How College Health Centers Help Students Succeed

Of all the dramatic changes in higher education in recent years, one that goes largely unnoticed is the tremendous growth in the mission, services, and facilities of health centers. Decades ago most colleges and universities believed their only responsibility for student health was to set up a clinic to treat the sick and injured. Today, driven by a broader and, in our judgment, better understanding of health and its impact on learning, many institutions of higher education provide much more. The demands on health centers are greater and more complex than ever. More students today come to campus with significant health needs, including mental health challenges. One in four is already taking psychotropic drugs—which enable some to go to college who would not otherwise function well enough. And many need help managing serious conditions like asthma, ADHD, eating disorders, addiction, autism-spectrum disorders, and physical disabilities.

Health centers also get involved in headline-making issues of campus safety. The shooting tragedies at Virginia Tech, Northern Illinois University, and Aurora, Colorado, where the shooter had been a counseling center patient at a university, have led to a sharper focus on mental health. Centers also work to prevent suicide and combat alcohol and drug abuse. And the national focus on sexual assault rightly asks universities to provide more and better services and support for those affected by discrimination, harassment, and sexual violence; train staff, faculty, and students to intervene appropriately; educate students on the issues; and develop campus-wide strategies to address what some call a “rape culture.”

With growing numbers of international students and increased international travel, universities need to be prepared for global pandemics like the H1N1 pandemic of 2009 as well as to offer long-distance medical, psychological, and safety counseling to students traveling or studying off campus. In rural areas, college health centers often take on responsibilities that local public
health departments can’t do alone due to resource constraints, such as leading vaccination campaigns or investigating outbreaks of infectious disease. Health centers also play a key role in overseeing and coordinating care provided on campus, by community specialists, by hometown physicians, and during study abroad.

All of these demands are converging at a time when health-care providers and society in general are increasingly aware of the value of prevention and healthy lifestyles. The mission of health centers is being redefined to include not just treating medical problems but also managing serious chronic conditions and promoting healthy habits.

Young adults are at a critical juncture in development. As they learn to manage their own health and health care with less parental oversight, they are forming habits that will affect well-being, learning, and personal and career fulfillment over a lifetime. That’s why many college health centers are actively engaged in fighting the use of tobacco, alcohol, and other drugs and promoting good nutrition, sleep, and exercise.

The new focus on health in the broadest sense provides critical support to the academic mission. As Dr. Daniel Silverman and colleagues noted in a 2008 article, science in the past two decades has validated what many educators have always known: “Health creates capacity; students whose health status is positive and flourishing have greater ability and readiness to learn and engage fully in all meaningful educational experiences inside and outside the classroom. . . . The learner as a whole person matters in the learning.”

Expanded services, of course, are costly. To provide newer services as well as traditional ones, health centers need more staff with a wider range of expertise. Today, in addition to on-site medical and counseling services, three-quarters of all counseling centers offer stress reduction programs; educational programs and materials for parents/families; campus-wide education; targeted education programs for faculty, coaches, clergy, and resident advisors; and mental health screening days. Not waiting for students to come to them, most undertake outreach related to suicide prevention, sexual assault prevention, and reducing the stigma around mental health issues. In 2011–12, for every campus that decreased counseling center staffing, six added new positions.

Health center salaries need to compete with those paid in many high-demand professions, including primary care providers, who are in short supply. New technology is also expensive. And some health centers are also facing a serious need for facility maintenance and improvement.

The Affordable Care Act brings other changes and challenges to health centers. Its provisions are resulting in better protection for students, who can remain under their parents’ plans (up to age 26) or subscribe to their college’s own plan, which must meet new federal standards, including complete coverage for contraceptives and other preventive services. Schools offering plans that don’t comply will have to beef up the coverage.
A student’s choice between the college plan and the parents’ plan has significant implications. Because many parents have employer-provided plans with high deductibles and narrow provider networks (forcing students to return home to see an in-network provider or pay more), financially strapped students sometimes delay needed care or go without it entirely. Others delay or do without because they don’t want their family to know about issues related to sexual health, mental health, or substance abuse. (Although universities and their health centers maintain confidentiality, as required by federal HIPAA and FERPA regulations, the type of treatment shows up on the explanation-of-benefits forms the parents receive.) With student health insurance, the student is the primary plan holder and receives all the paperwork; no one else has access without his or her permission.

Most colleges require their students to pay a health fee that helps to support some health center services. Whether the changing insurance landscape and other circumstances will lead to widespread new or increased fees remains to be seen.

By most criteria, college students are significantly healthier than non-students in the same age group. Those in college are better vaccinated, have half the mortality from suicide, and have a tiny fraction of the homicide rate. Though they are more likely to binge on alcohol than non-students, they have a far lower rate of mortality from alcohol-related injuries. And campuses have seen a steady decline in unwanted pregnancies and sexually transmitted diseases over the last three decades.

Socioeconomic status explains only part of this difference. The health advantage of students also has to do with living in a protective environment—a crucial factor is that most campuses prohibit guns—with accessible and affordable health care, health education, and other services provided by health centers and related programs.

Going beyond providing medical and mental health care and shaping the environment through a comprehensive public health approach, including prevention and education, is complicated and difficult. But these innovations pay off in healthier and more successful students and, in the long term, a healthier adult population.

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