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Quality
Advocacy
Empowerment
Community

To provide quality evidence based healthcare and wellness services, to advocate for students and to empower them in their health care decisions, and to be an integral part of the larger University community.

The Student Health Center specializes in college health, focused expressly on the unique health care needs of our students, their spouses, and children. Providing medical diagnosis and treatment, wellness care, and consumer education, the Student Health Center maintains a staff of 20 health professionals to serve as primary providers for over 9,000 students and their families.
The Student Health Center remains one of only 25 U.S. college health centers that are accredited by the Joint Commission according to data from the American College Health Association (ACHA).

The Joint Commission is an independent, not for profit, national body that oversees the safety and quality of health care and other services provided by accredited organizations. The Joint Commission is the same body that accredits University Healthcare and Intermountain Healthcare, both extremely larger peer organizations.

After initial accreditation, the organization must perform yearly self audits to assure compliance with over 1100 varied standards and is subject to an unannounced site visit approximately every 3 years.

The Student Health Center had an unannounced site visit in January 2010 and was successfully reaccredited. The surveyor was very thorough, and his preliminary report included only 1 Direct and 7 Indirect findings. This relatively small number of findings, especially the 1 Direct finding (impact on patient care), is very impressive and the center is proud of this accomplishment. All together, this survey provides great insight on ways to improve care and patient safety.
As the caring intersection between health and education . . . college health is **developmentally** appropriate, **educationally** effective, **medically** expert, accessible, and convenient.

- Carnegie Foundation
Greetings!

I am happy to share our annual report with you. In last year’s report, I mentioned change was the keyword for the prior academic year, and it continued to be the keyword during the academic year of 2009-2010 with touches of apprehension regarding healthcare reform and a sprinkling of panic regarding H1N1 influenza. However, by the end of the year, relief seemed to be the more opportune word. We had survived the onslaught of both patients sick with H1N1 influenza and those desiring influenza vaccination (at record numbers!), both staff and providers were comforted that some form of health care reform had passed which we can only see as a positive for our patients, and relieved that we had passed our unannounced Joint Commission reaccreditation site visit.

Regardless of what the future brings, we will continue to provide reasonably priced quality health care for our students, their spouses, and their children as well as health education through the Center for Student Wellness. As a health care provider I realize that providing care to college age young adults is a different animal. All are taking on more responsibility for their own self care, venturing out of their own comfort zone, experiencing the new freedoms of young adulthood at every turn, and likely making both good and bad choices in the interim. My own view of health is beyond that of simply providing medical care, but should involve all aspects of a young person’s life. Medical health does not improve without attention being paid to the social and cultural context in which the patient resides. My overriding goal at the Student Health Center is to provide that type of care to our students.

When applying for this position, I ran across this quote from the Carnegie Foundation that described college health as “the caring intersection between health and education . . . college health is developmentally appropriate, educationally effective, medically expert, accessible, and convenient.” During my tenure as director, my hope is that the SHC staff and I can continually work to make that definition wholly true for our Center.

Sincerely,

Mark Pfitzner, MD
Director
<table>
<thead>
<tr>
<th>Condition</th>
<th>Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLD</td>
<td>381</td>
</tr>
<tr>
<td>FATIGUE</td>
<td>259</td>
</tr>
<tr>
<td>SORE THROAT</td>
<td>246</td>
</tr>
<tr>
<td>SKIN LESION</td>
<td>217</td>
</tr>
<tr>
<td>COUGH</td>
<td>193</td>
</tr>
<tr>
<td>ADB PAIN</td>
<td>189</td>
</tr>
<tr>
<td>BLADDER INFECTION</td>
<td>173</td>
</tr>
<tr>
<td>SINUSITIS</td>
<td>161</td>
</tr>
<tr>
<td>RASH</td>
<td>144</td>
</tr>
<tr>
<td>KNEE PAIN</td>
<td>108</td>
</tr>
</tbody>
</table>
Clinical Services

The SHC provides both acute and preventative care to students, their spouses, and children. Services include those typical of a large general care practice combined with some specialty services:

- Adult and child well care
- Acute care visits for illness
- Women’s health visits
- Contraceptive counseling
- Sexually transmitted infection diagnosis, treatment, and education
- Confidential HIV testing and education
- Sports medicine
- Travel medicine
- Health education

All of these services are complemented by laboratory, radiology, and pharmacy services. The clinic also offers a prescription assistance program for those who cannot afford the cost of medications utilizing existing programs within the pharmaceutical industry – 134 students took advantage of this program.

The Travel Clinic provides pre-travel consultation for students, staff, and the community on a fee-for-service basis. The clinic is staffed by three nurse practitioners, 2 of whom hold specialty certification from the International Society of Travel Medicine. The clinic specializes in the provision of comprehensive destination-specific risk assessment, education in the risk and risk reduction for international travelers, and provides appropriate evidence based medication prescriptions and immunizations for prevention and treatment of problems encountered abroad.

In addition to these types of visits, students also interact with our nursing staff as they work to meet the Proof of Immunity Requirement (see section) required of all new students as well as the tuberculosis screening requirement for all international students.
Overall, there was a 16% increase in encounters from 8071 in the prior fiscal year to 9328. This increase was felt to be due in large part to the H1N1 influenza pandemic that increased both visits for influenza vaccination and illness related visits. Of all patients seen, 23% were new patients to our practice, up 5% from the year prior. The majority of our clients are commuters to the University, with only 16.7% living on campus (down 2% from the prior year).

Of those total encounters, 5533 visits were to our health care provider staff, representing a 3% increase. 5078 of the visits were for illness related concerns. The remainder of the visits were for well care – 75% were for students and their spouses and 25% were for dependent children. Travel clinic appointments overall remained unchanged, although the majority of the visits occurred in the last quarter of the fiscal year. Seventy-three percent of the travel clinic visits occurred in the last quarter, likely due to the improving economy and more student and business related international travel.

The remainder of the encounters were nursing visits for blood work, immunizations, or tuberculosis screening (PPD). Our nursing staff had an incredibly busy year. During this fiscal year, 1313 PPD’s were placed for screening our international students, an increase of 27% due to the University’s increased international student enrollment. Also an additional 720 MMR’s (measles, mumps, rubella vaccine) were given to those students who lacked immunity, up 9% from the year prior. Finally, due to the concern regarding H1N1 influenza, a total of 2607 influenza vaccinations (both H1N1 and seasonal flu) were given representing a whopping and record breaking 164% increase in vaccination.

The contracted insurer for the University of Utah Student Insurance plan is GM Southwest; the plan consists of a subsidized graduate student plan for teaching assistants and research assistants and a voluntary student plan for all others (see Insurance). As the plan is voluntary, other students either utilize their parents plan or are uninsured. A small student fee subsidizes clinic operations allowing charges to be 20-30% less than typical charges for similar services which represents a sizeable savings to those that are uninsured. During this fiscal year, 63% of our encounters were to students with insurance, a 4% increase over the prior year. While this increase in insured students is encouraging, over 37 % of our students are uninsured representing a significant hardship in these difficult economic times. We are hopeful that health insurance reform will alleviate this problem for our students.
In late April 2009, the first cases of H1N1 influenza were seen nationally as well as in Utah, beginning with an outbreak among Park City school children who had recently returned from a Spring Break trip in Mexico. The staff at the Student Health Center became very busy – not from actual cases, but from the preparation and planning for a possible pandemic influenza outbreak. The University Healthcare system supplied us with some of their stockpiled supplies, and ad hoc influenza committees were convened as graduation was less than 2 weeks away with large crowds anticipated on campus. Unanticipated questions surfaced: Should graduation be cancelled? If graduation is held, should a handshake occur when the diploma is given? Can we find enough hand sanitizer and where should we put it? Plans were made and graduation passed without incident.

Our influenza committee was formalized with regular planning meetings among all segments of the campus community. The initial wave of influenza hit the community in late May-early June, and as a result the Student Health Center’s typically quiet summer semester was very busy. The committee crafted letters to students, faculty, and parents to inform them of our preparations. Faculty were asked to be lenient regarding absenteeism, encouraging ill students to remain at home. At the SHC, we developed a surge plan to handle a possible huge upswing in ill patients. We continued to serve as monitoring unit for the health department, submitting daily ILI (influenza like illness) reports. Our data was also submitted weekly to the American College Health Association database. Our health educators worked on informational brochures for students regarding influenza. Our Twitter account became quite active as students sought information regarding both influenza and the vaccine.

At the SHC we received our seasonal vaccine in early September and began immunizing as soon as possible. ASUU continued its tradition of using their funds to help cover free flu shot clinics on campus. However, after receiving only 50% of our initial order, the manufacturer couldn’t guarantee we’d get additional doses until late November. We stayed in close contact with the local and state health departments regarding the H1N1 vaccine and its eventual availability. We found it quite difficult to plan for eventual H1N1 vaccination when we didn’t know when, how much, or what type of vaccine we would be getting. However, after waiting patiently, we suddenly received 1000 doses of the nasal spray version of the vaccine. Unfortunately, this came at the same time as the second wave of influenza was peaking in the community. We struggled to handle the patient volumes as we had the confluence of ill patients and those seeking vaccination.

And then, it was over. We were very busy for a little over 3 weeks, and then ill patient numbers dropped. With decreased disease (and media hysteria), we continued to receive vaccine. However, vaccine interest waned. We continued to be vigilant for a potential third wave of influenza, but none occurred. After begging for vaccine, we called and asked them not to send us anymore. We even gave back some doses to the health department over the Christmas break to be used as the supply became plentiful. We ended the year having given a total of 2607 influenza vaccinations, of which 1829 were the H1N1 vaccination – a new record number of influenza vaccines given by our center.

The H1N1 pandemic helped the University and our center develop and fine tune our plans for future disease outbreaks. While we hope this coming fall influenza season will be a quiet one, we feel we are much better prepared to handle a busy one.
Assessment

The SHC conducts biannual surveys of patient satisfaction. We continue to find that once a student has the opportunity to use us for their care, their satisfaction with that care is very high. 99% either agreed or strongly agreed that our nursing staff was “professional, courteous, and attentive,” and a similar number say the same of our care providers. 98% either agreed or strongly agreed that they would recommend us to a friend.

The SHC is Joint Commission accredited and successfully completed an unannounced tri-yearly detailed site visit to maintain accreditation, and will continue to perform the required yearly self evaluation for compliance with Joint Commission standards. We constantly strive to improve our care process. In the past year we have routinely audited our charts for compliance with our clinical standards, worked to improve our patient assistance medication dispensing procedures, collected data on our hand washing efficacy, and developed a surge capacity plan to deal with events such as the H1N1 influenza pandemic.

One current improvement project that we implemented is a celiac disease screening project developed by one of our nurse practitioners, Suzanne Martin. As part of her DNP program she completed a project titled “Raising Awareness of Celiac Disease among Primary Care Clinicians”. The first objective of this project was to create and pilot an online education program on celiac disease. This program was completed by a group of primary care nurse practitioners. There was a statistically significant difference between pre- and post-test scores (p-value 0.012), suggesting that this education program was effective in increasing celiac disease awareness in this sample.

The second objective of this capstone project was to increase the detection rate of celiac disease at the University of Utah Student Health Center. This was accomplished through the adoption of an active case finding initiative. Short-term evaluation through online surveys showed favorable responses by staff members at the time the policy and procedure was adopted and again one month later. Furthermore, rates of testing for and detecting celiac at the Student Health Center doubled in the 8 months following the adoption of active case finding initiative.
All of our nurse practitioner staff are College of Nursing faculty, two of whom hold Doctorates of Nursing Practice (DNP). Dr. Pfitzner is an associate professor in the pediatrics department. As such, in addition to providing patient care, the SHC also functions as a site for clinical rotations for both medical residents and nurse practitioner students. Approximately 7 nurse practitioner students work our staff nurse practitioners. One to two Pediatric, Medicine/Pediatric, and/or Triple Board (child psychiatry, adult psychiatry, and pediatrics) residents rotate monthly thru the SHC during their adolescent medicine rotation of which Dr. Pfitzner is the course master. Additionally, Dr. Pfitzner, Dr. Lamb, and the staff nurse practitioner’s lecture regularly to both medical, nursing, and nurse practitioner students, as well as medical residents during their training.

Dr. Sara Lamb received the University’s Early Career Teaching Award this year. In addition to her duties as the director of the medicine pediatrics residency program, she is also the Associate Dean of Curriculum at the School of Medicine – a very busy position as she is actively working on the new medical school curriculum.

Suzanne Martin FNP DNP presented a professional poster titled “Raising Awareness of Celiac Disease: An Active Case-Finding Initiative” at 2010 national American College Health Association Annual meeting in Philadelphia, Pennsylvania and subsequently published in Pediatric Health the invited review, Celiac disease and the gluten-free diet.

Both Amy Cutting FNP and Sue Kirby FNP continued to expand their knowledge of travel related medicine by attending the Global Health Education Consortium meeting in Mexico City. In addition, both completed humanitarian missions that will directly benefit their working knowledge of travel medicine. Sue worked in Guatemala, and Amy worked in Haiti a few months after the devastating earthquake there.

In addition to providing education to our health sciences students, our office staff continues to work on their own personal education that benefits our clinic with 3 of our office staff completing a medical terminology course.
Clinical Staff

Clinical staff consists of 1 physician (Dr. Mark Pfitzner), 4 family nurse practitioners (Amy Cutting, Tek Kilgore, Sue Kirby, and Suzanne Martin), 2 registered nurses (Cynthia Powell and Keri Wright), 1 medical assistant (Ebonie Davis), and 1 nursing assistant (Eleanor Mikich); a sports medicine physician (Dr. Ted Paisley) is available one half day per week. Dr. Sara Lamb, Departments of Pediatrics and Internal Medicine faculty, and director of the Medicine Pediatrics residency program is our consultative internist.

In addition to their clinical duties at the SHC and roles in the college of nursing, our nurse practitioners have additional activities. Sue Kirby began the Chair of the State Board of Nursing and will continue in that capacity for a 3 year term. Another of our nurse practitioners, Suzanne Martin, continued her education. She completed her Doctorate of Nursing Practice (DNP) at the conclusion of the Fall semester. Her coursework will be of obvious benefit to our clinic and the student population. Amy Cutting, is part of a University Neighborhood Partnership at the Hartland Community Center, providing screening, education, and consulting services to a largely immigrant patient population.
The University of Utah requires all students to show proof of immunity to measles, mumps and rubella. The requirement applies to all students entering the University who were born after 1956 and do not have a medical or religious contradictions from the requirement. Students must provide the dates when they had 2 doses of measles vaccine, 2 doses of mumps vaccine and 1 dose of rubella vaccine. They may also provide dates of having had the diseases of measles and/or mumps, and a documented blood test (titer) to show immunity to rubella, or a documented blood test (titer) for measles, mumps and rubella can be drawn to show immunity.

An exemption from the requirement can be given for medical or religious contradictions. Students who have not complied with the requirement by the sixth week of each semester will have a registration hold placed on their University records. This hold will not be released until the appropriate documentation has been produced. Students can receive the vaccinations from the Student Health Center and/or have blood tests (titers) drawn to show they have immunity to the diseases.
Total number of MMR’s given: 720

Cost of MMR vaccination: $58

- Measles Antibody Titers drawn: 168
- Mumps Antibody Titers drawn: 184
- Rubella Antibody Titers drawn: 155

Our closest competitor is the Salt Lake Valley Health Department who charged $56 per vaccination.
Subsidized Graduate Student Health Insurance

The Graduate School has implemented an 80% subsidy (up to $1000) for Teaching and Research Assistants. The subsidized graduate plan is combined with the University-sponsored student insurance plan. Both plans cost the same and provide the same benefits. At the end of 2009 the average enrollment of the subsidized plan was 964, with a loss ratio* of 64%. The average cost per-student claim was $1,021.

Voluntary Student Health Insurance

The University-sponsored plan is voluntary. It continues to experience the enrollment of students with high risk conditions, who are uninsurable elsewhere and/or those enrolling only to use the maternity coverage. At the end of 2009 the average enrollment of the voluntary plan was 879, with a loss ratio* of 88%. The average cost per-student claim was $1,547.

*Total dollars paid out for claims deducted from total dollars collected in premiums.

International Student Health Insurance Requirement

All international students are required to have a health insurance policy that covers them in the United States. F1 Visa Students must provide a copy of a confirmation that shows the length of coverage and show the coverage meets the minimum of the following:

Minimum coverage of $50,000 per policy year
Minimum of $10,000 evacuation and repatriation insurance
An annual deductible no greater than $250
Coverage of 80% (80/20 co-insurance)

The requirements for J-1 international students are as follows:

Medical benefits of at least $50,000 per accident
Repatriation of remains $7,500
Medical evacuation insurance of at least $10,000
Covers pre-existing conditions after a reasonable waiting period
Coverage of 75% (75/25 co-insurance)

Because the University-sponsored plan fails to meet the J-1 requirement of $50,000 per accident, special arrangements have been made with GM Southwest to accommodate J-1 Visa students should more than one catastrophic event befall them in a single policy year.
In July 2009, the Campus Wellness Connection and the Office of Health Promotion merged to create the Center for Student Wellness (CFSW). The Center for Student Wellness is an affiliate office of the University Counseling Center and the Student Health Center and co-reports to both directors.

The efforts of the CFSW are administered by Megan DuBois, Program Manager; Elizabeth Craig, Health Educator; and Brad Linn, Prevention Coordinator. The mission of the CFSW is to create, nurture and promote a University environment supportive of healthy life-long behaviors and enhance academic and personal success.

The CFSW strives to assist students in skill development that will enhance their personal wellness and ability to succeed, not only in the classroom, but in all areas of life: intellectual, physical, social, spiritual and emotional.

The Center for Student Wellness is committed to student engagement and advised or co-advised the following student groups this year: student leaders for the Alternative Spring Break Program, Student Athlete Mentors, and the Student Health Advisory Council. The CFSW also sponsored or co-sponsored numerous student events such as the Student Athlete Conference, Wellness Fair, Sexual Responsibility Week, Alternative Spring Break, and Run Like Health 5K. Student groups helped plan and implement each of these events.

In terms of prevention activities, the CFSW conducted 65 outreach presentations. These presentations and other related events involved over 269 hours of staff time and the Center for Student Wellness made contact with approximately 3589 individuals.

In addition, the CFSW develops and maintains strong collaborative relationships with campus and community prevention groups. This past year the CFSW coordinated, chaired, or co-chaired the following groups: the Alcohol and Drug Advisory Panel, the Campus Wellness Network, the Student Affairs Action Coalition Health and Wellness Subcommittee, and the Utah State Substance Abuse Prevention Panel.

The CFSW strives to implement prevention strategies that are evidence based and considered best practices in the prevention field. The CFSW maintains traditional substance abuse prevention roles and programs, including ensuring compliance with the federal Drug Free Schools and Communities Act and completing Biennial Reviews. This year, the CFSW offered six Prime for Life classes, an Alcohol Education Course for students who violate campus alcohol or drug policy. This fiscal year 128 students completed this course.

During Fall Semester, the CFSW assisted in the administration of the American College Health Association/ National College Health Assessment on campus. The University of Utah previously participated in 2002, 2004, and 2006. Students answer questions about their habits, behaviors, and perceptions on prevalent health topics. Results provide information on health concerns that are impacting students and these results are utilized by the Center for Student Wellness to inform current and future office priorities and practices.
SHAC decided to partner with the Utah AIDS Foundation (UAF) and the Utah Department of Health for Sexual Responsibility week this year. With the University of Utah being a commuter campus SHAC decided they could best reach new populations by targeting local bars and clubs around the University. SHAC’s objectives were to:

1) Advertise the walk-in STD/HIV clinic at off campus locations.

2) Distribute Safer Sex Materials at high risk locations

3) Promote the Student Health Advisory Committee

4) Provide affordable/free testing to our target population

In two days 13 of our students visited 6 clubs and passed out over 500 loving well kits with safer sex materials. Inside every loving well kit was a card with information for 2 for 1 HIV testing and Free STD testing at our and the UAF locations M-TH of the next week. Below are the numbers for our clinic:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times</th>
<th>Number of Patients</th>
<th>U Students</th>
<th>Male/Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/16/10</td>
<td>2:00pm-4:00pm</td>
<td>6</td>
<td>6</td>
<td>3/3</td>
</tr>
<tr>
<td>2/17/10</td>
<td>2:00pm-4:00pm</td>
<td>6</td>
<td>6</td>
<td>4/2</td>
</tr>
<tr>
<td>2/18/10</td>
<td>2:00pm-4:00pm</td>
<td>7</td>
<td>5</td>
<td>4/3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>19</td>
<td>17</td>
<td>11/8</td>
</tr>
</tbody>
</table>

*All students were tested for both STD/HIV

After piloting free testing days in February SHAC felt confident in planning a larger event to celebrate April’s National STD Awareness month. We were able to partner with UDOH to again fund the free testing. UDOH set our goal of 50 patients tested at our clinic. After consulting with student groups the decision was made that instead of walk-in appointments the SHAC clinic would switch to scheduled appointments. SHAC and UDOH partnered at a Crimson Nights event where we offered on-site testing in the Union and promoted our free testing at the clinic the week after. That night we were able to test 26 students. Below are the numbers for our clinic for the testing the week after:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Number of Patients</th>
<th>U Students</th>
<th>Male/Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/20/10</td>
<td>2:00pm-7:00pm</td>
<td>25</td>
<td>18</td>
<td>16/9</td>
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<tr>
<td>4/22/10</td>
<td>2:00pm-5:00pm</td>
<td>12</td>
<td>12</td>
<td>6/6</td>
</tr>
<tr>
<td>4/23/10</td>
<td>12:00pm-4:00pm</td>
<td>20</td>
<td>19</td>
<td>5/15</td>
</tr>
<tr>
<td>4/24/10</td>
<td>12:00pm-5:00pm</td>
<td>19</td>
<td>17</td>
<td>12/7</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>76</td>
<td>66</td>
<td>39/37</td>
</tr>
</tbody>
</table>

*Total of 52 HIV tests and 76 STD tests given

The event used every free test that was donated and our partners at UDOH were very pleased at increase in numbers from the previous February. Based off the feedback from clients the CFSW and SHAC made recommendations and changes to the regular SHAC clinic including switching permanently from walk-in to appointment.
SHAC + CFSW EVENTS

UNIVERSITY OF UTAH FARMER’S MARKET

SEXUAL RESPONSIBILITY WEEK

ALTERNATIVE SPRING BREAK

RUN LIKE HEALTH 5K

AMERICAN COLLEGE HEALTH ASSOCIATION

WELLNESS FAIR

AUG 20 - OCT 8

FEB 8 - 12

MARCH 22-26

APRIL 10

JUNE 1 AND 5

2009

2010

WELLNESS FAIR / 5K EVENT

80

Registered participants for the Wellness Fair. Then more signed up the day of.

86

Registered participants for the Run Like Health 5K.

$551

Raised from the Run Like Health 5k. Proceeds went to the Road Home.
HIV TESTING

8
New SHAC members trained as HIV Counselors.

222
Patients seen.

84
Evaluations collected.

90
MINUTES
Longest wait time.

0
MINUTES
Shortest wait time.

Training for HIV Counseling was held through the Utah Department of Health and the Utah AIDS Foundation.

Most effective advertising method.

[Diagram showing advertising methods: CHRONICLE AD (5%), REFERED BY A HEALTH CARE PROVIDER (7%), FROM HEALTH PRESENTATION (21%), OTHER (14%), FROM A FRIEND (28%), WEBSITE (25%).]
The Student Health Center in the latter half of the fiscal year embarked on revising its strategic plan in response to the new Student Affairs strategic plan. We initially began with a SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats). All staff contributed to this evaluation, and the results were shared at our annual Spring Retreat which was devoted to strategic planning. In our retreat, we discussed these items as a group as well as a discussion of our values as an agency.

We then divided the staff into teams (providers, administrative, and health education) and each group listed 5 years goals for their area of our clinic. All other teams reviewed the other team’s findings and commented on them. Finally, all personnel marked the 5 most important goals for the next five years and the one goal that they felt must be completed in the next five years. These results were compiled to help with the development of our strategic plan. Subsequent staff meetings were devoted to a revision of our mission, vision, and value statements which are reflected in the annual report.

The areas deemed most important by our staff include: Improved insurance for students, increased visibility on campus, implementation of an electronic medical record, and an improved work space to allow for a larger staff. Each of these areas will be considered as we develop the strategic plan in the first quarter of the next fiscal year. However, the big unknown in this plan will be healthcare reform. While the law is passed, the regulations are only now being written and implementation will occur over the next 8 years. We anticipate many changes, and plan to work closely with our insurance consultants to help us respond to these changes appropriately.