The Dickey Health and Wellness Center at The University of Tampa (UT) offers primary health care services for its 9,200 students, including counseling, wellness services, and health information for preventing illness and maintaining an energetic lifestyle. The two-story, 10,300 sq. ft. center opened in 2010, and the first floor features a waiting area, eight exam rooms, triage space, pharmacy, staff offices, holding rooms, counseling offices, conference rooms, and a group counseling room. The second floor of the center includes office space for faculty, staff, and students who support wellness and health promotion programs on campus.

There are 28 student-driven programs under the umbrella of Live Well UT that focus on social, physical, spiritual, and emotional wellness, and include such activities as diversity education, alcohol and other drug education and assessment, tobacco cessation classes, and nutrition & fitness programming. The Dickey Health and Wellness Center was one of the first buildings on UT’s campus to be awarded a U.S. Green Building Council LEED® (Leadership in Energy and Environmental Design) certification. (Photo courtesy of The University of Tampa).
When Oklahoma State University’s Student Health Center opened in June 1976, it was a comprehensive medical facility with an 18-bed infirmary open 24/7. The facility has since been renovated to reflect a new mission. University Health Services (UHS) now provides high quality and affordable ambulatory health care, along with preventive services and health education, to a student population that exceeds 20,000. The facility is staffed by 4 board-certified physicians, 6 mid-level practitioners, 11 nurses, 4 laboratory and radiology technicians, and 2 pharmacists that provide the following services: allergy injections, women’s care, laboratory, radiology, nutrition, travel health, sports medicine, employee assistance psychology (EAP), and Pharmacy with a drive-through window.

The Program also has academic partnerships with the Psychology Department to provide mental health resources within UHS, as well as clinical experiences for students in pre-med and other pre-health majors. University Health Services is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC), and a Student Advisory Board works closely with administration to take an active role in establishing the policies, services, and programs. An Employee Health Clinic for faculty/staff is scheduled to open in the near future. (Photo courtesy of Gary Lawson)
The Brooder House was one of the original chicken coops of the farm transformed to create Bennington College in the 1920’s. The effort in re-envisioning this building relied on simple forms to create a layering of meaning and effect. The horizontal lattice on the front mimics an agricultural structure in form and articulation, while at the same time providing a visual filter for waiting patients and an environmental solar screen. An additional 1,700 sq. ft. of building footprint was added to the historic structure, while the intimate scale was kept to create a sense of welcoming. The vernacular language of the Vermont aesthetic is expressed through the use of natural materials, such as local slate and wood, and the design also incorporated accessible paths and entrances into the building.

Student Health Services provide students with direct and preventive health care, psychological and psychiatric care, and health counseling by a team of physicians, registered nurses, psychologists, social workers, psychiatrist, women’s health nurse practitioner, and health educator. The medical staff provide primary care services, such as well visits, evaluation and management of acute and chronic medical problems, coordination of care with home physicians, health counseling, specialist referrals, laboratory tests, and medications. The services of Southwestern Vermont Medical Center (SVMC) are used for radiology, emergency care, and specialist consultations, and physicians are on call 24/7. (Photo courtesy of Todd Norwood)
Even though he served at a U.S. military academy, Major Wheaton was actually the first dedicated college health physician in America. Widely reported to be the first college health physician in America, Dr. Edward Hitchcock Jr. was appointed college physician at Amherst College in 1861, one year after Major Wheaton died in Philadelphia during his last military assignment in Philadelphia. Wheaton was around 60 years old at the time, having spent most of his forty-seven-year military career caring for young adults.

Wheaton’s father, Levi Wheaton, M.D., was a successful physician in Providence, Rhode Island, served in the colonial army, and was appointed professor at a medical school at Brown University. The vast majority of American doctors from this era were being educated as apprentices to local physicians and awarded certificates when they were considered ready to practice independently. Young Wheaton may have studied medicine at Brown University and/or served under the tutelage of his father.

Dr. Walter Wheaton received his first military appointment as a Hospital Surgeon in 1813 when he was assigned to a hospital in Burlington, Vermont to work under Dr. Lovell. Dr. Wheaton became his successor as chief of the hospital, and was later reassigned to the Second Infantry in 1816 and stationed at Sacket’s Harbor on Lake Ontario. In 1824, he was posted from upstate New York to Fort Howard at Green Bay, Wisconsin. While in his mid-thirties, Dr. Wheaton was assigned to his longest continuous assignment as Post Surgeon at the U.S. Military Academy at West Point, New York where he was stationed for twenty years (1826-46). (continued)
Major Walter V. Wheaton, M.D.
First U.S. College Health Physician

Published in Cooperation With the American College Health Association

Major Wheaton and his family arrived at the U.S. Military Academy at West Point in time for the severe influenza epidemic of 1826. The small cadet hospital was full, so the Wheaton’s turned their home into a makeshift overflow hospital. The 1826 influenza epidemic was the final stimulus needed to secure funds from the federal government for a new hospital. Four years later, a new inpatient facility was constructed for the cadets, and Dr. Walter Wheaton became the first hospital commander at West Point. In 1850, Major Wheaton was moved from St. Louis to Philadelphia, home of the First Infantry, for his final assignment.

Dr. Walter Wheaton was a military physician and surgeon who had a long and distinguished career in the U.S. Army spanning the period from the War of 1812 to just before the American Civil War. Dr. Wheaton spent most of his military career caring for young adults, both during the twenty years he was stationed at West Point, as well as the other twenty-seven years caring for young soldiers. He was also a medical administrator who helped design the new Cadet Hospital that opened in 1830. His college health years occurred at an institution of higher education funded by the federal government to educate future military officers, the West Point Military Academy, reputed through the early 20th century to be one of the premier engineering schools in the country. Major Walter V. Wheaton, M.D. became the first dedicated college health physician in the United States when he was appointed to the West Point Military Academy in 1826. (Photo courtesy West Point Museum Collection, United States Military Academy).

William A. Christmas, M.D.
In his landmark article published in the Journal of the American Medical Association, Dr. Kevin Patrick wrote, “The field of student health care lacks a positive identity in medicine and is often not well understood by the higher education community” (Patrick, K, *JAMA*, December 9, 1988, 260:3301-3305). Yet, Herophilus linked health with education as early as 300 B.C. His quote, “When health is absent, wisdom cannot reveal itself,” is the foundation for the mission statements of many college health programs today. So why do these programs continue to find operating at the crossroads between the U.S. healthcare system and institutions of higher education so difficult?

Even when college health was supported by generous annual health fee increases at the end of the last century, some college health providers felt a lack of respect by their community peers. It took rigorous quality assurance plans with health center accreditations to elevate the stature of many of these programs. College health now faces another watershed moment as government support for health care and higher education are both in flux. A reduction in college health funding, worsened by falling enrollment at many colleges and universities, is especially problematic for programs that operate in a system where medical inflation is 3-4 times higher than the general inflation rate. During such economic constraints, college health is caught between two powerhouses that are struggling to limit or eliminate services that do not contribute to their own core missions.
In spite of funding shortfalls and increasing concerns over risk management issues, college health programs are facing increased expectations for expansion of services to the rapidly rising numbers of students with chronic diseases and severe mental health issues. Integrated health programs are helping to improve the quality and control the costs of health care on many campuses. But the need for expanded services, outreach, expertise, facilities, etc. can only occur when campus leadership prioritizes health and wellness, and recognizes the importance of prevention in creating a healthier and safer campus.

Can college health continue to survive at the crossroads between two such powerful entities as medicine and higher education? As Paula Swinford said, “College Health sits on a belief that health and learning are essentially intertwined. It is NOT a prescribed set of services; but exists solely to advance the health of students, as health serves to enhance student learning and support a strong learning environment. What we ‘do’ must be measured against what it does for learning; no other yardstick can apply” (Paula Swinford, personal communication, June 26, 2019). College health has to be prioritized by campus leaders if the current cohort of students coming to college with increasingly complex physical and mental health challenges are to lead healthier lifestyles and become academically successful. Ted W. Grace, MD, MPH (Image by Roshni Choudhary and Eric Halfacre of SIUC)
A new Student Wellness Center (SWC) was built at San Jose State University (SJSU) to bring together the Student Health Service, Student Counseling Service, and Health Promotion and Wellness into one location, enabling them to provide integrated care in a welcoming and student-centered environment. A series of planning meetings for the new center provided significant student feedback that led to the inclusion of a stress-free zone for quiet, private rejuvenation, along with a wellness and health lounge. The interior, based on the concept of a pod planning model, provides private spaces for physicians and counselors, along with an open plan concept for the support and administrative areas.

The three-story, 53,000 sq. ft. structure has a modernist design that blends well with the diverse campus architecture and is well suited to its prominent location on campus. Conceived from one of the major campus styles, the building successfully melds outside and inside by establishing new gathering spaces with sensitive landscaping, façade design, and material selections. The center was designed and built as a Leadership in Energy and Environmental Design (LEED) Gold-equivalent project. Numerous sustainable principles were implemented, such as optimized energy performance, water-efficient landscaping, and a generous 15-foot floor-to-floor height to allow maximum daylight through to the interior. (Information courtesy of Ratcliff and Blach Construction; Photo courtesy of David Wakely Photography)
Student Health Services has been providing health care to students at East Carolina University (ECU) since 1930 when the original infirmary was built on the grounds of the East Carolina Teachers College. The name was changed to East Carolina College in 1951 to reflect an expanding mission, and in 1967, became a regional university and assumed its present name. Since then, the campus has transformed from 1,200 teacher trainees to more than 28,000 undergraduate and graduate students studying the arts, music, medicine, business, education, nursing, engineering, dental medicine, and more.

The original health center was renovated in 2000 to add 12,000 square feet and is centrally located in the heart of East Carolina University’s main campus. In the summer of 2017, a second health center location was opened in the Student Center on the adjacent health sciences campus. Student Health Services focus on providing high quality care and maximizing opportunities to address health behaviors, risks, and preventive needs of ECU students to ensure academic success and promote lifelong health. Services include primary care, sports medicine, laboratory, pharmacy, nutrition counseling, radiology, gender-affirming care, nursing services, and immunizations. Student Health Services has been continuously accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) since 2002. (Photo courtesy of Rhett Butler and East Carolina University).
The American College Health Association (ACHA) was scheduled to celebrate its 100th Anniversary in Chicago, Illinois during its 2020 Annual Meeting, but the meeting was cancelled due to the COVID-19 pandemic. The organization’s first meeting was held in Chicago in December 1920 with 53 charter members signing its constitution (Figure 1.). Originally founded as the American Student Health Association (ASHA) to promote campus health care for students and advance the interests of college health, the name was changed to the American College Health Association in 1948.

The early founders of college health had previously been meeting as the Physical Education and Athletics Society. The cover of this issue of the Journal of American College Health (JACH) shows the attendees at one of those early meetings in 1899 at Yale University in New Haven, Connecticut: 1. Chas C. Stroud (Tufts); 2. F.H. Cann (New York University); 3. Dr. J.A. Babbitt (Haverford); 4. Dr. Casper Miller (University of Pennsylvania); 5. George Velte (Trinity); 6. Dr. W. Anderson (Yale University); 7. Dr. W.L. Savage (Columbia); 8. Dr. R. Tait McKenzie (McGill University); 9. George Goldie (Princeton University); 10. Dr. D.A. Sargent (Harvard University); 11. Dr. Hitchcock (Amherst College); 12. Dr. J.W. Seaver (Yale University); 14. Dr. Cummings (Swarthmore); 15. Dr. W.W. Bolser (Bates); 16. Dr. Paul Phillips (Amherst College); and 17. Dr. G. Banning (Colgate). (continued)
While the meeting depicted on the cover occurred 21 years before the first annual meeting of ASHA, these forefathers of college health were already planting the seeds for the nation’s first college health organization. Standouts among this group include Dr. Edward Hitchcock, credited with starting the first student health program in the country at Amherst College, and George Goldie, Director of Gymnastics and Athletics at Princeton University, who created the nation’s first college athletic department.

College athletics played a primary role in the origins of college health. As intercollegiate athletics flourished in the late 1800’s, there was a greater level of emphasis placed on physical conditioning, strength testing, and exercise. In 1905, 62 higher-education institutions became charter members of the Intercollegiate Athletic Association of the United States, renamed the National Collegiate Athletic Association (NCAA) in 1910. The American Student Health Association held annual concurrent meetings with the NCAA between Christmas and New Year’s Day for a number of years, with members of both organizations eventually going their separate ways. (Photos courtesy of the ACHA National Office archives; image enhancements by Mary Stoffel and Eric Halfacre of Southern Illinois University Carbondale)
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(Inside Cover Photo; enlarged view)