

SPECIAL HEALTH PROGRAMS:
STUDENT, HOSPITAL, LABORATORY

Problems in the Management of
College Students' Health

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When I first became professionally involved in college health work a little over 23 years ago, the term "college student" needed no explanation as to what was meant, nor was there much misunderstanding about the type of environment in which that individual was living. There was a significant homogeneity to college students and institutions of higher education. That is no longer true! We now have students with wide ranging ages and motivations, receiving education in an even wider range of settings, from the "hallowed halls of ivy," through the plethora of community and junior colleges, to independent study at the student's own place of employment.

In my judgment there is not a great deal that is unique about the medical problems of students. This is perhaps less true in the case of mental health, and I will get to that; but for the most part, the medical problems of college students are those you would expect to see in that age group. Parenthetically, I want to dissuade anyone of the thought that the traditional college student age group does not have serious diseases. For one of the challenges of college health work is to be alert to significant pathology in an otherwise healthy young adult.

If then the types of medical problems of college students are not all that unique, it is the manner in which they are managed that certainly varies. Obviously, a part-time student in a small urban community college who is employed somewhere on a full-time basis, will be managed differently from the one who is enrolled full-time in a large residential university in a rural setting. Their needs are not too different. The 19-year-old, whether working in a factory, living at home and commuting to school, or living in a fraternity or large rural campus, is in the process of developing his own independence and identity, and the ability to deal with

authority and sexuality. How his needs will be met, if indeed they are met at all, will depend on the resources available to that student and the philosophy of the people who manage those resources.

Since most of my experience has been with a college health service at a large residential, semi-rural, state-supported institution, I would like to highlight what I see as some of the major concerns in that type of program.

The role of a college health service in disease prevention and health promotion cannot be over emphasized. College health services have been involved in this aspect of health programming for some time, long before national publicity began to make it popular. Programs of immunization, disease control, and early disease detection have been moderately effective. But those programs aimed at health as a positive value in life have had disappointing results. Nevertheless, the obvious benefits of programs that will lower the incidence of cigarette smoking in our young adult population is exciting; as well as programs that lead individuals to maintain a healthy weight, or to improve their cardiovascular fitness, or to use alcohol intelligently. The list could go on and on. The need is apparent; the challenge is to develop programs that are effective.

The key to adequately dealing with effective health promotion is the increasing involvement of students with their health program. As Dr. Phillip Chase, Director of the Tufts University Health Service noted in 1971 (1):

"No longer are students passive receivers of educational processes promulgated by their elders. They are, more and more demanding to be heard and made partners in the serious business of getting an education. As their numbers increase and their voices become louder, college administrators are beginning to listen and to find in student ideas and opinions much forward thinking, common sense, ideas and opinions not as far-out or revolutionary as was first thought."

This has not been an unmixed blessing. Nevertheless, I believe very strongly that responsible student involvement, not only

improves the program, but perhaps more importantly, it has a positive educational impact on students' expectations and utilization of health resources. And need I remind you that today's college student is tomorrow's potential community leader?

Another unique concern in college health programs is mental health. A college student is introduced to new stresses while the normal ones are usually magnified. Thus a good mental health program can make a very positive impact. It has been estimated that 10% to 15% of the college students need some assistance each year from a mental health professional. The Recommended Standards and Practices for a College Health Program, developed by the American College Health Association (2), notes that,

"Many...students can be helped effectively by brief contact with professionals who have a clear understanding of the psychodynamics of young adults. The further development of many potentially disabling emotional problems can be prevented if they are recognized promptly and if skilled treatment is readily available under circumstances which encourage use. On the other hand, delay in prompt recognition, treatment, and rehabilitation of students who have such problems may seriously compromise the productivity of their college experience and lead to more prolonged and serious disability."

Of course, the need for counseling in sexuality, including pregnancy, must also be met.

Dr. Dana Farnsworth, former Director of Health Services at M.I.T. and later at Harvard, has suggested that the need to contribute to the attainment of emotional maturity is one of the tasks of education (3). He has identified ten goals of education to which a college mental health program should contribute:

1. Respect for all persons, regardless of their race, color, ethnic background, religion, or behavior at the moment.
2. Sufficient knowledge of other people to be able to judge in a general way what their needs are, the ideals they honor, the customs they practice, and the frustrations they endure.
3. Knowledge of the qualities required in a person who can be at home with diverse groups of people and yet be able to enjoy being alone.

4. A sensitive and perceptive awareness of one's own nature, both those qualities under the control of the will and those which are not.
5. Sufficient modesty and humility not to feel impelled to impose one's own ideas on others.
6. The achievement of a proper balance between self-regard and a concern for the welfare of others.
7. The ability to appreciate how one's own self is perceived by others, thereby enabling the individual to modify his own actions continually in order that he may increase his competence and capacity to relate to others.
8. The quality of being able to disagree with others without becoming angry; a conviction that differences of opinion should be settled by the power of rational authority rather than by force, whether verbal or physical. At the same time the value, even the necessity, of righteous (or judicious) indignation should be realized.
9. The habit of inquiry and doubt, practiced in such a way as to avoid becoming either a fanatic who sees simple solutions to complex issues or a cynic who sees no merit in any constructive activity.
10. Capacity to formulate the nature of problems not yet apparent together with some idea of how to plan the development of appropriate solutions."

One more concern of college health programs that I would like to touch on is athletic medicine or, as it is better known, sports medicine. A college's or university's responsibilities in this area are considerable. When this subject is raised, one frequently thinks first of the institution's intercollegiate athletic program; indeed, this is where much of the attention is focused. A galaxy of postgraduate and continuing education courses, not to mention a large number of books, have been devoted to the medical aspects of interscholastic athletic programs. But the institution cannot forget the medical aspects of its physical education program, its intramural program and even its informal sports program. The need to be involved in conditioning and rehabilitation is apparent. Thus the field of sports medicine has almost unlimited potential.

Doctor Farnsworth concludes his paper on college health in The New England Journal of Medicine with this summary (4):

"Health Services in the colleges and universities of the United States and Canada have made important forward strides, especially in the last three decades. Recognition that the health of students and faculty is a matter of importance in an educational sense as well as a personal one is growing. Accordingly, colleges have attempted to build health in positive ways in addition to attempting to see that students and faculty get the best possible medical treatment. These measures include programs of tuberculosis control, immunization against communicable disease, research, mental hygiene, environmental sanitation, safety, prepayment and insurance plans, and cooperation with all other college departments on health matters. Student medicine is not a separate specialty, but does call for a special point of view regarding specific problems of a more or less limited age group. In fact, those who enter this field full time are forced by circumstances to go in the opposite direction from specialism to a considerable extent and to become general medical advisers."

While the import of that statement is current, it is significant to note that it was written 24 years ago. The second class image of college health programs has been allowed to persist far too long. Health professionals in this field have much to say, be it specific medical problems or more generally, health care delivery. It will be a shame if this group is not heard.

In conclusion, I want to call your attention to the goals of a comprehensive health program for the college community developed for the Fifth National Conference on Health in College Communities (5). They are:

- "1. To promote and maintain those conditions which will permit and encourage each individual to realize optimum physical, emotional, intellectual and social well-being.
2. To anticipate and control those factors in the community and its environment which may compromise this well-being.
3. To guide the individual in the acceptance of health as a positive value in life.
4. To stimulate the capacity of the individual to make healthful adaptations to the environment."

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