

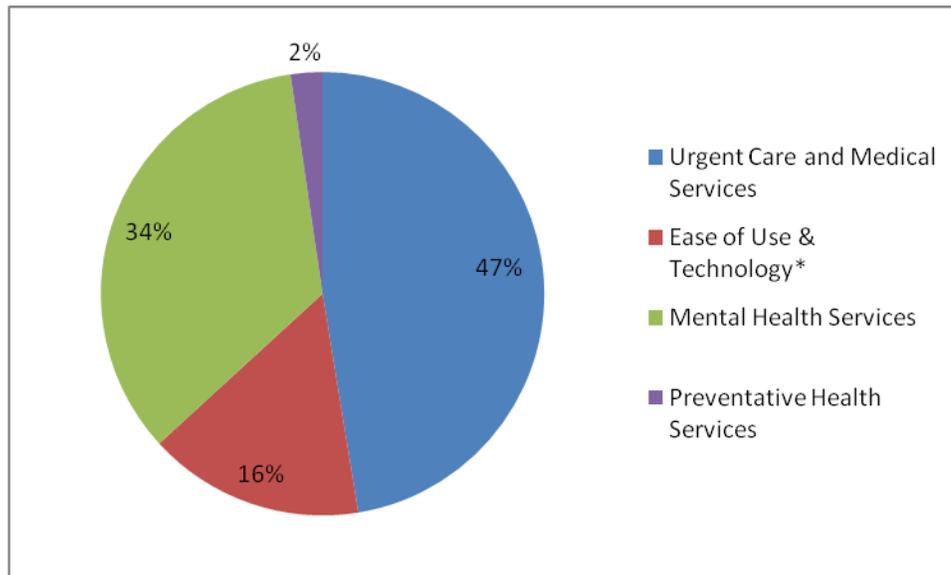
Campus Health Care Fee Annual Report for 2010-11

1. This report was prepared by Bené Gatzert, Management Analyst. Bené provides staff support to the Health Fee Advisory Board, is part of the Student Health Programs Management Team and meets with UHS finance staff approximately four times per year to review the use of these funds.
2. The following outlines the total revenues collected during 2010-11 and how they were expended:

Income Statement 2010-11

FY2010-11 Revenue	\$	2,843,090	
FY2010-11 Expense			
Personnel Costs (salaries/benefits)	\$	2,418,291	85%
Supplies and Expense (Building Reserve)	\$	35,738	1%
Software and Support Costs (ease of use improvements)	\$	104,752	4%
Administrative Overhead (10% of revenue)	\$	284,309	10%
	\$	2,843,090	100%

2010-11 Expenditures by Service Categories in the Original Referendum



* Includes the appointment line.

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

3. There was no remaining balance.
4. The health fee continues to support the same activity areas as outlined in the original referendum: urgent care and medical services; mental health services; information systems and technology and preventative health services.
5. Each year, the Health Fee Advisory Board (HFAB) reviews allocation of the Campus Health Care Fee monies to meet student health and counseling needs, recommends annually to campus health officials any increase or decrease in the Campus Health Care Fee level and advises on communication about Campus Health Care Fee matters to the student body. HFAB is co-chaired by students and student membership for 2010-11 included:

Member	Constituency
Rabia Akram	At-large undergraduate
Rashi Kesarwani	At-large graduate student
Anjali Menon	At-large undergraduate
Bianca Llarena	At-large undergraduate
Divya Gupta	At-large undergraduate
Sam Lee	At-large undergraduate
Neha Agarwal, chair	At-large undergraduate, HFAB rep to Student Health Advisory Committee
Roslynn Rualo, chair	At-large undergraduate
Rachel Tenney	Committee on Student Fees
<p><i>Notes:</i></p> <p>1) ASUC and the Graduate Assembly were asked to appoint students to this committee but they were unable to do so this year. However, ASUC and GA input was secured via ASUC and GA representation on the Student Health Advisory Committee and through direct communications between the HFAB co-chairs and ASUC and GA leadership.</p> <p>2) HFAB met regularly with Executive Director Claudia Covello and Management Analyst Bené Gatzert and interviewed UHS directors/managers during their analysis.</p>	

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

6. The Health Fee Advisory Board met weekly from mid-September through mid-December. Additional work was conducted via email and a couple additional meetings were held in spring 2011. As described in the students' own words, the key issues they discussed were:
- The data that HFAB analyzed consisted of various financial statements, charts and graphs displaying historical health fee allocation and utilization trends, and surveys.
 - The interviews with key staff members of various UHS departments were also discussed, and the specific issues that each staff member emphasized during the interview were taken into deep consideration.
 - During HFAB meetings, HFAB reviewed key themes central to the CHC [Campus Health Care Fee] mission of increasing UHS access and ease of use for UC Berkeley students. These themes included IT and Ease of Use, Health Prevention and Communication, Mental Health, and Medical Care (including primary care, urgent care, and the advice nurse).
 - After HFAB met with representatives of the various departments, they then discussed the departments' needs and priorities relative to the students' needs. This discussion section and the final decision-making process were kept exclusive to the student members of HFAB to enhance open communication amongst HFAB members and to limit bias from UHS representatives.

Additional detail on their meetings and data review is available in their report (see *Additional resources* below).

7. As intended, the health fee restored some medical, mental health and health promotion services cut during 2002-2005 and led to new service improvements such as online scheduling. However, since the health fee only represents 11% of the student health budget at UHS, the health fee has not been able to protect students from the impact of the more recent Student Services Fee (formerly Registration Fee) budget cuts to UHS, starting in 2009.

Additional resources

- HFAB's webpage is located at: <http://uhs.berkeley.edu/students/healthfee/hfab.shtml>
- The 2010-11 Health Fee Advisory Board recommendation and report for 2011-12 is available at: http://uhs.berkeley.edu/students/pdf/healthfee/HFAB_2011_2012_Recommendation.pdf