel Immuniz. Allergy shots HIV test/counts Men's Health Nutrition/Weight Control Dermatology ENT	Lab X-ray Pharm AT PT Rehab Colposcopy	Nutritionist, Dermatology Psychiatry	Weekly: Internist, Ortho, Psych Gyn Monthly: General Surgery Dermatology

† Five staff are Internal Medicine, ENT, 3 gynecologists

Table 13 Survey of College Student Health Service Staffing Levels

Staff Position	Group	N	Minimum		25th Pct.		Median		75th Pct.		Maximum		Mean	
			H/C	FTE	H/C	FTE	H/C	FTE	H/C	FTE	H/C	FTE	H/C	FTE
Primary Care MD	Carnegie	23	1	0.2	1	1.0	3	1.8	5	3.8	11	8.2	3.2	2.5
	UG	38	1	0.1	1	0.7	2	1.2	4	2.1	13	8.6	3.1	1.9
	G	63	1	0.1	2	1.4	4	3.2	6	4.8	12	8.2	4.4	3.3
NP Primary Care	Carnegie	22	1	0.7	1	1.0	3	1.9	4	2.5	12	7.6	3.1	2.1
	UG	34	1	0.1	1	0.9	2	1.8	4	2.5	8	7.2	2.7	1.8
	G	53	1	0.1	2	1.1	3	2.0	4	3.0	13	9.5	3.5	2.6
PA Primary Care	Carnegie	22	1	0.5	1	0.7	2	0.9	3	2.6	3	2.8	1.8	1.4
	UG	34	0	0.2	1	0.7	1	1.1	3	2.1	3	2.5	1.7	1.3
	G	53	0	0.2	1	0.7	1	0.8	2	1.6	3	3.0	1.5	1.2
Gyn MD Woman's Hlth	Carnegie	3	1	0.0	1	0.0	1	0.1	1	0.1	1	0.1	1.0	0.1
	UG	5	1	0.0	1	0.1	1	0.2	2	0.8	2	1.0	1.4	0.4
	G	16	1	0.0	1	0.1	1	0.6	1	1.0	2	1.0	1.1	0.6
NP Gyn	Carnegie	6	1	0.1	1	0.6	1	0.9	2	1.5	2	1.8	1.4	1.0
	UG	12	1	0.1	1	0.5	1	0.9	2	1.6	3	2.5	1.5	1.0
	G	24	1	0.1	1	0.8	2	1.0	2	1.8	3	3.0	1.7	1.2
PA Gyn	Carnegie	0	-	-	-	-	-	-	-	-	-	-	-	-
	UG	0	-	-	-	-	-	-	-	-	-	-	-	-
	G	1	1	0.8	1	0.8	1	0.8	1	0.8	1	0.8	0.8	0.8
RN	Carnegie	24	1	1.0	3	2.3	4	3.6	6	4.8	13	8.9	4.8	3.7
	UG	42	1	0.1	2	1.6	4	2.3	7	4.2	19	8.9	4.9	3.2
	G	66	1	0.5	3	2.6	5	4.0	9	6.1	20	15.5	6.4	4.8
LPN	Carnegie	9	1	0.8	1	1.0	2	1.5	3	3.1	7	6.0	2.6	2.2
	UG	11	1	0.2	1	1.0	2	1.0	3	1.8	3	3.0	1.8	1.4
	G	32	1	0.5	2	1.0	2	1.9	4	3.7	12	2.6	3.2	2.7
Cert Med Asst	Carnegie	10	1	0.7	1	0.8	2	1.0	5	4.0	13	10.5	3.7	2.9
	UG	9	1	0.7	1	0.9	2	1.2	4	3.5	10	6.0	2.9	2.2
	G	22	1	0.4	1	1.0	2	1.4	4	3.3	17	13.8	3.7	3.0
C.N.A.	Carnegie	2	1	0.8	1	0.8	2	1.3	3	3.0	3	3.0	2.0	1.9
	UG	3	2	1.5	2	1.5	2	1.7	2	2.0	2	2.0	2.0	1.7
	G	8	1	0.8	1	0.9	2	1.3	3	2.7	6	5.5	2.1	1.9
NA	Carnegie	4	1	0.6	1	0.6	2	1.4	4	2.2	5	2.2	2.3	1.4
	UG	4	1	0.6	1	0.6	2	1.4	4	2.2	5	2.2	2.3	1.4
	G	12	1	0.8	1	1.0	2	1.5	3	2.1	5	3.5	2.0	1.6
PT	Carnegie	1	2	0.3	0	0.3	0	0.3	0	0.3	0	0.3	0.3	0.3
	UG	1	2	1.5	2	1.5	2	1.5	2	1.5	2	1.5	1.5	1.5
	G	14	1	0.2	1	0.5	2	1.0	3	2.0	8	4.5	2.5	1.4
AT	Carnegie	0	-	-	-	-	-	-	-	-	-	-	-	-
	UG	1	1	0.1	1	0.1	5	3.8	8	7.5	8	7.5	4.5	3.8
	G	2	1	0.5	1	0.7	2	1.0	2	1.2	3	2.0	1.7	1.1
Medical Records Tech/Clerk	Carnegie	13	1	0.9	2	2.0	3	3.0	0	5.3	11	7.2	2.0	1.7
	UG	23	1	0.8	1	1.0	2	1.8	3	3.0	11	7.2	2.6	2.1
	G	42	1	0.5	2	1.8	4	4.0	7	6.6	16	13.2	4.9	4.4
HE (BA)	Carnegie	5	1	0.5	1	0.7	1	1.0	2	1.5	2	2.0	1.3	1.1
	UG	9	1	0.6	1	0.7	1	9.2	1	1.0	2	1.6	1.1	0.9

Staff Position	Group	N	Minimum		25th Pct.		Median		75th Pct.		Maximum		Mean	
			H/C	FTE	H/C	FTE	H/C	FTE	H/C	FTE	H/C	FTE	H/C	FTE
HE (MA, PhD)	G	21	1	0.4	1	0.6	1	1.0	2	1.3	4	3.8	1.3	1.1
	Carnegie	11	1	0.9	1	1.0	2	1.7	2	3.0	4	3.6	1.8	1.8
	UG	19	1	0.1	1	0.8	1	1.0	1	1.0	4	4.0	1.3	1.4
	G	38	1	0.1	1	1.0	2	2.0	3	3.0	6	5.9	2.3	2.2
Dietitian/ Nutritionist	Carnegie	6	1	0.1	1	0.2	1	0.3	1	0.6	2	0.9	1.2	0.4
	UG	13	1	0.1	1	0.2	1	0.3	2	0.6	2	1.0	1.2	0.4
	G	25	1	0.1	1	0.2	1	0.3	1	0.6	2	1.0	1.2	0.4
MD Psychiatry	Carnegie	8	1	0.1	1	0.1	1	0.3	2	0.5	2	0.8	1.3	0.4
	UG	8	1	0.1	1	0.1	2	1.0	4	5.0	5	2.9	2.1	1.1
	G	25	1	0.1	1	0.3	1	0.2	3	1.5	8	3.6	2.0	1.0
PhD Psychology	Carnegie	7	1	1.1	3	2.2	4	4.1	6	5.2	7	5.5	4.1	3.7
	UG	12	1	0.7	1	1.0	3	2.9	5	5.2	16	12.0	3.7	3.6
	G	22	1	0.1	2	1.7	5	4.3	5	5.5	10	9.3	4.4	4.1
MSW	Carnegie	3	1	0.8	1	0.8	1	0.8	1	1.0	1	1.0	1.0	0.8
	UG	6	1	0.8	1	0.8	1	1.0	3	1.8	4	2.8	1.7	1.3
	G	15	1	0.2	1	1.0	2	1.5	4	3.5	9	7.0	2.7	2.2
NP Mental Health	Carnegie	1	1	0.8	1	0.8	1	0.8	1	0.8	1	0.8	0.8	0.8
	UG	2	1	0.2	1	0.2	2	0.7	2	1.2	2	1.2	1.5	0.7
	G	6	1	0.2	1	0.2	1	0.6	1	0.8	2	0.9	1.2	0.5
Counselor - M.H.	Carnegie	3	1	0.8	1	0.8	5	2.4	5	3.0	5	3.0	3.7	2.1
	UG	9	1	0.4	1	0.9	2	1.5	5	3.2	7	6.1	3.1	2.2
	G	7	1	0.4	1	0.5	1	1.0	5	2.4	5	3.0	2.3	1.5
APA Intern	Carnegie	3	2	1.0	2	1.0	3	3.0	7	5.8	7	5.8	4.0	3.3
	UG	4	1	0.2	2	0.4	3	1.0	4	1.4	4	1.5	2.6	1.0
	G	12	1	0.8	2	1.3	3	3.0	3	3.0	2	5.8	3.1	2.7

Table 14 Comparison of Counseling Services at Peer Institutions

Institution	UMass Lowell	UML Peer Institutions - List of Differences					UML Aspirant Peers		
		Idaho State University	Montana State Univ	Oakland Univ MI	Univ of Louisiana Lafayette	Wichita State Univ	Univ Maine Orono	New Mexico State Univ	Univ. Rhode Island
Annual Visits	2,214 (2003-4)	2,685	NA	4,200	1,435	4500 (estimated)	2,700 (2002-03)	3,829 (2003-04)	NA
Hours of Operation	8-5:00 M-F all yr	Similar Acad Yr + 2 evenings/wk - Summer 4 hrs/day	Similar + Sat Acad Yr	Similar	Similar	Similar + 1 eve/wk	Similar	Similar + eve with spec appt	Similar + extra 1 d/wk
Clinical/FTE	3/2.1	5 †	8	3	5	6	7/6.25	7	8/7.75
PhD	1.1	4	6 FT 2 PT	3	1	6	6	3 FT 2 PT	6
MSW	0		0		5		1		1
Lic. MH Counselor	1	1	1					2	0.75
Interns	3 Masters	5 Masters 2 Post-Doc	3 pre-doc 5 Masters	10 MA + PhD	7.0	2 Pre-doc	3 Masters 3 Pre-doc	Pre-doc Pract 5-6; Interns 3-4	3 masters 1 Post-doc
Psych Consult	No	thru SHS MD w/ PsychMD consult	No	Asses (\$50) F-up (\$20)	No	Yes Psych MD (2x/mo)	Yes (2x/mo)	Yes thru SHS Acad Yr	Thru SHS
Prescribe Meds	SHS		SHS	Yes	?	Psych MD + SHS	Psych MD	Psych MD + Fam Pract	SHS
Fee for Service	No	No	No	\$12/session if >6	No	\$8/session	Only Psych MD consult	Only Psych MD consult	No
Eligibility	Student	Student + Spouse	Student	Students Faculty Staff Community	Student	Students and Family	Students	Students	Students
Session Limit	No	No		No	NO	NO	NO	30-40 for time on campus	~ 1/sem
Special Services	Individuals, couples, crisis, consult, outreach, education	Individual couples group outreach ed crisis consult programs workshops Standardized testing (ACT, GED, GRE, TOFEL, etc.)	Individual couples family group, biofeedback sports psych psychiatric assessment Testing: (personality, intellectual)	Individual marriage couple family consult outreach career counseling & testing Testing: (psych & psychoed (LD) Sub Abuse (state lic program) eval, treatment prevention	Individual couples group family crisis outreach & consultation Testing: (provides info for standardized test)	Individual marriage family groups crisis consult outreach education Testing: psych, career, LD (w/disability services), academic make-up tests	Individual couples group outreach and programming crisis & emergency consult Testing career & psych	Individual marriage couple group biofeedback, Career crisis outreach consult	Individual group crisis consult outreach education

† Plus Director with no clinical hours

c. Health Education- Analysis of Peer Institutions

Several peer institutions were assessed for the variety of health promotion activities and services they provide to students. Two of our peer institutions, Montana State University, and the University of New Mexico, have well organized health education efforts on campus. Montana State has, by far, the most comprehensive Health Education services offered to students. A Director of Health Promotion was in charge of all health education and promotion activities conducted on campus.

Programs and activities consistently conducted by peer institutions include;

- ✓ Robust alcohol and other drug prevention programs.
- ✓ A wellness Center integrated into both the University Health Services, as well as the College of Health Professions.
- ✓ Peer health education
- ✓ Interactive online tools for assessing diet
- ✓ Extensive online health resources
- ✓ Coordinated health and wellness programs in a variety of topic areas, such as sexual health and nutrition.
- ✓ Utilize Student Health Advisory Councils comprised of students, faculty, and staff of the University.
- ✓ Health research internships coordinated through the Health Promotion Department of the College of Health professions.
- ✓ Campus-wide screening of blood pressure and cholesterol.

Among our aspirant peers, some unique offerings exist in addition to the basic services available at peer institutions. These include the HOT (Health Oriented Themes) Projects Initiative at the University of New Mexico. These are grant funded research projects conducted by students in various areas of health on campus and in the community. The initiative clearly is honing the research skills of students, as well as impacting the health of the campus and the community at large. Also of interest, the University of Rhode Island offers hypnosis as a smoking cessation treatment and employs two full time health educators and one nutritionist.

Health Education at UML

The majority of health promotion activities offered on campus is facilitated through the Campus Recreation Center (CRC) and is heavily focused on fitness. In some cases, a fee is associated with participation in activities offered by the CRC. There is also a Wellness Resource Center that provides personal training, nutritional counseling, and massage therapy. The CRC has also sponsored numerous nutrition workshops in partnership with the School of Health and Environment's Center of Health and Disease Research.

In addition to the offerings of the CRC, intermittent health promotion programs occur on campus, including those sponsored by the Athletic Department designed to contribute to a healthier lifestyle among the student-athletes at UML. Usually led by the head athletic trainer, topics such as nutrition, hydration, alcohol use and performance enhancing drugs are presented and discussed with athletes during the fall and spring terms.

Speaker's series featuring athletes who have overcome health-related issues such as drug abuse, violence and rape are also part of the athletic program. Another important educational activity is offered through a course entitled "Life Skills", taught by the Senior Associate Athletic Director. This class targets new, first year athletes and is one created by the National Collegiate Athletic Association (NCAA) with a focus on health, nutrition and community involvement.

Other campus presentations are conducted in the first year residence halls by senior health education students. Topics range from sleep deprivation and academics, and eating disorders, to avoiding the freshman 15 and skin care. The residence life staff is integral in selecting appropriate workshop topics for the first year students. The senior Health Education students are required to facilitate these programs through a course in the curriculum entitled Communication Techniques in Health Promotion.

Additionally the nurse practitioners from SHS typically provide at least one health education program per semester. These are often conducted in collaboration with staff from the CRC, Residence Life, or senior student interns from the Health Education program. Past programs have included topics such as: "Healthy Spring Break", "Staying Well at UML", "UML Finals Week Survivor: The Ultimate Challenge", and a very popular "Sex in the Lounge".

The renewed Alcohol and Other Drug Task Force has been active again on campus beginning the Fall '05, and has been meeting to discuss proactive, health promoting activities to sponsor on campus, regarding alcohol use and misuse. Recently, a grant proposal, the "No Regrets" campaign was funded by the Governor's Highway Safety Bureau with matching funds from the Dean of Students, to address alcohol issues among first-year students. The proposal takes a socio-ecologic approach in addressing alcohol issues with first year residence hall students. The initiative has components that involve students, parents, the university, and the business community, but was only funded for one term.

In conclusion, the Health Education services provided at UML are fractured and inconsistent. Aside from the well coordinated fitness programs at the CRC, the campus is in desperate need of coordinated health promotion programming. Minimally, we should have in place the basic health education services offered by two of our peer institutions. In addition, numerous opportunities exist for increased health education and research on campus by more fully engaging students studying in the University's School of Health and Environment.

RECOMMENDATIONS

Our initial recommendations are guided by our review of NCHA survey data and the corroborating data from our campus services. We have concluded that greater access to health services and education about health issues are critical for our students' participation in addressing and preventing problems while matriculating at UML. In addition, improved and expanded outreach to faculty and staff in the UML community can have an even greater impact on students' performance through a more informed understanding of health issues that manifest in classrooms or in the general university environment. Increased understanding of the issues can be expected to influence referrals and thus prevention of or addressing incidents that can often severely impair academic performance and students' personal lives.

Our primary recommendations are those related to health concerns that are impediments to students' Academic Performance. Our recommendations have been organized into four categories:

- 1) A Standing Committee on Student Health
- 2) Ongoing assessment of student health,
- 3) Adequate student health services and related resources,
- 4) A comprehensive approach to campus-wide education and outreach,

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

The Chancellor/Provost's Office is in a position to communicate the importance of Student Health services, Counseling Services and Health Education programs to the UML community through establishment of a Standing Student Health Committee and support of its initiatives and recommendations

A standing committee on student health can play an important role in monitoring information about the health needs of students, providing ongoing evaluation of student health services and reporting to relevant campus units about student health and related needs. Appointments to such a committee should include at minimum a representative from one college, a representative of the administration, a representative of the student body, a representative from the Recreation Center and (ex officio) directors of the student health service, (SHS and CC). Appointments should be staggered to insure continuity. Annually the committee should report to and, if appropriate meet with the faculty senate, senior administration and the Student Government Association.

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

The American College Health Association annually provides a generic survey instrument to subscribers with provision for campuses to add their own campus-specific questions to the standard questionnaire, and takes responsibility for electronically entering results and returning data files to individual campuses for analysis. This is a relatively inexpensive way to get a large amount of data on the health of our students with the added advantage of bench-marking these findings to the national experience. Furthermore, it would be possible to develop a confidential coding system so that

students could be tracked longitudinally. This would enable us to determine directly the effects of student health problems on academic performance and retention.

Annual participation in the survey costs approximately \$750 for the paper version or \$625 for the web based survey, based on a projected 500 participants. The cost would increase with the numbers of participants. Additionally there should be a budgeted cost for incentives of at least \$1,000, plus a \$60/hour fee for any customized analysis. If the university wished to add its own questions to the survey there is an undisclosed additional consultation fee.

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

Annual participation in the NCHA survey will provide the UML campus with important information about student health that can be organized into relevant categories. For example, health issues that impact academic performance, health issues that are also public health concerns, and general health concerns. This information can be analyzed and interpreted annually and regularly examined for trends over time. Should a longitudinal cohort be followed while at UML, the analysis of trends will be enhanced and evaluation of the impact of interventions will be facilitated.

Each year a report of findings from the survey should be prepared to include: a summary of the ACHA results focused on two priorities:

- #1--health issues that impact academic performance
- #2—health issues that are also public health concerns

In addition, the report should include summary information from the most recent annual utilization reports from the Student Health Service and the Counseling Center

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

Currently student health services are managed in a decentralized and inadequately coordinated way with the Student Health Service and the Counseling Center organized with separate budget and staff. There is a need to reorganize and better integrate these services perhaps under a single authority, with adequate space in order to coordinate delivery of services and to develop a more comprehensive health education program directed at students, faculty and staff.

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.*

a. Staff Needs

The lack of sufficient student health professionals on campus is a major problem. The Student Health Services has gradually lost positions and support over the past few years so that the resources to provide services other than acute medical care are minimal. The Counseling Center has also lost staffing positions over the past several years, and must focus limited resources on individuals referred

for consultation. Review of our peer institutions clearly indicate that we are understaffed for the size population we serve. Though the peer institutions are not strictly comparable and differences in services make direct comparisons difficult, it is clear that UML is below our peer institutions on staff to student ratios, a fact that negatively and directly impacts accessibility and services, but ultimately has an impact on retention and graduation of students.

RECOMMENDATION [Staffing]: *There is an immediate need to hire at least two full-time counselors for the Counseling Center 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.*

b. Student Fees

The review of current student health service practices strongly suggests that providing a limited set of consumable health products is an important adjunct to delivery of high quality care to our students. Such consumables include orthopedic aids, first aid supplies, over the counter medications, and some limited emergency prescription medications. This service appears to be greatly appreciated by student users, however, the costs of the service and the opportunities to improve available consumables warrants consideration of a specific student health fee. It is understood that such a fee would not require board approval.

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.*

c. Medical Insurance

Student Health Insurance is negotiated regularly by the University of Massachusetts with advice from a committee of representatives from the five campuses. Each campus can fine-tune the services provided by the insurance provider selected. There is a need to undertake a careful evaluation of needs of the students enrolled at UMass Lowell and the opportunities presented by the range of possible health insurance options that exist. The various options need to be evaluated and costs of each considered with appropriate input from student representatives.

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.*

d. CE and Online Students

At present the student health services are designed to address the needs of full-time students. No provision is made for services to students enrolled in Continuing Education programs or in On-line programs. In light of the national health insurance crisis and the unfortunate number of uninsured residents of Massachusetts, attention to the needs of students enrolled in off-campus or evening programs deserve serious consideration.

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

For all of the student health issues investigated in the NCHA surveys, there appears to be a major problem of accessibility to professional health education on campus. The Healthy Campus 2010 target for percent of college students who receive health-risk information from their institutions is 48%, for 11 health topics including alcohol and drug abuse, sexual assault, fitness and nutrition. *The NCHA surveys of our students reveal that UML students have been uniformly below this target figure for every topic except alcohol and drug abuse.* Our students identified Student Health Center Medical Staff and Health Educators as the most believable sources of health information, but were much more apt to obtain their health information from sources they judged much less believable, including friends, TV, and the Internet. This discordance between which sources of information are used and which are believable illustrates the need for reinstituting an organized health education program on campus under the direction of a professional expert in health education.

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.*

The Internet is seen as an important pathway to make health information easily accessible to students and to the university community. Currently, there is no direct link to health information or resources on the front page of the university website. Examples of current problems include the fact that the Student Health Services web page is accessible only by using the alphabetical Directory to link to Health Services or Student Health Services. The internet and intranet should be used to, highlight relevant facts from the NCHA survey, to direct students to appropriate health information and resources and to address current important health issues as they arise

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.*

It is evident at UMass Lowell, as throughout the nation, that alcohol overuse and abuse as well as binge drinking is a chronic problem, and risk of inappropriate use of alcohol increases during the course of a students enrollment. Students are, to a certain extent aware of the problem, but also have some important misunderstandings about the extent of the problem behaviors and their options for avoiding or changing behavior.

RECOMMENDATION: *The Dean of Students and campus health professionals create a more comprehensive alcohol policy and review it on an annual basis with a focus on reducing behaviors that impede academic performance.*

