

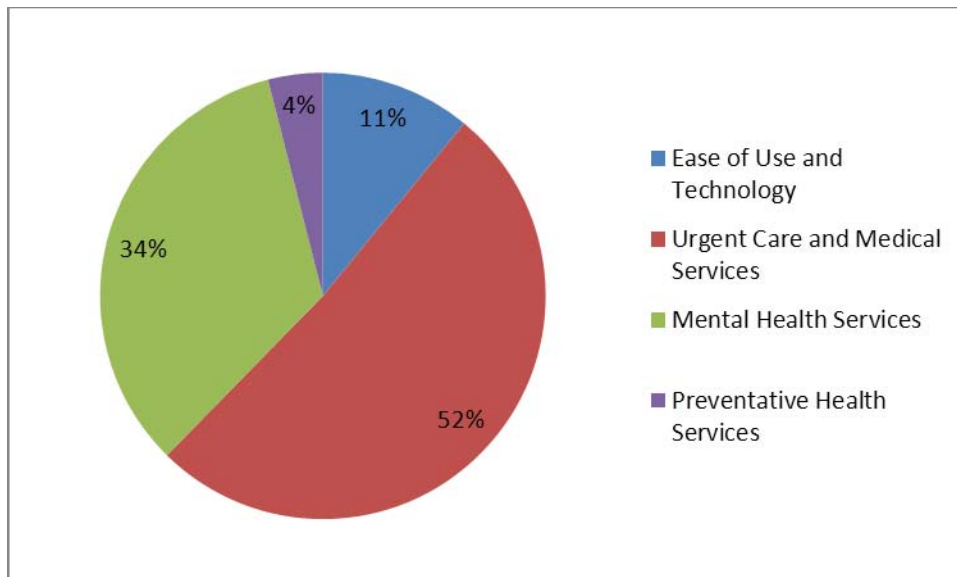
Campus Health Care Fee Annual Report for 2011-12

1. This report was prepared by Bené Gatzert, Strategic Initiatives Manager. Bené provides staff support to the Health Fee Advisory Board, is part of the multiple UHS management teams and meets with UHS finance staff approximately four times per year to review the use of these funds and to jointly prepare forecasts.
2. The following outlines the total revenues collected during 2011-12 and how they were expended:

Income Statement 2011-12

FY2011-12 Revenue	\$	2,967,363	
FY2011-12 Expense			
Personnel Costs (salaries/benefits)	\$	2,505,022	84%
Supplies and Expense (Building Reserve)	\$	37,531	1%
Software and Support Costs (ease of use improvements)	\$	110,010	4%
Administrative Overhead (10% of revenue)	\$	295,000	10%
Special project funding (100% to tech projects)	\$	19,800	1%
	\$	2,967,363	100%

2011-12 Expenditures by Service Categories in the Original Referendum



* Includes the medical appointment line.

Note: Administrative overhead, software and support costs and supply expenses are distributed proportionally between service categories.

3. There was no remaining balance.
4. The health fee continues to support the same activity areas as outlined in the original referendum: urgent care and medical services; mental health services; information systems and technology and preventative health services.
5. Each year, the Health Fee Advisory Board (HFAB) reviews allocation of the Campus Health Care Fee monies to meet student health and counseling needs, recommends annually to campus health officials any increase or decrease in the Campus Health Care Fee level and advises on communication about Campus Health Care Fee matters to the student body. HFAB is co-chaired by students and student membership for 2011-12 included:

Member	Constituency
Alana Burke	At-large graduate student
Ayelet Cohen	At-large undergraduate
Brianna Clark	At-large undergraduate
Kate Yu	At-large undergraduate
Kevin Kit	At-large undergraduate
Rachel Tenney, chair	Committee on Student Fees
Rashi Kesarwani, chair	At-large graduate student, HFAB rep to Student Health Advisory Committee
Yuina Satoh	At-large undergraduate
<i>Notes:</i> 1) ASUC and the Graduate Assembly were asked to appoint students to this committee but they were unable to do so this year. However, ASUC and GA input was secured via ASUC and GA representation on the Student Health Advisory Committee and through direct communications between the HFAB co-chairs and ASUC and GA leadership. 2) HFAB met regularly with Executive Director Claudia Covello and Strategic Initiatives Manager Bené Gatzert and interviewed UHS directors/managers during their analysis.	

In addition, the Health Fee Advisory Board proactively seeks input from the Student Health Advisory Committee (approximately 25 students representing specific communities) during analysis and recommendation development and consults with ASUC, Committee on Student Fees and Graduate Assembly leadership before submitting its recommendation.

6. The Health Fee Advisory Board met weekly from mid-September through mid-December. Additional work was conducted via email and an additional meeting was held in spring 2012. The key issues discussed were:
 - a. The data that HFAB analyzed consisted of various financial statements, charts and graphs displaying historical health fee allocation and utilization trends, and surveys.
 - b. The interviews with key staff members of various UHS departments were also discussed, and the specific issues that each staff member emphasized during the interview were taken into deep consideration.
 - c. During HFAB meetings, HFAB reviewed key themes central to the CHC [Campus Health Care Fee] mission of increasing UHS access and ease of use for UC Berkeley students. These themes included IT and Ease of Use, Health Prevention and Communication, Mental Health, and Medical Care (including primary care, urgent care, and the advice nurse).
 - d. After HFAB met with representatives of the various departments, they then discussed the departments' needs and priorities relative to the students' needs. This discussion section and the final decision-making process were kept exclusive to the student members of HFAB to enhance open communication amongst HFAB members and to limit bias from UHS representatives.
 - e. HFAB also discussed campus fee climate and ideas for a reallocation of Student Services Fees. HFAB "found that Social Services and Medical Services presented the most compelling cases for increased funding....To address the long-term funding needs of UHS, HFAB recommends that the university review and revise its allocation of Student Services Fee revenue....HFAB believes that UHS, a university resource accessed by the vast majority¹ of the student body for health and wellness needs, is central to its educational mission."

Additional detail on their meetings and data review is available in their report (see *Additional resources* below).
7. As intended, the health fee restored some medical, mental health and health promotion services cut during 2002-2005 and led to new service improvements such as online scheduling. However, since the health fee only represents 12% of the student health budget at UHS, the health fee has not been able to protect students from the impact of the more recent Student Services Fee (formerly Registration Fee) budget cuts to UHS, starting in 2009.

Additional resources

- HFAB's webpage is located at: <http://uhs.berkeley.edu/students/healthfee/hfab.shtml>
- The 2011-12 Health Fee Advisory Board recommendation and report for 2012-13 is available at: <http://uhs.berkeley.edu/students/pdf/healthfee/HFABReport2012-FINAL.pdf>

¹ "During the 2010-11 academic year, UHS delivered 86,000 medical and mental health visits (not including radiology, laboratory or pharmacy), according to data provided by UHS Strategic Initiatives Manager Bené Gatzert."