

SIGN OF THE TIMES: PART I

College Health: Part I

David C. Dugdale, MD

Dr. Dugdale is director of Hall Health Center, Division of General Internal Medicine, Department of Medicine, at the University of Washington in Seattle, WA.

In 2006, after 15 years in academic general internal medicine (GIM), I assumed the role of director of the student health center at the University of Washington. In the subsequent years, I have learned an enormous amount about the health needs of college students and young adults as well as about the systems of care that we attempt to create for them. The March and April Forum issues about care transitions for young adults with special health care needs led me to reflect on the subject of care transitions for young adults in general and college students in particular. I realized that the academic GIM community has very little direct contact with and knowledge of college health practice and systems. My goal for this and two successive companion articles is to create awareness in the academic GIM community of this substantial clinical enterprise.

—DC Dugdale

In the United States, there are approximately 20 million students attending 4,100 institutions of higher education. Of these, 86% are undergraduates, 12% are graduate students, and 2% are students in professional programs such as medicine and dentistry. For most SGIM members, knowledge of college health comes from their own experiences as students and from the experiences of their children. Historically, college health has encompassed ages 18 to 22 with relatively few students falling outside. With the rise of less traditional educational paths, and the growing population of graduate students, the field's age range has broadened. In many institutions, the term "student health" has replaced the term "col-

lege health." However, the premiere professional society for practitioners of student health is the American College Health Association (ACHA, <http://www.acha.org/>). Unless a division of GIM has an adolescent medicine program, it is unlikely that it will have much connection to the student health center at its institution. In addition, because student health centers generally have significant "in house" primary care resources, it is uncommon for students to seek primary care services in the clinics of academic medical centers. Our medical and surgical subspecialty colleagues are more likely to provide clinical services to students, at least partly because of limited specialty resources within student health centers.

The term "emerging adult" has been applied to the 18-to-25 age group. This designates a stage of development different from the traditional core ages of adolescence, which are 12 to 17 years. Neuroscience research has documented significant brain and cognitive development during the 20s, which differentiates this group from adulthood. Neinstein and colleagues stated that "emerging young adults are adrift in the perfect storm of health risks" due to greater behavioral and non-behavioral health risks than either adolescents age 12 to 17 or young adults age 26 to 34. They also have the lowest perception of risk and the least access to care and health insurance. It is in this milieu that student health centers function.

The clinical content of student health includes acute illness, chronic disease, prevention and wellness, and mental health, including substance use concerns. Now in its 12th year, the National College Health As-

essment (NCHA) provides the most complete data from the point of view of students. The Spring 2012 NCHA found that in the previous year, 55% of students sought medical attention for one or more of 25 common acute or chronic medical conditions. The top five conditions were (with rates of occurrence in parentheses): allergies (20%), sinus infection (18%), back pain (13%), strep throat (11%), and urinary tract infection (10%). The most common chronic conditions for which medical attention was sought were: asthma (9%), migraine (8%), high blood pressure (3%), high cholesterol (3%), irritable bowel syndrome (3%), and diabetes (1%).

Based on sequential NCHA results, the rates of these conditions are unchanged from 2008 and, with the exception of a slight increase in health care for diabetes (from 0.8% to 1.1%), unchanged from 2002. Many directors of student health centers perceive a tangible rise in their centers' efforts to help students with chronic medical concerns. Whether this represents rising expectations for care, greater complexity in the care of chronic illnesses, or the arrival of students with previously rare medical conditions (e.g. cystic fibrosis, sickle cell disease, survival from childhood cancer) is not clear from available data.

Beyond healthy lifestyle promotion and health education, the preventive care needs of students include immunizations and health screenings. Many colleges require pre-matriculation immunizations, although requirements range from measles only to being fully compliant with the age-appropriate recommendations of the Advisory Committee on Immunization Practices. Common

continued on page 2

SIGN OF THE TIMES: PART I

continued from page 1

health screenings include those for cervical cancer, testicular cancer, and sexually transmitted diseases including HIV. The Spring 2012 NCHA found that 40% of students received an influenza vaccine in the prior year while only 27% reported ever having been screened for HIV. Staying abreast of evolving guidelines such as those from the US Preventive Services Task Force and developing programs to deliver recommended care efficiently are major challenges for student health centers.

In summary, student health centers are ubiquitous on college and university campuses and deliver care to more than 20 million people. They are an integral part of the transitions of care that occur for both young adults with no chronic illness and increasingly young adults with one or more special health care needs. Part 2 of this series will describe, in more detail, the delivery and organization of that care and aspects of mental health care on campus.

Suggested Reading

American College Health Association. National College Health Assessment-II, Spring 2012. Available at http://www.acha-ncha.org/reports_ACHA-NCHAI1.html (accessed May 30, 2013).
Neinstein LS, Lu Y, Perez L, Tysinger B. The new adolescents, 2013. Available at http://www.usc.edu/student-affairs/Health_Center/thenewadolescents/ (accessed May 30, 2013).

SGIM