MISSION, VISION AND VALUES

Student Health Services provides the leadership for health on campus and contributes to the success of students and the university community.

To accomplish our mission, we:
• Offer excellent clinical and health promotion services.
• Create a safe environment for all individuals.
• Honor and uphold diversity, civility and dignity.
• Respond to community and individual needs and to changing environments.

PHILLIP HISTAND, MD

LETTHER FROM THE DIRECTOR:

Meeting Today’s Challenges While Planning for Tomorrow

Healthy, successful students are critical to the future of Oregon State University, our community, and our nation. Student Health Services (SHS) has a longstanding commitment to health and student success. Instituting innovative ideas, collaborating with partners across campus and in our community, and consistently delivering quality services are three ways we accomplish that.

Our commitment to innovative approaches to our work is demonstrated in many ways. Here are two examples of our innovations in this past year. We noted that many of our students with chronic and/or complex medical needs also have complex social needs that affect their health status. To address these needs, we created an ACCESS (Advocates for Continuity of Care for Empowering Successful Students) program that addresses many of those needs. We also noted that an increasing number of students were requesting evaluations for attention deficit disorder symptoms. We explored multiple models for evaluating and treating these students. This ultimately led to the creation of a team of providers who are becoming experts in this area of care and providing a uniform approach for evaluating and treating these students (see story on pages 8-9).

Our commitment to collaboration is exhibited in many projects. We were pleased that OSU President Ed Ray decided that the OSU campus will be smoke free in 2012. This decision was a culmination of much hard work by the Student Health Advisory Board, Student Health Services staff, the Smoke-Free Campus Taskforce, the Healthy Campus Initiative group and others across campus. Other collaboration resulted in a Cross-Cultural Mentoring program and a Mental Health for Student Athletes program.

Our commitment to quality includes regularly measuring our health services against national standards of excellence and also against the expectations of our students. SHS was reviewed this year by the Accreditation Association for Ambulatory Health Care (AAAHC). We were awarded accreditation for another three-year term, making it now 18 consecutive years that we have achieved this status. SHS also participated in the American College Health Association’s Clinical Benchmarks study, comparing our outcomes with those of 13 peer institutions. We ranked quite favorably in relation to our peers in that study. On our student satisfaction survey we found that 89 percent of our users rated the care they received as “excellent/good,” and 93 percent reported that they felt we contributed to their academic success. Our staff takes pride in doing whatever it takes to deliver excellent service to students and help them succeed.

I thank all of my colleagues here at Student Health Services – and across the university – for their commitment to students’ success. I invite you to read further for more details about how students’ lives are impacted by our work and the successes and challenges we have experienced this past year.

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SUCCESES AND CONTRIBUTIONS TO THE MISSION OF OSU

Student Health Services began 2010-2011 preparing for the arrival of accreditors. Once again SHS successfully achieved the maximum three-year reaccreditation by the Accreditation Association for Ambulatory Health Care. In addition, SHS participated with 13 other universities in the American College Health Association Clinical Benchmark study.

Since serving students is the top priority for SHS, several steps were taken to help identify the needs of incoming patients. The Medical Assistants group fully implemented depression screening for all patients, and clinicians followed up with any identified at-risk students. During clinical visits many patients were also screened for alcohol use. Clinicians plus other selected staff were trained in motivational interviewing techniques to help facilitate conversations with those students who exhibited higher levels of alcohol intake.

Department visits at SHS for the year 2010-2011 totaled 52,071, compared to 47,215 in the previous year. In an effort to meet the needs of so many more students accessing care, SHS planned and began a major remodel of the nursing, reception, X-ray and clinician spaces on the second floor of Plageman. While this remodel – slated to be completed before Fall Term 2011 – does not increase the actual size of the building, the reconfiguration of interior walls will allow for more exam rooms and observation areas, as well as increase the waiting room space and thereby improve patient confidentiality. Along with this remodel was the researching and purchase of a new digital X-ray system and storage equipment that will be installed prior to Fall Term 2011. Also, an additional full-time Physical Therapist was hired and will begin work in Fall Term 2011.

The 10 percent increase in visits to Student Health was evident not only in the exam rooms, but also within other programming areas. More than 500 students were served by IMPACT, Health Promotion’s substance abuse education program (a 30 percent increase over last year). The Health Promotion Department also provided more than 170 tobacco cessation counseling sessions. There were also significant increases in the number of Health Coaching encounters, nutrition consultations and Beaver Strides participants.

The student health insurance program enrollments continue to grow. The largest growth occurred in the international student enrollments that result from the INTO OSU partnership. Total insurance enrollment is running close to 1200 students (about 40 percent more than last year). The graduate assistant plan is running in excess of 1650 enrollees (about 5 percent more than last year).

The Oregon Contraceptive Care (CCare) program enrolled or re-enrolled 2,635 clients from July 1, 2010 to June 30, 2011. This is an increase from the 2,040 enrolled the previous year.

Related to illness prevention, SHS marketed and administered to students more than 600 doses of human papillomavirus (HPV) vaccine, which was provided at no charge by the State Immunization Program. The nursing staff also gave 1500 influenza immunizations to students, faculty and staff at the annual Memorial Union flu shot clinics.

“I have received better health care at SHS than at any other time in my life (I am in my 40’s).”
-Comment from 2011 Patient Satisfaction Survey
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Collaboration

Healthy Life Challenge: Numerous SHS employees collaborated with the Healthy Campus Initiative group in launching the PacificSource Healthy Life Challenge (HLC). The PacificSource funding allowed SHS to provide Beaver Strides to faculty and staff at no cost. The funding also fully covered the cost of nicotine replacement therapy (NRT) for students using the SHS tobacco cessation program. During Winter Term, upon their follow-up visit, students received a free two-week supply of patches and/or gum. By Spring Term, program users were given up to a one- to two-month supply of NRT (based on their tobacco use) to help with their decision to quit. Patches and gum were given out in two-week increments to encourage follow-up visits and track progress.

Other collaborations in the past year:

- Multiple SHS employees were selected to serve on committees and work groups related to the Smoke-free OSU Implementation Plan. Health Educator Stacey Edwards is serving as Project Director. OSU will become a smoke-free campus on September 1, 2012.
- Student Health Services co-hosted (with University of Oregon) the Pacific Coast College Health Association annual meeting in Eugene in October 2010.
- The Department of Occupational Medicine completely revised OSU’s Animal Handler Policy and Procedure, in partnership with Environmental Health and Safety, Research, IACUC, OSU Veterinary School, and Risk Management.
- The SHS Marketing Department spearheaded the 2010 Health/Wellness Alignment CONNECT Week project by ordering all Sleep Kit materials and creating an educational insert. Recruiting help from SHS, Recreational Sports and CAPS, the alignment assembled more than 4,000 kits. These kits – each containing an eye mask, herbal tea, and Sleep Tips handout – were distributed to each Residence Hall occupant upon their arrival to campus for Fall Term 2010.
- SHS oversaw the marketing efforts for Sexual Assault Awareness Month in April 2011, which involved collaborating with students from various organizations on campus. A graphic design student in our marketing department created a consistent theme for all event advertising, SHS Marketing scheduled advertising across campus, maintained all Web-related information, and brought cohesiveness to promotions for the various events held throughout the month.
- In collaboration with the Department of Recreational Sports, SHS offered students a weight management program, “Shape Your Life,” during Spring Term 2011.

Recognition

- Pat Ketcham, PhD, Associate Director of Health Promotion, served as Program Chair for the June 2011 American College Health Association annual national meeting, as well as Meeting Co-chair for the October 2010 Pacific Coast College Health Association annual meeting.
- Virginia Nelson, Health Information Technician, was awarded a Division of Student Affairs Service Award, Spring 2011.
VALUE-ADDED CONTRIBUTIONS TO THE OSU STUDENT EXPERIENCE

The SHS Nursing Department successfully piloted an RN case management program called “ACCESS” (Advocates for Continuity of Care for Empowering Successful Students). This program serves patients with chronic medical problems and/or multiple needs that require some extra help to achieve academic success (see feature article on page 8-9). SHS also helped more than 60 indigent students through the medication assistance program.

Two other programs were created and implemented to enhance the student experience:

- Cross-Cultural Mentoring: In collaboration with Intercultural Student Services, this program served 78 students during 2010-2011.
- Mental Health for Student Athletes: In collaboration with Counseling and Psychological Services, this program served more than 400 students and 80 staff.

Both of these programs were enthusiastically received and will be continued in the upcoming year.

STUDENT INPUT AND FEEDBACK

During Spring Term 2011, SHS conducted and analyzed a satisfaction survey of 600 student users. Results showed that 93 percent of the respondents said that SHS has in some way contributed to their academic success. Students singled out the following top five SHS contributions:

1. On-campus medical treatment
2. Health and wellness education
3. Illness and injury prevention (such as vaccinations and travel medicine)
4. On-campus access to alternative health care options
5. Mental health services (psychiatry, medication management and referrals)

CULTURAL COMPETENCE

The “Unnatural Causes” videos on the root causes of our alarming socio-economic and racial inequities in health were circulated through SHS staff meetings for viewing and discussion.

“I think SHS is a great place. The workers are all friendly and I never feel like they put me in uncomfortable situations. All the workers I have encountered are all respectful and positive. When I call the receptionists, they are always friendly and willing to work with me to make an appointment. It is truly a great resource for students.”

-Comment from 2011 Patient Satisfaction Survey

GOALS AND CHALLENGES

CHALLENGES

- Clinical staff and support staff were forced to work in an overload mode most of the year due to high demand for services.
- Health Promotion programming requests outstripped our capacity to meet the number of requests, and the upcoming year will likely bring an even higher number of outreach requests.
- SHS is serving an increasing number of students, many with increasingly complex needs (10 percent of our patients have more than 10 visits per year).
- Student Health continues to operate out of Plageman, an older building that was built to accommodate an inpatient, rather than an outpatient, model of healthcare and has inadequate space for current and future needs.
- The need exists to optimize the use of our electronic clinical record keeping and billing systems.
- We must manage the increasing number of INTO students and their special requirements related to language barriers, their understanding of healthcare in the U.S., and university immunization requirements.
- The Oregon Contraceptive Care (CCare) program is continuing to have unanswered questions as to how college health centers are going to meet a new insurance billing requirement. Discussions with the state CCare program administrative group have been numerous and are ongoing.
- Manage finances in a manner that (1) allows for the continued financial health of Student Health Services, and (2) meets the expectations of the Student Incidental Fee Committee.
- Streamline the clinic’s physical flow, taking advantage of the remodeled second floor space. This could dovetail with implementing a new “walk in” clinical team to add efficiencies to the patient-care flow and wait time.
- Hire the staff needed to meet demands for service.
- Find funding to build a new building. Since a new facility is not yet on the horizon, we will continue to explore use of spaces available within Plageman, as well as at Dixon Recreation Center. There is also possible development of a satellite clinic space in a new residential hall slated for construction in the next few years.
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-Comment from 2011 Patient Satisfaction Survey

“I really liked my doctor. She made a valiant effort to make sure that I understood what she was saying and ways to apply her information in a practical manner.”
-Comment from 2011 Patient Satisfaction Survey

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PROVIDING “ACCESS” TO HELP STUDENTS SUCCEED

“Sally” has been diagnosed with depression and anxiety. She lives by herself, and the thought of going alone to the dining hall is too much for her to handle. She begins to lose weight. To top it off, Sally is feeling disorganized, has an outstanding hospital bill, and lacks emotional support from her family.

“James” finds himself with a dilemma: rent or food. There is a gap between his financial aid coming through and the date that he needs to pay his landlord. He’s in a panic.

“Mary” takes numerous prescribed medications, grapples with several chronic illnesses, and has a food allergy. She wants to be healthier, but doesn’t know where to begin.

Student Health Services clinicians recognized that an increasing number of students on campus were having more complex medical, social and mental health issues. Additional students were dealing with chronic health problems that required more in-depth and consistent care and follow up. During the summer of 2010, a team of nurses and clinicians was formed to develop a case management-style program that would serve the needs of these students. The pilot program ACCESS was born.

ACCESS (Advocates for Continuity of Care for Empowering Successful Students) went into practice on a limited basis during the late fall of 2010. The implementation team consisted of three physicians and four Registered Nurses.

“This type of care had been going on behind the scenes at Student Health for some time,” said Patti Irvine, RN, a member of the implementation team. “Clinicians would frequently have a student or two that needed extra follow-up after their appointment.” By creating the ACCESS program, a more in-depth relationship was forged between high-need patients and the care team.

Initially the ACCESS referrals came from mental health appointments. “These were students who had dysfunctions that affected even attending classes, eating properly, or taking care of other basic needs,” said Linda Reid, RN, Associate Director of Nursing Services at SHS. “But then other clinicians began identifying students who had chronic health issues, such as diabetes, that were also impacting their academic success.”

Potential student needs were identified by the team, with the most common being:

- Deficits in students’ activities of daily living (ADLs) (such as sleeping, eating, grooming, or attending class) due to depression or other issues
- Access to food
- Medication management
- Patient assistance (financial aid for medications)
- Financial assistance
- Diabetic education
- Asthma education
- Welfare/condition checks

A process was set up, whereby clinicians could refer patients to an ACCESS nurse. The nurse would check in with the patient, and begin to build a relationship.

“We are essentially an advocate that can connect students to resources,” explained Irvine, “and by following up with them, we give them reassurance that someone cares about them.”

At least 16 students were placed in the ACCESS program between January-April 2011. The nurses conducted confidential follow-up by telephone or in person, education, condition checks, referral to appropriate campus or community resources, as well as personal intercommunication and reassurance.

“I had one student who’d had a medical emergency and ended up being transported via ambulance to the ER,” said Irvine. “He didn’t have insurance, and the bills began to arrive. He brought in his bills, and together we called every place where he had charges.

“We found that many of these providers had financial aid applications, so I helped him fill out those forms. We learned that part or all of his charges could be forgiven.”

A comprehensive resource notebook was created through making contacts with numerous campus and community services, through face-to-face encounters, site visits or by telephone and collecting written or Web information about a wide variety of resources. Among the campus resources most widely used have been the Human Services Resource Center, Disability Access Services, and the Academic Success Center.

The ACCESS nurses see themselves as one more link in getting students connected to the right resources.

“This campus has so many wonderful services available,” said Irvine, “but students don’t always know where to look. And if students are overwhelmed they can feel lost. If there was only one thing I could do at SHS, it would be this.”

Of the 16 students that have been part of the program during its pilot year, at least two-thirds of them were released with their special needs taken care of; others have the option to return for more assistance this fall. With the program expanding to include more referring clinicians within SHS, the ACCESS nurses expect to advocate for even more students' success in the upcoming year.

“When a student’s basic needs are met,” explained Reid, “it helps them stick with their treatment, and it helps them succeed in class.”
Providing “Access” to Help Students Succeed

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**Data**

**How do we rate?**

- **OSU Students Respond in Patient Satisfaction Survey (Spring 2011)**
  - 95%: Rank the privacy and confidentiality provided by SHS staff members as good or excellent.
  - 94%: Rate the professional manner of SHS reception staff and health care providers as good or excellent.
  - 94%: Say that they learn or understand when they should contact their health care provider for further care following illness or injury.
  - 94%: Rank as acceptable the time spent waiting for services, whether getting through by telephone, checking in, or preceding or during appointments with a health care provider.
  - 94%: Indicate that as a result of their visit with an SHS health care provider, they learn or understand what they need to know regarding their illness or condition.
  - 93%: Say that SHS has in some way contributed to their academic success.
  - 91%: Rate the response time after leaving a message for their clinician as good or excellent.
  - 90%: Rate the clarity of all explanations and instructions during their visit as good or excellent.
  - 89%: Believe that the overall quality of care that they receive as Student Health Services is good or excellent.

**Total Department Visits to SHS**

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<thead>
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<th>FISCAL YEAR</th>
<th>NUMBER OF VISITS</th>
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<td>52,071</td>
</tr>
</tbody>
</table>

**Student Health Services Fiscal Year 2010-2011**

**Student Fees**

- Enrollment (3 Term Average): 20,312
- Health Fee: $103
- Summer Health Fee: $103
- Summer Enrollment: 5,766

**Revenue**

- Health Fee - Undergraduate: $6,284,302
- Summer Health Fee: 594,671
- Other Fee Remissions: 14,748
- Interest Income: 28,125
- Other Medical Services Income: 2,214,507
- Other Revenue - Health Insurance: 1,497,955
- Miscellaneous Revenue: 3,332
- Services & Rental Reimbursement: 38,418
- Total Revenues: $10,646,602

**Salaries/Wages**

- Staff - Unclassified Salaries: $1,774,726
- Staff - Classified Salaries: 1,632,712
- Student Pay - Regular Pay: 163,712
- Other Payroll Expenses: 1,722,039
- Total Salaries: $5,292,377

**Other Expenses**

- Supplies & Minor Equipment: $1,479,875
- Utilities: 10,702
- Maintenance & Repairs: 289,701
- Purchased Services: 1,502,761
- Student Health Ins. Premiums: 203,275
- All Other Costs: 107,133
- Depreciation: 203,275
- Building & Equipment Reserves: 4,722,818
- Total Expenses: $4,722,818

**Fiscal Year Ending: June 30, 2011**

---

*I have had nothing but excellent experiences with all of the practitioners I have seen at SHS. I have felt cared for, supported, and felt that my concerns were heard and that they mattered. I will absolutely continue to use SHS because it is an amazing valuable service.*

- Comment from 2011 Patient Satisfaction Survey

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*I have a fairly unusual set of health issues, and I have the option of obtaining specialized health care off campus, but I have received more comprehensive, thorough and thoughtful care at SHS than I have elsewhere.*

- Comment from 2011 Patient Satisfaction Survey
**How Do We Rate?**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td>Rank the privacy and confidentiality provided by SHS staff members as good or excellent.</td>
</tr>
<tr>
<td>94%</td>
<td>Rate the professional manner of SHS reception staff and health care providers as good or excellent.</td>
</tr>
<tr>
<td>94%</td>
<td>Say that they learn or understand when they should contact their health care provider for further care following illness or injury.</td>
</tr>
<tr>
<td>94%</td>
<td>Rank as acceptable the time spent waiting for services, whether getting through by telephone, checking in, or preceding or during appointments with a health care provider.</td>
</tr>
<tr>
<td>94%</td>
<td>Indicate that as a result of their visit with an SHS health care provider, they learn what they need to know regarding their illness or condition.</td>
</tr>
<tr>
<td>93%</td>
<td>Say that SHS has in some way contributed to their academic success.</td>
</tr>
<tr>
<td>91%</td>
<td>Rate the response time after leaving a message for their clinician as good or excellent.</td>
</tr>
<tr>
<td>90%</td>
<td>Rate the clarity of all explanations and instructions during their visit as good or excellent.</td>
</tr>
<tr>
<td>89%</td>
<td>Believe that the overall quality of care that they receive as Student Health Services is good or excellent.</td>
</tr>
</tbody>
</table>

**Total Department Visits to SHS**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-02</td>
<td>37,000</td>
</tr>
<tr>
<td>2002-03</td>
<td>42,500</td>
</tr>
<tr>
<td>2003-04</td>
<td>41,500</td>
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<tr>
<td>2004-05</td>
<td>40,000</td>
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<td>2005-06</td>
<td>42,811</td>
</tr>
<tr>
<td>2006-07</td>
<td>45,344</td>
</tr>
<tr>
<td>2007-08</td>
<td>44,074</td>
</tr>
<tr>
<td>2008-09</td>
<td>47,255</td>
</tr>
<tr>
<td>2009-10</td>
<td>52,071</td>
</tr>
<tr>
<td>2010-11</td>
<td></td>
</tr>
</tbody>
</table>

**Student Health Services Fiscal Year 2010-2011**

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**Salaries/Wages**
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- Staff - Classified Salaries $1,632,712
- Student Pay - Regular Pay $163,712
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**Total Salaries** $5,293,317

**Other Expenses**
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- Utilities $10,712
- Maintenance & Repairs $289,701
- Purchased Services $1,502,761
- Student Health Ins. Premiums $1,502,761
- All Other Costs $203,275
- Depreciation $107,133
- Building & Equipment Reserves $4,722,818

**Total Expenses** $4,722,818

**Fiscal Year Ending: June 30, 2011**

- “I have had nothing but excellent experiences with all of the practitioners I have seen at SHS, I have felt cared for, supported, and felt that my concerns were heard and that they mattered. I will absolutely continue to use SHS because it is an amazing valuable service.”
  - Comment from 2011 Patient Satisfaction Survey
2010–2011 LEADERSHIP TEAM

PHILLIP HISTAND, MD
Director, Student Health Services

CONNIE HUME-RODMAN, MD
Associate Director, Clinical Services

LINDA REID, RN, C
Associate Director, Nursing Services

DEBBIE GERBER, BA
Manager, Medical Records and Reception

PAT KETCHAM, PHD, CHES
Associate Director, Health Promotion

GEORGE VOSS, BS
Associate Director, Administrative Services

GAIL CARPENTER BAGGETT, PT, DPT
Member-at-Large