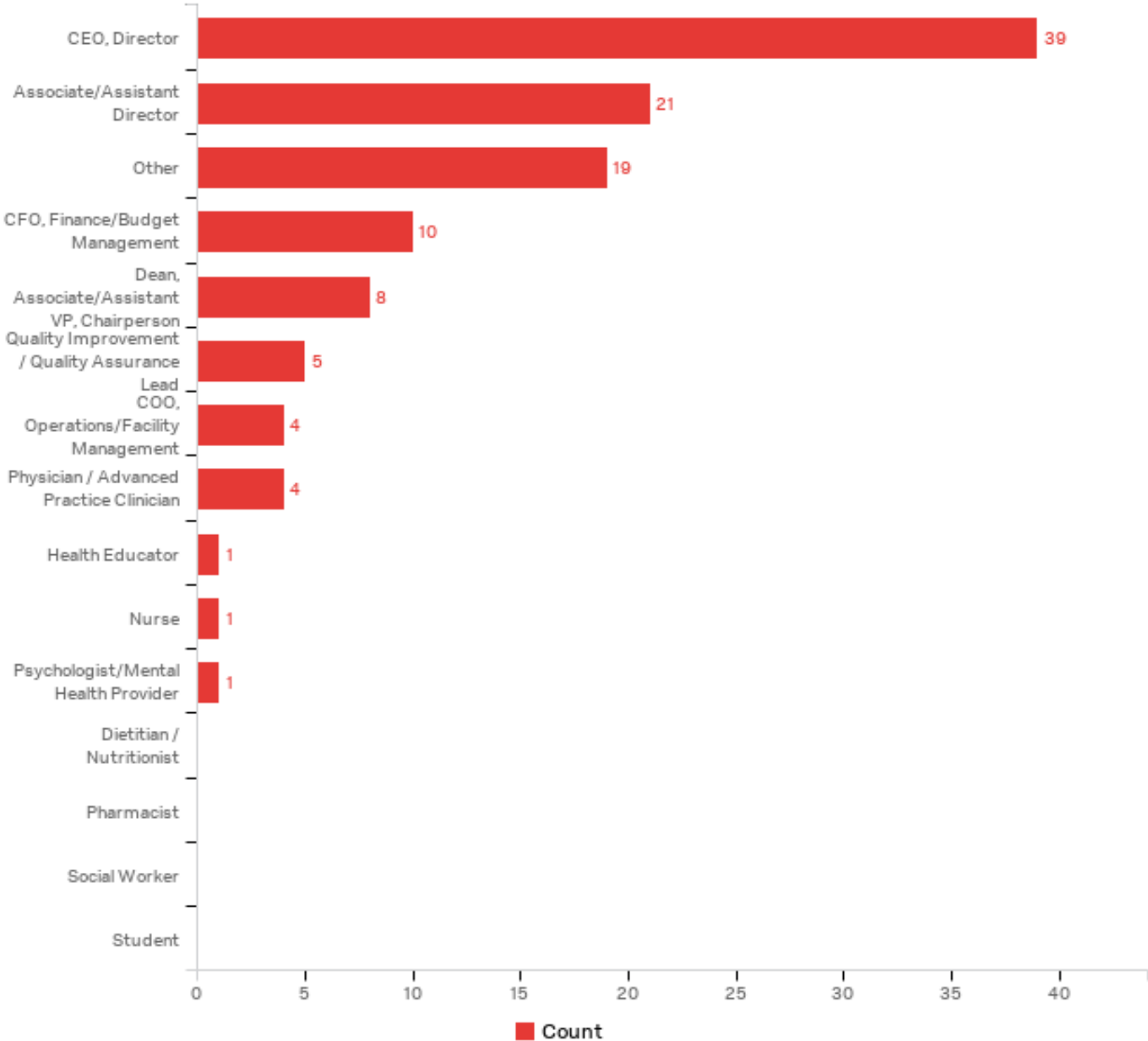


ACHA Admin Section 2016 Needs Assessment Survey Results

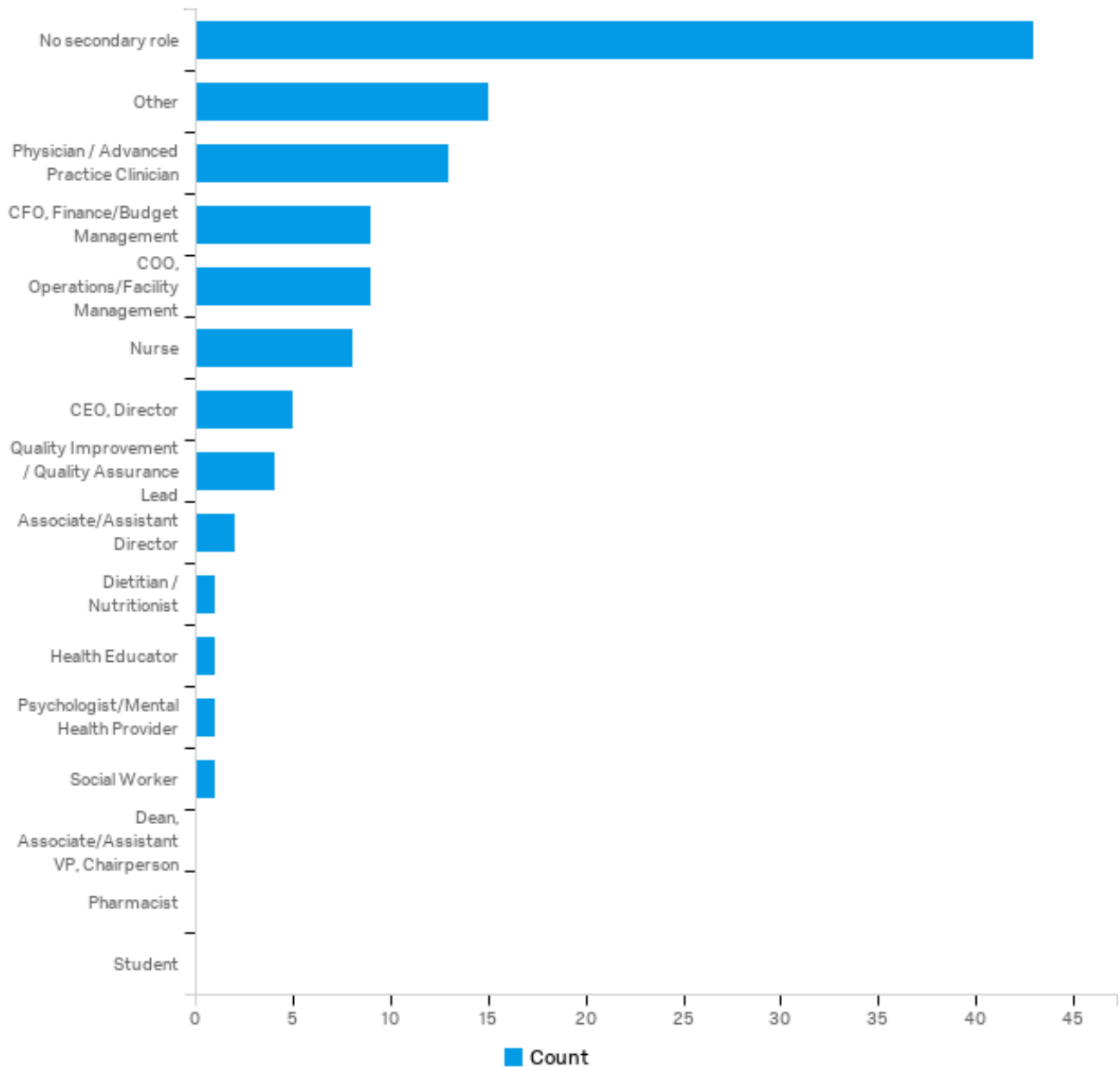
September 21st 2016, 11:00 am CDT

Q1 - Which best describes your primary role in college health?



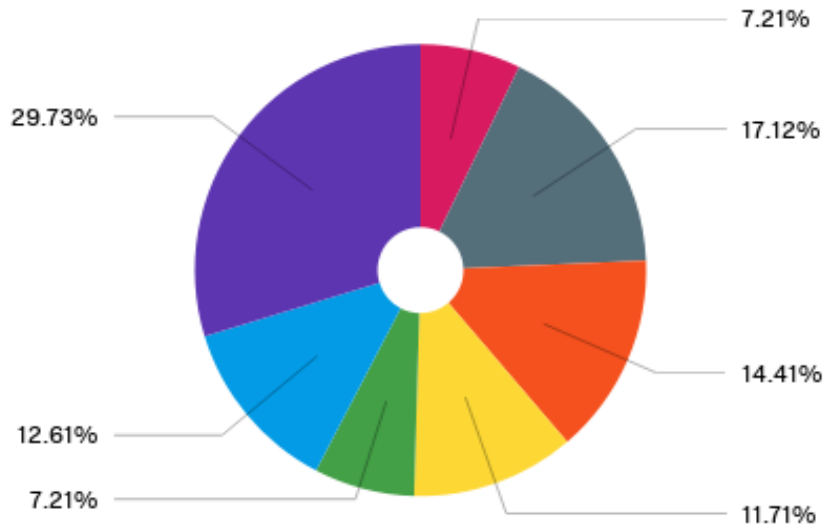
Primary Role in College Health	%	Count
Dean, Associate/Assistant VP, Chairperson	7.08%	8
CEO, Director	34.51%	39
CFO, Finance/Budget Management	8.85%	10
COO, Operations/Facility Management	3.54%	4
Associate/Assistant Director	18.58%	21
Quality Improvement / Quality Assurance Lead	4.42%	5
Physician / Advanced Practice Clinician	3.54%	4
Dietitian / Nutritionist	0.00%	0
Health Educator	0.88%	1
Nurse	0.88%	1
Pharmacist	0.00%	0
Psychologist/Mental Health Provider	0.88%	1
Social Worker	0.00%	0
Student	0.00%	0
Other	16.81%	19
> Customer Service/Contact Center		
> Consultant		
> Admin. Assistant		
> President of an Educational Nonprofit		
> Administrative Director		
> Health Information Manager		
> owner, business		
> Support Services		
> Student Health Insurance Coordinator		
> Practice Coordinator		
> Operations Manager		
> Office Manager		
> Business Manager		
> Executive Director, Health, Wellness & Counseling		
> student insurance		
> Administrative Assistant		
> Retired Director		
> Informatics/IT		
Total	100%	113

Q2 - Many of us have a secondary role at our facility. How would you describe your secondary role?



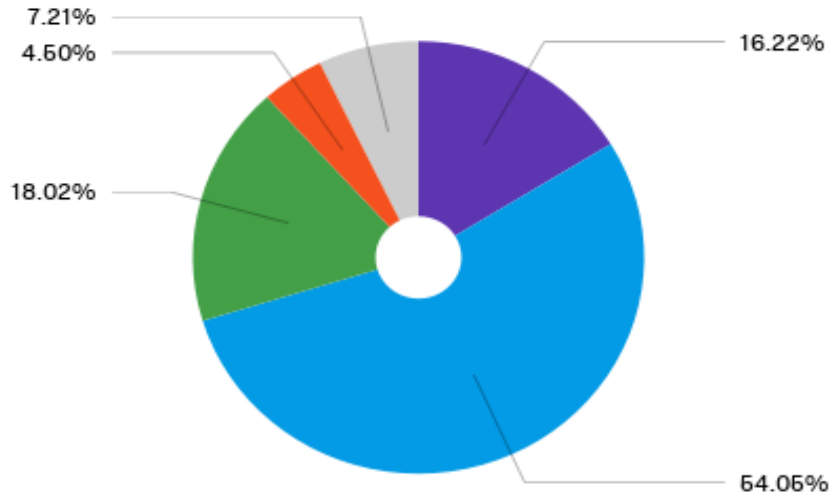
Secondary Role: Other	%	Count
No secondary role	38.39%	43
Physician / Advanced Practice Clinician	11.61%	13
CFO, Finance/Budget Management	8.04%	9
COO, Operations/Facility Management	8.04%	9
Nurse	7.14%	8
CEO, Director	4.46%	5
Quality Improvement / Quality Assurance Lead	3.57%	4
Associate/Assistant Director	1.79%	2
Dietitian / Nutritionist	0.89%	1
Health Educator	0.89%	1
Psychologist/Mental Health Provider	0.89%	1
Social Worker	0.89%	1
Pharmacist	0.00%	0
Student	0.00%	0
Dean, Associate/Assistant VP, Chairperson	0.00%	0
Other	13.39%	15
> Plan Administrator for Student Health Plan		
> EHR/Medical Records		
> Student health insurance coordinator		
> Data Management		
> International Student Health Insurance		
> Finance/Budget/Business Services Management		
> Administrative Staff		
> manager		
> advisor		
> technology support		
> Data Analyst / HIT		
> Chief of Staff		
> Advisor for Wake EMS		
> Risk Management and Safety		
Total	100%	112

Q3 - Years of professional experience in college health?



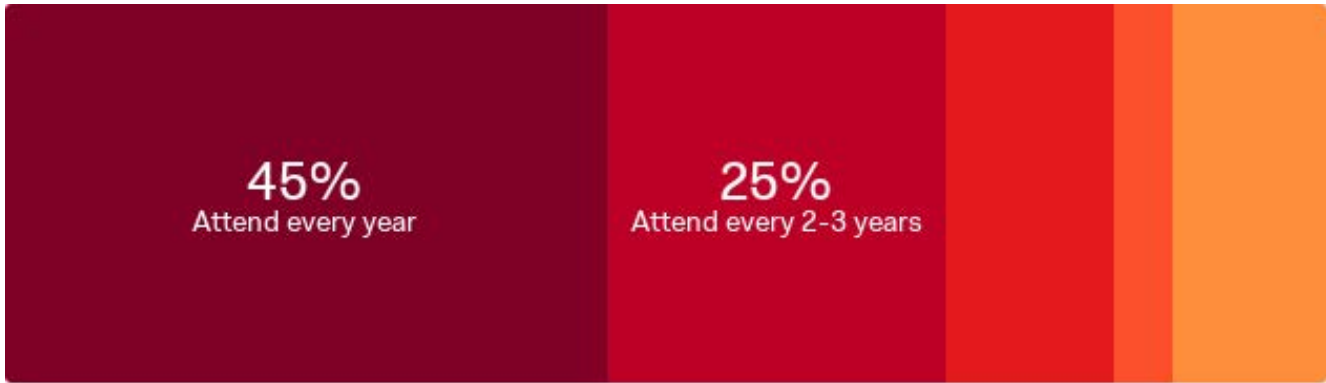
Answer	%	Count
more than 15 years	29.73%	33
1-2 years	17.12%	19
3-5 years	14.41%	16
11-15 years	12.61%	14
6-8 years	11.71%	13
less than 1 year	7.21%	8
9-10 years	7.21%	8
Total	100%	111

Q4 - Please select the highest professional degree you have completed.



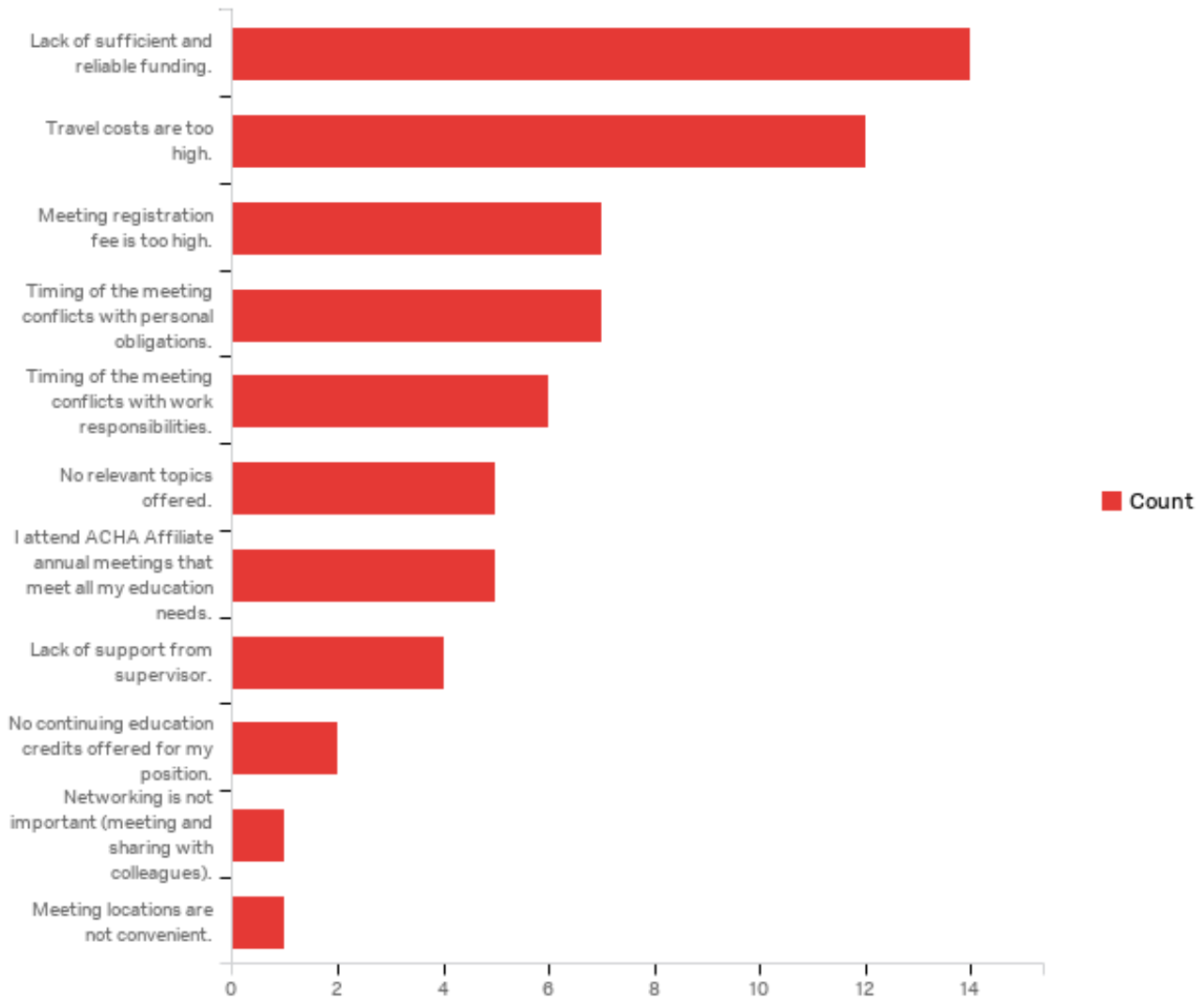
Answer	%	Count
Master's	54.05%	60
Doctorate	18.02%	20
Bachelor's	16.22%	18
No Degree	4.50%	5
Specialist	2.70%	3
Other		
> CEBS	2.70%	3
> M.D.		
> Diploma		
Associate's	1.80%	2
Total	100%	111

Q5 - Which best describes your frequency of attendance at the ACHA Annual Meeting?



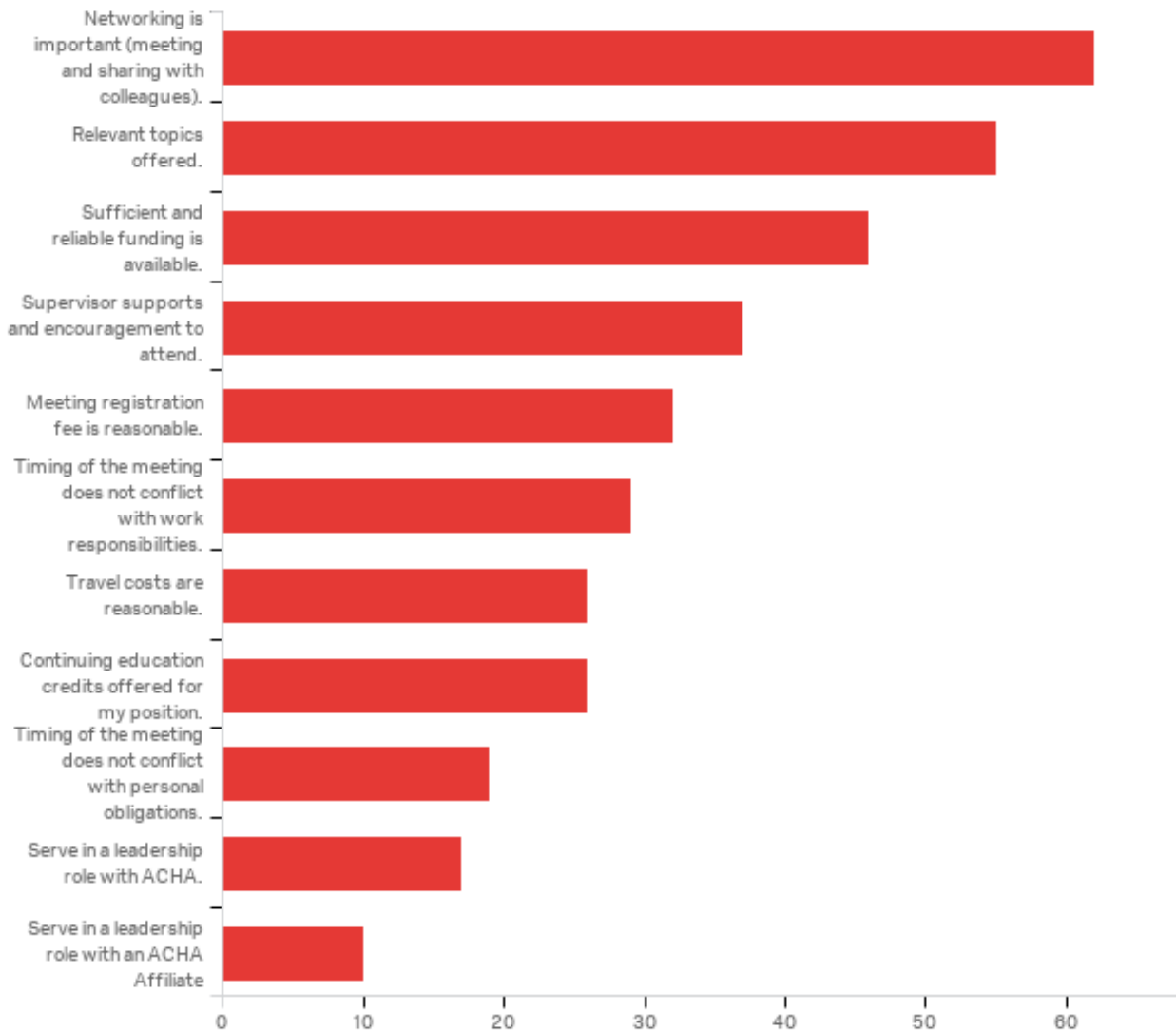
Answer	%	Count
Never attend	11.82%	13
Attend every 6+ years	4.55%	5
Attend every 4-5 years	12.73%	14
Attend every 2-3 years	25.45%	28
Attend every year	45.45%	50
<i>Total</i>	<i>100%</i>	<i>110</i>

Q6 - You indicated that you attend the ACHA Annual Meeting every 4-5 years, every 6+ years, or never. Please check all of the following contributing factors that apply:



Answer	%	Count
Lack of sufficient and reliable funding.	48.28%	14
Travel costs are too high.	41.38%	12
Meeting registration fee is too high.	24.14%	7
Timing of the meeting conflicts with personal obligations.	24.14%	7
Timing of the meeting conflicts with work responsibilities.	20.69%	6
No relevant topics offered.	17.24%	5
I attend ACHA Affiliate annual meetings that meet all my education needs.	17.24%	5
Lack of support from supervisor.	13.79%	4
No continuing education credits offered for my position.	6.90%	2
Meeting locations are not convenient.	3.45%	1
Networking is not important (meeting and sharing with colleagues).	3.45%	1
Total	100%	29

Q7 - You indicated that you attend the ACHA Annual Meeting annually or every 2-3 years. Please check all of the following contributing factors that apply:



Answer	%	Count
Travel costs are reasonable.	33.77%	26
Timing of the meeting does not conflict with work responsibilities.	37.66%	29
Timing of the meeting does not conflict with personal obligations.	24.68%	19
Supervisor supports and encouragement to attend.	48.05%	37
Sufficient and reliable funding is available.	59.74%	46
Serve in a leadership role with an ACHA Affiliate	12.99%	10
Serve in a leadership role with ACHA.	22.08%	17
Relevant topics offered.	71.43%	55
Networking is important (meeting and sharing with colleagues).	80.52%	62
Meeting registration fee is reasonable.	41.56%	32
Continuing education credits offered for my position.	33.77%	26
Total	100%	77

Q8 - Does the current ACHA Annual Meeting educational programming meet your needs as an administrator?



Answer	%	Count
Mostly yes	45.87%	50
Somewhat	37.61%	41
Mostly not	11.01%	12
Absolutely yes	4.59%	5
Absolutely not	0.92%	1
<i>Total</i>	<i>100%</i>	<i>109</i>

Q9 - Please share recommendations on how ACHA annual meeting educational programming can better meet your needs as an administrator.

Subgroup meetings for SHC Exec Directors.

I am sure there are plenty of nurse practitioner led centers, but it seems we do not fit the "nurse administrator" or MD group. Feel a little at odds by the titles of the groups.

We need to do more to advance our identity and skills as legit healthcare executives.

Healthcare informatics - how the EHR can support QA, accreditation, clinical guidelines. HIPAA compliance.

Would like more information on pros/cons of health care outsourcing; pros/cons of insurance billing. Really appreciate the 2015-2016 college health salary and staffing survey report.

Don't know for sure if you have specific tracks - but having one for MH Counselors, one for Nursing, one for Dr's and one for Nursing, etc. where you go and can get all your CEU's at one meeting is attractive. But problem is, I have too many other organizations to attend meetings - can't attend everything.

Much more emphasis on making student health competitive with outsourced possibilities. Cost effectiveness compared to community alternatives for care.

Unclear, too new to my role.

Talk about business more and leadership less.

Tighter filter on what information is/isn't presented. I think there was some bad information being propagated.

It seems that the same topics are offered annually and nothing new is presented.

I would like to see more session on funding and revenue sources.

More sessions in which different administrators share their experiences in specific situations.

There needs to be more sessions on finance/budget and annual reporting.

There seems to be limited programs regarding health insurance, which is my focus.

More about insurance, utilizing an EMR system, phone triage.

It's unclear to me, how as the leader of a health service on campus, how ACHA or any one section is addressing my needs. Where is the leadership of Health Services to go? I don't fit anywhere any longer.

I have only attending ACHA once - this current in San Francisco. I would have appreciated a panel session of administrators to learn more how different health services are structured, organized, etc.

Needs to be focused on managing a medical clinic much like MGMA. Our clinic is going less to health fee and more to billing. We need lean concepts, for converting our organization to the ones in the community. Our students have insurance and they have choices.

I think presentation of more benchmark data as it relates to performance and productivity indicators would be of value; practical topics as they relate to efficiencies and challenges of meeting financial and staffing goals; challenges of a changing campus and student profile

More presentations on successful funding models, there are many varieties out there. More presentations on leadership skill development in general.

I do not attend enough for it to help.

more structured networking opportunities where people can hear about what other schools are doing about

common concerns

More topics related to administrative functions, coming trends to be planning for, etc.

n/a

I would like to see more "cutting edge" and "innovative" topics. The other thing I would like to see is sessions from those who have successfully pulled off difficult initiatives that we all deal with.

Administrative coaching, managing HR challenges, more sessions on HIPAA and ACA impacts, tools for communicating with senior admin.

Credits to maintain my Fellow status in the American College of Healthcare Executives (FACHC).

More workshops on leadership training, QI, audits.

More mental health topics with ceus offered for social work in my state

Have tracks for novice, advanced and experts. Too much information in meetings are for beginning administrators - a waste of time so I network with more seasoned attendees for helpful information

Most of the topics seem to be redundant so I have long breaks between conferences because they tend to cycle after a few years. Topics are not always the burning issue at the time so it is easy to decide not to attend because you have already heard the information.

More programming that is related to Administrative issues, struggles in college health admin, etc.

As administrators, I would like to hear from companies that have relevant information we are needing. For example: I'd like to have a panel of schools with varied funding models and have representatives from privatized schools share, too. Currently since they are a 'private' company, that can't be offered. It would be great to hear from student fee funded models, third party billing where schools do it themselves, third party billing from contracted companies, and totally privatized schools. As an administrator, I work with million dollar decisions every day. I don't have concerns about being swayed on a product one way or the other. I just want information from the companies that offer the services directly. Additionally, insurance companies - I'd love to hear from various companies on their projections of student health insurance plans and where they are headed in the future - they are the experts! The schools are not the experts. Let the companies do educational sessions agreeing not to make it a sales pitch. OR sell time slots for actual sales pitches. Let companies purchase a time slot for an hour to explain their products or services. You could probably sell 10 time slots at \$1000 each and have a great revenue stream for the conference budget. When you advertise the sessions, make it very crystal clear that these are sales pitches and anyone attending needs to understand the information provided. Numerous other associations have done this for years and been highly successful. Again, as an administrator that does hundreds of contracts, I know how to make decisions and not be influenced by a sales person so there shouldn't be any conflict. Other suggestions for administrative programming: How to create succession plans for staffing Setting up clinics to run with urgent care models Insurance outlook for the coming years How to control insurance premium rates for SHIP plans How to move to a hard waiver insurance system on your campus Developing a funding or budget request for free meningitis vaccines for students Free flu shots - yes or no and how do you fund

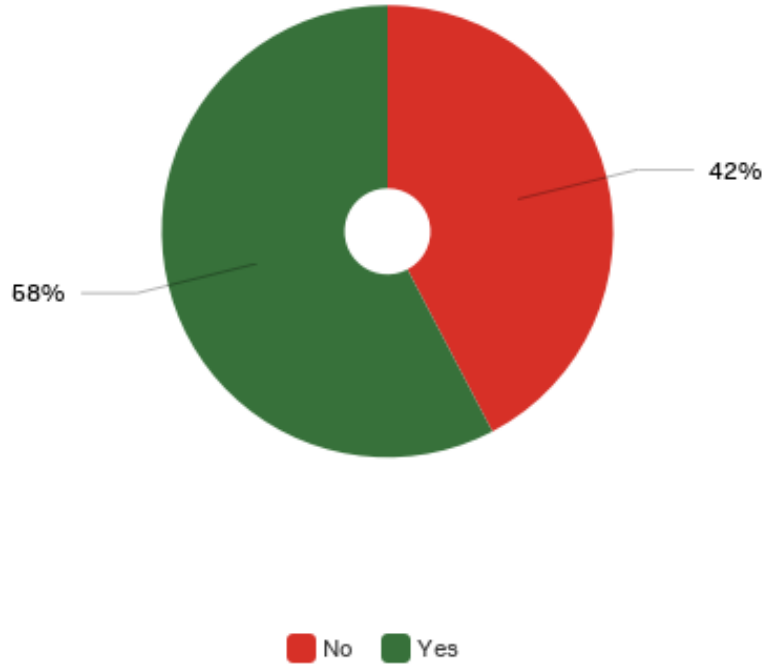
More focus on content that helps improve clinical and financial operations. Offer content on how to decipher which private sector regulations are relevant in the college health setting.

Content varies from year to year. This past year in San Francisco, the Admin content was excellent. Many Admin topics are geared to a select population and many serve little benefit. Usually there is something with each session that is worth going to.

Forum for Assoc./Asst. Administrators to discuss issues/give perspectives

More administrative topics (finance, staff moral)

Q10 - Do you attend the annual meetings/conferences of other associations or groups to receive educational content that is not provided at the ACHA Annual Meeting?



Answer	%	Count
No	42.31%	44
Yes	57.69%	60
Total	100%	104

Q11 - Which other association's or group's annual meetings or conferences do you attend?

Regional Affiliate conference, e.g., MACHA, NECHA, SCHA (11)

NASPA (9 responses)

MGMA (8 responses)

Sunbelt (7 responses)

AAAHC (4 responses)

ACHE (4 responses)

Big 12 Health Center Directors (4 responses)

Other professional/leadership trainings (2)

Medicat (2 responses)

NASPA MC/AOD (2 responses)

AUCCCD (2 responses)

One response each for the following

AAACN

AAP

ACCA

ACEP

ACPA

American College of Healthcare Administrators

American College of Lifestyle Medicine

American College of Occupational And Environmental Medicine ACOEM

American College of Sports Medicine

AONE

APHA

athletic conference schools directors conference

Cape cod institute

CME

Evolution (Lighthouse Marketing Seminar)

Federal Regulations Training (HIPAA, GRAMA, OSHA, FERPA)

Grant Training Center

Lookout Mountain Group (Student Health Insurance)

MN Measurement

NACAS

NACCU

NAHCQ National Association for Health Care Quality

NCEMSF National Collegiate Emergency Medical Services Foundation

North American Society of Pediatric and Adolescent Gynecology

NYSCHA

ONA/ANA Oklahoma/American Nurses Associations

online providers of CMEs for pharm credits

others offering ce credits for sw in ny state

Partners In Leadership

Peer groups

Pennsylvania Academy of Family Physicians

Primarily Care Review courses

PRIMED

Regional and Local meetings

Reproductive health conferences--Contraceptive Technology conference, American Association of Nurse Practitioners PA Coalition of Nurse Practitioners

Society of Adolescent Health and Medicine

Software User's Meeting for our EHR

SOPHE

SPCHNA (Southeastern Pennsylvania College Health Nurses Association)

State University of New York

Studer Group: Healthcare coaching and execution

Texas Academy of Family Physicians

Texas Medical Association

STFM Society of Teachers of Family Medicine

WACUBO/NACUBO

Q12 - Please describe specifically what attracts you to these annual meetings or conferences.

Sunbelt: focuses only on administrative issues in directing student health centers

Very focused and practical content

connecting with the same discipline; expansion of topics other than college health perspective to get ideas

These are well-organized and super-relevant. I love the camaraderie among the colleges in this conference.

Networking

Lower cost, lower travel costs, broader topics for my licensure requirements

new information ,networking, presenting data

specialized medical content, expanded networking

Different focus on Higher ED.

Accreditation basics, updates, trends in the field and best practices in ambulatory health care

ATTACHMENT TO THE LARGER INDUSTRY

I am Director of Student Employee Health. I am able to update myself on issue affecting both employees and students at the ACOEM annual meetings.

CEU's - specialties

I am on the board of directors of the organization and up until this year this group has been my professional home.

Business information related to healthcare. Benchmarking data relevant to clinics that are in our area and that are options for students.

I am FACHE

Information for other areas of responsibility.

Medicat - specific knowledge needed for our EMR/institution. APHA - wider range of specialists/professionals to learn from.

They are smaller and offer more relevant programs.

Location and agenda.

I particularly enjoy the format of round-table, open discussion of relevant topics that are selected by the attendees; additionally I enjoy the social aspect of getting to know people in similar roles across the country. The networking is outstanding.

Interesting educational sessions and local networking

More focus on budget, finance and annual reporting

Broader context, more networking

Prior position as healthcare administrator in military, ACHE was professional affiliation.

the focus on college health

specific nursing items and legislature

Nutrition Info and CEU's, Leadership Development, Customer Service training, How to Motivate Your employees, How we are ALL in the SALES & PEOPLE Business, Grant Writing.

Dealing with the business of management of a clinic. The value added stuff of health promotion isn't as big as ACHA. My boss regularly asks how I benchmark to our community. MGMA gives me the tools for that. I don't compete vs. another Health service.

Leadership driven, focus more on financial and compliance issues

Outcomes measurements

Location. Direct applicability to my job. Cost.

cost and location

Broader scope of topics - provide more CME hours

Same as the national conference - networking, continued learning and CEU's for my professional license.

College Health is a specialized topic, but many non-college entities are attempting to pull off the same initiatives. I like to know the current trends in healthcare (in general, not necessarily related to only college health)./

Location for primed. Information provided in the primary care review.

Student Affairs Leadership

Required to maintain my Fellow status

Clinical content.

Ce credits for my license and topics of interest

focused content - I don't expect this from ACHA

Pharm credits

Sunbelt is high quality, pertinent topics covered in one room in 1.5 days. NASPA helps with alignment with my division of Student Affairs

Directed conversations and analysis of common concerns related to financial, legal, compliance, benefits coverage and general administrative issues of student health plans

I oversee numerous departments on campus. NFID - immunization information MGMA provides info on health that I can't get at ACHA specifically meeting with companies and hearing directly from them NACCU and NACAS provide information for other areas I oversee on campus.

Timing, education, location

Stay current with AAAHC standards in order to maintain and stay current for reaccreditation. Smaller groups with a little different educational choices. Usually includes tour of college facility.

Financial and operational improvement content, tactics for improving patient and employee satisfaction

Smaller, regional groups focused more on administration / overall health center management and operations.

Great interaction with peer schools about timely topics. Agenda gets set in real time.

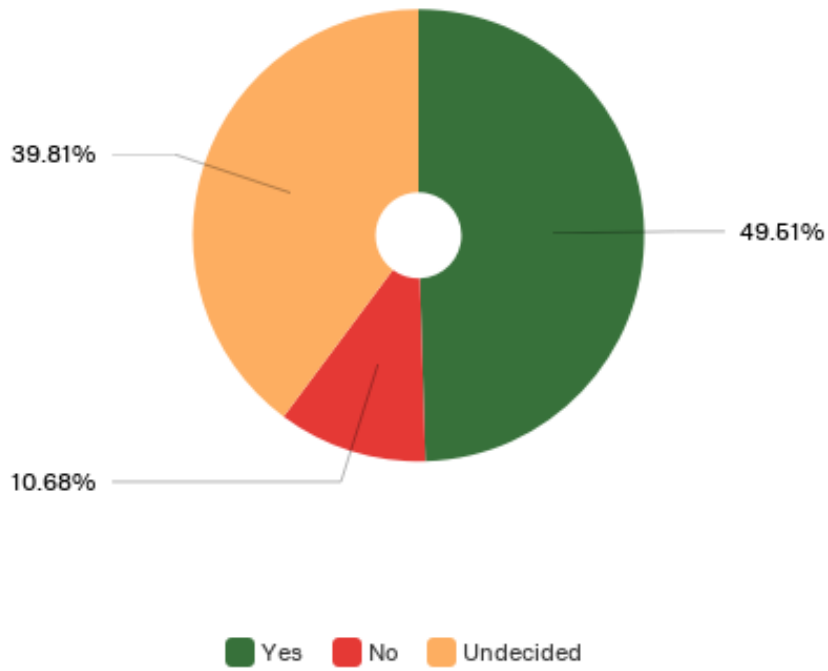
Content and format

CME focus, less expensive, particularly the travel and accommodations portion, but also the meeting fees are lower, ACHA attendance is very expensive, especially the hotels selected

credit toward my certification, networking with other quality improvement colleagues

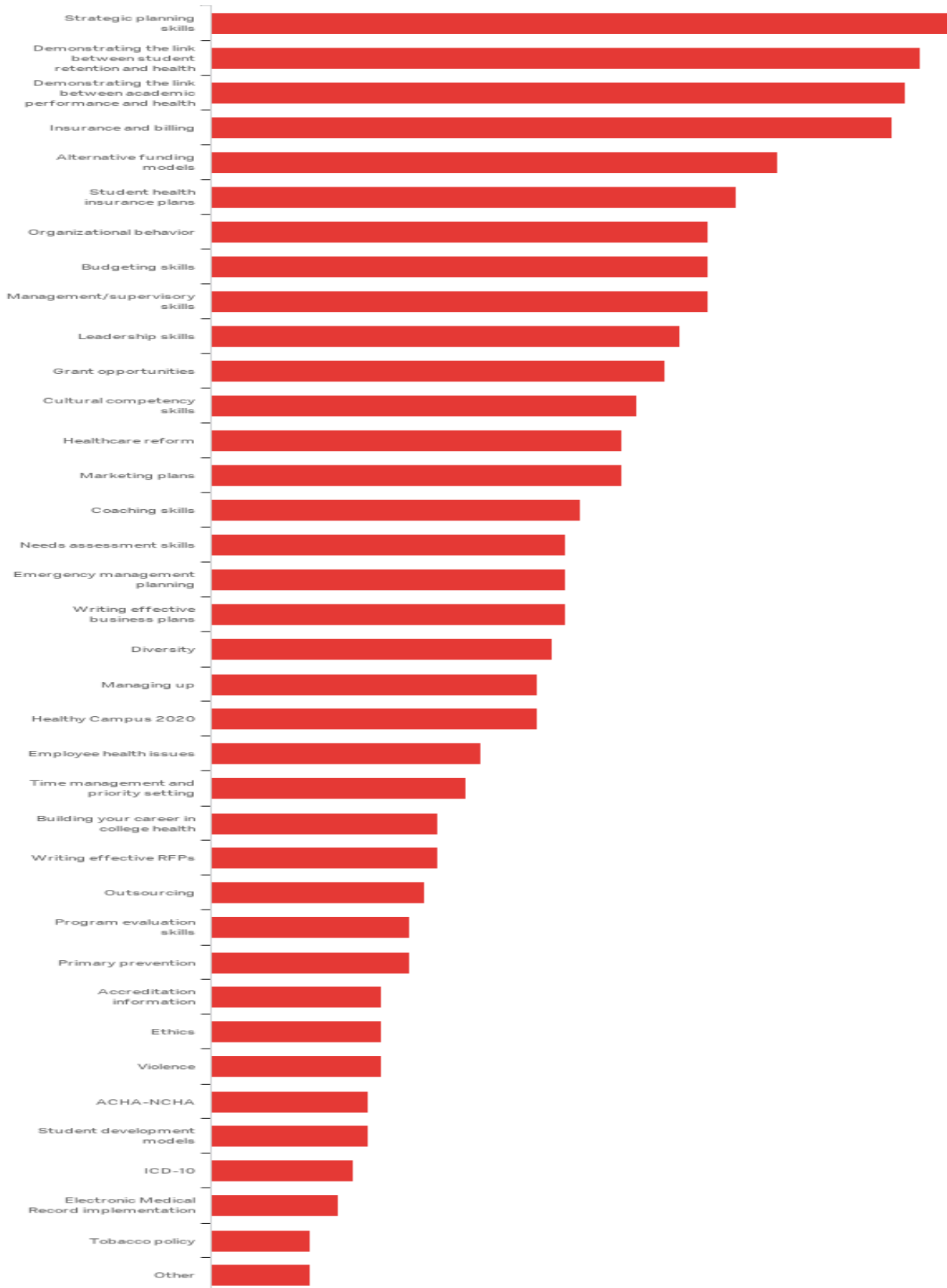
management information

Q13 - Do you plan to attend the ACHA 2017 Annual Meeting in Austin?



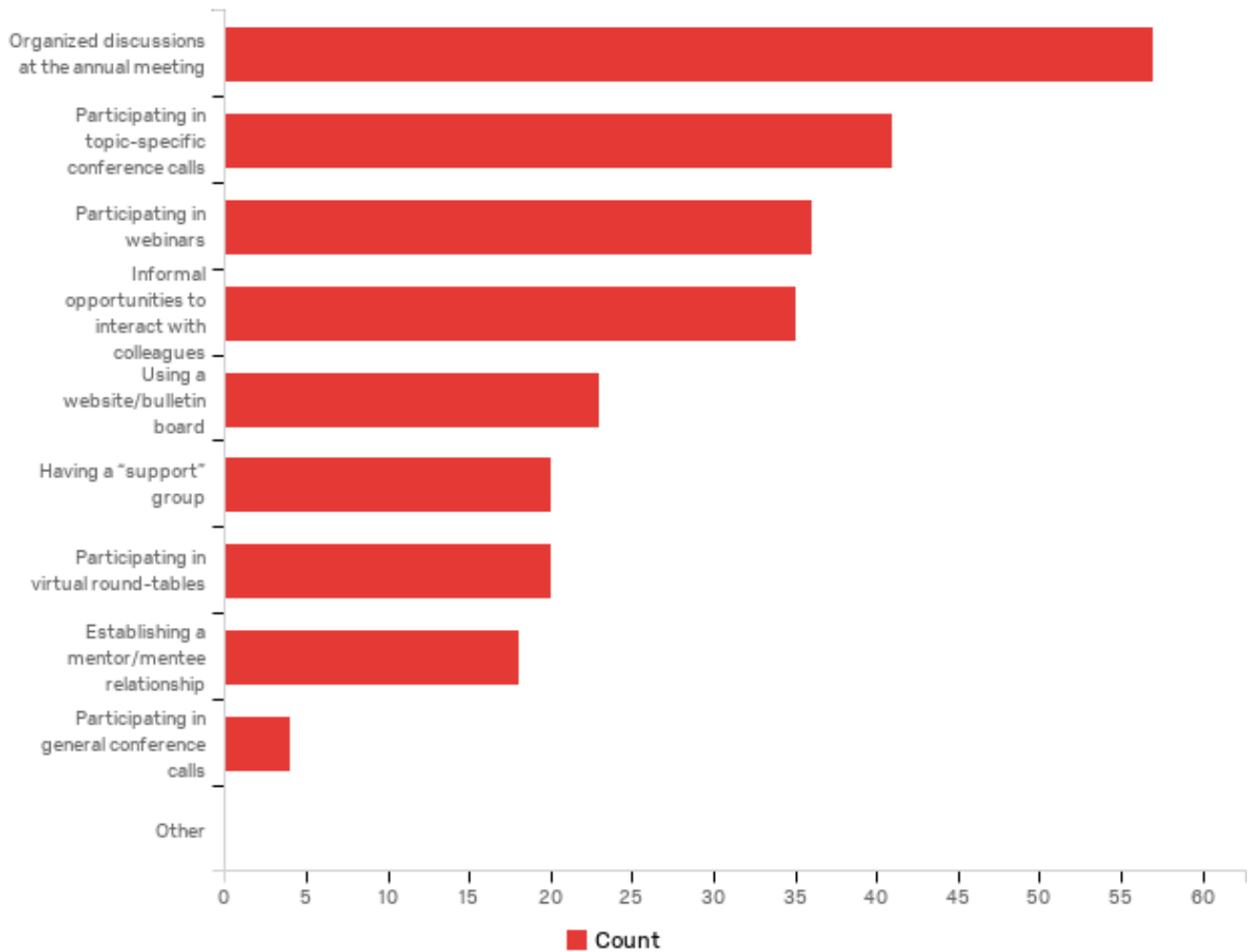
Answer	%	Count
Yes	49.51%	51
Undecided	39.81%	41
No	10.68%	11
<i>Total</i>	<i>100%</i>	<i>103</i>

Q14 - What topics/issues are essential to address at the 2017 ACHA Annual Meeting?
Please select all that apply.



Answer	%	Count
Strategic planning skills	50.49%	52
Demonstrating the link between student retention and health	48.54%	50
Demonstrating the link between academic performance and health	47.57%	49
Insurance and billing	46.60%	48
Alternative funding models	38.83%	40
Student health insurance plans	35.92%	37
Budgeting skills	33.98%	35
Organizational behavior	33.98%	35
Management/supervisory skills	33.98%	35
Leadership skills	32.04%	33
Grant opportunities	31.07%	32
Cultural competency skills	29.13%	30
Healthcare reform	28.16%	29
Marketing plans	28.16%	29
Coaching skills	25.24%	26
Needs assessment skills	24.27%	25
Writing effective business plans	24.27%	25
Emergency management planning	24.27%	25
Diversity	23.30%	24
Managing up	22.33%	23
Healthy Campus 2020	22.33%	23
Employee health issues	18.45%	19
Time management and priority setting	17.48%	18
Writing effective RFPs	15.53%	16
Building your career in college health	15.53%	16
Outsourcing	14.56%	15
Program evaluation skills	13.59%	14
Primary prevention	13.59%	14
Ethics	11.65%	12
Violence	11.65%	12
Accreditation information	11.65%	12
Student development models	10.68%	11
ACHA-NCHA	10.68%	11
ICD-10	9.71%	10
Electronic Medical Record implementation	8.74%	9
Tobacco policy	6.80%	7
Other:	6.80%	7
> lifestyle medicine for college health		
> brand management		
> Integrating behavioral health and primary care - learning how others have implemented a successful model.		
> Mental health		
> FSLA		
> productive methods of obtaining student assessments		
> EHR optimization, analytics, evidence-based decision making		
Total	100%	103

Q15 - Which ways of networking with colleagues would most interest you? Please select no more than three.



Answer	%	Count
Organized discussions at the annual meeting	57.00%	57
Participating in topic-specific conference calls	41.00%	41
Participating in webinars	36.00%	36
Informal opportunities to interact with colleagues	35.00%	35
Using a website/bulletin board	23.00%	23
Having a "support" group	20.00%	20
Participating in virtual round-tables	20.00%	20
Establishing a mentor/mentee relationship	18.00%	18
Participating in general conference calls	4.00%	4
Other	0.00%	0
Total	100%	100

Q16 - Please share your ideas for webinar topics that would benefit this Section.

Mental health services in health services

Health Care Reform such as Graduate Assistant Subsidies, SHBP in Lieu of Medicaid

Management topics for difficult employees, time management, RFP writing, grant opportunities

Students with rare diseases in the college and the role of student health dept in caring for them

Budgeting strategies for clinics who are not a part of Counseling or wellness departments. EHR practices concerning billing pros/cons of outsourcing; pros/cons of insurance billing

Commercial insurance. ACA compliance. operational benchmarks

FERPA and Electronic Health records.

Data competency

A webinar that gives an unbiased overview of the most common funding models for college health centers-looking at the positive and negative aspects of each; more data driven management sessions that delve into very specific topics.

Managing in-coming medical record requirements with specific information on arriving International students.

Strategic planning

scheduling, RN protocols, access to care, travel visits,

Leadership Development, Leading with your Authentic Self, Supervisory Strategies, How to be a Better Manager, How Health is Part of Student Retention (I created a reference paper fro my VP on this topic since there was nothing out there), data driven management (this was a great topic in 2016, let's continue the conversation), What is Cultural Competency and What does it look like?

I'd say providing service with the health fee shrinking or capped.

Outsourcing; insurance billing and ICD-10; new offerings including holistic services

funding alternatives Graduate Student Insurance Subsidy issue

Integrative health and counseling models

* student health insurance and student retention -- what does the research show? * evolving models of student health insurance

Communicable disease issues, measuring learning outcomes, best practice

SHIPS and ACA compliance

budget management for non-financial directors

Patient satisfaction assessment and using that data to inform top leadership on campuses

How to benchmark with peers, how you assess your contribution to student success & retention.

How the new FSLA regulations will affect college health centers.

Funding models, insurance info, immunization info

Bench marking, creative solutions to common problems

Revenue models

How to consistently measure and report retention, progression, and graduation data so that schools can then compare data with relevant and accurate benchmarking.

see prior page topics of interest ex. funding/billing insurance pros and cons

Affordable Care Act changes that are new/current and affect college health and/or students directly

Q17 - Please share your ideas for benchmarking opportunities.

Knowing comparable health services data sets of 'like universities' that is an apple to apple comparison.

Develop a resource document for ACHA website for Rare Diseases

How are other schools able to offer STI screenings for free as well as flu vaccine?

Clinical guidelines for common presentations; provider productivity

FTE/provider, Number of encounters/provider, Revenue generated per provider, Total Cost per provider

Reporting of influenza tests/positives to CDC during flu season

FTE, quality indicators, competencies, STI testing

Data driven management, costs of mental health services and retention rates at that institution over a 5 year period.

Cost per student visit based on cpt codes

Productivity measurements

Glad to finally see the salary survey. Staff to patient and mid-level to physician ratio would be very helpful

sleep interventions for college students: Provider productivity - both for medical and counseling

Salaries, staffing, center size based on enrollment/services offered

Gather those with the same software and identify opportunities to run the same reports, in order to compare apples to apples. This would also give ideas for what types of measures to benchmark.

funding models

Cost per visit or substitute other variable

Mental health issues

productivity of providers and time spent on direct care vs admin

Staffing ratios in college health, integration models for counseling/health

%vaccinated for flu, %participating in disease management, staffing patterns by discipline,

wait time / appointment time,

Examples of organization scorecards

comparing like-measured retention, progression, and graduation data

wait times for same day care, more clinical benchmarking for commonly seen issues, ACHA sponsored depression collaborative with benchmarking, screening benchmarking (ex. phq-2)