Providing integrated care for the campus community
To enhance learning and student success by promoting, protecting and restoring health and well-being.

For over 100 years University Health Services (UHS) has supported the educational and research mission of UW–Madison as the comprehensive campus health organization, offering students primary outpatient medical care, brief mental health counseling and psychiatry, select occupational medicine services to UW–Madison faculty and staff, and a range of prevention services.

UHS strives to improve the health of campus through direct service, population health measures, and support for a healthy environment.
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On behalf of the over 160 employees of UHS, I am pleased to present the UHS 2011–2012 Annual Report.

During the past year UHS has furthered its mission to promote, protect, and restore health and well-being while adapting to changing external circumstances. This year’s accomplishments span the borders of UHS, the UW–Madison campus, and the State of Wisconsin.

- Continuously accredited since 1983 by the Accreditation Association for Ambulatory Health Care, UHS underwent reaccreditation during the summer of 2012. The reaccreditation process requires vigorous self-study and analysis and reflects the UHS commitment to quality and safety. A reaccreditation decision is pending.

- The Patient Protection and Affordable Care Act (ACA) impacts all US healthcare providers including UHS. Although not required to follow the ACA mandates, years of careful fiscal management have positioned Student Health Insurance Plan (SHIP) to comply with the requirements for student health insurance outlined in the ACA, significantly enhancing the benefits offered under the plan. The ACA brought the Community Transformation Grant to the Wisconsin Clearinghouse for Prevention Resources. This multi-year grant provides $4.6 million in prevention funds annually to support healthier Wisconsin communities. Additional administrative allocations from this grant will provide resources to support and strengthen UHS administrative functions.

- As the campus health agency, UHS has expanded and added programs which address pressing health needs on campus. The occupational medicine program continues to grow and UHS began providing services to summer youth camps this year. The UHS prevention plan has been completed, providing a framework to advance campus health through a public health approach. Finally, UHS continues to address the issues of high-risk alcohol use and sexual violence through the support for the development of programs such as mandatory alcohol education through “BASICS” and first-year violence prevention education through “Tonight.”

- UHS remains committed to meeting the needs and expectations of our primary customers, UW–Madison students, in an accountable and transparent fashion. Careful financial stewardship along with changes to employee benefit structures, allowed UHS to request no increase in segregated fees for 2012–2013 to continue current services. At the request of students to expand mental health services, a small increase in fees will add three additional mental health providers to campus next fall.

I look forward to the coming year as UHS continues to support the UW–Madison campus in its research and education mission through the provision of high-quality medical and mental health care, public health programs, and population level prevention.

Sarah Van Orman, MD, MMM
Executive Director

Notes from the Director
The UHS Strategic Framework 2009–2014 was developed and adopted over the summer of 2009 to replace the UHS Mission and Vision for 2010. It provides guiding principles to achieve the UHS mission to enhance learning and student success by promoting, protecting, and restoring health and well-being in a time of great change on the UW–Madison campus, in the State of Wisconsin, and throughout the world. UHS Priority Goals and Initiatives advance the UHS Mission and Vision as well as the UW–Madison Strategic Framework. As a unit of the Office of the Vice Chancellor for Administration (VCA), UHS partners with VCA colleagues to advance the VCA Strategic Plan 2009–2014 through VCA Strategic Initiatives.

Vision
UHS will be a national student health leader in the 21st century, providing the highest quality care in a fully integrated medical, mental health, and prevention service model that promotes the health and well-being of the campus community. UHS will pursue resources and maximize their use in an accountable, sustainable, and fiscally responsible manner to achieve optimal outcomes for the University community while adapting to the demands of evolving healthcare, societal, and economic conditions.

Fundamental principles
UHS plays a significant role in promoting academic success on campus. Using an integrative approach, UHS addresses students’ physical, emotional and psychosocial needs throughout this important transition in their lives. UHS is dedicated to creating a healthy and safe environment for all campus community members.

- A commitment to excellence.
- A commitment to student-focused services.
- A commitment to providing culturally competent and respectful services to all students.
- A commitment to creativity and innovation.
- A commitment to employee health and wellness.
- A commitment to maintaining a supportive and respectful workplace.
- A commitment to professional development.
- A commitment to responsible stewardship of our resources.
UHS Priority Goals

A. Achieve a sustainable financial model that ensures a continuation of needed services and access for all students.
   1. Responsibly manage limited resources.
   2. Harness new and appropriate sources of revenue.
   3. Optimize and develop staff skill sets to encourage flexible responses to changing demands.
   4. Promote access to adequate health insurance for all students.

B. Integrate clinical, counseling, and prevention services to promote optimum student outcomes and student development of personal and social responsibility.

C. Provide leadership to create a healthier campus by:
   1. Supporting the development of a campus-wide public health plan.
   2. Building capacity to manage current and emerging public health issues that affect the campus community.
   3. Collaborating within UHS program areas and with University and community partners to enhance our unique array of services and profile.
   4. Promoting healthy norms and behaviors within the campus student community, in collaboration with campus and community partners.

D. Enhance diversity within the UHS workforce and provide culturally appropriate services to a diverse student community.
   1. Promote a healthy work environment that encourages multidisciplinary interaction, fully utilizes all human resources, and supports professional development.
   2. Build an open, dynamic, and respectful learning and working environment for staff and students.
   3. Provide culturally competent services with an awareness of global issues that have a local impact.

E. Provide the highest quality of care and services in a cost-effective and accountable manner.
   1. Provide compassionate care delivered in an exemplary manner.
   2. Continue to monitor and assess student needs and preferences to provide the optimal combination of services, hours of operation, and additional services for the resources available.
   3. Identify, track, and communicate appropriate outcome measures or other indicators of performance in all UHS program areas.
   4. Utilize technology where appropriate to improve patient care, efficiency, and safety while enhancing the patient/client/provider relationship.

Staff Facts & Figures

- 35 licensed medical care providers
- 29 licensed mental health and wellness providers
- 4 pre-doctoral interns and two post-doctoral counselors
- 16 professional prevention staff
- 24 Wisconsin Clearinghouse staff
- 22 staff positions support medical and mental health services
- 36 administrative services staff members
- Over 50 student employees

Organizational Chart
Funding Model

UHS is funded through student segregated fees, general program revenue, fee-for-service billing, and grant support. The student segregated health fee for 2011–2012 was $170.68 per semester; for 2012–2013 it will be $173.12 per semester. Because almost all UHS services are prepaid through these fees, students access a wide range of medical and mental health services at no additional cost. Additional student fees are charged for selective services such as prescriptions, most immunizations, and physical therapy. The student health fee for 2012–2013 includes a funding increase for three additional mental health providers added at the request of UW–Madison students to meet the growing need for mental health services. The Student Health Insurance Plan (SHIP) is funded entirely by premiums collected from insured policy holders. Excluding medical claims paid by SHIP, over 75% of UHS expenses are personnel costs. The remaining expenses are largely made up of supplies, services, and medications. Despite increased utilization and health care inflation pressures, UHS has been able to maintain services with modest increases in the segregated fee averaging less than 4% annually over the past five years, well below overall campus tuition increases.

<table>
<thead>
<tr>
<th>Revenues Fund 128 Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>University Health Service</td>
</tr>
<tr>
<td>Segregated Fee</td>
</tr>
<tr>
<td>Fee for Service</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

| Student Health Plan     | $ 6,085,438 | $ 6,268,328 | $ 6,725,688 | $ 6,956,454 | $ 7,208,163 | 18.45% |
2011–2012 Agency Accomplishments

Strategic Initiatives—Ongoing

1. Strengthen and clarify the internal and external UHS identity, including website redesign to enhance communication with media, faculty, students, UHS staff and other UHS stakeholders.

UHS continues to build the health communications department with increasing emphasis on web presence and social media to communicate UHS services and promote campus health. With the recent purchase of Student Health 101, UHS will have new tools to provide quality health information to students. UHS continues to use traditional communication strategies when appropriate and launches 2012–2013 with a newly designed UHS brochure.

2. Create a five-year comprehensive prevention plan to address the key campus high risk factors of alcohol use, sexual behavior, violence, mental and emotional wellbeing, and communicable disease.

The comprehensive prevention plan has been completed (see the UHS annual report) and implementation will begin in 2012, led by a newly reorganized campus prevention team. Aligned with the principles and metrics of Healthy Campus 2020, the plan provides a blueprint for integrated and fully aligned prevention activities. On August 1, 2012, UHS will launch “Tonight” a custom web-based curriculum to teach incoming students about sexual assault, dating and interpersonal violence.

3. Support the development of a campus-wide five year alcohol strategic plan.

Implementation of the campus alcohol plan is underway. During 2011–2012, UHS led the implementation of mandatory education through the BASICS program for students involved in alcohol-related disciplinary actions on campus. Nearly 600 students completed the program which has received outstanding evaluations. During 2012–2013, UHS hopes to expand BASICS reach as well as support an initiative to implement mandatory alcohol education for all incoming undergraduates.

4. Provide campus-wide leadership in collaboration with campus partners to launch the Wisconsin Wellness Initiative to promote health and wellness for students.

UHS launched in April, 2012 with positive campus-wide reception. UHS continues to be an active participant in the partnership council as the project progresses.

5. Continue UHS “Green Initiative” to improve UHS use of environmentally friendly practices, products, and services.

UHS building services continue to advance green practices throughout the 333 East Campus Mall and 600 W. Johnson Street complexes. This year we will see the change to use lower impact floor and carpet cleaning products.

6. Measure and report appropriate quantitative service and/or program benchmarks for each UHS team. Utilize metrics to determine resource allocation and drive decision making.

Measured: Year-end report of unit specific metrics—ongoing

7. Maximize utilization of the Point and Click electronic health record to enhance patient/client care and service to campus through evaluation of the model of care, identification of new opportunities for public health intervention, and enhanced reporting capabilities.

Disease management programs have been implemented for eating disorders and employee health to track and manage patients with ongoing health needs. UHS has completed participation in the American College Health Association Clinical Benchmarking Study. Behavioral health outcome measures were implemented during the fall 2010 and have completed a full cycle of evaluation. UHS completed an evaluation of its use of the electronic medical record using the US Department of Health and Human Services Electronic Health Record Meaningful Use guidelines as external benchmarking standards and presented the findings at regional and national meetings.

8. Implement new employee orientation in all program areas, focusing on appropriate on-boarding of new staff, communication of work rules, and improving employee engagement.

UHS completed development and implementation of a new employee orientation program over the past year. Multiple on-line training modules were developed in areas such as safety, continuity of operations, and infection control to ensure new and current employees receive required trainings. A database was developed and fully implemented to track requirements. UHS will initiate an employee engagement project with results from the Vice Chancellor of Administration’s Employee Engagement Survey over the coming year incorporating the results from the Student Employment Survey.


The UHS Occupational Medicine Services is now fully operational. Initial successes have included standardization of tuberculosis screening among various campus primate facilities and development of medical response plans for research agents. The program continues to grow as UHS is asked to expand its scope of services and provide campus-wide consultation and leadership.

10. Participate in a joint Administrative Process Redesign (APR) project between UHS Environmental Health (EH), and Environment Health and Safety (EHS) to evaluate provisions of environmental health, occupational health, and safety programs.

The initial phase of the joint UHS-EH APR project was completed in the spring of 2012. The initial project developed an inventory of existing services and identified areas of both duplication and gaps. Chemical safety inspection was identified as a high-risk area in which there were significant gaps. A shared response process was developed and implemented. Additional recommendations to be pursued at the enterprise level include information management and organizational restructuring. Strategic priorities identified by the project, including a possible restructuring of campus responsibilities between EH and EHS, will be undertaken in 2012–2013.
Strategic Initiatives—Completed

1. Achieve reaccreditation through Accreditation Association for Ambulatory Health Care (AAAHC).
   UHS has completed the reaccreditation application and site visit along with extensive internal preparation. A final decision will be announced in October, 2012.

2. Host the North Central College Health Association Regional Meeting.
   UHS hosted over 120 college health professionals from throughout the region at a highly successful annual meeting of the North Central College Health Association.

3. Complete implementation of a behavioral health program.
   The behavioral health program was initiated in January, 2012, serving over 200 patients during the first semester. Assessment data from both students and providers indicate high levels of satisfaction with the program.

4. Granting of Agent Status of the UHS Environmental Health Program.
   The UHS Environmental Health Program was granted agent status by the Wisconsin Department of Public Health on July 1, 2011. With this status, comes new and expanded responsibilities for inspection and licensing across campus.

Other Accomplishments

1. Youth Programs—Through collaboration with the UW—Madison Pre-College Council and development of summer youth program health services, UHS has worked to bring UW—Madison into compliance with State of Wisconsin Administrative Code 175, reducing University risk and improving campus health and safety. UHS provided health services to over 2,000 residential campers during the summer of 2012.

2. ACA Compliance—The Student Health Insurance Plan has undertaken a multi-year process to ensure that it is in compliance with the requirements of the Patient Protection and Affordable Care Act (ACA). Careful stewardship of the plan has allowed this expansion of benefits.

3. Community Transformation Grant—The Wisconsin Clearinghouse for Prevention Resources successfully brought prevention funds made available by the Affordable Care Act to Wisconsin through the receipt of a five year, $4.3 million annual grant. During the initial year, 30 governmental and non-profit organizations were awarded grants to develop programs designed to address obesity, nutrition, and other chronic diseases.
As good stewards of the students’ financial resources, it is imperative that UHS solicit feedback regarding programming and services on a regular basis. Data is collected and analyzed with an eye toward continually improving processes and providing the best services to patients and clients by improving their experience of care.

UHS surveys students about the quality of care they receive during medical and mental health visits through our Patient Satisfaction Survey (PSS) process. For the third year, UHS used the ACHA/PSAS in order to more closely compare satisfaction with UHS medical services to those of comparable college health agencies. Results were compared internally to those from last year to identify process improvements. Two thousand six hundred and thirteen students were surveyed after their medical visits, yielding a 16% response rate. This yield is higher than the previous year and satisfaction results were comparable.

For the second year, satisfaction surveys were sent to randomly chosen mental health clients seen for counseling and psychiatry visits during the 2011–2012 academic year. Students received an email linking them to a confidential web survey. This year 1,346 students were surveyed in counseling services alone, yielding a 30% response rate.

In addition, UHS receives ongoing feedback via printed “Tell Us How We’re Doing” (TUHWD) forms, emails to the external UHS site through the TUHWD box, the comments box, and the general UHS box. Finally, calls from concerned parents and students are frequently forwarded to the student relations manager.

Highlights from a dozen items are listed below and indicate ongoing high levels of satisfaction with the services received and are similar to previous surveys. Constructive comments were used to improve systems, the flow of check-in, and referral processes. When providers were named and noteworthy comments related to them, supervisors were notified and discussed these with the providers.

Unit Overviews

UHS is divided into several units. Student Relations provides student advocacy services and works to improve satisfaction with UHS services. Medical Services, Mental Health Services, and Prevention and Campus Health Initiatives are each charged with providing direct service to the campus community which furthers the UHS mission. Administrative Services supports the work of these three areas through the provision of professional support for their activities. The Student Health Insurance Plan (SHIP) provides affordable, accessible health insurance to students. Student Relations works throughout UHS and reports directly to the Executive Director.
Medical Services

The Medical Services continue to improve the ability to provide high-quality, readily accessible services for the student population. Major changes occurred with the departure of dermatology and sports medicine services. Changes were made to clinical procedures to mitigate the loss of these services. Satisfaction surveys indicate the efforts to address these changes were successful. The athletic trainer has expanded clinical time to address acute musculoskeletal injuries as well as the rehabilitation of prior injuries. The dermatology nurse has developed a protocol clinic specializing in the treatment of acne and warts; two common dermatological problems. Although the scope of services offered by Dermatology and Sports Medicine cannot be duplicated in a primary care setting, UHS has continued to deliver an appropriate level of service to patients without loss of accessibility to appointments.

Medical Services strives to provide the best care through a continuous improvement process. Quality improvement audits are performed by pediatric and internal medicine residents monthly to compare UHS clinical practice with best practice benchmarks. Improvements in processes or enhanced educational activities are implemented as needed as a result of these audits. Follow-up audits are performed when indicated to assess the effectiveness of the interventions. Additionally, clinicians attend monthly presentations addressing relevant medical topics and participate in weekly journal reviews and patient care reviews. Visit templates are reviewed on a regular basis to enhance compliance with national guidelines. Patient education materials are available electronically from the extensive library resources on campus.

UHS Medical Services expanded this summer to provide medical supervision of the UW–sponsored summer youth camps. This endeavor was complicated by the unusually hot and dry summer Madison experienced, necessitating a continual re-evaluation of the medical needs of the campers and revising procedures as appropriate. Medical Services will open the Lakeshore Clinic at Dejope Hall in August of 2012. This satellite clinic will improve accessibility for students on the west side of campus for treatment of the most common minor illnesses. This clinic will serve as a site for future outreach activities such as annual, large-scale influenza vaccination clinics.

Medical Services Key Questions

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>OK*</th>
<th>Not Satisfied</th>
<th>Very Dissatisfied</th>
</tr>
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<tbody>
<tr>
<td>Satisfied with appt. scheduling</td>
<td>58%</td>
<td>26%</td>
<td>13%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Reception staff friendly and helpful</td>
<td>61%</td>
<td>30%</td>
<td>8%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Provider listened carefully to concerns</td>
<td>67%</td>
<td>18%</td>
<td>12%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Quality of provider explanations</td>
<td>56%</td>
<td>22%</td>
<td>12%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Overall satisfaction with medical visit</td>
<td>56%</td>
<td>25%</td>
<td>12%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Recommend UHS to another student</td>
<td>65%</td>
<td>17%</td>
<td>9%</td>
<td>5%</td>
<td>4%</td>
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Mental Health Services Key Questions

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>Strongly Agree¹</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree¹</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Accessed initial services in a reasonable time</td>
<td>49%</td>
<td>45%</td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Reception staff helpful and courteous</td>
<td>54%</td>
<td>44%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Provider listened carefully to concerns</td>
<td>63%</td>
<td>35%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Paperwork and e-surveys clear and easy to complete</td>
<td>39%</td>
<td>56%</td>
<td>5%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Overall satisfaction with C&amp;CS</td>
<td>48%</td>
<td>46%</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Recommend C&amp;CS to a friend</td>
<td>50%</td>
<td>45%</td>
<td>4%</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Goals and Metrics:

- Resurvey in fall 2012 and spring 2013 medical services patients with the American College Health Association/Patient Satisfaction Assessment, allowing UHS to benchmark results against peer institutions and internally compare next year’s results with the same tool.
- Repeat the UW Qualtrics system for a client satisfaction survey within mental health services for medical students in fall 2012 and spring 2013.
- Resurvey, using our broader version with UW Qualtrics, within mental health services for general clients in fall 2012 and spring 2013.

¹This “OK” category combines two midrange options on the 6-point rating scale. Invalid responses include no response and multiple responses to an item. Rounding errors were accounted for in this midrange area.
Primary Care

Primary Care provides timely medical care to minimize the impact of illness on the students’ academic pursuits. Primary Care scheduling is optimized to promote ready access to medical services. The rapid access system provides access within 24 hours for all acute illnesses. For students with ongoing medical needs, Primary Care provides continuity of care within UHS and coordinates specialist care within the community. For many patients, this is their first experience making independent health care decisions. The Primary Care staff educates students regarding health care decision making and encourages them to be better stewards of their current and future health care needs. In addition, Primary Care remains vigilant for health care trends on campus that may affect the University community. Primary Care providers are in the forefront of developing early response plans to minimize the impact these trends may have in the future.

Achievements

- Behavioral Health (BH) was successfully launched in Primary Care and has been enthusiastically embraced by both the primary care clinicians and the patients/clients served.
- Primary Care clinic accommodated the increased demand for musculoskeletal services and dermatological services necessitated by the loss of the Sports Medicine and Dermatology physicians. The transition resulted in no noticeable loss of service to the students.
- With the elimination of Sports Medicine and Dermatology clinics, a same-day musculoskeletal injury clinic staffed by licensed athletic trainers, as well as a nurse protocol based acne and wart clinic were established. As a result, patients have faster access to these services.
- Primary Care assumed responsibility for overnight health care services at UW-licensed summer camps.

Future Directions and Goals

- Primary Care will establish a satellite clinic at the new Dejope residence hall. This clinic will provide acute care services for many common illnesses and serve as a base for outreach activities.
- Enhance screening and prevention services offered to students based upon the latest recommendations of the US Preventive Services Task Force.
- Expand the availability of web-based appointments for a larger spectrum of services and times.
- Explore the use of electronic resources to further enhance the ease by which students obtain care and services.
- Establish a nurse telephone triage service to provide 24/7 medical advice to students.

Sexual Health

The UHS Sexual Health Clinic provides screening, diagnosis, and treatment services for sexually transmitted infections (STIs). Unique within UHS, the clinic serves UW-Madison students and the larger Dane County community. Student services are paid for by the student segregated fee and services for non-students are paid for at the time of service. It is widely recognized as the primary referral clinic for STIs in south central Wisconsin, and is a designated state Human Immunodeficiency Virus (HIV) counseling, testing, and referral site.

Sexual Health Clinic provides full service visits for patients with symptoms potentially related to STIs as well as more limited screening visits for asymptomatic patients. The screening visits can be scheduled by the patient utilizing MyUHS, electronic patient portal, and are usually available within 24 hours.

Achievements

- In the fall of 2011, the Sexual Health Clinic relocated to share clinic space and support personnel with Women’s Health. This increased the visibility of services available for the screening and treatment of illnesses related to sexually behavior.
- The clinic experienced an increase in the number of visits and students served this year.

Future Directions and Goals

- Sexual Health Services is exploring the potential for offering walk-in, self-service STI screening, increasing the accessibility of STI screening services. Advances in the technology used to perform STI screening has made it possible for patients to have accurate testing without the need for a physical examination.
- In conjunction with self-service screening, Sexual Health Clinic is looking at the best ways to use electronic media to provide educational materials to accompany the results of the screening tests.
Women’s Health

Women’s Health provides routine well woman examinations and advice about healthy lifestyles, contraceptive education, and services including emergency contraception, STI testing and treatment, and the evaluation and treatment of vaginal and urinary tract infections. Additionally, Women’s Health provides intrauterine device (IUD) and Implanon insertion, colposcopy, loop electrosurgical excision procedure (LEEP), cryotherapy and pelvic ultrasound as part of the student health fee. The contraceptive devices and biopsy specimens generate additional charges that are priced below market cost to minimize the financial impact on students without adequate health insurance coverage. Women’s Health provides educational training to residents and medical students throughout the year.

In the past year, the management structure of Women’s Clinic changed in personnel and organization, with the clinical services and care delivery managed by a physician, and the scheduling, hiring, and administration managed by the UHS clinical nurse manager. The clinic operations manager and staff have remained in charge of Women’s Health patient scheduling and check in, ordering supplies, clinician, patient, and meetings schedules. The transition has been smooth, with open communication and availability of managers and staff to tend to patient needs as the top priority. To assure day to day clinic work flow is efficient, the registered nurses have taken on the role of reviewing schedules, and sharing the medical assistant’s work space, to assist as the top priority. To assure day to day clinic work flow is efficient, the registered nurses have taken on the role of reviewing schedules, and sharing the medical assistant’s work space, to assist with injections, patient visits, and coordinating care between providers. The nurse roles have expanded to see a broader scope of patients for urinary tract infections and contraception new starts and renewals under nurse protocols. This expanded role was necessary to meet the demand for services due to the loss of personnel.

Achievements

- Women’s Clinic revised its appointment types to improve access to contraceptive services by separating need for an exam from a need for prescriptions. Women’s Clinic continued to improve access to all appointment types except procedures through web-booked appointments and same-day availability.
- In March 2012, with the revised pap interval for women 21 and older to every three years, Women’s Clinic transitioned to this new recommendation and found students to be receptive to the change. This is largely due to the time spent educating patients on the changing pap screening recommendations.
- To further improve the pap processes, Women’s Clinic developed and initiated an abnormal pap management template in the electronic health record to improve management of follow-up with reminders and the electronic health record database by requiring addition of the abnormal pap to the patient’s problem list. The Women’s Clinic nurses continue to receive and review the list of patients with pap abnormalities to assure follow-up occurs. The template aids the efficiency of this quality assessment process.
- Women’s Clinic providers participate in the health promotion activities at UHS, on campus, and in the broader community, in addition to their clinical duties. This year, the staff supported a clinician serving as the chair of the Equity and Diversity Committee, two clinicians serving on the Peer Review Committee, one clinician on the Healthy Eating Committee, one clinician on the Electronic Health Record Committee, one clinician on the Sexual Assault and Relationship Violence Committee, and two clinicians traveling to Haiti on a medical service trip.

Future Directions and Goals

- Improve patient education resources by improving website design and content to be consistent with patient education web links in electronic health record, and using national organization web resources to replace UHS-created resources.
- Assist the UHS communications team to assure links to the most up-to-date Women’s Health resources. The goal is a semi-annual check to assure the links are live.
- Through www.bedsider.org resources, improve patient access and compliance with contraceptive selection and use as measured through a patient survey, appointment access, website use, and pregnancy rates.
- Improve contraception selection and compliance through walk-in pregnancy tests done in Women’s Clinic with nursing visit, rather than follow-up phone call after lab collected test.

Travel Clinic

International learning experiences sponsored by the University of Wisconsin continue to expand in numbers and locales. The expansion of this program requires Travel Clinic to continually evaluate the services offered at UHS and revise policies and practices to provide the appropriate services to students traveling to distant locales. Travel Clinic provides pre-travel consultations to help students anticipate the challenges of a new environment. Students are encouraged to be proactive in assessing new situations and developing appropriate response plans as needed. Travel Clinic provides advice about required and recommended immunizations customized not only for the country of their destination but for the activities the student will engage in while abroad. In addition, the Travel Clinic personnel interact with the University community to enhance the information provided to students considering travel abroad. Travel clinicians are members of the University International Travel Committee providing medical expertise as the committee evaluates current policies and practices of the organizations sponsoring international travel experiences.

Achievements

- Access to Travel Clinic has been expanded following the hiring of a half-time nurse practitioner with special training in travel medicine.
- Travel protocols have been revised with the intent of expanding services provided to students by the Travel Clinic registered nurses.
- The Travel Clinic nurse practitioner has met with many of the sponsoring institutions on campus to provide care regarding health concerns students may have as they consider travel plans.
- Travel Clinic clinicians participated in the development of a medical intake form to be used by all UW entities sponsoring travel abroad.

**Future Directions and Goals**

- Expand the availability of group visits for programs with large numbers of students traveling to the same destination.
- Expand outreach services available to campus partners.
- Expand services offered by Travel Clinic registered nurses to reduce backlogs at the end of the semester.
- Explore the use of the electronic medical record to provide travel advice and services.
- Develop hybrid visits that combine aspects of group visits with individual advice to increase the number of students served.

**Community Health**

Community Health is committed to minimizing the impact of communicable illnesses on the campus community. Community Health has a robust outreach program to educate campus partners on current or anticipated health issues and helps formulate plans to address them. The Community Health Outreach program provides services in locations which maximize student accessibility to preventative and surveillance services. Services offered in the outreach programs include Tuberculosis skin testing, respiratory fit testing and immunizations. In addition, Community Health provides allergy immunotherapy to students at UHS and employee health services for UHS staff and for students working on campus. Compliance with AAAHC accreditation standards, infection control standards, and state and federal employee health standards are coordinated and monitored by Community Health. Community Health investigates reports of communicable disease outbreaks on campus and coordinates efforts to contain the outbreak and provide medical services to those affected. Community Health follows the recommendations of the Advisory Committee on Immunization Practices (ACIP), the Center for Disease Control and Prevention (CDC), and the State of Wisconsin regulations in determining its immunization policies and procedures. Allergy clinic procedures are in compliance with the recommendations of the American Academy of Allergy, Asthma, and Immunology (AAAAI).

**Achievements**

- The number of allergy appointments was increased to accommodate all students who wish to receive allergy immunotherapy at UHS.
- A walk-in clinic for Tuberculosis skin testing was successfully implemented.
- Employee health testing utilizing the electronic medical record was implemented. UHS is in full compliance with accreditation requirements.
- Over 10,000 influenza vaccines were administered utilizing a revised approach to large-scale immunization outreach events on campus.

**Future Directions and Goals**

- Develop an electronic link with the Wisconsin Immunization Registry (WIR) and enter all immunizations into the registry.
- Implementation of a walk-in program for lab titler testing allowing greater flexibility for students.
- Expand use of the disease management component of electronic medical record.
- Expand outreach programs offered to health occupations students on campus.

**Primary Care Training Program**

UHS trains health professional students, including medical, nursing, physician assistant, and nurse practitioner students, as well as residents in Pediatrics and Internal Medicine in the care of college-age patients. UHS trains provide evidence-based care consistent with current guidelines while being supervised by UHS staff.

**Achievements**

- The training program completed 11 quality improvement studies during the 2011–2012 year and presented these results to clinical services staff members. The training program provides structured opportunities for Continuing Medical Education for the entire staff. These activities enhance the care provided to patients by regularly exposing staff and learners to the most up-to-date literature and guidelines for treatment. It affords the providers the opportunity to collaborate on the most interesting and challenging cases. The quality improvement studies improve the ability to manage common clinical complaints consistent with current evidence, affording the most cost efficient and cost effective care for students.
- In 2011–2012, a senior medicine resident completed a second year of training at UHS, providing care to patients in a "continuity clinic." This provides the opportunity to follow the same patients over a period of time; allowing for a unique and richer experience for the resident.
- In 2011–2012, a second senior resident from the Department of Medicine participated in a weekly Primary Care continuity clinic.
- In 2011–2012, a Family Practice resident did a special elective in Primary Care, focusing on the diagnosis and treatment of acute and chronic headaches.
- The Grand Rounds program provided the most up-to-date, state-of-the-art presentations on primary care medical issues.
- The didactic teaching program, involving lectures from UHS staff to trainees continues, providing one to two hours of additional training each week.
Future Directions and Goals

- In 2012–2013, a Medicine-Pediatrics resident from the Medical College of Wisconsin will be doing a rotation in Primary Care at UHS. This may lead to further opportunities for residents from this institution.

- UHS hopes to expand continuity clinic opportunities for Internal Medicine residents in 2012–2013.

- Pediatric residents have been invited to participate in continuity clinics at UHS.

- Encourage and facilitate the participation of newer staff members in the didactic lecture program. Anticipate expansion of this component of the training program during 2012–2013.

- Continue regular staff education series:
  - case conferences (once weekly)
  - journal club (once monthly)
  - didactic teaching conferences (twice weekly)
  - grand rounds (once monthly)
  - quality improvement studies (once monthly)

Mental Health Services

Mental Health Services are comprised of individual and couples services, group counseling services, psychiatry services, case management services, behavioral health services, crisis services; campus-based services; consultation services; and training programs for predoctoral interns, postdoctoral residents, and practicum students from UW–Madison departmental programs.

Individual and Couples Counseling Services

Individual and couples counseling are offered within a brief treatment format that includes a maximum of 20 visits per academic career (e.g., 20 visits during undergraduate studies and 20 visits during graduate studies). Up to 10 individual or couples counseling sessions may be used in any one-year period. The multidisciplinary professional counseling providers and counseling trainees deliver multiculturally-competent services from a variety of commonly recognized theoretical approaches that are integrated to respond to each student’s needs. Students requiring additional or alternate counseling services are provided with referrals to community service providers.

Achievements

- The implementation of a drop-in model that was launched in 2011 for initiating counseling and daytime crisis services continued to show an increase in access to mental health services at a rate of 6% over the previous academic year.

- Individual counseling visits were stable over last year.

- Couples counseling visits increased by 47% over the 2010-2011 academic year.

- Establishment of a Multidisciplinary Research Team in collaboration with the UW–Madison Counseling Psychology Department to measure treatment effectiveness.

- A quality improvement study to enhance provider use was conducted summer 2012.

- Two additional mental health providers were secured through support from ASM.

- Emphasis in multicultural competency for staff:

<table>
<thead>
<tr>
<th>Total Visits: 21,086</th>
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<tbody>
<tr>
<td>Unique Students: 4,631</td>
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Most Frequent Diagnoses:

- Anxiety and Anxiety Disorders
- Depression and Depressive Disorders
- Academic Problem
- Relational Problem
- Partner Relational Problem
- Phase of Life Problem
- Parent-Child Relational Problem
- Social Phobia
- High-Risk Drinking
- Professional development grant secured to invite a national speaker to provide a half day of diversity training.
- Monthly professional development to develop multicultural awareness, knowledge, and skills offered to staff.

**Future Directions and Goals**
- Two additional mental health providers will be added to the staff in an effort to provide additional services to students and to increase staff diversity.
- Collaboration with UW System to participate in a national collection of de-identified demographic information to better assess college student needs and more specifically identify groups that are seeking services on UW System campuses.
- Behavioral Health measures will continue to be used to monitor client progress and to evaluate treatment effect sizes.

**Group Counseling Services**
Group services are an effective treatment format that is developmentally appropriate for addressing the primary concerns of students presenting to UHS Counseling Services. Group services are unlimited and are offered in a variety of topics and formats.

**Achievements**
- Group services increased by 39% from the 2011–2012 academic year.
- During 2011–2012 UHS offered 31 Interpersonal Process Groups, 24 Support/Theme Groups, 10 Psychoeducational Groups, and 13 Wellness Groups; establishing itself as one of largest group programs in the nation.
- Groups that serve the needs of underserved and underrepresented students, especially LGBTQ students and students of color, were a focus.
- A Self-Care and Safety Group was made available as a resource for students to maintain safety during the case management process of referral to external resources.
- Daily drop-in groups were created to provide on-going access to mental health services without an appointment.
- Group services information and resources were posted to an Intranet to increase accessibility for staff.
- Group informational resources were updated and offered on the UHS website as a resource for students.
- An electronic survey to identify relational dynamics and facilitate goal setting for students participating in group treatment was created and implemented.
- The group program was presented at both the North Central College Health Association and the Wisconsin Association for the Provision of Counseling in Higher Education.
- A group therapy practicum program was established in collaboration with the UW - Madison Counseling Psychology Department to train future group leaders; offered for UW - Madison credit.

**Future Directions and Goals**
- Integration of group work into Behavioral Health Program to include Smoking Cessation and Self-Care for Health, which is a resource for students dealing with chronic physical health issues that impact academic success.
- Development of videos for the UHS website to enhance the delivery of information pertaining to group services.
- Conduct research on the effectiveness of group therapy in a college mental health setting.
- Professional development will be provided to UHS mental health staff on group interventions.
- Professional development will be provided to UW System counseling centers regarding the establishment of successful group therapy programs on college campuses.

**Psychiatry Services**
Psychiatry Services provide psychotropic medication management in an interdisciplinary mental health outpatient setting. The primary responsibility of the Psychiatry Service is to provide routine and urgent psychiatric evaluation and treatment of UW–Madison students; consult with and refer to other UHS mental health staff and trainees, and UHS Medical Services staff; collaborate with select community providers; and provide after hours on-call service.

**Achievements**
- Psychiatry providers conducted 499 initial scheduled consultations and 2703 follow-up appointments.
- Eighty-one percent of students referred to psychiatry providers for an initial scheduled consultation were seen within two weeks.
- The Psychiatry Consultation service provided 185 consultations with students on an immediate basis and 174 provider-to-provider consultations occurred.
- Standard documentation requirements for students transferring external ADHD care to UHS were developed and implemented.
- UHS remains as a core training site for the Department of Veterans Affairs Hospital addiction fellowship and continued high demand for UHS as a psychiatry training site for UW Department of Psychiatry residents remains.

**Future Directions and Goals**
- Continued expansion of services into UHS Medical Services in conjunction with Behavioral Health Services.
- Expansion of the split-care model of treatment to allow community mental health providers to refer students to UHS psychiatry staff.
Behavioral Health measures will be used to monitor patient progress and evaluate treatment effect sizes.

**Case Management Services**

The Case Management Program serves a growing population of undergraduate students with complex mental health and support needs in areas such as health care, housing, employment, social relationships, and community participation through the Madison Initiative for Undergraduates. These services coordinate community services for students who are in need of intensive and/or long-term mental health services.

**Achievements**

- Case Management Services received 435 referrals from UHS and DoSL staff and assisted with the connection of 355 students to community resources, an increase in 18% from 2010-2011.
- Case Management Services consulted with 315 faculty, staff, and parents regarding student mental health issues, an increase of 81% from the previous academic year.
- The case manager was awarded the Division of Student Life Partnership Award for collaboration serving students in need of multiple resources and active contribution to the UW-Madison Intervention and Threat Assessment Teams.
- The case manager became a pioneer member of the Student Crisis Response Team.
- Funding for a second mental health case manager was secured.
- Created a community referral resource for the treatment of the following specialized mental health issues: sleep disorders; trauma; sexual, gambling, and internet addictions; transgender care; and neuropsychological testing.
- Post-hospitalization appointments were created to provide immediate access to Case Management Services for those who have been discharged from inpatient mental health care.

**Future Directions and Goals**

- Measure the extent to which Case Management Services increases the retention and academic success of students who participate in this service.
- Establish a protocol for routine follow-up of students who have been referred to the community; follow-up to occur at three months, six months, and one year.
- Hire a second case manager to expand ability to provide long-term follow-up after community referral(s) and to enhance the services offered to underserved and underrepresented students.
- Creation of an interactive resource guide for community referrals to facilitate ease of transition for students.
- Establish UHS as a primary training site in the provision of Case Management Services for graduate students at UW-Madison.
- Create a post-masters case manager position at UHS.

**Behavioral Health Services**

Behavioral Health Services recognizes that patients’ health care outcomes improve when mental health services are integrated into medical settings. Notably, National College Health Association data consistently demonstrate that students identify medical providers as having the most influence over decisions to make healthy lifestyle changes. Behavioral Health Services are based on collaboration between medical and mental health providers who provide an integrated treatment approach to meet the students’ comprehensive health care needs. Students from some cultural backgrounds are more comfortable revealing concerns in medical settings rather than in traditional mental health settings, so integrated care models enable health care staff to better serve diverse students. Behavioral Health Services at UHS serves two main functions:

- Identify students with mental health issues in a self-initiated medical setting and link them with appropriate services; and
- Identify students with medical disease in which behavioral interventions can facilitate treatment.

**Achievements**

- Behavioral Health Services launched in January 2012, offering Behavioral Health Services five days per week, four hours per day. Fifteen different medical providers, representing Primary Care, Sexual Health, Travel Clinic, and Women’s Clinic, successfully referred 144 patients for behavioral health appointments.
- In six months, behavioral health providers conducted 144 initial consultation appointments and 61 follow-up appointments.
- Five additional mental health providers were certified as behavioral health specialists through the University of Massachusetts Medical School, raising the total number of certified UHS mental health providers to 16.
- Through an American College Health Association grant, UHS received approximately 75 hours of expert consultation from Access Community Health Centers’ Primary Care Behavioral Health Research and Training Institute.
- Behavioral Health Services consolidated tobacco cessation services within UHS, ensuring that students have rapid access to both medical and behavioral interventions to aid their quit attempts.
- Numerous behavioral health patients verbally reported to behavioral health providers that they appreciated having access to mental health services in medical clinics at UHS, stating they would not have sought traditional assistance for mental health concerns at UHS or in other settings.
- Demographic data indicate that 12% of behavioral health patients were international students, significantly exceeding the percentage of traditional mental health service clients who identify as international students. This number supports the claim that integrated care models facilitate mental health service delivery to populations of students who are less likely to seek mental health services in traditional mental health settings.
Future Directions and Goals

- Integrate additional behavioral health providers into Behavioral Health Services and extend the hours of service for 2012-2013.
- Work collaboratively with Medical Services to establish a tobacco cessation clinic that includes behavioral and pharmacological interventions in individual and group formats.
- Develop and revise patient education materials to enhance service delivery.
- Create a behavioral health seminar to train UHS predoctoral psychology interns and postdoctoral psychology residents in behavioral health interventions.
- Complete a quality improvement study that establishes metrics for ongoing evaluation of the behavioral health program.
- Conduct research on the effectiveness of Behavioral Health Services in a college health setting.
- Engage in professional development and networking activities by attending the Collaborative Family Healthcare Association’s Annual Conference in Austin, Texas, and submitting a presentation proposal to the American College Health Association’s Annual Meeting in Boston, Massachusetts.

Crisis Services

Timely access to crisis intervention services and suicide prevention resources are major priorities for UHS. UHS provides 24-hour crisis intervention services focused on suicide prevention, access to appropriate mental health resources, and consultation for students, faculty/staff, parents, and community partners who may be concerned about a student. During business hours, open access to drop-in services allows any student to be seen without scheduling an appointment, often a factor that creates a barrier to service engagement. Students may access after-hours crisis intervention services on evenings, weekends, and holidays by calling the UHS mental health crisis line.

Achievements

- Seamless transition to a contracted after-hours crisis call service staffed by mental health clinicians with expertise in crisis.
- Crisis calls in 2011–2012 totaled 369 calls, compared to 300 calls during the 2010–2011 academic year, representing a 23% increase.
- Calls to this service have resulted in 17-second average response rate that connects the student with a trained crisis counselor; former system based on answering service that connected with UHS provider by pager, who then contacted the student.
- Crisis Services collaborated with Group Counseling Services to offer a Self-Care and Safety group designed to provide stabilization to students who are being referred to community services and are currently at risk for self-or-other harm.
- Transition to an external crisis response agency increased daytime clinical staffing hours by the equivalent of 1.5 providers.

Future Directions and Goals

- Creation of an additional service to provide crisis intervention and support for students waiting for UHS mental health services to enhance UHS’ ability to retain more students for care.

Campus-Based Services

Campus-Based Services are a group of programs that expand UHS’ ability to reach and serve the mental health needs of students at UW-Madison. Through the provision of consultation, support, and information, UHS mental health staff is able to increase accessibility and linkage to necessary UHS services, such as campus programming, liaison relationships, and the Let’s Talk program.

Achievements

- Let’s Talk expanded to offer five campus locations, five days per week. Student participation nearly tripled from 2010–2011; a notable 50% increase per semester since implementation.
- Eighty-three percent of students who participated in Let’s Talk, and who were referred for counseling, followed up with this recommendation.
- Twenty-three staff members provided over 90 campus programs.
- Establishment of a Student Crisis Response Team on campus; a multidisciplinary agency team that serves to mitigate the mental health consequences of campus crises that exceed the ability of a single campus unit to respond.
- Protocols for responding to diverse students/parents and assistance in memorial planning to facilitate the grieving process have been created.
- The Campus-Based Services Project Team developed the Health Ambassadors program which will be implemented fall 2012.

Future Directions and Goals

- Implementation of the Health Ambassadors Program by expanding existing connections with 45 campus units to improve efforts to build campus relationships, provide mental health information, and increase the campus community’s ability to recognize and respond to mental health concerns.
- Increase presence on campus with additional mental health programming, specifically targeted to reach underserved and underrepresented populations.
- In partnership with Prevention Services, implement a national suicide prevention program focused on preparing students, faculty/staff, parents, and community partners to recognize and refer distressed students to mental health services.
- Train all staff in critical incident stress and bias incident responses.
- Expand Let's Talk to a location that provides easy access for medical students and students in the STEM fields.
Consultation

C&CS provides a critical link to faculty, staff, students, and parents when mental health expertise is required. Internally, C&CS regularly consults with UHS medical staff regarding shared cases. On campus, the most significant consultation work occurs within on-going liaison relationships and through daytime and after-hours crisis services. Through each of these channels, C&CS provides relevant, timely mental health information that indirectly supports the needs of the campus community. The daytime Access and after-hours crisis service counselors routinely speak with parents, faculty, and staff about how to effectively connect students with mental health services. C&CS staff serve as members of the Student Intervention, Threat Assessment and Response, and Student Crisis Response teams through the DoSL.

Achievements

- Consulted with 733 students, faculty, staff, and parents during daytime access services, an increase of 50% from last year.
- Created multiple website resources for faculty, staff, and parents regarding recognizing and responding to students in distress.

Future Directions and Goals

- Increase website and hardcopy resources for students, faculty, staff, and parents.
- Work collaboratively with additional campus partners to mitigate the mental health effects of traumatic events.
- Implement the Health Ambassadors Program to increase and strengthen campus connections.

Training Program

All UHS mental health services trainees participate in extensive training under direct supervision. Four components comprise the training program: master’s level Counseling Psychology and Social Work trainees, doctoral trainees at foundational and advanced practice levels, predoctoral interns in psychology, and postdoctoral residents. Predoctoral interns and postdoctoral residents provide direct services over the course of the year with nearly 3,000 direct contact hours.

Achievements

- Received seven years accreditation from the American Psychological Association (APA) after submission of a comprehensive self-study and two-day site visit.
- In response to APA accreditation feedback, created a competency-based goals, objectives, outcomes, and thresholds of performance for all predoctoral interns to be consistent with internship.
- Established a comprehensive, collaborative approach to trainee evaluation process.
- Re-wrote training website based on feedback from APA site visit.
- Secured training for four predoctoral interns in a national match process through the American Psychological Association.
UHS offers an interdisciplinary program providing a range of valuable services designed to assist students pursue the optimal health of their mind, body, and spirit. The wide range of programs and services includes healthy living consultation, nutritional counseling, meditation training, mindfulness training, authentic happiness and positive psychology programs, exercise consultation, acupuncture, yoga, massage, stress management, sleep management, headache treatment, and smoking cessation.

UHS has offered low-cost massage therapy services to students since 1995. Wellness sessions with a health education specialist are offered for students to review their personal habits and to develop a personal wellness plan to improve their health or to address specific concerns about exercise, low energy, basic nutrition, minor sleep problems, or stress concerns. Yoga groups at UHS are designed to offer adjunct therapy as part of a comprehensive treatment plan for students with medical or mental health illnesses such as depression, eating disorders, chronic fatigue, or headaches. Nutrition services are offered by registered dietician. Students receive expert nutrition guidance to address health concerns such as eating disorders, chronic medical conditions such as diabetes, and for assistance with weight management. In the fall of 2011, acupuncture was added to the wellness services offering an effective alternative way to address conditions such as chronic pain, headaches, and stress.

Wellness Services

Total Visits: 5,930
Unique Students: 1,200

Occupational Medicine

Total Visits: 3,355
Unique Patients: 1,130

Most Frequent Diagnoses:
- Tuberculosis Screening
- Preventive Health Exam
- Occupational Exposure Counseling/Consultation
- Immunization
- Latent Tuberculosis Infection
- Animal Scratch or Bite
- Chemical Poisoning/Contamination

The UHS Occupational Medicine for the Research Enterprise (OM) is an occupational health program designed to serve the unique needs of the UW–Madison research and academic environment, including medical oversight, monitoring, pre-exposure preventive services, and post-exposure treatment of animal, biological and chemical exposures.

Achievements
- Reviewed over 2,000 Animal Contact Risk Questionnaires.
- Facilitated the flu vaccination clinics which served over 2,800 UW faculty and staff.
- OM in collaboration with UW Infectious Disease department developed specific response plans defined by needs and unique exposure in the Research labs and shared this information with area emergency departments. Post-exposure response plans are available for 17 agents with more in development.
- OM played an active role in the campus community by participating in numerous interdisciplinary campus committees such as the Animal Safety Workgroup, and Campus Occupational Health Committee.
- Developed partnerships with other healthcare organizations including multiple departments from Dean Health Systems, UW Hospitals and Clinics, and Meriter.
- Responded to pressing campus health needs for issues related to occupational exposures such as animal bites, biological and chemical exposures, and other workplace hazards.

Future Directions and Goals
- Implement the Animal Contact Risk Questionnaire as an online survey via the electronic health record.
- Continue to develop expertise in the unique occupational hazards of the campus researchers-pregnancy consults.
- Develop policies and procedures for the new guidelines for the occupational health of Select Agent staff.
- Assist the Occupational Safety department in creation of the campus lab animal allergy policy.
A holistic student health program requires a comprehensive and robust prevention effort. The mission of the Prevention and Campus Health Initiatives Program is to assure a campus-community environment that optimizes opportunity for students to be healthy, promotes positive health behaviors, and applies evidence-based prevention and early intervention strategies to target upstream risk factors and underlying causes of illness and injury. The Campus Health Initiatives Program consists of Academic Partnerships, Campus and Community Partnerships, and Health Communications.

Members of this program collaborated together during the 2011-2012 academic year to draft a comprehensive Prevention Plan which articulates the focus of the UHS Prevention Teams’ efforts through the year 2016. It explains how Prevention Services will integrate with UHS medical and mental health colleagues - as well as our campus and community partners - to promote good health and thereby enhance student learning and success. One of the major objectives for the upcoming 2012-2013 academic year will be to use the draft plan to convene discussions with campus and community partners to build consensus on the plan objectives and encourage collaboration and action around those critical health issues, such as violence prevention, healthy sexual behavior, and responsible alcohol use, facing our campus population. In addition to their work on the Prevention Plan, much was achieved over the past year.

The Academic Partnerships Team promotes a healthy learning environment on campus by 1) connecting key health and community development issues to the academic work of the university through place-based learning, service learning, cultural tours and community-based research and 2) partnering with faculty development initiatives on campus to identify and promote educational practices that foster student learning, health and well-being.

Achievements

- Linking students and instructors with the people, places and cultural assets of South Madison to learn while contributing to the revitalization of the Park Street corridor (the gateway to campus); offered field trips introducing students to the history, current context and opportunities for contributing to collaborative initiatives in the areas of education, health, food systems, economic development, and cultural documentation; contributed to new developments in the Community University Exchange (CUE) South Madison program by co-teaching Human Ecology courses in which students and community partners engaged in cooperative inquiry projects together to learn about community engagement (seven projects completed with multiple partners); and mentored and advised student leaders to link projects with community-identified needs and existing initiatives (Wisconsin Idea Fellowship recipients, L&S Leadership Trust awardees, Slow Food UW student interns).
- As a member of the 2012 Teaching and Learning Symposium Planning Committee, played a key role in strengthening the impact of the symposium by linking it with the Year of the Wisconsin Idea with pre-symposium reading groups, facilitated round-table lunch discussions, a new poster session, and a keynote presentation and bus tour exploring the history of the Wisconsin Idea on campus by Gwen Drury, UHS student staff and graduate student.

Future Directions and Goals

- As a new member of the Executive Committee of the Teaching Academy, link instructors with teaching and learning resources to support them in adopting more effective educational strategies to foster student learning, health, and well-being.
- As a part of the Coordinated Leadership Development Initiative, participate as a member of the Leadership Educators Council Planning Team to create a coordinated campus-wide leadership framework: assess needs, foster alignment among multiple opportunities across campus for leadership development (students, faculty and staff), identify research needs, and develop strategic actions plans.
- Continue to develop CUE South Madison as an innovative model for organizing and integrating student research and service learning around community-identified priorities as part of a broad-based interdisciplinary place-based initiative.

The Campus Community Partnerships Team works with and for students to create a caring community that will enable all students to connect, learn, thrive and contribute. Its members serve as advisors to several student organizations that work on issues affecting student health, such as PAVE (Promoting Awareness, Victim Empowerment), and Sex Out Loud.

Healthy Sexual Behavior

UHS has a commitment to providing students with excellent sexual health services in a variety of ways. In medical appointments with professionals in the Sexual Health Clinic, the Women’s Clinic, and Primary Care, students receive a comprehensive screening, diagnosis and treatment for most sexually transmitted infections (STIs) and may ask questions about sexuality and their sexual relationships. Professional staff in Mental Health Services offer students the opportunity to discuss relationship and sexuality related issues in a safe and secure setting.

Health Communications offers general education on sexual health issues through web content (including the new Student Health 101, a free, monthly online magazine that covers health and wellness information such as safer sex, alcohol, nutrition, and more), advertisements in the student newspapers, and printed materials.

- UHS supports student efforts to conduct peer-to-peer sexual health education and services by providing a staff advisor to the independent student organization, Sex Out Loud (SOL), whose
mission is to promote healthy sexuality through sex-positive education and activism. The UHS advisor supports SOL’s work by serving as a liaison between UHS and SOL by recommending UHS and community speakers for SOL training sessions and by arranging for SOL brown-bag discussions with UHS staff. She also advises SOL on its activities and other issues at staff meetings and attends SOL’s special events.

- SOL’s annual budget administered through the Student Services Financial Committee of Associated Students of Madison (ASM) supports a twelve-student staff, including eight Program Facilitators and four Coordinators (Project/Budget Coordinator, Program Coordinator, Events Coordinator, and Outreach Coordinator) and provides SOL with the resources to offer UW-Madison students educational programs and special events throughout the year. SOL paid staff is assisted by 16 volunteers in a relatively new effort for SOL. Begun in 2010–2011, the SOL volunteer program provides student-volunteers with training in basic sexual health issues and in the work that SOL does so that they can speak of them knowledgeably while representing SOL.

- During 2011–2012, SOL served an estimated 17,700 UW-Madison students through a variety of educational programs, outreach, special events, visits to the SOL website and one-on-one conversations in the SOL office, where students may drop in during staffed office hours to get questions answered or pick up sexual health supplies. Last year, SOL delivered approximately 90 sexual-health education programs in residence halls, in other student living quarters, and for student organizations, serving a total of about 2,200 students, primarily those in their first year. Also, SOL sponsored four special events:
  - Condoms’n’Candy at Halloween
  - World AIDS Day (December 1)
  - National Condom Day (February 14)
  - Sexual Health Week (third week in April)

The number of students served through all four of these special events last year approached 4,000.

**Future Directions and Goals**

- Provide training on sexuality and sexual health to the UHS staff that are expected to advise students on these issues, and ensure that this is an ongoing part of orientation for all new clinical staff.
- Provide multiple opportunities through the academic year for SOL staff and UHS staff to discuss their different perspectives on student needs in the area of sexuality education as well as the kinds of sexual health issues students are presenting to each group.
- Challenge SOL staff to increase attendance by 10% at their sexuality education programs over the numbers served in 2010–2011.
- Increase student’s use of condoms through a comprehensive effort to address education and availability.

**Inclusive Community Building**

The position of Inclusive Community Building Coordinator (ICBC) serves as the key campus resource for campus units/departments and students organizations committed to building more inclusive and healthy communities. There is near unanimous agreement in the research literature that emerging inclusive community building initiatives based on critical social justice theories and frameworks represent the most promising practices for impacting and affecting higher education campus climate issues along the spectrum of change that ranges from the personal to the systemic/institutional.

With respect to the UHS mission and priority goals, in the 2011–12 academic year, the ICBC’s campus activities and work continued to take place under the umbrella of the following combined UHS Mission and Priority goals:

- develop stronger academic connections and partnerships
- develop stronger campus community connections and partnerships
- fostering a healthy learning environment
- fostering a climate for diversity

**Achievements**

- The Student SEED (Seeking Educational Equity & Diversity) seminars (Counseling Psychology 325). The Student SEED seminars continue to be one the ICBC’s signature and most visible campus initiatives. He serves (along with others) as the overall lead SEED facilitator which includes co-facilitating the seminar, course curriculum critical review and development, facilitator recruitment and training, and SEED seminar expansion. The SEED seminars have been continuously offered since the spring 2003 pilot and the seminars have been recognized by campus (e.g., in the Plan 2008 final report) as an unprecedented example of a diversity grassroots initiative becoming institutionalized and harboring the essential aspects of campus diversity goals. The Student SEED seminars serve as the sole UW-Madison campus model for students on how to organize and sustain inclusive communities of dialogue within a social justice framework.

- In the 2011–12 academic year, three Student SEED seminars were offered with a total of 65 participants and 17 facilitators. A major curriculum revision was made and new pedagogical activities were implemented (e.g., using the Theater of the Oppressed to introduce the concept of cisgender privilege). In addition, 12 new facilitators were recruited and 12 facilitator professional development workshops were offered throughout the year. Total attendance at these facilitator workshops was 53 people.

**Achievements**

- The ICBC continues to increase his outreach as a diversity/social justice consultant-facilitator-mentor to units, academic departments, and student organizations in the 2011–12 academic years. In addition to units/departments and student organizations with whom he has long standing relationship (e.g., UW Housing, the Wisconsin Union Directorate, the Lesbian, Gay, Bisexual, Transsexual Center (LGBTC), the Multicultural Student Center (MSC), The Multicultural
Student Coalition (MCSC), United Council, Wunk Sheek, the Adventure Learning Programs (ALPS), Promoting Racial Equality and Awareness (PREA), the Asian American Student Union (AASU), the Association of Asian American Graduate Students (AAAGS), the Associated Students of Madison student government (ASM), the ICBC worked to strengthen ties to student organizations in the Health Sciences, the School of Business, and the School of Education. A total of 56 workshops and events were directly developed and facilitated by the ICBC in the 2011–12 academic year that focused on inclusive community building and raising awareness on specific aspects of social identity (e.g., race, gender, sexual orientation, etc.).

- The ICBC served on the following campus committees: The Diversity Oversight Committee, the Multicultural Student Center (MSC) Advisory Board, the Chadbourne Residential College CRC Advisory Board, the Multicultural Learning Community (MLC) Advisory Board, the Asian-American Studies Advisory Board, the Office for Equity and Diversity (OED) Learning Communities Advisory Board and will continue these commitments in the upcoming 2012–2013 academic year.

Future Directions and Goals

- Work to expand the network of collaborative Student SEED partners and thus increase the number of seminar offerings; work to expand the recruitment and training of Student SEED faculty-staff-student facilitators.
- Collaborate with campus partners to develop and implement a social marketing effort around critical aspects of our campus climate and the benefits to all when individuals and organizations work to build the capacity to live-work-learn in diverse and pluralistic contexts.
- Through direct (e.g., developing and facilitating workshops and trainings) and indirect (e.g., consultations, mentoring, etc.) services, increase the number of partnerships with campus units/Departments and student organizations committed to building more inclusive and healthy communities.

Violence Prevention Services

In 2011–12, UHS provided violence prevention services designed to increase the capacity of UW–Madison to address sexual assault, dating violence, domestic violence, and stalking in five key areas. UHS violence prevention staff provides support and leadership to the End Violence on Campus (EVOC) initiative.

Achievements

Advancing Primary Prevention

- With input from community partners, campus offices, and student organizations, developed and implemented of a first-year violence prevention program, “Tonight,” that empowers first-year students to recognize and intervene in early warning signs of sexual assault and dating violence as well as how to help a friend who has been victimized.
- Assisted student activists, staff, and faculty to utilize effective practices in their violence prevention and awareness efforts through training, consultation, and technical assistance.

Training and Professional Development

- Worked with University of Wisconsin Police Department, campus disciplinary officers, and hearing panel members to provide training to ensure that they are equipped to hold perpetrators accountable when appropriate. Provided training to campus staff members about navigating the myriad of victim services, responding to victims, and furthering prevention efforts.

Working for Social Change

- Using the 2010 campus needs assessment on barriers faced by UW–Madison student victims, continued to address the four priority areas identified by campus and community partners: alcohol, social norms, education, and navigating the University.
- Worked with the Office for Equity and Diversity, Dean of Students Office, and the Office of Administrative and Legal Services to address the intersection of peer victimization with child abuse reporting and Title IX requirements.

Collaboration

- Continued to provide leadership to and take direction from the EVOC (End Violence on Campus) Coordinating Council, a University committee that addresses violence against women. The EVOC Coordinating Council recommended that sexual assault victims be included in the campus Responsible Action Guidelines for alcohol use and that first-year education programming be required on campus.

Ensuring Continued Access to Services

- Worked closely with victim service providers in the greater Madison area and on campus to help students access their services.
- Developed campus-specific educational materials about dating violence to help students recognize common behaviors of perpetrators.

Future Directions and Goals

- UW–Madison will implement mandatory violence prevention education for all first-year students.
- The EVOC initiative will address barriers that keep victims from seeking help.
- UHS violence prevention staff will strengthen training services on sexual assault, dating violence, and stalking for UW–Madison employees.
- UW–Madison will ensure that services for dating violence and stalking victims are provided on campus.
- UHS and the Division of Student Life will continue to charge and support the EVOC Coordinating Council to advance campus policies on and in response to sexual assault, dating violence, and stalking.
Civic Engagement
Civic and community engagement promotes health and healthy communities through connecting students to opportunities for engagement, building their leadership capacity and skills, promoting the development of civic values and attitudes, and providing students experience and practice in democratic engagement.

Achievements
- Organized and hosted the Wisconsin Idea Symposium: Principled Partnerships for the Public Good with 185 attendees, 44 posters describing exemplary community-university partnerships, and opening remarks by Chancellor David Ward.
- Developed and shared the essay "The Wisconsin Idea: The Vision that Made Wisconsin Famous" for the campus celebration of the Year of the Wisconsin Idea and presented on this vision of community-university partnerships to 585 students, faculty and staff.
- Engaged 75 members of the campus community in multi-session study groups to consider the history and future of the Wisconsin Idea and UW–Madison’s role in addressing public issues.
- Hosted the first annual “Walk the Walk,” a walking tour for UW–Madison students of advocacy and social justice not-for-profit organizations near the UW–Madison campus, in partnership with Community Shares of Wisconsin.
- Led the Community Partnerships and Outreach (CPO) Staff Network, a professional development organization designed to support engagement professionals campus-wide and improve civic engagement outcomes for UW–Madison students, staff, faculty and community partners.
- Facilitated community involvement in the campus Go Big Read program by co-hosting a series of events related to the theme of immigration, including "Our Nations of Others," an artistic competition open to members of the campus and greater Madison communities.

Future Directions and Goals
- Evaluate existing measures to benchmark civic engagement, and adopt a tool appropriate for UHS initiatives.
- Engage the campus community in strategic consideration of democratic engagement and its definition at UW–Madison and identify shared goals among campus units.
- Document, describe, and evaluate efforts to strengthen the practice of outreach and community engagement among University staff members who connect students and faculty with public issues.
- Involve campus units in examining institutional strategies for advancing engaged scholarship.

Alcohol Prevention
Achievements
- Leadership and support was provided to the UW–Madison’s Chancellor’s Alcohol Policy Group as it continued implementation of its five-year work plan. The 2011-2012 academic year saw the successful implementation of a Brief Alcohol Screen and Intervention for College Students (BASICS). Over 500 students who received underage alcohol violations or violated the Student Code of Conduct with respect to alcohol use were sanctioned to receive this intervention provided by community-based alcohol counselors. Preliminary evaluation data indicate the program was well received and successfully altered perceptions and attitudes around alcohol use.
- The application of BASICS as a prevention tool for student organizations within the College of Engineering was piloted in the spring of 2012. Initial evaluation suggests this is an appropriate and effective use for this curriculum.

Future Directions and Goals
- Continue to work with the Chancellor’s Alcohol Policy Group on implementation of the five-year work plan. This will include preparing an implementation plan for the application of a universal alcohol educational resource for incoming UW–Madison students.
- Revise the delivery model and curriculum of BASICS so that it can be broadly applied as an alcohol prevention tool for student organizations.

Health Communications
Health Communications Team provides assistance and support to UHS in media relations, writing and editing, graphic design, web design and development, photography, online communications, and health communication messaging.

Achievements
“Make Every Dinner a Winner” nutrition campaign - The goal was to educate and engage students about the importance of nutrition and how to make healthier choices overall. For four weeks we posted nutrition tips centered on different themes, including breakfast, fruits and vegetables, holiday eating, and caloric beverages. Students were asked to post a comment answering a question about that week’s theme and “like” us on Facebook to enter to win a gift card to Fresh Madison Market. Evaluation of the campaign resulted in a 200% increase in Facebook followers, increased visits to our nutrition web pages, and qualitative evaluation included more than 60 engaging and thoughtful comments from students regarding nutrition.

“Do Spring Break Right” spring break campaign – Health Communications focused on alcohol, sun protection, and safe sex, three areas that were identified as priority risk areas in national and local student health surveys. The campaign included distribution of free condoms and sunscreen samples at outreach events and UHS, poster distribution, student newspaper advertisements, featured web stories with more in-depth information on the three issues, and social media promotion. Results included more than 2,000 visits to the UHS spring break stands and outreach events, and more than 4,000 unique visits to the spring break webpages.

“Stick it to the Flu” flu shot campaign – More than 14,500 students received flu shots in the 2011–2012 academic year. Health communications lead the promotional efforts with student newspaper advertisements, student emails, social media and web communications, and promotional materials for the residence halls.

Participation in National Condom Week - Educated more than 1,500 UW–Madison students on safe sex and STI testing, and provided safe sex supplies.

Future Direction and Goals
- Increase the number of students receiving health information by 1) Implementing Student Health 101, a free, online magazine covering a variety of college health issues including stress, sleep, nutrition, alcohol, safe sex, colds, and more. 2) Implementing and developing digital signage on five different televisions in the clinic and counseling waiting areas of UHS and if applicable, in the residence halls. 3) Increasing awareness and expanding distribution of print and electronic publications to campus partners.
- Increase awareness of UHS and its services to first-year students by distributing Wisconsin Welcome Packets to more than 7,000 incoming freshman.
- Utilize and collaborate with more campus and community resources to maximize the effectiveness of health promotion initiatives.
- Review and develop a new Health Topics guide on the UHS website.
- Increase the numbers of followers on Twitter and Facebook by 80%.

Environmental Health

The Environmental Health (EH) Program applies prevention tools, such as inspections, engineering and risk assessments, and corrective actions, which seek to ensure healthy food, recreational and residential facilities as well as safe classroom and research facilities. Staff within the program found their services in significant demand over the past year.

Achievements
- This year was the first full year serving as agents for the Wisconsin Department of Health Services. As such, the Environmental Health Program completed a complete cycle of licensing, inspecting, and enforcing Wisconsin administrative code for food, lodging, and recreational facilities as well as recreational education camps. This involved developing the necessary policies and procedures for UHS to enable the program to issue licenses and enforce the applicable health and safety regulations now delegated to UHS from DHS.
- In collaboration with the UW Pre-College Council, Environmental Health developed a comprehensive set of standards for the residential youth programs held on campus each summer.
- As planning and construction continues on campus, the Environmental Health sanitarians have spent many hours reviewing construction plans and conducted site visits to several large projects that could have public health impacts. Some of these include the Dejope Residence Hall, Gordon Dining and Conference Center, Memorial Union, Athletic Performance Center, School of Human Ecology, and the Labahn Hockey Arena.
- The Environmental Health Program performs a qualitative performance test on any new high performance chemical fume hoods and any chemical fume hoods that the campus chemical...
In the spirit of the Wisconsin Idea, Wisconsin Clearinghouse for Prevention Resources partners with communities and organizations to create healthy environments and engage active citizens. These healthier communities prepare students for a successful education experience and a healthier life.

The Clearinghouse works on multiple projects funded by the Wisconsin Department of Health Services, the Centers for Disease Control and Prevention, and Wisconsin Partnership Program.

Achievements
Community Transformation

Transform Wisconsin seeks to apply a collective impact approach to build statewide and local capacity to promote healthy environments that help Wisconsinites make healthy choices and prevent chronic diseases. The goals of this five-year, 25 million dollar project are to reduce death and disability due to tobacco use, heart disease, and stroke, and reduce the rate of obesity.

While forming partnerships and building infrastructure for prevention efforts at the state level, Transform Wisconsin is administrating grants to local communities throughout the state. Transform Wisconsin communities will be implementing simple solutions that give everyone access to healthy food, safe places to play, and smoke-free air. These include opening school gyms with joint use agreements, implementing farm to school food systems, and promoting smoke-free apartments. A third of the grants are aimed at communities with high levels of poverty stressing that healthy environments should not be out of reach for anyone in Wisconsin. To learn more about Transform Wisconsin and join the movement, go to transformwi.com.

Future Directions and Goals

- Concentrate more resources on evaluating engineering control personal protection devices on campus. Particular emphasis will be on student laboratories, classrooms, and studios.
- Refine the campus food safety issues with regard to temporary foods, potlucks, and communal kitchens in academic buildings. Assure that food consumed in food science laboratories is prepared and handled in a safe and sanitary manner.
- Continue the development of a uniform program for campus to assure the health and safety of youth visiting campus for summer programs.
- Re-train staff so that all biological safety cabinet certifications are done according to NSF-49 performance standards.
- Environmental staff duties will be redistributed to assure maximum amount of cross-coverage is available and that all staff are working toward common goals.
- Conduct a campus-wide, non-point pollution source survey of storm water systems.

The Environmental Health Team has also certified over 1,400 biological safety cabinets bio-hazard containment systems on campus. This service protects laboratory and clinical employees as well as the entire campus community from potential contamination in the many laboratories across campus.

This year the sanitarians conducted 105 full food service inspections resulting in 77 re-inspections. Violation types are being tracked and unit staff will work with food service administration to try to limit the repeat violations in an effort to minimize the risk of food-borne illness in the future.

The Environmental Health Program staff continues to monitor campus for potential public health issues by testing campus cooling towers and indoor water features for microbiological safety. Environmental Health responds to drinking water concerns on campus and tests the drinking water at several of the off campus research stations.

Safety officer feels may be inadequate for the equipment or chemicals being use. This year we have also started to perform this testing on existing chemical fume hoods to verify that containment is met as the hoods are actually used.

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The Administrative units of UHS include Budget and Finance, Building Services, Health Information Management, Human Resources, Information Technology, and the Student Health Insurance Plan (SHIP). Administrative Services is responsible for overseeing the risk management and accreditation activities at UHS.

**Major UHS Administrative Services Achievements**

- Continued analysis of alternate UHS funding models.
- UHS Administrative team members participated in several of the Campus Human Resources Redesign efforts.
- Prepared and trained the organization for the introduction of the new Human Resources System.
- Developed and implemented new administrative software for the Student Health Insurance Plan (SHIP).
- Continued the process of adapting SHIP procedures and insurance offerings to the requirements of the Affordable Care Act.
- Began providing building and custodial services to Admissions and the McBurney Disability Resource Center space in the University Square complex.
- Coordinated the UHS preparations for the reaccreditation process by the Accreditation Association for Ambulatory Health Care (AAAHC).
- Provided student access to their UHS billing statements via MyUHS electronic health record patient portal.
- Several UHS Administrative Services team members prepared and presented at the North Central College Association Regional Meeting.
- Provided administrative support for the Wisconsin Clearinghouse as they implement the programs for the Community Transformation Grant.
- Benchmark UHS use of the Electronic Medical Record against the “Meaningful Use” standards.

**Future Directions and Goals**

- Continued efforts to enhance financial reporting to facilitate decision-making and budget evaluation and approval.
- Continued analysis of UHS funding models.

**Administrative Support Services**

- Budget and Finance
- Building Services
- Health Information Management
- Risk Management
- Human Resources
- Information Technology
- Student Health Insurance Plan

**Tobacco Control, Obesity Prevention, and Alcohol Prevention Support**

The Clearinghouse provides technical assistance and training to support strong coalitions and sustain community efforts. This is done by:

- Building capacity in strategic communication including tailored communications, framing, data visualization, storytelling, and presentations skills.
- Providing access to resources through design and management of online resource centers and web applications, including tobwis.org, healthinpractice.org, wibettersmokefree.org, wiwins.org.

**Communities Putting Prevention To Work**

This national mentoring project built capacity to use story to support social change.

- Provided training in the use of story as a communication tool to 20 communities in 13 states.
- Co-created video stories to illustrate the impact of prevention.
- Provided online resources on storytelling at preventionspeaks.org.

**State Prevention Conference**

Over 450 public health professionals participated in the 9th annual statewide conference convened by the Clearinghouse. The conference is designed to:

- Provide cutting edge research, promising practices, and resources.
- Promote networking and collaboration opportunities.

**Future Directions and Goals**

- Use the collective impact model to lead Transform Wisconsin to create a shared vision, bring diverse partners to the table, and leverage resources.
- Build capacity of prevention professionals to use story as a tool to create healthy change in their communities.
- Strengthen the infrastructure of the statewide prevention movement through the prevention conference and online resource hubs.

For more information on the Wisconsin Clearinghouse visit wiclearinghouse.org
Gather additional student input related to alternate UHS funding models.

Continue adapting SHIP procedures and insurance offerings to the requirements of the Affordable Care Act.

Continue implementation of new administrative software for SHIP.

Begin preparation for the new Diagnosis Coding System ICD-10 which goes into effect October 1, 2014.

Participate in various campus Administrative Excellence initiatives.

Work with the software vendor to develop additional health information interfaces to other provider and public health information networks.

**Budget and Finance**

The Budget and Finance department is responsible for the central business functions of UHS. This includes student eligibility, billing and cashiering, purchasing services, travel administration, and grant administration support.

**Achievements**

- Continued work on the billing and financial reporting for the occupational medicine program.
- Implemented UHS billing statement distribution to students via the MyUHS electronic health record patient portal.

**Future Directions and Goals**

- Implement online credit card payment capability for UHS statements.
- Improve availability and utility of financial data for UHS managers.

**Building Services**

UHS moved into its new facility in the Student Services Tower at 333 East Campus Mall in December 2008. The new facility provides state-of-the-art health services space. The new location is more convenient and accessible to students due to its more central campus location. Being in the same building as the Student Activity Center, Bursar, Office of Student Financial Aid, Registrar, and since January 2011, Admissions and the McBurney Disability Resource Center, increases student awareness of UHS and adds to the convenience for students.

Building M and Custodial Services for the university tower. UHS’ four floors consist of 120,000 square feet of floor space. The remaining five floors in the tower, Admissions and the McBurney Disability Resource Center consist of an additional 184,000 square feet of space serviced by UHS building staff.

Of the 120,000 square feet of space occupied by UHS, approximately 60,000 square feet on two floors is devoted to primary care clinics and supporting services such as Lab, Radiology and Pharmacy. Approximately 25,000 square feet is Counseling space, the Student Health Insurance Plan occupies 2,000 square feet, Health Information Management 2,000 square feet, Campus Community Partnerships 2,000 square feet, the Wisconsin Clearinghouse 4,000 square feet and Environmental Health 2,000 square feet.

Specific building features include advanced security and environmental controls, the largest “green roof” in Dane County and building electric power backed up by a diesel powered generator. Additionally, the building has a unique ownership and governance structure which combines the university tower, private sector retail and private sector residential rental property owners.

UHS has developed expertise in dealing with the advanced systems and unique ownership structure of the University Square complex. A high priority is placed on being good stewards of the facility, maintaining the aesthetics and condition of the space, and providing proper management and maintenance of the building and its systems. UHS continues to provide a high level of professional building management and custodial services to the university tower and maintains strong relationships with the other owners and tenants in the complex.

Since taking custodial responsibility for the university tower, UHS has used only green products and will continue to seek out opportunities to use products and services that are environmentally friendly.

**Achievements**

- Began providing building and custodial services to Admissions and the McBurney Disability Resource Center.
- Additional work on building safety and security plans including enhanced training for building floor captains.
- Planning with campus Facilities Planning and Management (FP&M) and the Department of Information Technology (DoIT) for the conversion of part of the lobby into DoIT retail space.

**Future Directions and Goals**

- Continue the procurement and use of green products, including floor and carpet cleaning.

**Health Information Management (HIM) Department**

The HIM department is responsible for health information privacy and security at UHS. As part of that effort, the department works to educate and raise awareness of good health information security practices by staff, patients, and clients. The HIM department is a service department within Administrative Services, managing the release of patient/client information, clinical record scanning, and retention of health records. HIM provides several other administrative support services such as mail and fax services, courier and copy services, and office supply ordering. Additionally, HIM provides privacy and security training, auditing, quality checks, and compliance reviews of electronic health records. The HIM compliance audits and reports assist each UHS provider with ensuring timely, complete, and accurate information within the electronic health record.
Several areas in which the department monitors compliance and maintains statistics on UHS performance include:

- quality check of billing tickets
- risk management orientations
- scanning quality via scan test document comparison
- disclosure summary report
- deactivated reason tracking
- HIPAA and confidentiality training compliance
- incomplete lab order compliance
- incomplete radiology order compliance
- incomplete visits report

Achievements

- HIM and UHS preparation for the Accreditation Association for Ambulatory Health Care (AAAHC) reaccreditation review in July 2012.
- HIM provided Health Information Portability and Accountability Act (HIPAA) and confidentiality training to all new employees; a total of 103 staff members were trained.
- HIM lead the effort to develop risk management training for all employees and assisted in the training of all new and existing employees, 171 staff members trained.
- The HIM staff streamlined the process for requesting health records by implementing online requests through the MyUHS electronic health record portal and the use of secure messaging. HIM processed over 3,800 requests and disclosures of health care records. This was a slight decrease from the previous year which may be due to records being sent directly to patients through the MyUHS patient portal by UHS providers.
- The HIM Manager and release of information staff attended training on the changing state and federal laws that govern and protect health care records.
- The HIM/Privacy Manager attended continuing education on the Health Information Technology for Economic and Clinical Health (HITECH) Act regarding privacy and security.
- The HIM department provided a comprehensive review of all health information and clinical record policies and procedures.
- The HIM department scanned over 44,000 documents into the electronic health record and monitored compliance with the integrity, quality, and completion of over 70,000 health records including the audits of clinical coding and billing.
- The HIM department provided assistance to several new programs and outreach clinics in the areas of record retention, forms management, electronic health record workflows, and state and federal laws.
- The HIM manager presented at the North Central College Health Association regional meeting in October 2011.

Future Directions and Goals

- Prepare for impact and changes on HITECH and Meaningful Use regarding privacy and release of health care records.
- Prepare and assist UHS with ICD-10 medical coding system version 10 coordination, implementation, and quality checks.
- Continue to maximize communications and expand the scope of release of information to students through the MyUHS electronic health record patient portal while ensuring 100% compliance with state and federal laws. This includes the reduction of release of records on paper and moving to electronic or paperless media.
- Reduce the number of scanned documents into the electronic health record by converting current paper forms to electronic forms, improve use of electronic check-in in the electronic health record, and continued use of electronic consents and authorizations.
- Prepare for migration and use of the Wisconsin Immunization Registry and provide assistance to UHS providers with this system.
- Prepare for the migration and use of Health Information Exchanges while ensuring compliance with state and federal laws.
- Maintain required continuing education and membership in state and national health information management associations.
- Maintain and ensure compliance with all AAAHC standards related to health information and health records.
- Reduce number of incidents related to privacy, security, and health records.
- Support the enterprise-wide information and tracking of compliance for the Occupational Medicine program.

Human Resources

UHS recognizes that quality health care services depend on a high quality, diverse, motivated, and engaged work force. The following are highlights of the activities lead by Human Resources.

Achievements

Recruitment

Recruitment efforts are important to achieving staffing goals. The following metrics indicate the level of activity in recruitment and the time required to fill positions with goals for improvement. It has been an especially challenging year due to the increased staffing needs for the Community Transformation Grant in the Wisconsin Clearinghouse and for the summer Youth Programs.

- HRS – The UHS Human Resource department has been proactive in training supervisors and staff in the self-service HRS time reporting system. UHS classified staff and their supervisors with the exception of the custodians, will be trained and on self-service by August 31, 2012. The HR office assists staff and supervisors with time reporting and approval by providing open labs for new users.
- Database—The HR Database is fully implemented for AAAHC accreditation. The database tracks compliance of required trainings and certifications for all staff. HR has created processes and forms to enable the smooth tracking of new hire and annual staff training. Additional categories, such as education verification, will be added as required to meet additional accreditation and credentialing needs at UHS.

- New Employee Orientation—The HR staff researched and reviewed different options for new employee onboarding. With the help of experts in the field of onboarding, HR created a robust two-day orientation for all new employees. This orientation (the beginning of the onboarding cycle) has been received with enthusiasm and appreciated by new staff. It ensures that staff members have a consistent baseline of knowledge as they begin their work at UHS.

- A new permanent staff member was hired as an HR Assistant, assuming responsibilities in the areas of recruitment, personnel records, HR database, HRS and assisting with HR projects.

- New Employee Onboarding—Expand the new employee orientation to a more in-depth onboarding process, spanning the first 12 months of employment. HR will assist managers with the development of their departmental orientation processes.

- Recognition—Develop and pilot a recognition program for UHS. Seek out resources to begin and sustain a program of this nature.

- Training—Offer training based on employee feedback at team manager meetings and/or brown bag sessions. Continue to explore strength-based performance management.

- Professional Development—Encourage HR staff to seek out professional development opportunities designed to enhance the performance of the HR department as well as fulfill their personal goals and interests.

### Information Technology

UHS Information Technology provides required on call and after hours support for UHS computer and telephone systems. UHS Information Technology focuses their efforts on operating and supporting an electronic medical record system which is unique to the provision of student health services and to securing sensitive health information. IT actively monitors the networks and systems for security threats and intrusions. As part of Information Technology supporting the Electronic Health Record software, it trains users, consults on new or modified operational and workflow procedures, addresses software and hardware issues, and maintains the software by testing and installing appropriate patches and upgrades. As UHS continues to fully utilize the capabilities of the electronic health record, Information Technology investigates and tests software features and assists in their implementation throughout UHS. Information Technology leads efforts to develop interfaces to the electronic health record to incorporate information from outside systems. Current and future projects include interfaces to the Wisconsin State Lab of Hygiene for laboratory results.

Information Technology is responsible for telephony management which is critical to effective patient and client care and communication including student crisis response.

UHS Information Technology works with central campus IT on campus-wide IT initiatives.

### Future Directions and Goals

- **Engagement**—Work with UHS Quality Management and Improvement and Equity and Diversity Committees on the VCA employee engagement project.

- **HRS Self-Service Training**—Train all Academic Staff in HRS self-service while continuing open labs for all staff.
SHIP has continued to operate successfully as a partially self-funded health plan. A partially self-funded plan model eliminates the need for a traditional insurance company. The plan is administered at UHS with support services from a Third Party Administrator (TPA). The TPA processes claims and establishes reinsurance, which protects the plan in the event of high dollar claims. The TPA provides claims estimates which are used to set premium rates and establish claims reserves. Reserves are maintained at 125% of estimated claims and held for two years (a full claims cycle) to ensure that the plan is adequately funded. Any remaining uncommitted plan reserves are designated to subsidize premiums and improve benefits and services.

Claims Experience

Current projections indicate that the claims experience for 2011-2012 will be favorable, but actual claims could still vary significantly since we are only in the first year of the two year claims cycle. For 2010-2011, $786,000 of uncommitted plan reserves was allocated to subsidize plan premiums. However, total claims costs will be approximately 26% less than original estimates, resulting in a much lower than anticipated medical loss ratio. For every premium dollar received, the plan is projected to pay out 79 cents in claims related costs, versus the original medical loss ratio goal of 101%. Under the partially self-funded plan model, the resulting claims excess will be utilized to benefit future plan recipients.

Claims costs for domestic students continue to be significantly higher than those for international students and scholars. Prescription drug costs continue to represent the greatest coverage challenge for the plan. An increase in the proportion of generic prescriptions from 71% to 74% has helped to rein in costs slightly, but for the domestic population alone, prescription drug costs during 2010-2011 still account for 15% of claims.

Premium Rates

For 2011-2012, $622,000 of uncommitted reserves was used to subsidize plan premiums and increase the domestic maximum drug benefit to $1,750. The plan reinsurance deductible for high dollar claims was also increased from $75,000 to $100,000 for 2011-2012. The reinsurance deductible was previously increased from $50,000 to $75,000 in 2009-2010, which has resulted in savings to the plan of approximately $320,000 over the last two years. Domestic SHIP premiums for 2011-2012 were raised by an average of 4.5%. Based on lower claims we were able to freeze international premiums at 2009-2010 levels. Without the plan subsidy of $622,000, premiums would have increased by an average of 10.6%. By harnessing the advantages of the partially self-funded plan model, SHIP premium increases have been less than the average for typical health plans in each of the last eight years.
Future Directions and Goals

- Final claims continue to close out lower than initial projections. For 2012–2013 this has enabled SHIP to allocate another $625,000 of uncommitted plan reserves to make benefit changes and subsidize premiums.

- The maximum drug benefit for domestic members has been increased to $100,000 (from $1,750) and the pre-existing condition waiting period has been eliminated for domestic members under the age of 19. The range of fully covered preventive services has been expanded for all SHIP members. SHIP benefits now equal or exceed the level of coverage for student health plans under the Affordable Care Act (ACA).

- With the goal of providing further savings for members, as well as improved access, SHIP has switched to a new provider network (The Alliance/First Health) and a new Pharmacy Benefit Manager (InformedRx).

- Even with substantial benefit improvements, overall domestic premiums will increase by a modest 6%. International premiums will actually decrease by an average of 4.5% and will now be at the same level as 2009–2010. Without the plan subsidy, the average premium would have increased by 8.1%.

The best thing about the future is that it comes one day at a time. —Abraham Lincoln
UHS must be prepared not only to deliver more cost effective, innovative, and effective services that adapt to these changing conditions, but also to demonstrate measurable value to student health, well-being, and academic success.

Future Challenges and New Strategic Initiatives

As UHS plans for the next several years, it faces new challenges and opportunities with changing conditions within both higher education and broader health care field.

Important issues for UHS include:

Patient Protection and Affordable Care Act

The passage of 2012 Patient Protection and Affordable Care Act (ACA) will mean significant changes in how all Americans, including students, receive health insurance coverage. ACA will have a direct impact on the Student Health Insurance Plan (SHIP). Fundamental rulings on whether self-insured student health insurance plans will meet the requirements of the individual mandate and/or will be eligible for tax subsidies have not yet been made. These decisions will determine the viability of SHIP for domestic students. The degree of Medicaid expansion within Wisconsin and the ultimate impact of ACA on employer-based health insurance are uncertain and will affect the numbers of uninsured students remaining within the University and their need for sources of health insurance such as SHIP. Finally, new payment structures created under the ACA, such as Accountable Care Organizations, are already changing the local health care market with expansion of primary care practices and new value based payments requirements. As UHS continues to evaluate the role that billing of student’s private health insurance could have in funding campus health care services, UHS must be prepared to participate in and meet the requirements of such new payment structures.

Higher Education Challenges

The last few years have seen a growth in local, regional, and national conversations about the value of higher education. As student debt rises, proposals to increase on-line education, reduce time to graduation, and introduce disruptive and innovative ways to provide education may change the nature of university campuses and therefore the way in which student health services must be delivered. UW–Madison itself is deeply engaged in the Administrative Excellence project to improve administrative services while reducing costs, a project which will likely result in centralization of services such as information technology, purchasing, and space utilization. As UW–Madison welcomes a new chancellor, new priorities and directions will emerge for campus. UHS must be prepared not only to deliver more cost effective, innovative, and effective services that adapt to these changing conditions, but also to demonstrate measurable value to student health, well-being, and academic success.
Changing Student Need

The student population is predicted to become older, more international, and more culturally diverse over the coming years. The health status of young adults nationally continues to decline with the rise of adolescent obesity and increasing levels of severe and persistent mental illness. Students are increasingly sophisticated and dependent on the use of technology for communications including with health care providers. As the student population changes in these important ways, health and wellness needs can also be expected to evolve. UHS must deliver appropriate health care services for this changing student population requiring a diversification of the work force, significant and ongoing investment in technology, and expansion and integration of medical and mental health services.

UHS is well positioned to meet these challenges with a strong and visible campus reputation, diverse set of services which reach into many aspects of campus life, well-maintained and modern physical space, strong emphasis on prevention, well trained and highly skilled professional staff members, and solid financial base. Our heavy reliance on student segregated health fees, however, may pose a challenge if other funding mechanisms are required. For example, significant investment would be required to start 3rd party billing and the services provided would likely be unable to cover costs due to their primary care focus. It will be important for UHS to continue to remain up to date with changing conditions in the health care field, look for opportunities to expand revenue and fully continue to articulate the value we provide to the university community.

In the coming year, UHS will undertake several new initiatives designed to meet these challenges and support our strategic framework. New 2011–2012 Initiatives include:

1. Administrative Excellence—As the campus moves to implement recommendations from the Huron Administrative Excellence Engagement, UHS will participate in several initiatives. Currently planned projects with significant UHS impact include:
   a. consolidation of email and calendaring system
   b. consolidations of server and other information technology assets and resources

2. 3rd Party Insurance Billing—On the priority list for several years, UHS continues to develop a plan to evaluate the role 3rd party billing as a source of revenue. With the passage and anticipated implementation of the Affordable Care Act, this option may increase in importance as the landscape of young adult insurance changes. Critical to this initiative is the articulation of which services cannot be provided through such a model. UHS will begin to explore additional sources of revenue such as adjuvant services and additional services for faculty and staff.

3. Lakeshore Satellite—In the fall of 2012, UHS will open the satellite clinic at Dejope Hall. Providing medical care for common problems, influenza vaccinations, and serving as a hub for UHS prevention activities, this location will expand access to students on the west part of campus.

4. ICD-10—UHS will begin active preparations for the roll-out of ICD-10. A major change in medical diagnosis coding, implementation will require significant training of staff and modifications within the UHS medical record, but is fundamental medical practice.

5. Develop a Strategic Approach to Quality Improvement—Long recognized for its innovation and comprehensive quality improvement program, UHS will focus efforts during 2012–2013 on enhancing the quality improvement program by choosing relevant metrics for the college age population with available national benchmarks and more careful compliance with a quality improvement-plan, do, check, cycle. This will further align UHS with measures common to the larger medical community and allow UHS to measure performance against these measures.

6. Fully Engage UW—Madison students—UHS remains committed to full accountability and transparency to its student customers. UHS will explore additional ways to enhance communications with students regarding evaluation of UHS services and communication regarding the value of all UHS services including direct medical and mental health care as well as population level initiatives.
## UHS Monthly Census Report — FY2012

### UHS Visits by Month and Team, Fiscal Year 2012

| Department                        | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | FY12 YTD | # of Unique Pts/ Clients | FY12 YTD Visits | Change FY12 YTD |
|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------------------|-----------------|----------------|}
| ACUPUNCTURE                      |        |        |        |        |        |        |        |        |        |        |        |        | 272      | 123                | 2.2               | 0 na            |
| BEHAV HEALTH                     | 0      | 0      | 0      | 0      | 4      | 0      | 22     | 26     | 0      | 0      | 0      | 0      | 198      | 144                | 1.4               | 0 na            |
| COMM HLTH AU/IMM                 | 195    | 1461   | 1252   | 6407   | 2578   | 579    | 400    | 44     | 40     | 25     | 25     | 17     | 44       | 764                | 882              | 361             |
| COMM HLTH OUT                    | 0      | 819    | 1594   | 313    | 0      | 0      | 21     | 50     | 53     | 38     | 27     | 9      | 198      | 272                | 1.0               | 2453            |
| COUNSELING                       | 460    | 414    | 963    | 1428   | 1388   | 1017   | 636    | 1409   | 1751   | 1333   | 1090   | 479    | 12368    | 2741               | 4.5               | 19040           |
| EMPL HEALTH                      | 3      | 5      | 4      | 39     | 22     | 121    | 74     | 28     | 17     | 23     | 47     | 26     | 0        | 0                  | 0                | na              |
| NUTRITION                        | 27     | 26     | 45     | 43     | 59     | 45     | 42     | 48     | 53     | 39     | 45     | 26     | 498      | 317                | 1.6               | 463             |
| OCC MED                           | 108    | 43     | 101    | 87     | 1044   | 150    | 168    | 106    | 171    | 210    | 1029   | 138    | 3355     | 1130               | 3.0               | 1203            |
| PHYS THERAPY                      | 0      | 4      | 86     | 77     | 79     | 60     | 33     | 96     | 113    | 67     | 65     | 0      | 680      | 177                | 3.8               | 756             |
| PRIMARY CARE                      | 910    | 1203   | 3082   | 3298   | 2908   | 2080   | 1437   | 2967   | 3300   | 2643   | 2243   | 924    | 27025    | 13449              | 2.0               | 24543           |
| PSYCH                             | 165    | 227    | 294    | 333    | 339    | 278    | 223    | 312    | 337    | 284    | 310    | 149    | 3251     | 985                | 3.3               | 3611            |
| SEXUAL HEALTH                     | 135    | 161    | 313    | 284    | 262    | 270    | 201    | 259    | 289    | 273    | 258    | 83     | 2786     | 2185               | 1.3               | 2610            |
| TRAVEL                            | 32     | 10     | 32     | 29     | 64     | 123    | 34     | 45     | 80     | 95     | 118    | 43     | 705      | 684                | 1.0               | 457             |
| TRIAGE                            | 92     | 199    | 531    | 469    | 363    | 219    | 282    | 415    | 309    | 254    | 149    | 93     | 3375     | 3106               | 1.1               | 3241            |
| WELLNESS                          | 86     | 74     | 150    | 178    | 168    | 149    | 108    | 294    | 269    | 211    | 141    | 66     | 1894     | 1200               | 1.6               | 2117            |
| WOMENS HLTH                       | 366    | 459    | 908    | 862    | 886    | 690    | 639    | 838    | 907    | 703    | 802    | 330    | 8390     | 5221               | 1.6               | 8617            |

### Medical Svcs

- Prior Year Totals: 3012
- YTD Total: 2579
- YTD Prior Year: 3012
- YTD Difference: -14.4%

### Counseling Svcs

- Prior Year Totals: 803
- YTD Total: 20186
- YTD Prior Year: 803
- YTD Difference: 4.6%

## Appendix B: UHS 2011–2012 Utilization Reports
### Appendix B: UHS 2011–2012 Utilization Reports

#### FY12 Visits—Basic Demographics

**Student Status**

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*Academic year, Aug 15–Aug 14

> All data includes appointment visits plus batched flu shots
> Unknown categories include nonstudent visits or outreach where characteristic was not available
> "Student" includes any patient matching to registrar enrollment records during the year. All other patients are labeled as nonstudents (fee for service, occ med, employees, SHIP scholar/dep/spouse, couples, not enrolled, etc.)
> Most international students have unspecified ethnicity