College Student Health in the 21st Century

The first college student health services were developed in the early to mid-1800s. The Cadet Hospital was built by West Point in 1830 primarily in response to respiratory illnesses that ran rife through the Academy each winter. The hospital not only provided care for ill students but also allowed them to be separated from the general student population. The role of similar infirmaries in preventing the spread of disease among students was likely a primary driver of the development of college student health programs in the 19th century. A more comprehensive model was developed by Amherst College in 1861 after the college president expressed concern about the large numbers of students who had to leave school due to illnesses and observed that “students of our colleges have bodies which need care and culture as well as the intellectual and moral powers and which need this care at the same time with higher education.” Amherst subsequently created the first physician faculty position dedicated to student health; their program laid out a more comprehensive approach, as follows: (1) provide treatment of ill students, (2) provide physical examinations of all students when they arrive on campus, (3) conduct regular programs of physical exercise for students, and (4) provide education in hygiene. This model of acute illness management, preventive care through routine physical examinations, and health promotion through physical activity and education spread quickly.

By the early 20th century, most universities and larger colleges provided medical care for their students. Since that time, college health services have altered their foci on the basis of the needs of their students, although change could be difficult. For example, in 1965, officials at Columbia University, the University of Pennsylvania, the University of Michigan, and others stated that their student health centers would not provide contraceptives; yet, by the 1980s, sexual health (particularly regarding HIV) became a prominent focus. College students in the 21st century continue to have shifting and expanding health care needs. At the same time that many college health services have been hit by budget cuts and “outsourcing” of health care, the numbers of students with chronic health care needs entering college have increased dramatically. At least 15% of incoming freshman report having a chronic health condition or disability, but the number of college students with chronic health conditions is likely much higher because many young adults who have such conditions do not perceive themselves as having “disabilities.” In this issue of Pediatrics, Lemly et al describe the student health services available to youth with chronic medical conditions. Their results highlight a number of important issues for modern college health services.

Although the vast majority of colleges require immunization records, there is significant variability in other health-screening requirements, including medication review and physical examinations. Although most student health directors believed that their institutions could manage asthma and depression on campus, only about half believed that

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they could manage type 1 diabetes. The authors also found that only one-third of health services actively identified students with chronic conditions and that even fewer reached out to students to encourage them to seek medical care.

Finally, although most student health directors believed that their services could provide primary care to young adults with chronic health conditions, very few were able to provide urgent appointments on weekends or evenings. It is likely that these limitations are due to funding issues, which is unfortunate because college and university administrators should realize that proper chronic illness management is not only good for student health but also improves the educational experience of students.

Thus, even if the health care needs have changed, the goals of student health services remain the same in the 21st century as they were in the 19th century: improving general health to enhance education, retain students, and maximize graduation rates. As an added benefit, student health services are in a unique position to help young adults learn how to manage their chronic conditions independently as they move from the pediatric to the adult health care world, improving what can often be a difficult transition.

REFERENCES


No Cap On As: How many A-level letter grades should be awarded in any given college course has been the subject of countless editorials and articles, with grade inflation seeming rampant at all educational levels. In 2004, 50% of grades given to Princeton students were A-levels. In response to that, the administration capped the number of A-level grades per course at 35%. University officials hoped that other schools would follow their lead, but few did. As a result, many Princeton students felt at a competitive disadvantage for jobs and acceptance to graduate programs. By 2009, the main source of unhappiness among Princeton students was the grading policy. Relief, however, is evidently in sight. As reported in The New York Times (N.Y./Region: August 7, 2014), the Princeton University President has endorsed a plan that allows individual academic departments to determine their own grading standards. While the plan still needs to be approved by the faculty, many are in favor, arguing that an arbitrary cap on A-levels does not work in anything other than large classes with hundreds of students. Students in small seminar classes are often unduly punished. Moreover, students feel they are competing against each other for a limited number of A-levels, creating unnecessary stress and unhealthy relationships. There certainly does not seem to be a right answer to grade inflation in education. Capping the number of A-level grades seems arbitrary, and is certainly not competency based. Still, one suspects that if Princeton adopts the new policy, the number of A-level grades will surely rise and once again we will have to wrestle with the question: How many A-levels is too many?
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