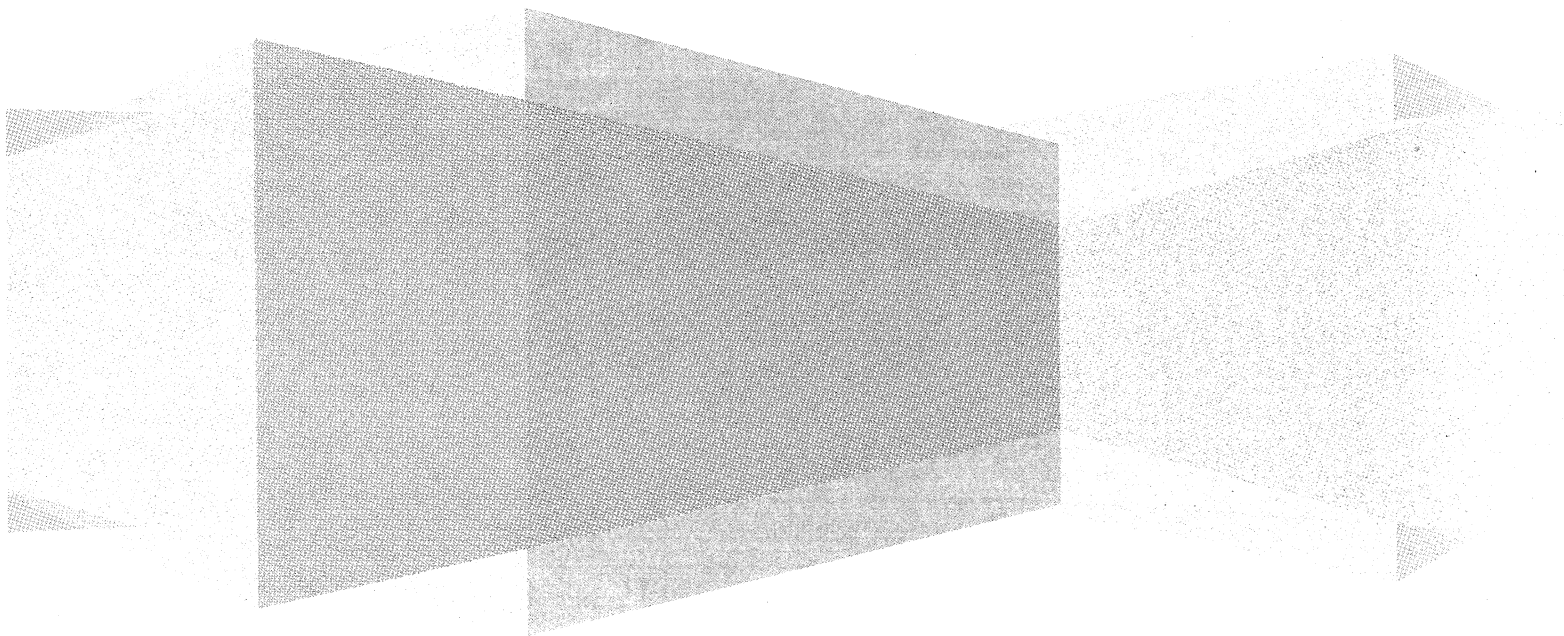


**University of Houston  
Health Center**

# **FY2011 Student Service Fee Request**



## EXECUTIVE SUMMARY

The day we returned from Christmas vacation, January 4, 2010, the Health Center received the resignation of one of our full time physicians. This physician had been with us for 3 years, 5 months and worked in the general clinic which meant she saw patients who presented with all types of maladies. The reason given for leaving was one of finance. She had found a position wherein she could work half the time she worked for us in the Health Center but make twice the amount of money. Imagine, working 20 hours and making twice the amount made from a full time position? I know of few people who would not have jumped at that opportunity. The resignation was accepted and as of January 15, 2010 we are in the throes of filling a physician vacancy. We will be inundated with many applications but we will not have many who will want to be considered for the position once they learn the salary being offered. This salary issue has plagued the Health Center for many years. When you consider that we must compete with our neighboring medical center salaries, it is understandable why many apply but few want to become members of our permanent staff.

Coupled with the salary limitation, we also face a challenge with our physical facility. Our current location is no longer adequate to serve our patient population. We are antiquated in more ways than one. The facility is in need of repair and renovation. Frankly, we need a new health center built to accommodate the current and projected needs of our university community. When we open for spring semester this year, we anticipate 37,000 students to be enrolled. Our campus health center was constructed at a time when we had fewer students and also when the residential facilities were concentrated on one small portion of the campus. Those conditions no longer exist and the current building no longer meets the needs and demands put upon it by our patients. We have not grown nor have we even kept up with the student growth of our campus. With the recent opening of the Calhoun Lofts and the construction of additional residential facilities, the increase of the student population residing on campus will immensely affect the need for healthcare. The Health Center expects to see an increase in patients needing medical services. We are woefully behind and need to catch up. The University deserves a healthcare facility which allows the nuances of medicine to be practiced in an environment which is accommodating as well as inviting. It also deserves a Health Center

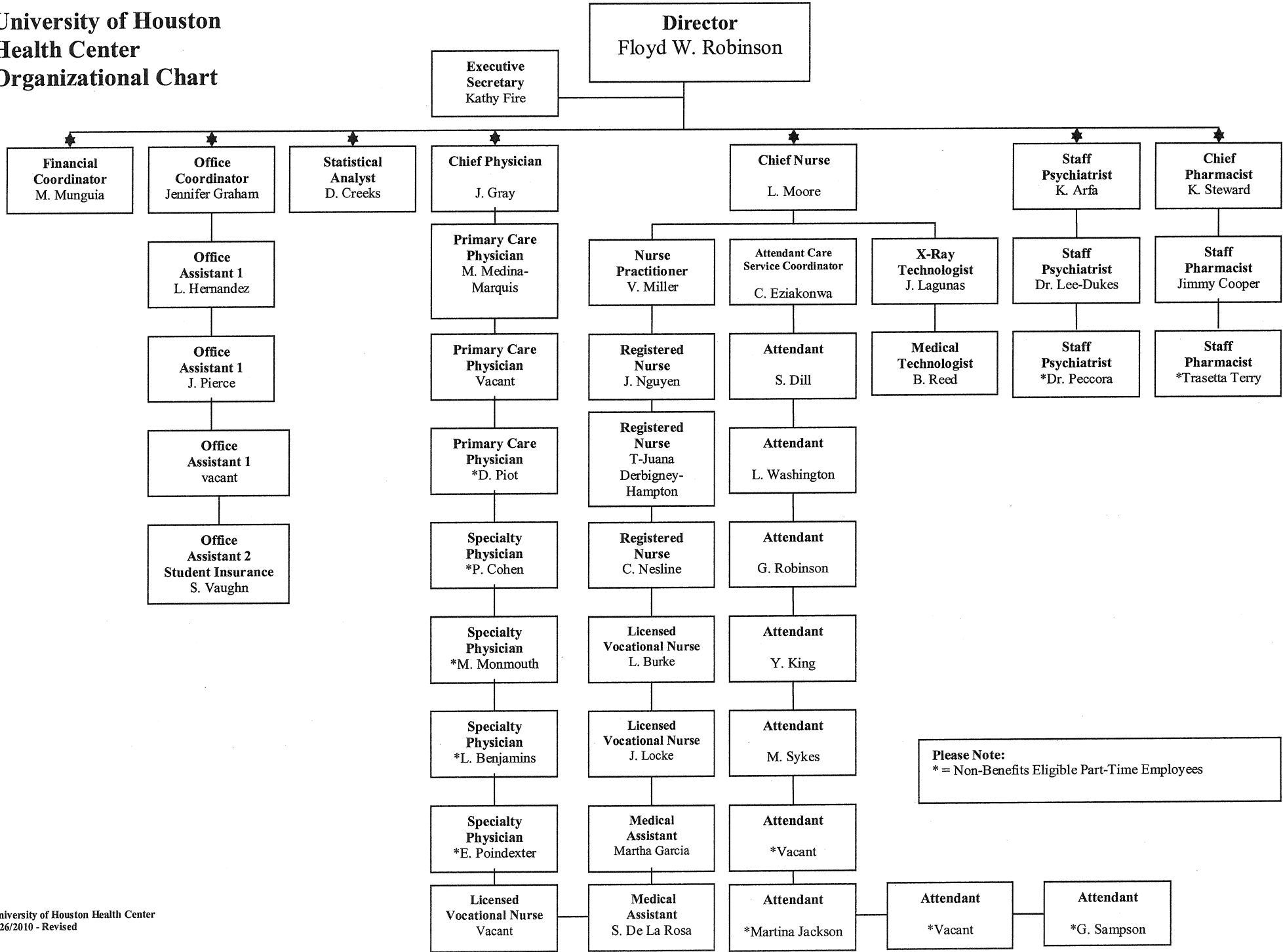
that is centrally located and easily accessible with parking for all students, faculty and staff.

One suggestion which has been made in the past is to include the Health Center project in a planned building. To have allowed a new health center in one of the proposed residential sites was an idea that would have been very appealing to our university community. Imagine a full service health care facility on the first floor of a proposed residential site? This could be a dream come true for many.

We serve not only students but the faculty and staff as well of our campus. This patient mix provides excellent training for a multiplicity of disciplines. As it is now, we have residents from both Baylor and UT Medical schools in our clinic on a weekly basis. These residents are afforded opportunities here which they never receive in their own academic settings. The fact that we are such a diverse student population alone presents medical challenges they are eager to meet and resolve. The Health Center is a desired location for the residents and we are most happy to have such a good relationship with both medical schools. We have been requested to take on more residents but the problem we have is space. We cannot accommodate more at this time. We are not even able to provide increased hours for our specialty clinics and the demand is there to do so, because of limited space. As a result, patients who need care are being delayed in receiving it because we cannot provide the work environment for the practitioner. Space limits the care we are eager to render.

If we are to meet the medical needs and challenges of our university community we must make plans to build. We must provide quality care in a medical facility which meets the demands. Our health center is an integral part of our campus and we want to be the medical resource our university deserves. We do not want to be the Texas Medical Center but we do want to be a good reflection of it.

**University of Houston  
Health Center  
Organizational Chart**



**List the objectives that you provided with your 2009-2010 SFAC request. Please comment on your success in achieving these objectives.**

**New Health Center Facility**

In pursuit of achieving this goal, Health Center Director is meeting with a local architectural firm with the intent of getting a feasibility study to present to the Vice Chancellor/Vice President of Student Affairs.

*The Student Government and officers have been in contact with the Health Center Director and expressed concern regarding the need for a new Health Center. Back in 2008, they introduced a resolution in support of expansion of the Health Center. They met with senior staff of the Health Center recently to discuss the possibility of obtaining space that adjoins the Health Center which currently houses Affirmative Action. Also discussed was the possibility of acquiring space on the 1<sup>st</sup> floor of one of the new Resident Halls that are being built next door to the Health Center. The concern is that the existing Health Center space will not be sufficient to address the medical needs of additional students living on campus.*

**Increase Services**

Create space in the design of a new facility for additional services, i.e. Dental Chair, and possibly alternative forms of medicine.

- *Increased our Psychiatric staff to 2 ½ psychiatrists*
- *Increased our Men's Clinic hours*
- *Added a part time pharmacist to current staff of 2. The part time pharmacist serves as on call to assure continuity during illness or vacations.*
- *Purchased additional instruments to serve more patients in Gynecology*

**Accreditation of Health Center by Ambulatory Health Care Association**

This process requires longer than our goal of 1 year. We will continue to meet on a monthly basis with a completion date of 2010.

*Committee continues to meet on monthly basis and is progressing. The process is very tedious and requires longer period than originally anticipated. They have contacted the Sam Houston State Health Center Director to serve as sounding board in this process.*

**Mandatory Insurance**

The Health Center is in the process of conducting a survey to determine what percentage of our patients has Student Health Insurance, Other Insurance or No Insurance. The results will impact in numerous ways to include the pursuit of 3<sup>rd</sup> party billing.

*A survey was conducted in January and February, 2009. The results are attached in this SFAC package.*

## Newsletter

To be used to inform Health Center patients of upcoming events, current health concerns and to educate on health issues. The newsletter is to be published quarterly.

*An Editorial Committee was formed. The committee has published 3 newsletters, Spring 2009, Summer 2009 and Fall 2009, thus far and is currently working on the Spring 2010 edition. The newsletters are in various areas of the Health Center as well as distributed to departments on campus. They are a good marketing tool.*

## Increase Partnerships

Increase partnerships with other UH departments and outside entities for the purpose of better serving our patient population.

*The Health Center faced 2 important matters that required us to reach out in partnership this past year.*

- ***H1N1 Pandemic - we worked in conjunction with:***

*UH Emergency Management Committee  
City of Houston Health Department  
Texas Medical Center H1N1 Advisory Group  
Residential Life and Housing  
Daily Cougar  
Various Television networks  
Houston Chronicle  
Center for Students with Disabilities  
Department of State Health Services  
Sheila Jackson Lee, US Congresswoman*

- ***State Mandate: Effective January 1, 2010, evidence of vaccination against bacterial meningitis for first time and transfer students who plan to live on campus – we worked in conjunction with:***

*Admissions  
Residential Life and Housing  
International Student Services  
Information Technology  
Partnership Housing  
Enrollment  
General Counsel  
PeopleSoft Campus Community Team  
Registration and Academic Records  
Office of Vice President for Student Affairs  
Dean of Students*

## 2010 – 2011 OBJECTIVES

### **New Health Center Building**

Our on-campus housing is rapidly increasing. The plan is to double the living space to 11,000 students in housing. While we are excited to be a part of this master plan, we realize more than ever that our facility and services must also grow to meet the additional demand. Calhoun Lofts (984 beds) is complete. Cougar Village (1096 beds) is scheduled to be complete by Fall 2010. This housing facility sits feet away from the Health Center. It is our understanding that an additional housing project is scheduled across Wheeler from the Health Center. Our current facility and staff are not sufficient to address the health care issues for the student increase on campus. We will need additional medical staff and administrative staff. This will require additional space to accommodate additional exam rooms, offices and medical records file space. The Health Center pharmacy will need to expand as well. With the additional students living on campus, there will be a need to increase every phase of the health center. Perhaps housing the Health Center on the ground floor of one of the new resident halls would be a great solution. A more centrally located Health Center would be the ideal.

### **Increase Services**

Specialty clinic hours are limited at this time. With the exception of Psychiatry and Gynecology, specialty clinics (Dermatology, Orthopedics and Men's Clinic) are only available from as few as 3 hours per week to a maximum of 16 hours a week. The demand for these services requires full time allocated appointments. Again, this means more space as these specialty clinic physicians are currently using the same space but schedule on alternate days.

### **Parking**

At some point, we will have to address this major issue. It is imperative that the Health Center have sufficient parking for patients. Sick students cannot drive around campus looking for a parking space and then have to walk a long distance for care. This is especially true of our Orthopedic patients. Patients that have appointments will be late for their appointment and risk missing their appointment altogether because they could not find a parking space.

### **Move Attendant Care Services On Campus**

In the past, the Health Center was successful in moving our Attendant Care Services clients to Cambridge Oaks. This facility better addresses their needs and is a safer environment for clients and attendants. The plan is to have the Metro light rail line run down Wheeler. This puts our clients that are wheelchair bound in great danger as they will have to cross the light rail back and forth to access campus. We have expressed the need to move the program on campus for many years. Cougar Village would have been the ideal place for them. It would have provided a safer surrounding and provided closer proximity to the Health Center. Our goal is to include them in the plans for Phase II of Cougar Village.

### **Upgrade Equipment**

We must upgrade our medical computer system to accommodate 3<sup>rd</sup> party billing. We dodged a bullet (House Bill 103-copy included in SFAC package) this past legislative session. Over the past 2 legislative sessions, there has been a push to mandate Student Health Centers to do 3<sup>rd</sup> party billing. In addition, it is expected that we will be mandated to all electronic medical records. We plan to be prepared for these upcoming changes if and when they take effect. (again, passage of legislation on a bill such as House Bill 103 would require additional space and staffing).

## **Please describe any overlap between your unit and any other unit(s) providing services to students and the rationale for the overlap**

### **Animal Care Operations Department**

1. We do labs, immunizations and x-rays for Animal Care personnel
2. Serve as medical resource

### **Athletics**

1. We provide diagnostic testing and physicals for athletes
2. We educate athletes in areas such as drug and alcohol use and abuse
3. Serve as a medical resource
4. Medical care during games, meets and competitions during Health Center hours as well as x-ray service after hours during home football games.

### **Center for Students with Disabilities**

1. ACS coordinator works with CSD for accommodation requirements for ACS clients
2. Work with CSD for Disability Awareness Week
3. Attendant Care Coordinator serves as resource
4. Psychiatry clinic works with CSD for student accommodations

### **Counseling and Psychological Services (CAPS)**

1. Health Center Psychiatrists and psychiatric nurse serve as medical consultants and co-managers of total psychiatric care with Psychologists
2. Work with CAPS for National HIV Testing Day, World Aids Day and National Depression Screening Day to name a few
3. Monthly staffing with CAPS to discuss patient care and prognosis
4. Hospitalizing students

### **Dean of Students Office**

1. Speak at orientations for freshman, transfer students and parents of familiarize them of the services available to them at the health center and to provide information on student health insurance
2. Service as a medical resource

### **Distance Education**

1. Representative present at orientation to provide information on Health Center services and student insurance

### **Environmental Health & Risk Management**

1. Provide Hepatitis B Vaccine to all staff and students that come in contact with blood borne pathogens

### **International Students Office**

1. Speak at orientations for international students to assist in making a smooth transition into our country regarding health issues and health insurance
2. Conduct tours of Health Center to help international students familiarize themselves with health services available to them
3. Serve as information resource on health crisis
4. Develop policies and procedures to address health related crisis situations

### **Language and Culture Center**

1. Conduct tours of Health Center to help international students familiarize themselves with health services available to them
2. Assist in specifically designing health insurance plan for students

### **Law School**

1. Speak at orientation to assist with student insurance enrollment and to market our facility

### **Nutrition and Foods Program**

1. We utilize the students to provide a free Nutritionist Clinic to UH students while providing the program a learning ground for NFP student

#### Optometry

1. Diabetes screening
2. TB screening
3. Required immunizations
4. Speak at orientation to assist with student insurance enrollment and to market our facility

#### Police Department

1. Medical resource for the department
2. Develop policies and procedures to address health related crisis situations
3. Police Review Board

#### Residential Life and Housing

1. Provide in-service to students in residential halls as requested
2. Assist in RA training
3. RA Resource EXPO
4. Serve as medical resource
5. Speaker for BEST programs
6. Develop policies and procedures to address health related crisis situations

#### School of Pharmacy

1. Required immunizations
2. TB screenings

#### Special Events

1. Cougar First Impression

#### Students' Association

1. First Aid station at Frontier Fiesta
2. Talks on various health topics for students associations

#### Wellness Center

1. Health Fairs
2. National HIV Testing
3. World AIDS Day
4. National Depression Day
5. Resource
6. Referral Service
7. Take Back The Night

#### Women's Resource Center

1. Provide speaker for Women's Health issues
2. Collaborate on program GYT for CDC "Get Yourself Tested"

### University of Houston Student Health Center Insurance Questionnaire Results

<b>Date</b>	<b>Student Insurance</b>	<b>Other Insurance</b>	<b>No Insurance</b>
1/14/2009	80	55	67
1/15/2009	19	19	11
1/16/2009	21	9	11
1/21/2009	32	25	17
1/22/2009	21	12	16
1/23/2009	23	26	14
1/26/2009	14	14	13
1/27/2009	25	25	16
1/28/2009	23	29	21
1/29/2008	15	16	20
1/30/2009	20	22	23
2/3/2009	31	46	24
2/5/2009	46	60	47
2/6/2009	9	15	12
2/11/2009	37	51	22
2/17/2009	53	57	43
2/20/2009	11	20	16
2/25/2009	33	45	26
2/26/2009	7	4	5
2/27/2009	7	8	10
<b>Totals</b>	<b>527</b>	<b>558</b>	<b>434</b>

Bill Number: TX81RHB 103

Date: 06-01-2009

ENROLLED

1 AN ACT  
2 relating to health benefit plans for students at institutions of  
3 higher education and the operation of certain health benefit plans  
4 through student health centers at certain institutions of higher  
5 education.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

7 SECTION 1. The heading to Section 51.952, Education Code,  
8 is amended to read as follows:

9 Sec. 51.952. STUDENT HEALTH INSURANCE AT MEDICAL AND DENTAL  
10 UNITS.

11 SECTION 2. Subchapter Z, Chapter 51, Education Code, is  
12 amended by adding Section 51.9521 to read as follows:

13 Sec. 51.9521. STUDENT HEALTH INSURANCE AT GENERAL ACADEMIC  
14 TEACHING INSTITUTIONS. (a) In this section:

15 (1) "Health benefit plan" means any health benefit  
16 plan regulated under the Insurance Code, including:

17 (A) an individual, group, or blanket health  
18 insurance policy; or

19 (B) an evidence of coverage issued by a health  
20 maintenance organization.

21 (2) "High deductible health plan" has the meaning  
22 assigned by Section 223, Internal Revenue Code of 1986.

23 (3) "General academic teaching institution" and  
24 "university system" have the meanings assigned by Section 61.003.

1           (b) A general academic teaching institution with a total  
2 student enrollment of more than 20,000 students in one or more  
3 semesters of the preceding academic year shall offer or sponsor,  
4 directly or through the university system, if any, of which the  
5 institution is a component, one or more health benefit plans for the  
6 students of the institution. At least one health benefit plan  
7 offered under this section must be a high deductible health plan.

8           (c) When offering the health benefit plan to students, the  
9 institution shall collect information from each student that  
10 declines to accept the coverage offered through the institution,  
11 including whether the decision to decline coverage was as a result  
12 of:

13                   (1) the student's existing health benefit plan  
14 coverage from another source;

15                   (2) the cost of the health benefit plan;

16                   (3) the type of health benefit plan offered by the  
17 institution; or

18                   (4) the student not desiring a health benefit plan at  
19 that time.

20           (d) Data collected by the institution may be provided to the  
21 public in the aggregate.

22           SECTION 3. The heading to Section 51.953, Education Code,  
23 is amended to read as follows:

24           Sec. 51.953. [~~CERTAIN REVENUE RECEIVED FROM~~] STUDENT HEALTH  
25 CENTER [~~SERVICES~~].

26           SECTION 4. Section 51.953, Education Code, is amended by  
27 adding Subsections (c), (d), (e), (f), (g), and (h) to read as

1 follows:

2 (c) A student health center of an institution of higher  
3 education with a total student enrollment of more than 20,000  
4 students in one or more semesters of the preceding academic year  
5 shall assist a student or other person entitled to obtain health  
6 care services through the health center in receiving benefits under  
7 a health benefit plan in which the student or other person is an  
8 enrollee by filing or having a claim filed with the issuer of the  
9 health benefit plan on behalf of the student or other person. The  
10 institution may contract with a third-party billing service to  
11 provide the assistance required by this subsection.

12 (d) An institution of higher education, on behalf of the  
13 institution's student health center, may contract with a health  
14 benefit plan issuer that engages in the business of insurance in the  
15 health service region established by the Department of State Health  
16 Services in which the institution is located to provide a health  
17 benefit plan under which health care services are provided to  
18 students or other persons entitled to obtain health care services  
19 through the student health center who are covered by the plan.

20 (e) An institution of higher education described by  
21 Subsection (c) must enter into contracts with at least three of the  
22 largest health benefit plan issuers that engage in the business of  
23 insurance in the health service region established by the  
24 Department of State Health Services in which the institution is  
25 located under which the institution's student health center:

26 (1) serves as a preferred provider under the preferred  
27 provider benefit plans operated by the issuers; or

1           (2) operates as a provider of in-network coverage  
2 under the health maintenance organizations operated by the issuers.

3           (f) An institution of higher education may authorize the  
4 institution's student health center to accept a student's medical  
5 services fee, as charged by the institution under Chapter 54, as  
6 payment toward:

7           (1) a copayment;  
8           (2) a deductible; or  
9           (3) a charge for a service not covered by the student's  
10 health benefit plan.

11           (g) Money received by the student health center as a result  
12 of a claim filed by or on behalf of a student through a health  
13 benefit plan shall be retained for use by the student health center.

14           (h) Not later than January 15 of each year, the governing  
15 board of an institution of higher education described by Subsection  
16 (c) shall report to the legislature the amount of the following  
17 sources of income for funding the institution's student health  
18 center:

19           (1) money received from student fees and charges;

20           (2) money received from the operation of the student  
21 health center's pharmacy;

22           (3) money received as a result of a claim filed by or  
23 on behalf of the institution's student health center under a health  
24 benefit plan sponsored by or administered on behalf of the  
25 institution; and

26           (4) money received as a result of a claim filed by or  
27 on behalf of the institution's student health center under a health

1 benefit plan other than a plan sponsored by or administered on  
2 behalf of the institution.

3 SECTION 5. Section 51.9521, Education Code, as added by  
4 this Act, applies beginning with the 2010 fall semester.

5 SECTION 6. This Act takes effect September 1, 2009.

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
Speaker of the House

I certify that H.B. No. 103 was passed by the House on May 13, 2009, by the following vote: Yeas 143, Nays 4, 1 present, not voting; that the House refused to concur in Senate amendments to H.B. No. 103 on May 29, 2009, and requested the appointment of a conference committee to consider the differences between the two houses; and that the House adopted the conference committee report on H.B. No. 103 on May 31, 2009, by the following vote: Yeas 139, Nays 5, 2 present, not voting.

\_\_\_\_\_  
Chief Clerk of the House

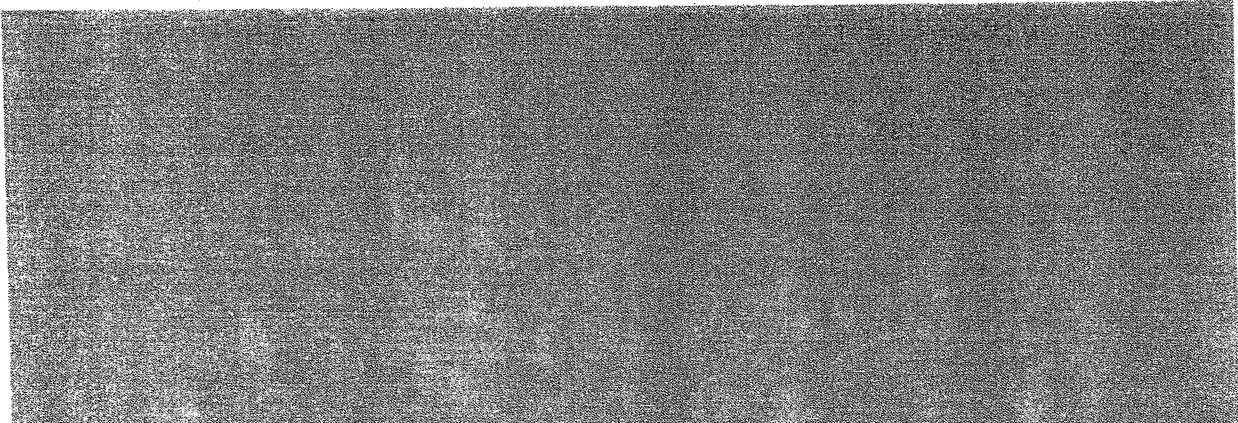
I certify that H.B. No. 103 was passed by the Senate, with amendments, on May 27, 2009, by the following vote: Yeas 27, Nays 4; at the request of the House, the Senate appointed a conference committee to consider the differences between the two houses; and that the Senate adopted the conference committee report on H.B. No. 103 on May 31, 2009, by the following vote: Yeas 27, Nays 4.

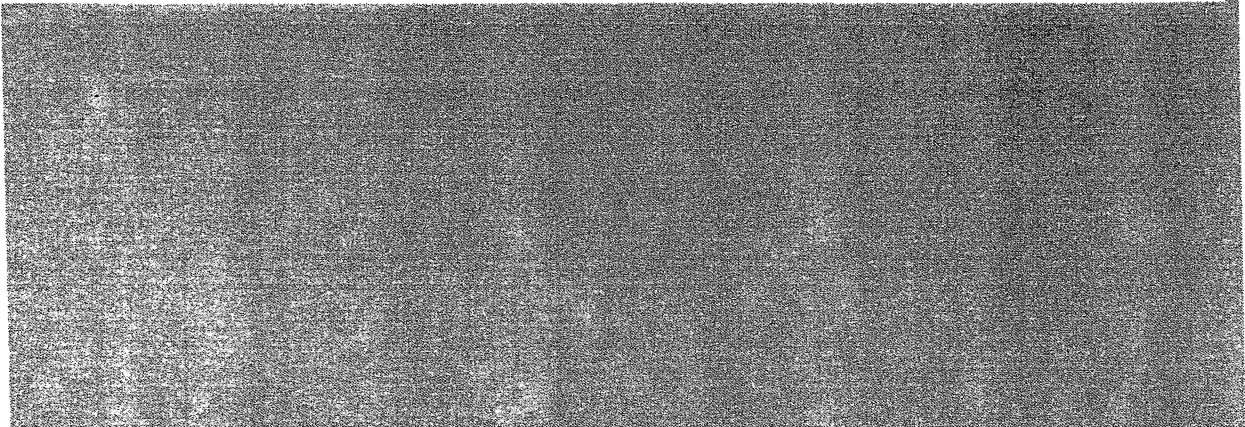
\_\_\_\_\_  
Secretary of the Senate

APPROVED: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Governor





Label: UR450??  
Date Introduced: April 24<sup>th</sup>, 2008  
Author: Mary Elhardt  
Sponsor(s); Salman Amanullah, Jamie Xu  
Committee: University Administration and Finance  
Draft: First Reading

### **Senate Resolution to Support Expansion of Health Center**

**Whereas**, the Health Center at the University of Houston has outgrown its facility; and

**Whereas**, free screenings at the UH Health Center are massive, and many students, faculty, and staff walk away due to crowding; and

**Whereas**, the psychiatry clinic is utilized twelve months of the year, and is currently booked completely until June, making appointments for follow-up patients difficult to schedule; and

**Whereas**, the Health Center had 28,653 visits in the year 2007, 22% were Specialty Care and 48% were Walk-in Clinic; and

**Whereas**, specialty services such as orthopedics, men's, and dermatology meet for only 5-16 hours per week; and

**Whereas**, space expansion at the Health Center would provide for more specialty care; and

**Whereas**, the Health Center wishes to implement more preventative services such as allergy, ultrasound, massage therapy, and acupuncture; and

**Whereas**, more health services on campus will market and increase awareness of health issues on campus; and

**Whereas**, the on campus student population and Health Center market will increase with the addition of Calhoun Lofts; and

**Whereas**, all student services on campus should expand at the same rate; and

**Whereas**, the Universities goal of Tier 1 status should provide for increased health services offered on campus; and

**Therefore, be it resolved by the senate of the 45<sup>th</sup> Student Government Association of the University of Houston:**

**Section 1:** The Student Government Association supports the building expansion of the University of Houston Health Center.

**Section 2:** The Student Government Association supports the movement of the University Health Center to the current Student Services Building after the student services organization move out of the building and into the remodeled University Center.

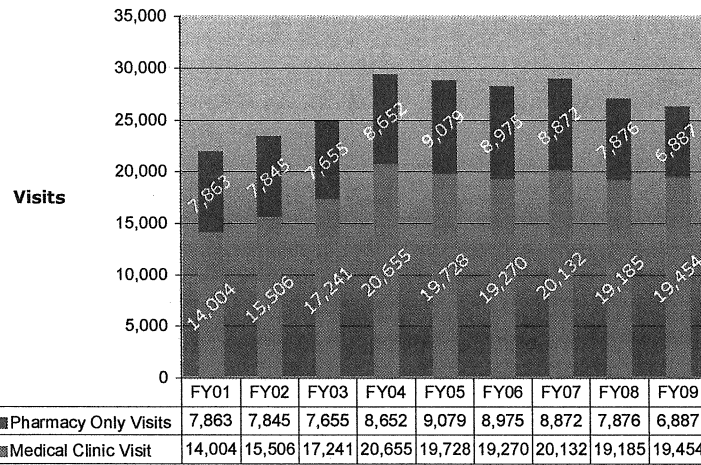
Health Center Free Testing Stats

			Total Tested	Counseled	Confidential	Anonymous	Unknown	Repeat Tester	First Time Tester	Student	Staff/Faculty	Visitor	Unknown	Student/Faculty/Staff	Black Females	White Females	Black Males	White Males	Asian Females	Asian Males	Hispanic Females	Hispanic Males	Interracial Females	Interracial Males	Caribbean males	Unknown Female	Unknown Males	Gender Not Race Given	No Gender Given	Under-18	Flyers	Family/Friend	Health Center	UH Faculty/Staff	Tables and Dorms	Campus Mail	URPD	HC Website	Daily Cougar	Recreation Center/UC	Unknown	Prior Knowledge/Repeat Tester	Email	Radio/TV	Multiple Sources						
FY03	Jun-03	HIV	95		33	62									25	11	9	9	9	9	6	15	7				0	4			5	11	23	3		6	4	31	9	3											
FY04	Dec-03	HIV	146		25	121									49	21	20	10	4	3	11	11	1					16			11	23	15	2		1		49	2	35	2	2	4								
FY04	Jun-04	HIV	63		14	49									23	8	9	8	3	3	2	6						1			1	11	19	3				24	3		1		1								
FY05	Nov, 2004	BE	20																																																
FY05	Nov, 2004	Diab	54																																																
FY05	Dec-04	HIV	182		15	167				153	10	4	15		61	18	22	10	10	3	17	12					2	5	22		47	24	15						50	2	28	4	4	8							
FY05	Jun-05	HIV	100	101	42	58		49	51	82	12	6			27	13	8	17	8	4	9	8					4	2			17	14	27	4				32	1	2		3									
FY06	Nov-05	BE	45																																																
FY06	Nov-05	Diab	94							45	46			3																																					
FY06	Apr-06	PSA	31																																																
FY06	Dec-05	HIV	214	216	111	103	1	78	135	206	6	2		2	78	35	18	21	11	4	21	18				1	3	3			53	48	28		2				66	1		1	10	5							
FY06	Feb-06	CS	18																																																
FY06	Mar-06	Diab	113																																																
FY06	Jun-06	HIV	218																													28	22	20	3					15	4	1	116	1	5						
FY07	Sep-06	PSA	51																																																
FY07	Oct-06	BE	96																																																
FY07	Nov-06	Diab	161																																																
FY07	Dec-06	HIV	267																														24	34	22	3	3				37	2	128	1	9						
FY07	Feb-07	CS	167																																																
FY07	Mar-07	Diab	36							20	15		1																																						
FY07	Jun-07	HIV	228	230	116	114	2	90	138	173	43	11	3		69	35	26	24	12	8	29	16					6	2	3			17	37	33	6					19	1	108		9							
FY08	Sep-07	PSA	40																																																
FY08	Oct-07	BE	34			14	20								4	5		14	5								6				3	5	3	2					21												
FY08	Nov-07	Diab	151							111	36		2	2																																					
FY08	Nov-07	HIV	225	229	101	124	6	113	106	197	20	1	6	1	54	24	20	30	16	16	22	21						4			32	39	30	7					13												
FY08	Feb-08	CS	163																																																
FY08	Mar-08	Diab	121							83	32		6																																						
FY08	Jun-08	HIV	168	64	104	7	89	72		128	19	8	11	2	44	19	17	14	13	12	16	16					2	5	10			17	29	19	5							11	74		10	3					
FY09	Oct-08	BE	118																																																
FY09	Oct-08	HIV	275	123	152	1	106	168		256	16	1	2		67	36	32	25	26	20	25	20					12	9		3	1		36	23	36	5				18		5	152								
FY09	Nov-08	Diab	135							112	23																																								
FY09	Dec-08	HIV	218	85	133	3	117	98		199	9	8	2		66	43	12	14	12	12	21	19					4	11	3			23	30	24	9				6		1	123		2							
FY09	Feb-09	CS	198																																																
FY09	Mar-09	Diab	161							131	30																																								
FY09	Jun-09	HIV	119			66	53			78	28	9	4		21	14	20	21	9	7	9	17					1				6	9	39	3					1			61									
FY10	Sep-10	HIV	195	74	121					176	16	3																																							
FY10	Oct-10	BE	113																																																
FY10	Nov-10	Diab	97							52	43		1	1																																					
FY10	Dec-10	HIV	143	75	68					127	14	2			44	27	15	11	9	7	12	13					2	3				23	22	26	6				6		1	44		6							

BE = Free Breast Examine Testing  
 Diab = Free Diabetes Screening Day  
 HIV = Free HIV Screening Day  
 CS = Cholesterol Screening  
 PSA = (Prostate-Specific Antigen) Prostate Cancer Screen

**Note:**  
 The numbers indicated on this report were furnished by nursing  
 Breast examine amounts for Nov, 2004 are provided as an estimate

### Health Center



Pharmacy Services represent patient visits to the pharmacy only for prescriptions and OTC items.

Medical Clinic Services represent patient visits to the Health Center for Primary Care services, Preventive Services, and Public Health Services. A patient may have also been serviced by the pharmacy during a clinic visit.

■ Pharmacy Only Visits	7,863	7,845	7,655	8,652	9,079	8,975	8,872	7,876	6,887
■ Medical Clinic Visit	14,004	15,506	17,241	20,655	19,728	19,270	20,132	19,185	19,454

#### Fiscal Year

**Notes:** Fiscal years 02, 03, and 04, the Health Center offered Dermatology services.  
 - FY02 => 905 Derm visits for 8 months  
 - FY03 => 1,522 Derm visits for 12 months  
 - FY04 => 1,214 Derm visits for 10 months  
 Fiscal year 05, the Health Center did not offer Dermatology services.  
 Fiscal year 06, the Health Center reopen the Dermatology Clinic.  
 - FY06 => 71 Derm visits For 1 month  
 Fiscal year 06, the campus had an emergency shutdown from September 21, until noon of September 28, due to hurricane Rita resulting in 5 1/2 days of lost productivity for FY06.  
 Fiscal year 08, On February 22, 2008, the Health Center lost a psychiatrist. Onward for the duration of FY08, the Health Center was operating minus 1 psychiatrist.

The Daily Cougar

# Health Center, staff comment on flu

Group voices possible plans for outbreak

By Bryant Quiroga

Published: Friday, September 11, 2009

UH Health Center Director Floyd Robinson

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UH Health Center Director Floyd Robinson spoke about the H1N1 virus and precautionary actions the Center plans to take at Staff Council's first meeting of the fall semester Thursday.

Robinson said three cases of flu have been confirmed among students and faculty, but views H1N1 as a milder threat than what the media has reported.

"We have flu every year on campus. Why this was given so much hype, I don't know," Robinson said. "We just really need to pay attention to just basic hygiene. Nothing beats hand washing with water and soap."

Robinson said the Health Center is monitoring the situation and recommends students and staff who are diagnosed outside to inform the Health Center of their illness. The information will remain confidential, but Robinson wants to protect others from the virus.

Staff Council President Ann McFarland said she wants departments and faculty to create plans in case an outbreak occurs in offices or classes. She said classes could be held through Blackboard and encouraged instructors to prepare emergency packets, containing classwork for students.

McFarland also wants Staff Council to obtain a larger presence, which includes representation on committees and increased communication with administrators.

"We can enhance communication with upper administration to let them know what's important to staff," McFarland said. "If you're not on a committee, get on a committee."

Sandy Coltharp, former Staff Council president, agreed with McFarland.

"A lot of times they (the administration) don't understand how the staff is an integral part of how the University runs, and we want the Staff Council to have voices on all the committees that have influence," she said.

The Daily Cougar

## County releases H1N1 flu vaccine

Flu shot still being tested; more than one injection may be required

By Chris Patronella

Published: Wednesday, October 7, 2009

Harris County Public Health and Environmental Services have begun receiving the first batches of live intranasal novel H1N1 influenza vaccine, while the Centers for Disease Control and Prevention are anticipating the FDA release of an inactivated flu shot vaccine that will be available starting next week. This initial batch of intranasal vaccine, which is intended for frontline health care workers and children, was released Monday.

More than 2 million available doses of intranasal vaccine have been ordered by every state in the U.S. The vaccine is being delivered and made available as soon as it comes off the production line, CDC Director Thomas Friedman said Tuesday in a press conference.

Baylor College of Medicine professor W. Paul Glezen, one of the researchers involved in clinical trials testing the novel H1N1 vaccine, said that the live attenuated nasal vaccine is ready, and they are waiting on the FDA to release it.

Glezen said studies are being conducted to answer two questions.

"One is whether or not two doses are required, as there has already been preliminary data published by the CDC that indicates one dose will be sufficient for everyone over nine years of age," Glezen said, "and whether or not you can give both the seasonal vaccine and the new pandemic strain vaccine at the same time."

Floyd Robinson, director of the Health Center at UH, said that he is concerned about the safety of the vaccine at the Staff Council meeting Sept. 10.

"I wonder if enough studies have been completed to render the vaccine efficacious and harmless to the intended population," Robinson wrote via e-mail.

Glezen said he is confident that the benefits of being vaccinated outweigh any potential risks.

"We've been doing studies with the Kelsey-Seybold Clinic that indicate the vaccine is very safe," Glezen said, "and we have monitored several hundred pregnant women who have received the vaccine at different intervals during pregnancy and we've seen no complications."

The inactivated vaccine is being tested at BCM in pregnant women and people of all ages. BCM is preparing to give about 12,000 doses of the live attenuated influenza vaccine (LAIV) to schoolchildren in Central Texas, Glezen said.

According to the World Health Organization, the first case of H1N1 was reported April 19. By May, 10,243 cases and 80 deaths worldwide were confirmed, and by June, a pandemic had been declared.

“What makes (H1N1) different is it’s transmitted very rapidly, and as we saw last spring, it spread throughout the world within a period of about six weeks,” Glezen said.

The majority of H1N1 cases have been mild. According to the WHO, only 1 percent of the cases have resulted in death.

Vivian Nowazek, assistant professor of nursing at UH-Sugar Land, said she had already been exposed, and the majority of people in Texas most likely have been exposed to the virus, too.

“What we have found is, yes, it spreads very quickly, but it has been much less deadly than the regular seasonal flu,” Nowazek said. “If people want to be scared, they need to be scared of the regular seasonal flu, because that’s the one that has been killing the high numbers of people.”

According to the CDC, an average of 36,000 people die and 300,000 are hospitalized in the U.S. every year due to flu-related illnesses.

“If healthy people don’t avail themselves with the vaccine, they will be responsible for infecting a lot of people in the community,” Glezen said.

Nowazek said people need to be cautious, but no one needs to panic, as they should just be smart. “I’m telling you, if you haven’t (already) been, you’re going to be exposed to this new one,” Nowazek said.

**From:** [REDACTED]  
**Sent:** Thursday, November 05, 2009 8:38 PM  
**To:** frobinson@uh.edu  
**Subject:** staff at UH Health Clinic

Dear Dr. Robinson,

This correspondence is long overdue. I am a 38 year old student at the University of Houston. After many years with physicians and pharmacists in the community, I would like to express my sincere appreciation for the treatment I received at the UH Health Clinic. The care I received largely exceeded my expectations, and I would like you to be aware of the individuals who treated me.

On my first visit to the clinic, over two months ago, I saw Dr. Marquis. She read my chart and actually took time to go over the information I had provided. I never recall having a physician spend as much care and asking many thoughtful questions as Dr. Marquis. She explained the tests that she would be running and how the results would be reported.

That Friday, I received a personal call from Dr. Marquis explaining my results and how I should follow up. I have never in my adult life had a personal call from my physician. In the past, I've received either a call from a nurse or a letter in the mail weeks later.

On my second visit, I had an appointment in the Women's Clinic. Virginia Miller entered the room with her sunny disposition and calm demeanor and again I was asked many questions and given thorough explanations for all procedures. After the examination, I was asked to wait in Ms. Miller's office where she met me to explain the test results and follow up treatment. She gave me her card in case I needed to contact her with any questions, and she too followed up later that week with a phone call.

On both occasions, I left the clinic feeling at ease and valued as a member of the UH community but not before I had cause to meet with your pharmacist Kizzy Steward-Judie. Ms. Steward-Judie's professionalism far outweighed any that I have ever experienced at Walgreens, CVS, or any other pharmacy where customers sometimes have to wait hours before receiving their prescriptions. I handed in my script, proceeded to pay my bill, and my prescription had been filled by the time I walked back up to the pharmacy window. Ms. Steward-Judie carefully explained how to take the medication and asked if I had any questions. While this is standard pharmacy protocol, her attentiveness to my needs and questions did not go unnoticed.

Please accept this letter as a small token of my appreciation for the professionalism, care, and competency at the UH Health Clinic. I will be hard-pressed to find services of this quality upon my graduation.

With many thanks,

[REDACTED]  
Graduate Student