Annual Report
July 1, 2009–June 30, 2010
Submitted by:
Beverly Kloepel, MD, Director
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Appendices:
- Appendix A: 2010-2011 Student Health Insurance Selection Process
- Appendix B: 2009-2010 Patient Satisfaction Survey Results
- Appendix C: 2009-2010 Safety Committee Summary
- Appendix D: 2009-2010 Outreach
MISSION STATEMENT

UNM Student Health & Counseling (SHAC) provides quality health care to foster student success. SHAC Core Values are: accessibility, affordability, collaboration, competence, confidentiality, efficacy, efficiency, excellence, life balance, personal responsibility, prevention, respect, student success, tolerance, and transparency.

EXECUTIVE SUMMARY

Departmental Services & Programming

SHAC offers outpatient health services for all currently enrolled students. SHAC is open Monday through Friday, 8 am to 5 pm (closed 8 am to 9 am on Tuesdays). The following services are offered:

Medical Services

- **Primary Care**: Physicians and mid-level practitioners are board certified in Family Practice and Internal Medicine. Services include: treatment of acute illnesses and injuries; management of patients with chronic illness; routine physical exams; women’s and men’s health; assistance for patients seeking information on available programs and medications for smoking cessation or substance use; travel health (for students, staff, and faculty); medication management of psychological illness and coordination of care for patients who are in counseling with a Counseling Services practitioner; and referrals to consultant specialists.

- **Walk-In Clinic**: The Walk-In Clinic is staffed by physicians, mid-level practitioners, and nursing personnel. The Clinic provides: immediate access to medical care; rapid response to the UNM community for campus emergencies; a rapid response access point into the SHAC system; and rapid arrangement of hospitalization or emergency consultation when necessary.

- **Women’s Health**: Mid-level practitioners and nursing support personnel staff the Women’s Health Clinic. The Clinic provides: annual exams, family planning, STI screening, evaluation and treatment for gynecological problems, including colposcopic examinations; and referral to gynecology physician consultants for evaluation of more complex problems.

- **Men’s Health Program**: A complete physical check-up is geared specifically towards men’s health needs.

- **Allergy and Immunization Clinic**: The A & I Clinic is staffed by a nurse. The Clinic offers: preventative immunizations; tuberculosis skin testing; evaluation of Health Sciences students for complete immunizations; screening and initiating treatment for students who are exposed to contaminated blood or body fluid; monitoring mandated measles immunizations; allergy skin testing and immunotherapy in conjunction with allergy consultant physicians; and pulmonary function testing.

- **Physical Therapy**: A physical therapist provides treatment for post surgical or acute illness or injury.

- **Massage Therapy**: Licensed therapists offer 1-hour appointments to students, staff, and faculty.

- **Consultant Care**: SHAC contracts with four specialty consultants to provide services to students: allergy, dermatology, podiatry, and surgery.

- **UNM Services**: 1) SHAC performs exams for new recruits for Campus Police; and 2) The SHAC Nurse Manager screens and scores the Occupational Safety Health respiratory medical evaluation questionnaire (about 400 per year). Once the health screening is completed, Safety & Risk Services performs fittings for students who need to wear respirators because of particulate or vapor exposure in their classes.

- **Pharmacy Services**: Licensed pharmacists fill prescriptions for UNM students, faculty, and staff.
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- **Laboratory, Radiology, and Medical Records:** A clinical lab and an X-ray unit support SHAC clinics, which are capable of meeting the majority of a student’s diagnostic needs. Medical Records service is also offered to ensure efficient healthcare delivery.

**Counseling Services**

- **Staffing & Services:** Counseling Services is staffed by licensed Clinical Counselors, Psychologists, Social Workers, and Psychiatrists. They offer time-limited psychological counseling and medication services for students. Services include: assessment; short-term individual therapy; crisis intervention; emergency assessment and intervention; psychiatric medication evaluation and follow-up; referrals; AD/HD treatment evaluation; group therapy; and psycho-educational groups and workshops. Increasing numbers of college students experience serious, high-risk mental illnesses. Many need treatment to succeed academically. Because of ongoing resource limitations, direct service and UNM outreach compete for provider time. Providing service to students in need is the first priority.

- **UNM Services:** Counseling Services offers a third-party crisis call system about specific students of concern. The Director or on-call therapist consults with the caller about his/her concerns, offering options for intervention.

**Health Education & Prevention**

- **Staffing:** A Health Education Manager oversaw department services and the Peer Education Program throughout most of 2009-2010. A graduate student employee staffed the office in June 2010.

- **Services:** Health Education continued to focus on its goal of improving the health and well being of students and the UNM community. This year, Health Ed sponsored and participated in various events and activities, responded to departmental and student group requests for health presentations, offered health education support to individual students, and actively supported the UNM Smoke Free Campus Initiative.

**Student Health Insurance Programs, Other Insurance Coverage**

- **Student Health Insurance:** SHAC coordinates plan benefits and coverage. Three plans are offered: Preferred Plan A, Limited Benefit Plan B, and an International Value Plan. Services are coordinated by the insurance vendor, Macori, Inc. The underwriter is National Union Fire Insurance Co. of Pittsburgh, PA. Each year, SHAC Administration chairs a committee to supervise the selection of the plan’s benefits and premiums.

- **Graduate Student Health Insurance:** UNM funds Student Health Insurance (Plan A) premiums for graduate and teaching assistants employed by UNM. SHAC coordinates the program with Office of Graduate Studies and the student health insurance vendor. About 1,400 graduate student employees are enrolled each year.

- **Blood & Body Fluid/Needle-Stick Exposure Insurance:** This mandatory insurance plan for Health Sciences students provides 100% reimbursement for lab tests performed for both the student and patient donor, physician visits, emergency room visits, and medications. SHAC works with UNM departments, the Bursar’s office, and the student health insurance vendor to coordinate enrollment and coverage.

- **International Student Health Insurance Coverage:** International students are required to have insurance coverage. They often buy coverage from a number of separate carriers, often with varying coverage, and have experienced difficulties with filing claims and other administrative components of carrying health insurance. To better support these students, Macori, Inc., provides a product for which SHAC can submit claims and students can enroll using the same avenues available to students for other student health insurance plans.

- **Other Insurance Coverage:** SHAC accepts most BlueCross BlueShield, Lovelace, and Presbyterian health plans.
Student Support / Participation

- **Health Education / Peer Education:** Student Peer Educators earn field experience by offering presentations to campus groups and meeting individually with students. Topics include: nutrition, fitness, sexual health, stress/time management, smoking cessation, disordered eating, fitness, body fat/composition, and alcohol and substance abuse prevention. Services are offered at no cost to UNM students.

- **Student Health Leadership Council (SHLC):** SHLC consists of students, student government representatives, and SHAC staff. New officers are elected each year; 15 students served in 2009-2010. Members make recommendations to SHAC on services, patient comments, insurance, marketing, funding, and policies. The SHLC President attended the ACHA conference on June 1-5, 2010, in Philadelphia, PA.

- **Student Health Insurance Committee:** A Committee is responsible for program evaluation and selection. The Committee is comprised of SHAC Administrative staff, UNM graduate and undergraduate students, and staff representatives from many UNM departments. SHAC strives to increase involvement of student groups. This year, the following benefit was added to the Policy for 2010-2011: One Routine Health Exam will be covered per policy year. (Provider visit and lab are covered only; it does not include X-ray or procedures.) For more information, see Appendix A: 2010-2011 Student Health Insurance Selection Process.

- **Training of Students:** SHAC offers training for students in health occupations. Students are also employed at SHAC. In 2009-2010, 34 students were trained. They included: 1 Family Practice resident; 1 Women’s Health resident; 6 student employees working with medical records preparation, clinical assistance, building maintenance, and computer assistance; 15 students in the Student Health Leadership Council; 2 Peer Educators; 8 Health Ed volunteers; and 1 graduate student employee working in Health Education. Medical residents (not included above) rotate through the Dermatology Clinic.

Customer Service / Quality of Service

- **Patient Satisfaction Survey:** SHAC uses a UNM Student Voice web survey to ask patients for feedback. Questions are changed periodically to elicit responses on services and satisfaction levels. Overall, SHAC received very positive ratings in 2009-2010. 53% of students rated their overall experience as “excellent”; and 34% rated their experience as “good.” 74% of students said it was “very likely” that they would recommend SHAC to others. For more info, see Appendix B: 2009-2010 Patient Satisfaction Survey Results.

- **Quality Improvement:**
  - A Quality Improvement Committee monitors services to ensure that they maintain excellence. 2009-2010 activities/studies included: MRSA Benchmarking with NMSU; CDC Chlamydia Screening Guidelines; Medical Scheduling Reason Codes; Lab Turnaround Times; Discharge Instructions; Reason Codes Re-Study; Provider Assigned Billing Codes; Counseling SOAP Documentation; and ACOG Cervical Cancer Screening Guidelines.
  - SHAC continued to work towards accreditation by 2011 through AAAHC. To work toward this goal, SHAC continued to review and implement new policies and procedures. The Safety Committee also worked on issues involving safety procedures and fire safety training. See Appendix C: Safety Committee, 2009-2010 Summary.
  - The Lab is accredited by the Commission on Office Lab Accreditation (COLA) and the Dept of Health and Human Services. The Lab passed COLA inspection in 2008-2009. The next COLA inspection is scheduled for November 2010.
Outreach / Education, Collaborations & Promotional Activities

Activities this year reached a variety of students, as well as faculty, staff, resident advisors, parents, and other UNM groups and external organizations. **SHAC participated in 300 outreach events, reaching a total of 29,230 individuals in 2009-2010.** For detailed info, see Appendix D: 2009-2010 Outreach. Below is summary info about outreach, collaborations, and promotional activities:

- **Campus & Community Support:** SHAC participated in 88 events and/or interdepartmental meetings, and reached a total of 13,397 people. Activities included: Earth Day, AMSA Student Health Fair, Marrow Registration Drive, Road to Wellness Fair, African Studies Day, El Centro de la Raza Junta Family Reunion, Summer Youth Program, National House Director Conference, Valencia Campus Health Fair, UNM Smoke Free Meetings and Town Halls, and Welcome Back Days. Counseling Services sponsored Healthy Body Image Screening Day and Mental Health Screening Day events for students. Counseling Services also provided motivational coaching support to a variety of Student Athletes. Students from the University of St. Francis Dept. of PA Studies were oriented to SHAC services. Additional efforts included:
  - **Influenza Prevention Campaign:** SHAC collaborated with HSC to vaccinate Main Campus students, staff, and faculty during the H1N1 influenza pandemic in fall 2009 and spring 2010. SHAC staff offered multiple flu shot clinics, including 9 at the SUB, 10 at SHAC, 1 at Valencia Campus, and 1 at the Law School. The total number of seasonal flu shots given was 4,610; the total number of H1N1 shots was 1,538. SHAC provided flu kits to the dorm students and assisted with health education efforts throughout the year to promote hand washing and what to do when students became ill.
  - SHAC staff raised $300 for the Heifer International Program.

- **Educational and Academic Support and Promotion of SHAC Services:** SHAC participated in and/or organized 209 events and activities to educate the community about SHAC services and to provide education on a number of health topics and other issues. Total number of contacts was 15,508. Orientations focused on various UNM groups, including: Freshman Students and Parents (e.g., LOBOrientation presentations, lunches, and tabling); Graduate Students; International Students; Medical Students; Law School; Transfer and Non-Traditional Students; Resident Advisors; and College Enrichment Program. Travel health orientations for students and faculty included the following groups: OIPS, LAII, Economics Department, medical delegations to Nicaragua and Honduras, and the National Security Studies Program. Health Education sponsored the following tabling events: Tobacco Awareness, Get Ready for Flu Day, Kick Butts Day, Great American Smokeout, “Make Spring Break Yours!” event, Love Is in the Air (Valentine’s Day safe sex promotion), and “Live Your Life Well!” Day. SHAC sponsored a Holiday Traditions reception for students and staff in Dec. 2009.

Health Education and Counseling Services provided presentations on a variety of topics to academic classes, including the BA/MD program. Counseling Services offered workshops for students on Anger Management, Coaching Graduate Students, Focused Awareness, and Test Anxiety. Counseling Services also provided training support to a variety of Student Athlete groups.

- **Recruitment Efforts:** SHAC participated in two recruitment events to share info about services. The number of contacts was 325. Events included UNM Senior Day and Highland High School Health Fair.

- **Collaborations:**
  - Administrative oversight for COSAP programs was re-assigned from the VP for Student Affairs to the SHAC Director to enhance collaboration on student substance abuse and addiction issues.
  - Health Education worked with COSAP and EHPP this year to conduct a campus-wide education campaign about designated smoking areas that were established to comply with UNM’s tobacco-free policy. Health Education and EHPP offered Freedom from Smoking classes for staff and students.
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— SHAC works closely with International Programs, GPSA, ASUNM, and HSC for input, implementation, and orientation of the Student Health Insurance Plans.

— SHAC maintains a liaison with Albuquerque Indian Health Services to interface with healthcare delivery for Native American students who use SHAC.

— SHAC sees CNMCC students for evaluation of acute issues, travel health, colposcopies, X-rays for orthopedic issues, and specialty referrals. This is done in collaboration with the CNMCC SHC.

— SHAC now coordinates the Chair Massage Program (formerly managed by EHPP). EHPP promotes the program in their monthly wellness newsletter for staff and faculty.

— SHAC provides colposcopic support for the overflow of patients in the UNM HPV (Human Papilloma Virus) Research study on campus.

— SHAC staff coordinates services with referrals to and from EHPP and Recreational Services.

— SHAC works with Rape Crisis Center as well as Sexual Assault Nurse Examiners (SANE) program.

Promotional Activities / Marketing Efforts:

— Peggy Spencer, MD, answered students’ questions about a variety of health topics in a regular Daily Lobo column called “Ask Dr. Peg.” She also wrote articles for the UNM Parent Relations newsletter.

— Services/events were promoted in different media, e.g., Daily Lobo, Student Affairs UPDATE, and SUB TV monitors. SHAC sent flyers and e-mail messages to promote events and services to various UNM staff/departments, as well as to UNM student groups. SHAC posted flyers at SHAC, SUB, Johnson Center, campus bulletin boards, and in rest rooms in various buildings on Main Campus.

— Student Health 101 (SH101): In 2009-2010, SHAC contracted with College Health Services, LLC, to publish an online health and wellness magazine. Each monthly issue is e-mailed to all freshman students. Each issue contains customized info for UNM students and parents to highlight SHAC services. SHAC promotes the e-magazine on its web site as well as through other marketing efforts.

— Web Site (shac.unm.edu): Services, fees, insurance, announcements, and events are updated regularly. Students can access Go Ask Alice! (a health Q & A resource produced by Columbia University) as well as mental health screening tools. Events and services are also sent out via a Facebook group page.

— 2010 College Health Conference: In 2009-2010, SHAC staff made preparations to host the combined Southwest and Rocky Mountain College Health Associations’ 2010 Annual Meeting, scheduled for October 10-12, 2010 in Albuquerque, NM. A Call for Programs was sent out to college health professionals in the Rocky Mountain and Southwest states in spring 2010.

Commendations From Campus Community:

— SHAC was voted best health service in the Daily Lobo’s “Lo Mejor” student survey in fall 2009.

— The UNM Mortar Board Senior Honor Society honored SHAC for its service to students during the H1N1 Influenza pandemic in fall 2009.

— Jo Antreasian, Coordinator Clinical Programs, was awarded Employee of the Year in spring 2010 by the Division of Student Affairs’ “Lobo Louie” Award Program.
Utilization of Services & Patient Contacts

Utilization of Services
SHAC had 33,938 outpatient visits in 2009-2010. Medical visits increased by 1.1%, and Counseling Services continued an upward trend by increasing another 5.6%. Specialist Clinic visits decreased because of a two-month pause in the SHAC Dermatology Clinic. Allergy & Immunization statistics do not include H1N1 or Seasonal Influenza vaccinations for 2009-2010 (see Outreach, page 5). Previous years’ statistics included influenza vaccinations, thus the 13.7% decrease. Phone calls/visits increased by 31%. Student phone calls often increase as a result of poor access to prompt appointment times or, with increases in economic pressure, students decrease their number of visits and increase their use of phone communication with practitioners. Pharmacy prescriptions were up 1.9%.

Patient Contacts

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<tr>
<th></th>
<th>2005-06</th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>% change from 08-09 to 09-10</th>
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<tbody>
<tr>
<td>Medical Services</td>
<td>19,622</td>
<td>19,705</td>
<td>18,989</td>
<td>18,244</td>
<td>18,440</td>
<td>1.1%</td>
</tr>
<tr>
<td>Counseling Services</td>
<td>6,752</td>
<td>6,830</td>
<td>7,180</td>
<td>7,521</td>
<td>7,942</td>
<td>5.6%</td>
</tr>
<tr>
<td>Specialist Clinics and Other *</td>
<td>2,990</td>
<td>2,690</td>
<td>2,375</td>
<td>2,218</td>
<td>2,048</td>
<td>-7.7%</td>
</tr>
<tr>
<td>Allergy and Immunization ^</td>
<td>4,601</td>
<td>5,642</td>
<td>6,514</td>
<td>6,382</td>
<td>5,508</td>
<td>-13.7%</td>
</tr>
<tr>
<td><strong>Total Patient Visits</strong></td>
<td><strong>33,965</strong></td>
<td><strong>34,867</strong></td>
<td><strong>35,058</strong></td>
<td><strong>34,365</strong></td>
<td><strong>33,938</strong></td>
<td><strong>-1.2%</strong></td>
</tr>
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</table>

| Pharmacy (Total Prescriptions) | 37,916 | 37,206 | 30,498 | 28,036 | 28,571 | 1.9%                        |
| Phone Calls                    | 17,647 | 20,229 | 20,457 | 20,782 | 27,335 | 31.5%                       |
| **Total SHAC Contacts**       | 51,612 | 55,096 | 55,515 | 55,147 | 61,273 | 11.1%                       |

* Other = Health Ed (excludes Outreach), Physical & Massage Therapy
^ Excludes Flu Shot Clinics (see Outreach)

2009 – 2010 Goals and Assessments

1. Solidify funding and explore additional funding for SHAC services:
   - SHAC conducted a survey to assess support for a student fee increase to support SHAC services and expansion of hours of operation. Based on the results, the Student Fee Review Board recommended an 8.5% increase in student fees for 2009-2010.
   - After the Student Fee Review Board requested changes in the Student Fee Review Board Policy, a Committee to look at the processes and make recommendations for change was appointed. The Committee/Task Force recommendations are pending.
• SHAC requested legislative funding to expand mental health services in 2009. The SFRB also supports this strategy for expanding the capabilities of SHAC Counseling Services: “The Board encourages SHAC to explore I & G Funds for counseling services.” However, given the current legislative fiscal environment, it is unlikely any funding will be available in 2010.
• SHAC expanded third-party billing for SHAC Services in 2009-10. SHAC was added to the insurance contracts currently negotiated by the UNM Medical Group, starting in Nov. 2009.
• SHAC expanded cross-training of staff for efficient and effective support for SHAC work activities, including further integration of the Banner system into SHAC operations. Financial tracking and reconciliation processes for SHAC operations were improved.

2. Improve SHAC computer management systems:
• SHAC fully implemented the Medicat Practice Management and Billing processes in 2009-2010.
• SHAC staff was trained on the new system.
• Counseling Services prepared to utilize the Electronic Medical Record system for counseling services, starting in August 2010.
• Interfaces between Banner, Tricore, Clinlab, and Medicat were refined for accurate and useful data transfer.
• SHAC staff developed reports for extracting statistics from the Medicat System.

3. Maintain college health standards of care through self-evaluation, licensing, and accreditation processes:
• SHAC continued to prepare for AAAHC accreditation in 2011.
• ACHA guidelines and benchmarking data were assessed, and Quality Improvement studies were designed to measure SHAC performance on these variables.
• SHAC Policies and Procedures were updated and placed on the SHAC Network.

4. Quality Improvement / Assessment of Services and new program development:
• SHAC performed satisfaction surveys, both increasing the number of students surveyed and relevance of the survey questions, through the use of Student Voice.
• In conjunction with NM Public Health and UNM Health Sciences Center, SHAC responded to an outbreak of the novel H1N1 influenza virus. SHAC collaborated with Student Housing and Campus Emergency Response teams to educate and vaccinate students, faculty, and staff.
  o SHAC hosted a meeting with Congressman Martin Heinrich and the UNM H1N1 Planning Committee to discuss H1N1 flu shots and prevention efforts at UNM.
• SHAC Counseling Services responded to faculty concerns about the health and safety of individual students through the Faculty Intervention Team.
• SHAC is working with NMT and NMSU to form a Student Health Insurance Purchasing Consortium.
• The QI Committee shifted their emphasis to ongoing monitoring of current processes and benchmarking against other University health services.

5. Increase student participation in SHAC programs:
• The new Health Education Manager evaluated student involvement in peer
education/consultant programs. Select student internships in Health Education were selected as a preferred model instead of the peer education model previously used at SHAC.

- The Student Health Leadership Council collaborated with the Pre-Med American Medical Student Association to sponsor a Health Fair in spring 2010.

6. Improve facilities:

- SHAC explored options for obtaining basement space and developing a financial option for remodeling/updating the building. SHAC plans to request a building analysis in 2010.

7. Expand marketing and outreach efforts:

- SHAC disseminated relevant information about the H1N1 outbreak to the campus community.
- SHAC expanded website availability of mental health screening tools for depression and anxiety.
- SHAC purchased Student Health 101 (SH101), an online health magazine with customized info for UNM students. SH101 was e-mailed to all freshman students.
- SHAC used Daily Lobo, bathroom signs, and bulletin boards to highlight specific services relevant to students and associated costs to students.
- SHAC collaborated with OSA for division-wide marketing.
- SHAC supported initiatives for a tobacco-free campus and collaborated with COSAP to obtain funding for nicotine replacement therapy and cessation pharmaceuticals. SHAC collaborated with COSAP and EHPP to conduct a campus education campaign about the new tobacco-free policy.
- Counseling Services expanded its outreach efforts to include a large number of Student Athletes in 2009-2010.
- SHAC planned a joint Annual Meeting for the Southwest and Rocky Mountain College Health Associations. Jo Antreasian, LPN, agreed to serve as Program Planner.
- Amy Frederick, Nurse Manager, served as Secretary-Treasurer, and Bev Kloeppel, Director, served as President of the Southwest College Health Association during 2009-2010.

2010-2011 GOALS

<table>
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<tr>
<th>Category</th>
<th>Objectives</th>
<th>Goal</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td><strong>Funding / Fiscal Base</strong></td>
<td>Solidify funding and explore alternative funding</td>
<td>Comply with recommendations from Student Fee Review Board Policy Task Force for changes in the process of requesting funding, with the hope that funding stabilization will be a consequence.</td>
<td>1-2 years</td>
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<td>Continue to refine the processes for expanded third-party billing for SHAC services, including proper coding and payment reconciliation.</td>
<td>1-2 years</td>
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<td>Create a capital replenishment fund and allocate funding as an ongoing part of SHAC budget.</td>
<td>1-2 years</td>
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<td>Category</td>
<td>Objectives</td>
<td>Goal</td>
<td>Time Frame</td>
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<tr>
<td><strong>Funding / Fiscal Base</strong></td>
<td>Solidify funding and explore alternative funding</td>
<td>Evaluate impact of state and federal legislative initiatives for universal health insurance and improved college mental health.</td>
<td>1-5 years</td>
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<td>(Continued)</td>
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<td>Set aside capital funding required for maintaining computer information systems and medical equipment.</td>
<td>1-2 years</td>
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<td>Annual review of contracted and specialty services/clinics for needed fee adjustments to respond to changing costs.</td>
<td>1-2 years</td>
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<td>Use Banner system to improve and refine SHAC internal financial/cost reporting systems.</td>
<td>1-2 years</td>
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<td>Generate area-specific fiscal reports to assist managers in decision making and planning.</td>
<td>1-2 years</td>
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<td>Pursue legislative funding to expand mental health services.</td>
<td>1-3 years</td>
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<td>Explore advantages/disadvantages of serving as UNM Care Providers.</td>
<td>1-2 years</td>
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<td><strong>Computer Management System</strong></td>
<td>SHAC computer management systems</td>
<td>Develop a logical, need-based system for annually updating / purchasing information system equipment.</td>
<td>1-2 years</td>
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<td>Continue to develop and implement a training plan for staff to utilize the existing applications, new server infrastructure, and new medical practice system.</td>
<td>1-3 years</td>
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<td>Customize, test, and implement an EMR system, including appropriate interfaces and reporting.</td>
<td>1-3 years</td>
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<td>Develop and implement a plan for documentation of IT procedures and system maintenance.</td>
<td>1-3 years</td>
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<td><strong>College Health Standards and Guidelines</strong></td>
<td>Maintain college health standards of care through self-evaluation, licensing and accreditation processes</td>
<td>Complete SHAC Policies and Procedures.</td>
<td>1 year</td>
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<td>Establish immunization tracking and monitoring process.</td>
<td>1-3 years</td>
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<td>Prepare organization for AAAHC accreditation in 2011.</td>
<td>2 years</td>
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<td>Review ACHA guidelines and assess variances from internal guidelines.</td>
<td>1-2 years</td>
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<td>Prepare for the Laboratory COLA inspection.</td>
<td>1-2 years</td>
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<td>Category</td>
<td>Objectives</td>
<td>Goal</td>
<td>Time Frame</td>
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<td>-------------------------------------------------------------------------</td>
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<td>Quality / Assessment of Services and New Program Development</td>
<td>Quality Improvement / Assessment of SHAC Services</td>
<td>Enhance the use of benchmarking to set standards and measure quality.</td>
<td>1-2 years</td>
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<td>Evaluate the current surveys used to identify health needs of students. Explore use of ACHA-NCHA survey questions.</td>
<td>1-2 years</td>
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<td>Continue process for gaining student input regarding health insurance policy cost and benefits.</td>
<td>1-3 years</td>
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<td>Explore addition of acupuncturist at SHAC.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consider expanding appointment times available to better serve students in non-traditional and professional programs.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan to implement open access / same-day appointments to reduce waiting times and distribute workload for walk-in care.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop plan and budget for staff development activities.</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Student Participation</td>
<td>Increase student participation in SHAC programs</td>
<td>Continue to evaluate student involvement in peer health education programs.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop additional roles for Student Health Leadership Council. Support Council’s goals for campus outreach.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expand role of students on Student Health Insurance Committee.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support continuing implementation and enforcement of Tobacco Free Policy on UNM Campus.</td>
<td>1-5 years</td>
</tr>
<tr>
<td>Facilities</td>
<td>Improve SHAC facility</td>
<td>Request SHAC space analysis by campus master planners to explore feasibility of renovation of SHAC building and acquisition of the basement for additional space.</td>
<td>1-5 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintain and improve quality of current building presentation.</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Marketing and Outreach</td>
<td>Increase outreach to improve student knowledge of health issues and available resources</td>
<td>Further develop electronic interfaces for marketing and orienting students to SHAC services.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use every opportunity available to educate students about SHAC services.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use video technology within online orientation materials to provide welcoming and standardized information about SHAC services. Use students in orientation and informational clips.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collaborate with OSA for division-wide marketing.</td>
<td>1-2 years</td>
</tr>
</tbody>
</table>
Division of Student Affairs
Student Health & Counseling (SHAC) Annual Report 2009-2010
Submitted by Beverly Kloeppel, MD, Director

<table>
<thead>
<tr>
<th>Category</th>
<th>Objectives</th>
<th>Goal</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marketing and Outreach</strong></td>
<td>Increase outreach to improve student knowledge of health issues and available resources</td>
<td>Develop a stepwise plan for more extensive utilization of website or portals.</td>
<td>1-3 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support implementation of a tobacco-free campus.</td>
<td>1-5 years</td>
</tr>
<tr>
<td>(Continued)</td>
<td></td>
<td>Define future areas of collaboration between SHAC Marketing, Health Education, and IT for marketing and education efforts.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Market new services available through implementation of Medicat.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assess minority group participation in MH services and create specific outreach programs to impact under-served populations. Explore options for funding on-site counseling hours.</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collaborate with EHPP, COSAP, and other UNM services regarding campus health issues.</td>
<td>1-5 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Explore the concept of mini-health outreach events on campus, with targeted health risk assessments for students.</td>
<td>1-3 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepare to host the combined Southwest and Rocky Mountain College Health Associations’ Annual Meeting scheduled for October 10-12, 2010.</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue UNM Alcohol Policy revisions through the UNM Alcohol Task Force.</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**FISCAL UPDATE**

SHAC receives 50% of its funding from student fees, and applies for this funding yearly through the Student Fee Review Board (SFRB). Each year, the SHAC Director presents the funding request to the SFRB. The balance of the budget is generated from eligibility/user fees and fees charged for ancillary services. Student fees are used to keep charges for procedures and visits low to the students. SHAC is awarded a percentage of the student fees paid by each enrolled student. Thus, the total amount SHAC receives changes each year depending on the number of students enrolled. In FY 2009-2010, SHAC received $191.83 per student.

SHAC entered 2008-2009 on precarious fiscal ground. Since 2006-2007, SHAC had been using balance forward funding to continue operations. The last of the fund balance was due to be spent at the end of 2008-2009; therefore, due to revenue shortages, SHAC was $44,000 over available funds at the end of the year.

SHAC asked the SFRB to increase the Student Fee allocation to SHAC to avoid the need to raise user fees and/or cut services substantially in 2009-2010.

A campus-wide survey administered in Nov. 2008 demonstrated support for increasing Student Fees to support SHAC services. The SFRB subsequently recommended an 8.5% increase in funding. The fee and enrollment increases, plus lack of salary base growth (no raises and increased employee ERB contribution), allowed SHAC to balance its budget for 2009-2010. SHAC received $212,000 beyond student fees budgeted because of enrollment increases and ended the fiscal year with a $200,000 fund balance.
DIRECTOR PARTICIPATION ON COMMITTEES

Beverly Kloeppel, MD, Director, served on the following committees during 2009-2010:

- Chair, UNM Student Health Insurance Committee
- Chair, New Mexico Student Health Insurance Consortium Committee
- Co-Chair, UNM Alcohol/Drug Policy Committee
- Chair, UNM Veterans Services Committee
- Member, UNM HSC Infection Control Committee
- Member, UNM Smoke Free Campus Committee
- Member, UNM Emergency Management
- Member, UNM Recovery Committee
- Member, Varicella Planning Committee
- Member, UNM Main Campus H1N1 Planning Committee
- Member, UNM Student Affairs Assessment Committee
- Member, American College Health Association, Benchmarking Committee
- Member, UNM Campus Prevention Council
- Member, LCME Accreditation Committee, HSC
- President, Southwest College Health Association

STAFF PARTICIPATION ON COMMITTEES

SHAC promotes staff development that will enhance staff members’ ability to implement the SHAC mission. SHAC encourages staff to take Continuing Education classes to enhance skills and to maintain requirements for certification. A SHAC educational leave policy addresses guidelines, funding, and time allocation. 2009-2010 activities included:

- Staff inservices were offered on the following topics: H1N1 Influenza, LGBT Safe Zone Training, Gardasil Vaccine for Men, Medicat Software trainings, Travel Health, Women’s Health Pap Smear Screening Guidelines, and Coding and Documentation. Staff also completed the following UNM Learning Central modules in 2009-2010: HSC Medicare Part C and Part D; HSC Culture of Compliance 2010; HSC Code of Conduct and Compliance Agreement 2010; HIPAA Training 2010; and HIPAA and Breach Notification 2010.

- SHAC offers Basic Life Support training certification for health providers. Also, medical providers are encouraged to work with consultants in Dermatology and Allergy to increase their knowledge of these areas.

- The following staff attended the American College Health Association conference in Philadelphia, PA, on June 1-5, 2010: Jo Antreasian, Amy Frederick, Beverly Kloeppel, and Marie St Claire.

- The following staff served on UNM or external agency committees in 2009-2010:
  - Amy Frederick, Nurse Manager: Secretary/Treasurer, Southwest College Health Association
  - Harry Linneman, Counseling Services Director: Member, Student Veterans Committee; Member, UNM Student Recovery Committee; and UNM Faculty Intervention Team (FIT)
  - John Maguire, Marketing Rep: Member, UNM Student Affairs Marketing and Branding Committee
  - Cody Saxton, Medical Assistant: Member, UNM Staff Council
  - Jessica Spurrier, Health Education Manager: Member, UNM Smoke Free Campus Committee; Member, UNM Graduate Professional Student Orientation Committee; and Member, UNM Campus Prevention Council

- The following staff served on the Educational Planning Committee for the 2010 Southwest and Rocky Mountain College Health Associations’ 2010 Annual Meeting: Amy Frederick, MSN; Bev Kloeppel, MD; Barbara Krause, CFNP; Harry Linneman, PhD; Kathleen Schindler-Wright, LPCC; and Jessica Taylor Spurrier, MS, CHES. Jo Antreasian, LPN, served as Meeting Coordinator.
## Staffing Update (July 1, 2009 – June 30, 2010)

### Staff Appointments

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Date of Hire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emilie McVay</td>
<td>Clin Assist, Rec Area</td>
<td>03/03/10</td>
</tr>
</tbody>
</table>

### Staff Separations

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Date of Separation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veronica Sims</td>
<td>Clin Assist, Rec Area</td>
<td>08/27/09</td>
</tr>
<tr>
<td>Amanda Archuleta</td>
<td>Clin Assist, Rec Area</td>
<td>09/03/09</td>
</tr>
<tr>
<td>Jorge Zevallos</td>
<td>Tech Analyst 1</td>
<td>10/20/09</td>
</tr>
<tr>
<td>Julie Kilgore</td>
<td>Data Coord</td>
<td>01/31/10</td>
</tr>
<tr>
<td>Cody Saxton</td>
<td>Med Assist</td>
<td>05/14/10</td>
</tr>
<tr>
<td>Patti Canard</td>
<td>Admin Assist III</td>
<td>05/16/10</td>
</tr>
<tr>
<td>Christine Jaramillo</td>
<td>Admin Assist III</td>
<td>05/24/10</td>
</tr>
</tbody>
</table>
APPENDICES
Appendix A:

2010-2011
Student Health Insurance Programs:
Selection Process
Student Health and Counseling (SHAC) initiated a collaborative process this year for the review of the Student Accident and Sickness Insurance Program for the 2010-2011 policy year. The process resulted in the following outcomes:

1. **Formation & Membership of 2010-2011 Student Health Insurance Committee:**
   
   Students and staff were recruited to serve on the Student Health Insurance Committee through several means. Throughout the year, when students came forward with complaints about the vendor or the policy content, they were asked to serve on the Committee. Advertisements were placed in the *Daily Lobo* in Fall 2009 to solicit student volunteers. Signs were posted at SHAC. Several announcements were e-mailed to the following: Law School listserv, President of ASUNM, President of GPSA, Student Activities Office, Medical School, College of Nursing, Occupational Therapy, Physical Therapy, Department of Pathology, College of Pharmacy, Dental Hygiene Program, Physician Assistant Program, and Health Sciences Center. In addition, the Directors in the Office of Student Affairs and all members of last year’s Student Health Insurance Committee were also notified. Students and staff members involved in the International Student Program were also recruited. The Chairperson for the Committee was Beverly Kloeppel, SHAC Director.

   **2010-2011 Student Health Insurance Committee attendees included:**
   
   - Marie St Claire, Associate Director, Student Health and Counseling
   - Debbie Kiefner, Office Manager, Student Health and Counseling
   - Beverly Kloeppel, Director, Student Health and Counseling – Committee Chair
   - Harry Linneman, Counseling Services Director, SHAC
   - Sharon Scaltrito, Director of Clinical Contracting, UNM Health Sciences Center
   - Matt Swift, Pharmacy Manager, Student Health and Counseling
   - Tom Weeks, Associate Director, Purchasing
   - Jezebel Cadena, Account Operations Tech, Student Health and Counseling
   - Melanie Bahe, Account Operations Tech, Student Health and Counseling
   - Shermain Lusher, University College
   - Amy Wohlert, Dean of Graduate Studies
   - Edwina Chavez-Salazar, Graduate Contracts Manager, Graduate Studies
   - Sherry Neal, Health Educator, Student Health and Counseling
   - Stephanie Suliman, International Advisement Specialist: International Programs Studies
   - Linda Melville, Senior Operations Manager: International Programs Studies

2. **Meeting Dates:** Each meeting has detailed minutes that are available upon request.

   - January 26, 2010
   - February 15, 2010

3. **E-Mail Correspondence:** Additional plan information and policy selection feedback from Committee were conducted via e-mail correspondence with the Committee. Detailed e-mails and responses are available upon request.
4. **Summary of Committee Meetings:**

**Meeting on January 26, 2010**

1) **Introductions:** Committee members introduced themselves.

2) **Committee Purpose:** Dr. Kloeppel explained that the Committee’s purpose is to design a health insurance plan for University of New Mexico students, striving for maximum benefits for a cost affordable plan to students.

3) **Student Health Insurance Consortium:** UNM will be collaborating with other colleges and universities in the State of New Mexico, to prepare an RFP for policy year 2011-2012 for a Student Health Insurance policy. The purpose of the collaboration will be to decrease student insurance plan costs while improving the plan benefits.

4) **Proposed Changes in “J” Visa Insurance Guidelines:** The Committee discussed the proposed changes in health insurance requirements for international students with J1 Visas. Linda Melville, Associate Director of OIPS, clarified the timing on the proposed change. The proposal was to raise the requirement to a plan that covers up to $200,000 in medical costs. Comments were being solicited in November 2009, but no changes have been enacted at this time.

5) **Spouse Coverage:** The high rate on spouse coverage was discussed. Because the policy includes pregnancy and newborn coverage, the utilization is very high in this area. Last year, the Committee looked at the utilization figures, and the insurance company pays out more in costs than it collects in premium. Independent community policies can be purchased for less, if spouses are willing to accept exclusions in the areas of pre-existing conditions and pregnancy. At this point, we could not lower spouse premium without having the premium subsidized by student premium.

6) **Enrollment and Utilization Data:** UNM Student Health Insurance Data was presented, including Policies Sold, Plan Cost, Loss ratios for Policy Years 08-09, 07-08.

**Student Health Insurance Committee: Utilization Information**

<table>
<thead>
<tr>
<th>Year</th>
<th>Policies Sold</th>
<th>Plan Cost</th>
<th>Premium</th>
<th>Claims</th>
<th>Loss Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan A (Grad)</td>
<td>Plan B</td>
<td>(Dec 2009)</td>
<td>(Dec 2009)</td>
<td></td>
</tr>
<tr>
<td>2008-09</td>
<td>2,069 (1,547)</td>
<td>191</td>
<td>$1,412</td>
<td>$800</td>
<td>$3,422,355</td>
</tr>
<tr>
<td>2007-08</td>
<td>2,144 (1,538)</td>
<td>186</td>
<td>$1,371</td>
<td>$788</td>
<td>$3,423,748</td>
</tr>
<tr>
<td>2006-07</td>
<td>2,512 (1,596)</td>
<td>328</td>
<td>$1,305</td>
<td>$729</td>
<td>$3,462,855</td>
</tr>
</tbody>
</table>

**Historical changes to the plan:**

2009-10
- Annual Routine Health Exam (1 per year at SHAC)
- Contraceptive Management Visit (1 per year at SHAC)

2008-09
- Pharmacy benefit increased from $1,500 per year to $2,000 per year.
- Oral Contraceptives were added as a benefit to Plan B with a coinsurance of 20%.
- Oral Contraceptive co-pays were reduced from 50% to 20%, Plan A.
- Physical Therapy benefits were increased from 10 to 15 visits per policy year at SHAC.

2007-08
- $50,000 maximum per accident or sickness
7) **Renewal Proposal:** The renewal proposal from Macori was reviewed. Premium rates are “As is,” with no increases proposed for the 2010-11 policy year. Benefit increases proposed, “As is.”

8) **Committee Member Questions or Comments for Insurance Vendor:**

   a. The expenses for Health Insurance Benefits for Graduate and Teaching Assistants are already over the budget allocation through I&G funding.
   b. Macori has not quoted the rates for the 2010-11 International Plan.
   c. The rates for “CAMP” insurance have also not been quoted for next year.
   d. Clarification for availability of coverage for “intersession” periods is needed.
   e. A workable system for adding Graduate and Teaching Assistants as they are employed needs to be designed.
   f. Will the vendor consider covering age-appropriate laboratory tests with routine physical exams?
   g. Can a monthly payment plan be made available to students for the spring/summer semester?

9) **Next meeting:** Dr. Kloeppe will contact Macori regarding the inquiries. Minutes will be sent to Committee members absent. The next meeting will be scheduled in February to review vendor response.

---

**Meeting on February 15, 2010**

1) **Introductions:** Committee members introduced themselves. The Minutes from the previous meeting were reviewed.

2) **Renewal Proposal:** The renewal proposal from Macori included premium rates are “As is,” with no increases proposed for the 2010-11 policy year. Benefits were also proposed, “As is.” The Student Health Insurance Committee proposed select changes/questions during the January meeting. The Committee members present reviewed the following responses from Macori:

3) **Insurance Committee Question/Comments:**

   a. **A workable system for adding Graduate and Teaching Assistants as they are employed needs to be designed.**

      **Macori Response – Newly Employed Grads:** The company agreed in March 2009 to accept new grad students into the program, prorating premium to the closest month or any part thereof. The premium department needs an enrollment form, premium, and proof or confirmation of their new appointment. Please let us know if any part of this is not working for them and we will try to revise accordingly.

      **Committee Discussion:** The difficulty obtaining a P-card exception request was discussed. Edwina Chavez-Salazar has asked for the exception and was informed that the Contract Specialist who handles this commodity for UNM, preferred the premiums be paid by a Purchase Order. Bev Kloeppe offered to call UNM Purchasing to reinforce the need for the P-card exception to facilitate enrollment of new contracted graduate students off the usual enrollment cycle.

   b. **Macori has not quoted the rates for the 2010 International Plan.**

      **Macori Response – International Plan:** The International Plan will remain “As is” with no premium increase for 2010/2011.

      **Committee Discussion:** Stephanie Suliman represented International Programs at the meeting. The policy will remain “As is.”
c. **The rates for “CAMP” insurance have also not been quoted for next year.**

   **Macori Response – 2010 CAMP:** The CAMP rate is $5 per participant per week.

d. **Clarification for availability of coverage for “intersession” periods is needed.**

   **Macori Response – Intersession:** Yes, we are able to accommodate this group. Please advise if these groups are starting on a specific schedule or will attend for a specific amount of time.

   **Committee Discussion:** New students enrolling during the intersession will need to be enrolled as an exception, and the information requested by Macori will be included.

e. **Will the vendor consider covering age-appropriate laboratory tests with routine physical exams?**

   **Macori Response – Lab Tests with annual Physical at SHAC:** Lab tests with annual Physical at SHAC including associated routine labs and diagnostic procedures would cost .6% to each plan (Plan A = $9 and Plan B = $5).

   **Committee Discussion:** The expectation of students is that the lab tests ordered with a covered visit are also covered. The addition of this benefit will clear up the confusion and student dissatisfaction around this issue. Given the usual costs of these tests, the .6% addition is reasonable. The Committee recommended the addition of this benefit.

f. **Can a monthly payment plan be made available to students for the Spring/Summer semester?**

   **Macori Response – Payment Plans for Spring/Summer:** Could we possibly start with a split payment auto draft (2 payments) instead of monthly?

   **Committee Discussion:** The Committee agreed that the split payment would be an advantage for students enrolling in Spring/Summer only. Auto draft payment plans are offered if enrollment occurs in the Fall for an annual plan.

g. **Other: Increase Plan Maximum to $100,000 (currently $50,000) would increase premium by 7%. (Plan A $99 and Plan B $56)**

   **Committee Discussion:** The Committee agreed that the University could not afford this increase. Students can purchase higher limits for coverage by adding major medical coverage (Major medical options include $100,000, $250,000 and $1,000,000)

5. **Summary:**

   After reviewing the response from Macori, the Committee agreed to renew with Macori, adding the laboratory and diagnostic testing to the covered routine visit.

   P-card Exception Approval was obtained for the addition of newly employed grad students and for the premium payment outside the stated enrollment period. A copy of the new contract will accompany the payment.
Appendix B:

2009-2010
Patient Satisfaction Survey Results
UNM Student Health & Counseling (SHAC)

Patient Satisfaction Survey Summary: July 1, 2009 - June 30, 2010

SHAC uses a Student Voice web survey to ask patients for feedback on the health care they receive. A print version of the survey is also available at SHAC. The total number of surveys collected for 2009-2010 was 284. (Note: 200 patients completed the entire survey.)

1. How often have you been to SHAC?
   Number=284
   1 time: 83=29%
   2-5 times: 89=31%
   6 or more times: 112=39%

2. Which department(s) were you seen in on this visit? (Check all that apply.)
   # of Respondents=284 | # of Responses=503
   Following percentages are based on # of responses:
   General Practice: 110=22%
   Walk-In/Urgent Care: 91=18%
   Women's Health: 72=14%
   Counseling Services: 61=12%
   Health Education: 5=1%
   Lab: 38=8%
   X-Ray: 21=4%
   Physical Therapy: 8=2%
   Massage Therapy: 20=4%
   Allergy and Immunization: 42=8%
   Chiropractic: 6=1%
   Pharmacy: 29=6%

3. How did you hear about SHAC? (Check all that apply.)
   # of Respondents=284 | # of Responses=371
   Following percentages are based on # of responses:
   Bathroom sign: 23=6%
   Student orientation: 91=25%
   UNM website: 57=15%
   Ad in Daily LOBO: 13=4%
   Student Health 101 e-newsletter: 9=2%
   Outreach event: 17=5%
   Building banners: 26=7%
   Referred by someone: 40=11%
   Phone book: 11=3%
   SHAC information booklets: 13=4%
   Other: 25=7%
   I don't remember: 37=10%

4. Which provider did you see?
   Number=191 respondents
   L Carreon, PA: 17=9%
   R Covell, CNP: 20=10%
   D Jackson, MD: 25=13%
   B Kloppeil, MD: 5=3%
   B Krause, CNP: 17=9%
   A Mares, MD: 14=7%
   N McGough, CNP: 8=4%
   B Meyer, CNP: 6=3%
   C Rossignol, CNP: 5=3%
   P Spencer, MD: 12=6%
   L Veytia, PA: 14=7%
   K Williams, MD: 12=6%
   I don't know: 36=19%

5. Indicate level of agreement with statement:
   Instructions provider gave regarding follow-up were clear.
   Number=191 respondents
   Strongly Agree: 126=66%
   Agree: 38=20%
   Neutral: 19=10%
   Disagree: 4=2%
   Strongly Disagree: 4=2%

6. Indicate level of agreement with statement:
   Practitioner was competent and knowledgeable.
   Number=191 respondents
   Strongly Agree: 126=66%
   Agree: 42=22%
   Neutral: 17=9%
   Disagree: 4=2%
   Strongly Disagree: 4=2%

7. Indicate level of agreement with statement:
   Practitioner was friendly and helpful.
   Number=191 respondents
   Strongly Agree: 130=68%
   Agree: 34=18%
   Neutral: 19=10%
   Disagree: 3=2%
   Strongly Disagree: 5=3%

8. Indicate level of agreement with statement:
   Walk-In / Urgent Care staff was competent and knowledgeable.
   Number=82 respondents
   Strongly Agree: 46=56%
   Agree: 27=33%
   Neutral: 6=7%
   Disagree: 2=2%
   Strongly Disagree: 1=1%

9. Indicate level of agreement with statement:
   Walk-In / Urgent Care staff was friendly and helpful.
   Number=82 respondents
   Strongly Agree: 48=59%
   Agree: 26=32%
   Neutral: 5=6%
   Disagree: 1=1%
   Strongly Disagree: 2=2%

10. Indicate level of agreement with statement:
    Women's Health staff was competent and knowledgeable.
    Number=66 respondents
    Strongly Agree: 51=77%
    Agree: 13=20%
    Neutral: 2=3%
    Disagree: 0=0%
    Strongly Disagree: 0=0%
11. Indicate level of agreement with statement:
Women’s Health staff was friendly and helpful.
Number=66 respondents
Strongly Agree: 52=79%
Agree: 11=17%
Neutral: 2=3%
Disagree: 1=2%
Strongly Disagree: 0=0%

12. Indicate level of agreement with statement:
Counseling Services staff was competent and knowledgeable.
Number=54 respondents
Strongly Agree: 43=80%
Agree: 6=11%
Neutral: 2=4%
Disagree: 2=4%
Strongly Disagree: 1=2%

13. Indicate level of agreement with statement:
Counseling Services staff was friendly and helpful.
Number=54 respondents
Strongly Agree: 47=87%
Agree: 3=6%
Neutral: 2=4%
Disagree: 1=2%
Strongly Disagree: 1=2%

14. Indicate level of agreement with statement: My problems interfered with my ability to conduct my academic work.
Number=54 respondents
Strongly Agree: 23=43%
Agree: 19=35%
Neutral: 7=13%
Disagree: 2=4%
Strongly Disagree: 3=6%

15. Indicate level of agreement with statement: I once considered leaving UNM due to my problems.
Number=54 respondents
Strongly Agree: 15=28%
Agree: 10=19%
Neutral: 5=9%
Disagree: 12=22%
Strongly Disagree: 12=22%

16. Indicate level of agreement with statement:
Counseling Services assisted me in remaining in school.
Number=54 respondents
Strongly Agree: 18=33%
Agree: 11=20%
Neutral: 18=33%
Disagree: 6=11%
Strongly Disagree: 1=2%

17. Indicate level of agreement with statement:
Counseling Services helped me improve my academic work.
Number=54 respondents
Strongly Agree: 23=43%
Agree: 12=22%
Neutral: 16=30%
Disagree: 0=0%
Strongly Disagree: 3=6%

18. Indicate level of agreement with statement:
Health Education staff was competent and knowledgeable.
Number=2 respondents
Strongly Agree: 0=0%
Agree: 1=50%
Neutral: 1=50%
Disagree: 0=0%
Strongly Disagree: 0=0%

19. Indicate level of agreement with statement:
Health Education staff was friendly and helpful.
Number=2 respondents
Strongly Agree: 0=0%
Agree: 0=0%
Neutral: 2=100%
Disagree: 0=0%
Strongly Disagree: 0=0%

20. Indicate level of agreement with statement:
Lab staff was competent and knowledgeable.
Number=36 respondents
Strongly Agree: 20=56%
Agree: 10=28%
Neutral: 3=8%
Disagree: 2=6%
Strongly Disagree: 1=3%

21. Indicate level of agreement with statement:
Lab staff was friendly and helpful.
Number=36 respondents
Strongly Agree: 21=58%
Agree: 8=22%
Neutral: 3=8%
Disagree: 2=6%
Strongly Disagree: 2=6%

22. Indicate level of agreement with statement:
X-ray staff was competent and knowledgeable.
Number=19 respondents
Strongly Agree: 10=53%
Agree: 7=37%
Neutral: 1=5%
Disagree: 0=0%
Strongly Disagree: 1=5%

23. Indicate level of agreement with the statement:
X-ray staff was friendly and helpful.
Number=19 respondents
Strongly Agree: 8=42%
Agree: 8=42%
Neutral: 1=5%
Disagree: 1=5%
Strongly Disagree: 1=5%

24. Indicate level of agreement with statement:
Physical Therapy staff was competent and knowledgeable.
Number=6 respondents
Strongly Agree: 2 = 33%
Agree: 1=17%
Neutral: 3=50%
Disagree: 0=0%
Strongly Disagree: 0=0%
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<th>Neutral</th>
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## 2009-2010 Patient Comments

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| **General / Misc.** | - Everyone was so nice, friendly, and professional which made things much easier.  
- I am in the health center quite frequently, and I have never had a bad experience. Each visit has been different, but I have never been disappointed and have always come out feeling like I have a solution to my problem.  
- An issue I have encountered many times deals with parking. There are patient parking spots reserved for patients; however, UNM trucks and GOLF CARTS are often parked in the reserved spots. I receive allergy shots once a week, and I cannot count how many times I have had to go to the parking structure to park, and pay, because UNM vehicle drivers to park somewhere else.  
- Thank you, and keep up the good work!  
- Overall, I found the SHAC very helpful and I liked how they were concerned with my problems. |
| **Pharmacy**      | - The pharmacy staff was very good too.                                                                                                                                                                   |
| **Massage**       | - I came in to inquire as to the "free" massages per semester, only to find that I was being misled by the flyer/brochure in front of the massage therapist's office. I wanted to get a therapeutic massage, and hoping that it was covered by my student fees... I wish to still get a free massage. Yet I also wish to help the Massage center in redesigning their flyer to students... (It was a bit unclear and somewhat misleading to me.)  
- I received a massage and the room was very cold... I was not able to relax.                                                                 |
| **Counseling / Medical** | - My therapist, Teresa, is absolutely phenomenal. Sarah, the receptionist is kind, patient and has never let me down. SHAC is absolutely fantastic and I have been relying on it for six years, through undergrad and now into medical school. Barbara Krause is excellent and I continue to refer friends and family members to SHAC.  
- I came to SHAC today to receive some medical tests and advice regarding my recent insomnia. My counselor at CATS recommended I see a medical doctor. When I saw Dr. XXX he was very unsympathetic. He made me feel like my sleeping problems were insignificant and dismissed my distress over this lack of sleep. When I pressed him for further advice he shouted very defensively, (Continued): "What? You want a sedative?"  
The impression I got was that he was implying that I only came in to get sleeping pills which was not my intention at all. He then proceeded to look at the last page of my counseling records and see a comment about past substance abuse subsiding, and then began berating me for using drugs. I felt so violated by him looking at that part of my record without any care or consideration and then chastising me. I starting crying when he left and the nurse came in. She comforted me and offered some helpful sources to help me learn some better sleep techniques. Overall, my experiences at SHAC have been very positive and everyone in the counseling dept has been extremely caring, but this guy really wounded me. |

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*Note: All comments are anonymous and do not reflect the opinions of the medical staff.*
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| **Medical**   | *Dr. Jackson is knowledgeable and helpful but he doesn't like giving notes for class. Sometimes they are necessary.*  
*Dr. XXX offered extremely poor service. After waiting for over an hour to see him he "popped in" for two minutes and decided he knew what was wrong. He sent me to the lab to be tested stating that he would inform me of the results. I never heard from him after paying for my testing and appointment for any of the promised follow up. I will NEVER visit UNM Walk In-Clinic again. The poor service offered and the inconsistency with following through was extremely disappointing. The Women's Health Clinic is so wonderful that it makes the Walk In Clinic seem very poor.*  
*Dr. Mares is thorough, knowledgeable, empathetic, and extremely helpful! My visit was one of the most pleasant encounters with a doctor I have ever had! He listened to my concerns without interruption and only asked for clarification so he could better understand me. Dr. Mares had several blood/urine samples taken before he ventured into my health. His top priority was to assess the physiological aspect before going further into the physical aspect of my health. Dr. Mares also referred me to the CATS program because I have been feeling blue lately. I returned for a 2nd follow up visit and he performed a thorough physical exam addressing all of my concerns. He explained every detail of the exam and used diagrams to demonstrate his points. He never flinched from a question and was so knowledgeable that I ended the visit feeling totally aware of my physical condition. Dr. Mares took the liberty of scheduling an appointment for me with another specialist and left me a message of the referral. I am very impressed with Dr. Mares and wish I could take him with me when I graduate from UNM!*  
*I interacted with 5 or 6 different people w/regard to an upcoming year abroad (receptionist, doctor, allergy and immunization, pharmacy, labwork, and a lung x-ray). All of them were EXCELLENT, and very competent. I especially give kudos to Dr. Mares and to Jezbel for being really informed, helpful, and just all around great. Thanks much.*  
*Nancy McGough is incredible. She does an amazing job developing wonderful rapport with her patients. She is knowledgeable, she cares about her patients, and her job is very important to her. I am saddened to know that I won't receive care from Nancy after I graduate. She is an asset to your team!*  
*Peggy Spencer is a very good and very knowledgeable doctor. She is very patient, too.*  
*Rena is an amazing, kind, and extremely competent. SHAC is lucky to have her!*  
*Walk-In Clinic staff seems disorganized and even a bit dismissive.*  

|             | *I have been to see Dr. XXX several times, and he is always really gruff, doesn't really listen to his patients, and makes me feel like he'd rather be doing something else. I usually request *not* to see him but wasn't able to do so this time, but I wish I had. He is so utterly different from the rest of the doctors at SHAC, all of whom are competent and friendly, that he really doesn't seem to belong there. He never creates an atmosphere where asking questions seems appropriate, and often talks down to me like I was a child. Just a very rude and unkind man. I really never say such things about anybody, but you all should be aware of his behavior and personality.*  
*I have never encountered a better health care delivery system. Dr. Mares was extremely helpful and actually listened and interacted with his patient. I have personally never experienced such a great physician. SHAC should be known by every student.*  
*I have seen several different physicians and I think they are all wonderful!*  
*I have twice gone to SHAC for a referral and not gotten it. Only once have I had a bad experience at SHAC and it was because the nurse and doctor were very unprofessional and made me feel extremely uncomfortable. I left mid-appointment and did not have my health needs met that day. It was the male doctor with long gray hair and his nurse. I informed the reception staff and they apologized.*  
*I transferred to UNM from a college on the East Coast, and the differences between the Health Services at each school are like night and day. I am astounded at how friendly and knowledgeable everyone at SHAC is. I have been in for medication refills, a cold, and a hurt tendon in my hand, and each time, the staff never fails to impress me. I am ALWAYS greeted with a warm, welcoming smile from the staff at the front desk who make check in a breeze. And the nurses and doctors do a great job at finding a cure to whatever ailment I may have. For instance, when I came in with a hurt tendon, the doctor recommended a splint for my hand. He even came up to the pharmacy to help me find the best one. After realizing that the pharmacy did not have a suitable one, he set up for a nurse to custom make one for me. The nurse - whose name I wish I could remember (Nancy?) - went above and beyond to make me comfortable while she fitted a perfect splint for my hand. The personalized attention and kindness I have received from each and every staff member I have encountered at SHAC is incredible.*  
*The Women's Health check up CNP did a great comprehensive check-up and was very knowledgeable and helpful. It was a good experience.* |
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| Medical Services   | • I was seen by Lawrence when I was extremely ill and he was exceptionally accessible, helpful, and was not condescending or limiting in the information he shared with me. Dr. Veytia has always been very helpful and wonderful. Some of the student people who take in patients were not sensitive to my immediate health needs when I was extremely sick. I was severely dehydrated, but no one even offered me a cup of water or asked if I felt my visit was urgent. I almost collapsed on the floor because of the excruciating pain of a kidney infection. I asked 3 times when I would be seen, stating the seriousness of my condition, and no one offered sincere help, only superficial words of "you're next," followed by "you're second in line." I had been waiting for at least 40 minutes (I was keeping an eye on my watch.) Other than that event, my experience has been positive.  

• The doctors seem rushed and uncaring and consistently misdiagnose my ailments. I have been to SHAC three times for the same issue and a) each doctor said different things and b) I have yet to have a treatment that actually works at all.  

• The physician was a little vague in explaining what was wrong with me. I was just told that I "had what was going around" which doesn't tell me very much about whether I am contagious, what I have, etc.  

• Have more doctors who speak Spanish or other languages.  

• Women's Health and general practice medical staff all seem to want to help students/patients. All of my experiences at SHAC have been positive as a result of the feeling that staff brought encouragement and compassion to our interactions and demonstrated their patience and dedication to their work by taking the time to check in with me and answer questions.  

• I would like to know more about using outsider providers (UNMH) because the one time I did use them I had a hard time figuring out what I owed. Also, I would like to see a specialist in endocrinology come back to the health center so I can visit with them, there is no one on staff that has been able to help me with my thyroid, I have gone to several doctors with no luck.  

• The staff I interacted with over the summer when I had a huge lesion from a brown recluse bite was extremely nice and very good to me. That includes all the staff, from pharmacy to nurse's help, etc. I was very impressed.  

• I was disappointed with my last visit. The Dr. I saw flew through the exam and did not explain anything about my situation or what he was doing. As a graduate student in the health sciences, I would have appreciated this information. Instead, he mentioned my area of study (it kind of felt like he was throwing it in my face, but perhaps that is my issue), as though I should know exactly how to resolve my health issue on my own. I left feeling invalidated and uninformed. His follow up instructions were very clear, but I don't believe they were comprehensive. I am not at all confident that I received quality care. I just hope that his reputation as a specialist was for good reason, and I can trust his very brief examination and opinion. I was very disappointed, and though I have received excellent care at SHAC in the past, I will strongly hesitate before accessing walk in services again. SHAC professionals have always been outstanding for me up until this point, and honestly, this shakes my confidence.  

• Lawrence was very pleasant to work with and he spent time listening to my concerns. I felt he was concerned about my well being. My only concern was a statement he made. Due to my hypothyroidism I take Armour thyroid. He made a statement that they "try to get people off of Armour." This was very frustrating to me because I, as many others, do not get relief of symptoms with synthetic preparations and have to use a natural preparation. Tania, in A & I, was very nice and helpful. When she saw my frustration about my not being able to start the Hep B series due to an allergy to thimerosal she contacted the pharmacy to have them inquire into a truly "thimerosal-free" vaccine for Hep B, as well as polio, because I cannot afford the cost to see an allergist for testing. Overall, my SHAC experience was very good. All the staff members are friendly, helpful, and efficient. Before going to SHAC I expected to have very long wait times and to be met with indifference because I thought it would have a "clinic-type" atmosphere. I am very pleased to say that was not the case. I appreciate how I was treated at SHAC.  

• One of your doctors XXX has been harassing me about a medical problem for which I am now seeing my primary care doctor for. I understand if there's a concern for the well being of the patient, but he refuses to stop, especially since my medical problem is not as serious as he claims. I will be taking legal action if this continues. It shows me that your walk-in clinic doctors are after more money, and not concerned about the financial status, or privacy of his or her patients. |
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<td>Medical</td>
<td>I am writing to you today to bring inappropriate practitioner-patient behavior to your attention. I have been receiving annual pap exams for the last 10 years and never have I been made to feel as uncomfortable as I was during my appointment. I understand that I may not receive the best care from a health center since I am a student with limited funding and doctors and nurses seem to treat students with less consideration than non-students. During my appointment, XXX was rude and crass when attempting to locate my cervix and uterus. She continuously asked and complained if other doctors had difficulty with the challenges my body was apparently presenting for her. I have never had any doctor verbally abuse the location of my cervix, uterus, or size of my thyroid gland. Having a pap exam is already an invasive and uncomfortable process that need not require the additional discomfort from the doctor or nurse practitioner. I thought, perhaps XXX was having a bad day, and so I decided not to take her abrasive attitude personally. XXX called me to provide the results of my pap exam, which, for the first time in my life, had returned an abnormal ASCUS result. As a relatively healthy person, I had never heard of ASCUS before, I had no idea of its implications or meanings; naturally I became afraid and immediately concerned. As XXX explained to me what this meant, she allowed me no room for questions. She initially concluded that this was a &quot;virus, which I shouldn't worry about, and I should return in one year for a follow up exam.&quot; When I asked if this should pose some concern since it is a virus, XXX responded saying that she had not called it a virus and that, &quot;she would speak slower so I could understand her better.&quot; I realized that her vile attitude was not only present during my appt, but heightened during the phone call. I do not allow people to treat me in such a disgusting manner in my personal life, much less would I pay for this sort of treatment. I have never heard the terms, atypical cells of undetermined significance, before and to be honest, it sounds rather destructive since it is &quot;undetermined.&quot; I was extremely troubled, concerned, and had a slew of questions about the potential issues. I tried to ask if she could please have some understanding since I have never received a phone call regarding abnormal pap results and that I was trying to understand what ASCUS meant and if I should be worried. I am not an incompetent person. I may not understand medical terminology, but I am not inept and do not require a nurse practitioner or doctor making me feel as such. XXX may deliver this sort of news all day everyday to multiple people, but for me, this was my first time ever hearing that there was something &quot;abnormal&quot; about MY body. Her delivery of my test results made this situation even more stressful than it should have been. I recalled that XXX had complications locating my cervix during my exam and asked if that could be contributing to the test and asked if I should come in for another exam.</td>
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(Continued): She responded sternly saying, “this is a problem with you & your anatomy, not me and the difficulties locating your cervix. Come back in a year.” I do not believe that a patient should be told that 1) they and their anatomy are the problem and 2) that they are not able to come in for a follow-up exam if they feel uneasy. It was stressful enough to receive bad news, but to be spoken to in this matter magnified what quickly became an overwhelming sense of fear. XXX said that I could call her if I was “losing sleep” over this matter and spoke rather quickly to get me off of the phone. After we hung up, I still had no idea what ASCUS meant for my immune system or health, I have to wait a year to find out if I am alright, and I was told not to worry. This did not sit well with me since the doctor always says: “we will call you if there is anything wrong.” I decided to make a trip back to SHAC to find a doctor or nurse who could explain to me what my results really meant for me and my health, and provide some ease in terms of what steps to take while I wait impatiently for a year to pass so I can come back for another pap exam. Cody Saxton was a Godsend during a moment of tumult in my world. She listened to me calmly and carefully, while trying to explain to me what my results meant. We did not speak for more than ten minutes, but she treated me with an element of understanding that helped me feel at ease. She placed me in a room to speak with Nancy McGough, who really took the time to explain what my results meant and provided next steps to take in order to ensure that I make healthier choices that benefit my immune system. I am a PhD student and recognize that our life’s work or research lessens in severity when we are surrounded by it every day. I work in cultural research, not medical research, but I have to adhere to certain codes of conduct as set forth by the Institutional Review Board (IRB) when carrying out ethnographic work as it may engage the psyche of my research informants. I would assume that medical professionals have to maintain an even higher level of sensitivity. I am disgusted by the way XXX treated me, but my concern is even greater for other young women who may be on the receiving end of XXX’s abrasive personality. Had I been 19 or 20 years old and was addressed in the way XXX demonstrated, I would be even more afraid and reluctant to be proactive. If she does not enjoy partaking in the human interaction portion that her position requires, then Women's Health is the last place she should be working. I will return to SHAC since this is all my student income and insurance currently allows, but I hope to never encounter XXX again. I hope that someone takes the time to read this and ensure that all SHAC doctors, nurses, and medical assistants are adhering to the guidelines that appear to be hanging in every examination room. I understand that our society operates under rapid movement and a capitalist nature, but when it comes to health and well being, we cannot take the same apathetic and detached approach. Thank you for your time and consideration.
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| Counseling Services | - I am also seeing XXX for counseling services to treat long term anxiety and anorexia nervosa issues. He informed me that I am only allowed to receive 12 counseling sessions, after which I will have to begin all over with an outside provider. This is absurd, and I think my student health insurance should allow for more sessions or the university should allow me to pay full fees in order to remain with the same therapist. I believe it is extremely important for students to have unlimited and convenient access to therapy and counseling services.  
- I would very much like to see more counselors to choose from. Please bring back couples counseling. The new rule that only allows twelve visits per academic year is preposterous. Students with severe psychological problems (like PTSD due to rape trauma) need more long-term counseling. Just because we are poor students with crappy insurance should not mean that we receive sub-par treatment. The staff is always friendly as are the counselors.  
- Lynn is the best counselor ever and she should be praised for her fabulous work.  
- SARAH IS AWESOME AND VERY FRIENDLY, YET PROFESSIONAL!  
- Scheduling was a little difficult because it's clear that the counseling staff are in very high demand. I was never upset with anyone at SHAC for the situation, because it's completely understandable, but considering how much their services are taken advantage of by students, and how helpful those services are, it may be worthwhile to hire more counselors. I realize this may not be that feasible budget-wise, but I do think it would be a worthwhile investment.  
- The privacy component of the waiting area for the counseling clinic is quite open. Students have to walk through the main entrance / waiting area to get to counseling. It would be better to have the counseling area have a separate entrance or maybe moved to the back area so it looks like patients are walking back to regular doctors' offices?  
- I have noticed that Sarah, the extremely pleasant and helpful CATS administrator, has lost her support staff. Since Veronica's absence, the task of scheduling, answering billing questions, and I'm sure the volumes of paperwork that she deals with is visibly mounting. I would like to suggest some new assistance for her.  
- I wish there was more privacy at the check-out desk. I liked it better when Sarah, the receptionist was seated at the rear desk/station. There, I felt more confident that my conversation could not be overheard. As a grad student, who teaches every semester, it is uncomfortable for me to run into current or former students while waiting for an appointment. Chances are, they feel the same way about seeing me. I don't know if there is a solution to this problem. I think Kathleen Schindler-Wright is an outstanding therapist. She is professional, sensitive and very insightful.  
- I've seen XXX twice, and he had arranged for me to come in because of a recent death in my family. The counseling staff and XXX could not get their schedules aligned, so my appointment was given to someone else, then the other person didn't show, and I was contacted after I had already left to come back in. When a student, faculty, or staff member begins to depend upon having this counseling appointment to help them to deal with day-to-day stresses and to help them continue with their work at UNM, scheduling confusion is a major drawback. I would never consider coming back to the counseling services, and I will tell as many other UNM employees, students, and faculty as I can to seek help elsewhere.  
- The services offered by CATS are superb and can be very beneficial to students' overall mental health and academic performance. The only downside is the relatively small staff, particularly given the size of the student population at UNM. I would strongly urge SHAC to increase the staff at CATS and provide more services through CATS. |
| Reception Area | - I very much appreciate the email updates for appointments. Thanks.  
- The sole reason for my complaints about SHAC has everything to do with how I was treated by two of your reception area staff members. My appointment was this past Friday and I was met by an older woman named XXX, I believe. To put it short and simple, I felt like she was incredibly rude, unsympathetic, and downright incompetent at her job. The other woman who helped me might have been new and just didn't understand what the situation was, but she was also not very nice. I would like to talk to someone about my experience as I believe some things could be changed about how the receptionists are trained to treat patients. I will include my information below and would like someone to call me. |

(Continued): at her job. The other woman who helped me might have been new and just didn't understand what the situation was, but she was also not very nice. I would like to talk to someone about my experience as I believe some things could be changed about how the receptionists are trained to treat patients. I will include my information below and would like someone to call me.
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| Insurance / Costs | - Free seasonal flu shots are a good idea. I would have gotten one regardless (my mother is immuno-suppressed, so I can’t bring anything home), but it might be a good idea to advertise that they’re free; more students might get vaccinated, so fewer might get sick.  
- It was incredibly frustrating that I called to make an appointment and I was told that I couldn’t and that they were only taking walk-ins. When I asked if they were still going to charge the extra walk-in fee, and they said yes, I was even more frustrated. As a student, the extra $5 is a big deal. The woman on the phone was completely unsympathetic. I was very disappointed.  
- It would be helpful if SHAC would take UNM CARES. Typically, a doctor visit for UNM CARES can take a month to get, but the walk-in at SHAC is always quick and helpful; unfortunately, without SHAC accepting UNM CARES for prescriptions and lab work, it becomes costly for students especially when the student health insurance is so expensive.  
- I have no health insurance, but was able to get help and my rx’s with your clinic. Thank you very much; without them I would have difficulty continuing schooling. |
| Lab | (Continued): glove on his right hand and touched my skin with his bare hand after cleaning the site and right before inserting the needle. This in and of itself is extremely unsafe and unsanitary. To add to the uncleanliness of the situation the man had fairly long nails. The other issue I encountered was that the man inserted the needle ENTIRELY into my arm (infiltrating my vein, on purpose). I am a very easy blood draw and the depth at which the needle was inserted was unnecessary and appeared to be done as to make his job simpler by not having to search for the vein, instead he just infiltrated it and then withdrew the needle until blood started flowing. My arm was extremely swollen, bruised, and sore as a result. |

**Letter to the Daily Lobo** (dated September 7, 2009):  

“I would like to extend tremendous appreciation to Student Health & Counseling for coming to my rescue. UNM has great people working at SHAC who care for all students, staff and faculty. I am a staff member and I had an episode of respiratory distress. Contract workers were creating a lot of fine dust that was coming down from the ceiling in Mesa Vista Hall. My lungs and throat began to constrict and it was becoming difficult for me to breathe. Jessica Spurr, the SHAC Health Education Manager, saw me in Mesa Vista Hall and noticed how bad I was and made sure I got to SHAC. Immediately, the medical staff assessed me and took me to a treatment room and treated me with a shot of Benadryl for the allergic reaction I was having to all the fine dust I had breathed into my lungs. If it weren’t for these people, I do not want to know what could have happened. I would like to let the UNM community know that we have top-notch medical personnel on campus at SHAC. Thank you.”
Appendix C:

2009-2010
Safety Committee Summary
SAFETY COMMITTEE 2009-2010
SUMMARY OF GOALS & RESPONSIBILITIES

MEMBERSHIP
The Student Health and Counseling (SHAC) Safety Committee meets quarterly on every second Thursday. Committee membership consists of the chairperson, a physician representative, and a laboratory representative. The Chairperson reports to Safety & Risk Services (SRS) with any SHAC safety concerns.

ENVIRONMENT OF CARE

Safety Management: New hires are all asked to review the SRS web site’s BAST (Basic Annual Safety Training) self-learning module. Annual BAST refresher training is provided via self-learning module for all SHAC employees. The blood-borne pathogen training is provided annually to SHAC employees that fall within the exposure risk guidelines set by OSHA.

Security Management: One theft was reported to the Safety Committee and Campus Police for FY 2009-2010. Staff was reminded through e-mails and staff meetings to continually be aware of valuables and personal items. Lockers were installed in the 1st floor lounge for employee use to store their belongings. Occasionally, e-mails were sent throughout SHAC to report suspicious persons or activity in the building. SHAC has “panic buttons” throughout the building to alert Campus Police in case of an incident. A panic button drill was conducted in April 2010 with the assistance of SRS.

Hazardous Material and Waste: SHAC hazardous waste is collected daily from various areas and taken to a centralized holding room which is separate from the main clinic. The doors are clearly marked with HAZMAT stickers and are double locked. SHAC continues to have a contact for our medical waste disposal pick-up. Our Material Safety Data Sheets are maintained by the SHAC Safety Officer in a notebook kept in the Walk-In Clinic.

Emergency Preparedness: SHAC staff refer to the University Business Policy # 6130 Emergency Control in the SRS Manual available on the UNM SRS website.

Life Safety Management: An annual full evacuation drill with alarms was conducted by SHAC in May 2010. Fire extinguishers are visually inspected quarterly. Safety Committee members check safety doors and equipment monthly.

Medical Equipment Management: Bi-annual inspection of all medical equipment was conducted in November 2009 and May 2010 by South Plains Biomedical Services. SHAC has an A.E.D. (Automated External Defibrillator) device for cardiac emergencies and possible use on campus in well-used public areas. Daily defibrillation checks are done in the Walk-In Clinic. SHAC staff is trained to use these devices with their CPR re-certification. The device is checked every Friday for condition and battery life. It is also turned on and fully tested for proper functioning. These weekly “check-off” sheets are faxed to the Campus A.E.D. Program Director.

Infection Control: Annual TB testing was conducted on all regular SHAC staff with 100% compliance in September 2009. Staff were also asked to complete the Learning Central TB
module during September 2009. Flu vaccine was plentiful during Fall 2009. SHAC offered a number of flu-shot clinics at a variety of campus locations. SHAC continues to send a representative to the quarterly University Hospital Infection Control meetings so a regular dialogue can be maintained. Blood and Body Fluid/Needle-Stick Insurance coverage is mandatory for all Health Sciences students at risk for exposure to needle-stick and blood and body fluids pathogens.

GOALS FOR 2010-2011:

- 100% safety record for no employee injuries.
- Conduct annual evacuation drill with alarms.
- Maintain MSDS references.
- Have 100% of clinical staff BLS certified.
- Establish an annual safety calendar.
- Have SRS Fire Safety personnel demonstrate fire equipment annually.
- Collaborate with UNMH Infection Control on SHAC surveillance activities
Appendix D:

2009-2010 Outreach

— Medical Services
— Health Education & Prevention
— Counseling Services
— All Staff
<table>
<thead>
<tr>
<th>Category</th>
<th>Event</th>
<th>Audience</th>
<th>Topic(s)</th>
<th># of Events</th>
<th>Contacts</th>
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<td>Marrow Transplants</td>
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**Totals**: 139 events, 17,931 contacts
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<td>Training Topics included: Imagery, Goal Setting, Personality &amp; Performance, Test Anxiety, Focusing Cues, Team Building, Leadership Development</td>
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</tbody>
</table>

**Totals**: 83, 5621
## 2009-2010 SHAC Outreach

### GRAND TOTALS

<table>
<thead>
<tr>
<th>SHAC Departments</th>
<th># of Events</th>
<th># of Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Services &amp; Insurance</td>
<td>139</td>
<td>17,931</td>
</tr>
<tr>
<td>Counseling Services</td>
<td>83</td>
<td>5,621</td>
</tr>
<tr>
<td>Health Education &amp; Prevention</td>
<td>78</td>
<td>5,678</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>300</strong></td>
<td><strong>29,230</strong></td>
</tr>
</tbody>
</table>