date 18 June 2008

project name University of Wisconsin-Milwaukee Master Plan

project # 07G2U

meeting date May 20, 2008

time 3:30 -4:30 pm

location Union – Fireside Lounge

recorded by Kathryn Madden

distribution Jon Jenson, Jeff Kosloske, Kate Sullivan, Patricia Arredondo, Chris Gluesing, Jim Vander Heiden, d’Andre Willis, Lora Strigens, Julie Penman, Greg Havens, Janne Corneil, Philip Parsons, Tyler Patrick

purpose Norris Health Center

These minutes represent a summary of the content and character of each meeting and are not meant to be an exhaustive list of the comments made. Also, these notes are an initial attempt to understand the student life, academic support, and external issues that affect UWM; we will return to gather additional information as necessary.

ATTENDEES
Julie Bonner, Norris Health Center
Raymond E. Grundman, Norris Health Center
Alfred J. Gomez, Norris Health Center
Patricia Arrendondo, UWM
Lora Strigens, HGA
Kathryn Madden, Sasaki team

SUMMARY

A. General Description and Operations
   1) One of four accredited health care centers in the System
   2) Open from 8 am to 5 pm; offer pharmacy and lab services; send students to Columbia St. Mary’s for treatment
   3) Volume in 2006: 32,000 visits at Norris or about 200 per day; they serve about 1/3 of the students on campus; typical goal is to serve 50% on residential campuses, a number that is still valid given close proximity of off-campus students
   4) 8 FTE medical staff + ½ physician and ½ physician’s assistant; professional nursing staff takes on an expanded role in this environment offering some treatment according to specific protocols; collaborative model
   5) Significant turnover in leadership recently
6) After Virginia Tech, the System has defined counseling better; mental health FTE staff includes six counselors and one psychologist

7) Very little billing or paperwork since services are put on student's account; direct operations are covered by student segregated fees ($75 per semester for health service is not enough to cover costs);

8) Students receive an excellent deal with unlimited visits and counseling up to ten visits no matter how many credits they are taking; not fee based – just a small co-pay for prescriptions and off-site lab work

9) Other service locations: County is understaffed for mental health; Merrill has two spaces for health promotion/wellness; Pavilion has sports medicine

10) No employee health care on campus

B. Program Goals

1) Partner on-campus and with community, especially in area of mental health (addressing violence as well as suicide)

2) Strategic plan for health care

3) Campus Wellness Program through human resources – part of city-wide “Well City”

4) Grow by one more counselor in Fall 09; deficit of 8 FTE in mental health counseling; two new positions were made in FY08: prevention and counselors offering direct service

5) Broader role on campus is a priority – disaster relief, infectious diseases, mental health, etc.

6) Goal of mandatory immunization and insurance (non-traditional students ages 25-55 are not on parent’s insurance)

7) Health and wellness, which is the number one way to reduce stress

8) Should be a minimum of at least 8 credits to make students eligible for UWM health care services or fees should be pro-rated

C. Current Program

1) Mission is to focus on students and to support the campus community

2) Board of Regents mandates a basic health module, which was revised in 2005 to tie it more closely to academic success, citizenship, etc.

3) Partner already with Nursing and Psychology and Milwaukee Health Department; also with Student Affairs, Union, Academic Affairs and Administrative Affairs (police); School of Public Health is evolving

4) Combined Services: medical + counseling + prevention; students tend to be heavy users of alcohol in Milwaukee, also suffer from eating disorders and marijuana use; many students are overwhelmed and/or depressed coming in as freshman; students typically work, many are first generation, and families often do not have great health maintenance

5) Trend: more students have mental health issues; grown up with pharmaceutical drugs (such as ADT); they have coping issues and an inability to pay with insurance often

6) Campus didn’t qualify for GAMP insurance because Clinic’s services are available on campus (but there is still a need for emergency surgery)

7) Enrollment over ten years has risen; data is not kept on health care prevention encounters
D. **Physical Implications and Space Needs**
   
   1) Space and resources are too small to achieve staffing and service goals; could have more student nurses but no space to accommodate them; need private space for clinical care – most of staff are practitioners
   
   2) Lack of space creates inefficiencies (need more exam rooms for example) and loss of confidentiality
   
   3) What will happen when Columbia St. Mary’s moves – should we reuse that facility for urgent care
   
   4) Satellite facilities on remote campuses – how to provide dispersed services if priority is on campus given stresses and lack of mobility for many students; some satellites could have nurse consultation and vaccines; how to replicate safety that Clinic provides regarding mental health; how to make parking access easy.

E. **Next Steps**
   
   1. Document meeting minutes.
   
   2. Perform data and site analysis throughout the summer.
   
   3. Present initial analysis findings in the Fall.

*The information above will stand as recorded unless Sasaki receives written comments within five days of the distribution date from a recipient requesting an amendment.*