



From the Office of the President

November 28, 2018

The following report outlines an analysis of new services that could be offered by Cornell Health as well as students' willingness to pay for them. The Student Assembly and Graduate & Professional Student Assembly collaborated with Cornell Health to conduct a survey that was sent to 22,019 recipients and received 3,034 responses. Undergraduates responded at a 12.98% response rate (1935), while graduates/professionals at 15.45% (1099). This deems the data statistically significant. While undergraduates make up about 68% of the student body (as per the recipient list), they made up 64% of responses. Due to the small difference, the survey should be interpreted as a reflection of the student body at-large.

A brief analysis of the results will show that undergraduates are overwhelmingly more concerned about increasing the resources provided by Cornell Health. At the same time, undergraduates and graduates/professional students are near-equivalent in their willingness to pay for services, with a majority of students willing to increase the Student Health Fee at least an additional \$20-30. Nearly 66% of students are willing to see at least an additional \$10-20 increase.

Students, undergrads and graduate/professionals alike, are primarily focused on increasing the number of mental health providers (80.75%) and opening Cornell Health on Sundays (79.85%). There is also minor desire for an academic/public health partnership and an online/app-based mental health resource.

While a more detailed demographic-based analysis of the data was planned, the rapid timeline prevented such a measure. While that information will be unavailable for the Student Health Benefits Advisory Committee during its Student Health Fee discussion, it will be relevant in preparing for the future of Cornell Health. Such an analysis should take place as soon as possible.

This report is to be presented at the November 29th Student Assembly meeting and the November 30th Student Health Benefits Advisory Committee meeting.

Sincerely,

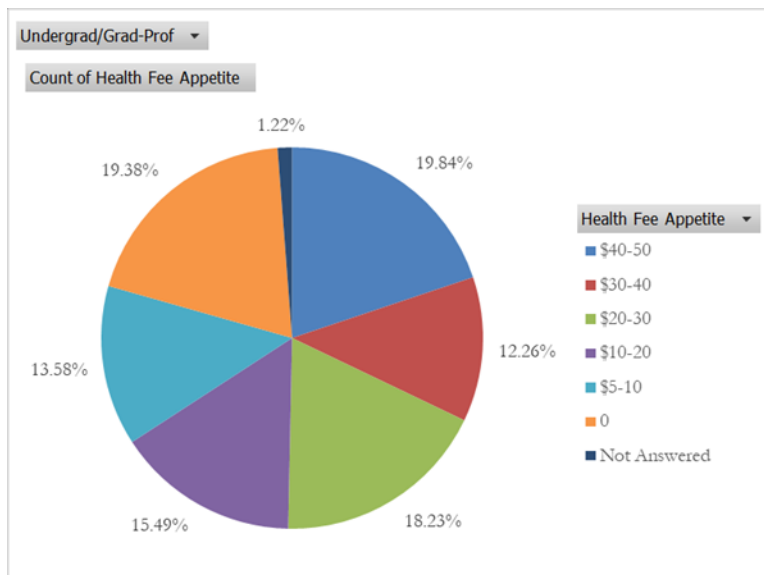
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Analysis

Overall				
Strategy	Early Cost Estimate	High Priority	Medium Priority+	
1 Hire more mental health providers to improve student access to support	\$25-35	60.02%	80.75%	
2 Develop online and app-based mental health resources	\$5-15	21.62%	51.09%	
3 Create an on-campus transportation service to and from Cornell Health	\$5-15	17.67%	40.94%	
4 Open Cornell Health on Sundays	\$15-20	43.87%	74.89%	
5 Create an academic/public health partnership	\$15-20	25.64%	53.56%	

Undergrad				
Strategy	Early Cost Estimate	High Priority	Medium Priority+	
1 Hire more mental health providers to improve student access to support	\$25-35	66.98%	84.29%	
2 Develop online and app-based mental health resources	\$5-15	24.13%	54.62%	
3 Create an on-campus transportation service to and from Cornell Health	\$5-15	20.00%	45.12%	
4 Open Cornell Health on Sundays	\$15-20	49.15%	79.85%	
5 Create an academic/public health partnership	\$15-20	29.30%	57.93%	

Graduate/Professional				
Strategy	Early Cost Estimate	High Priority	Medium Priority+	
1 Hire more mental health providers to improve student access to support	\$25-35	47.77%	74.52%	
2 Develop online and app-based mental health resources	\$5-15	17.20%	44.86%	
3 Create an on-campus transportation service to and from Cornell Health	\$5-15	13.36%	33.38%	
4 Open Cornell Health on Sundays	\$15-20	34.58%	66.15%	
5 Create an academic/public health partnership	\$15-20	19.20%	45.86%	



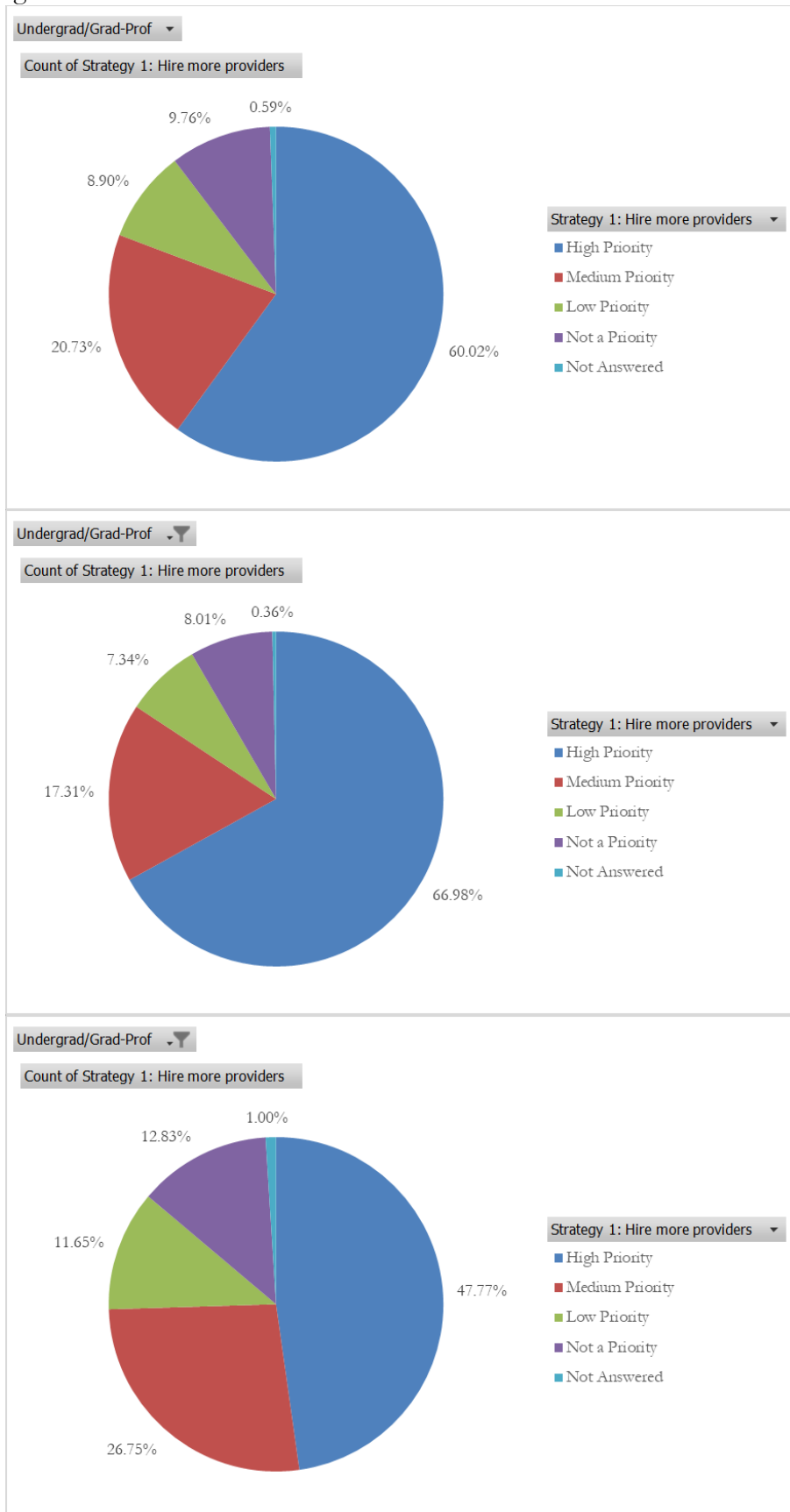
Prioritization of strategies occurred on what is essentially a 4-point scale, deeming “medium” and “high priority” as indicators of student desire.

While there is significant desire for midstream and downstream support such as hiring more mental health providers and opening Cornell Health on Sundays, this must be balanced with upstream support, like an academic/public health partnership, which could prevent the need for downstream resources in the first place.

Undergraduates desired transportation to Cornell Health significantly more than graduate/professionals. This may be partially due to the latter’s higher rate of vehicle ownership. Additionally, while only 45% of undergraduates saw this as a necessity, it would be beneficial to do further analysis on how residence impacted the results. Even if less than 50% of students desired this support, if students from North Campus and Collegetown (among other areas) are not visiting Cornell Health simply because of transportation, this is an issue that must be addressed.

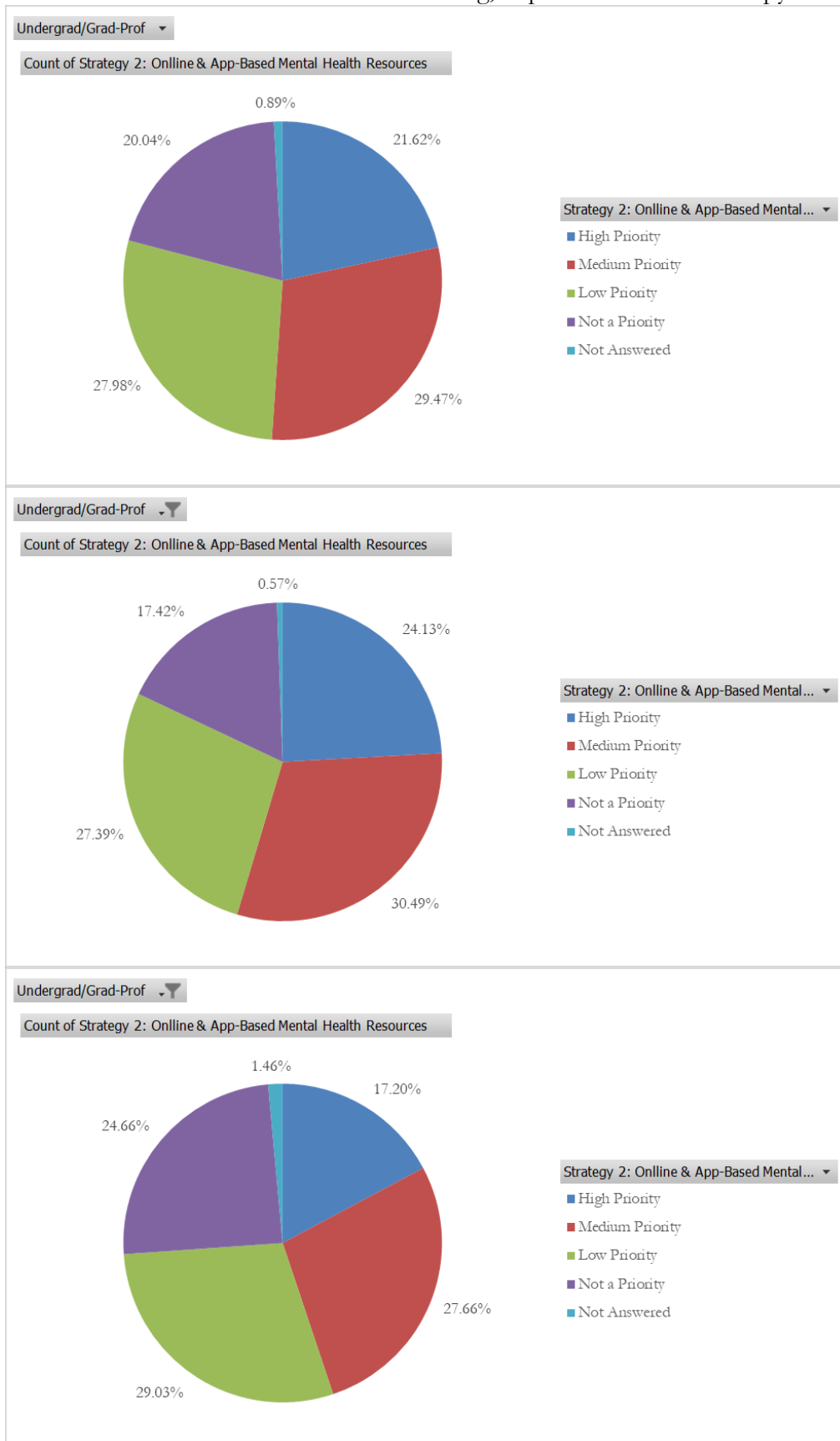
Strategy 1: Hire more mental health providers to improve student access to support: \$25-35

This initiative would expand a team of counselors that detect early signs of mental health need, initiate preventive strategies, and remain highly accessible to students for immediate interventions, so students can get support before their needs become urgent.



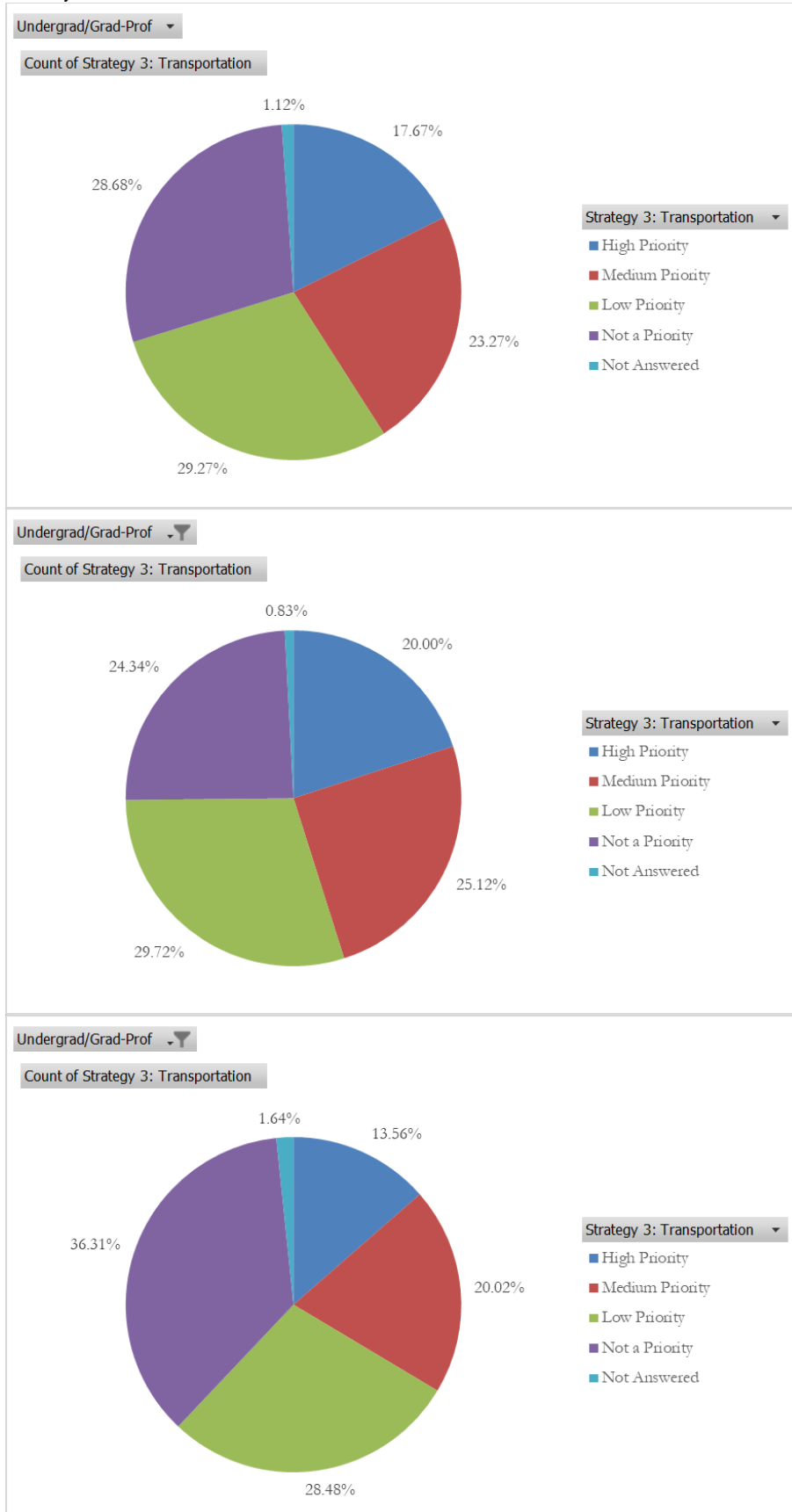
Strategy 2: Develop online and app-based mental health resources: \$5-15

Therapy Assistance Online provides low intensity-high engagement therapy, online/app-based educational modules and practice tools with short phone conversations or video conferences with a therapist. Over 100 studies in 20 countries have shown this method to be as effective as hour-long, in-person individual therapy for common disorders.



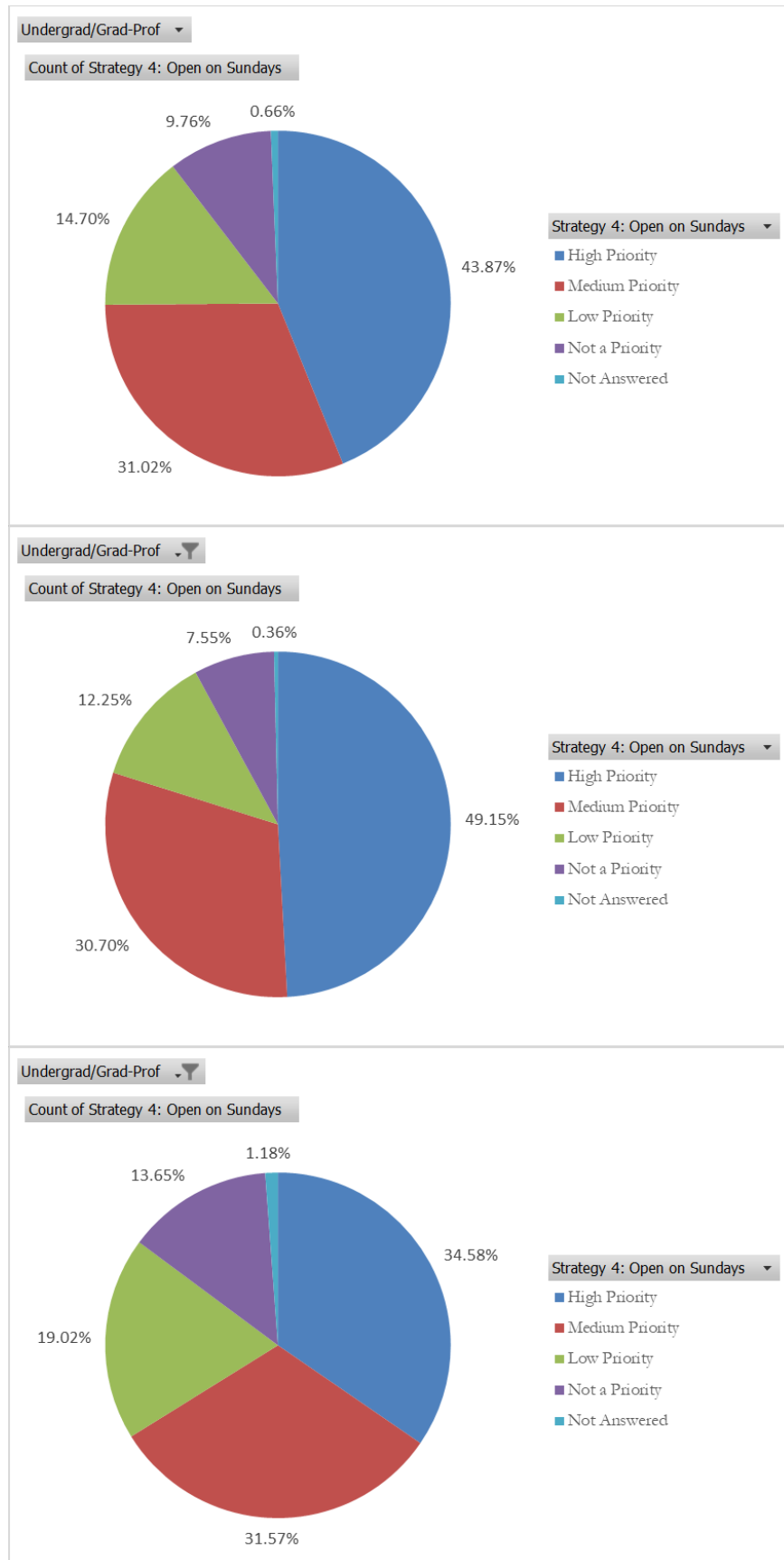
Strategy 3: Create an on-campus transportation service to and from Cornell Health: \$5-15

This service would help students get to Cornell Health from their residences, academic buildings, etc., especially aiding students for whom mobility/travel distance is a barrier to healthcare.



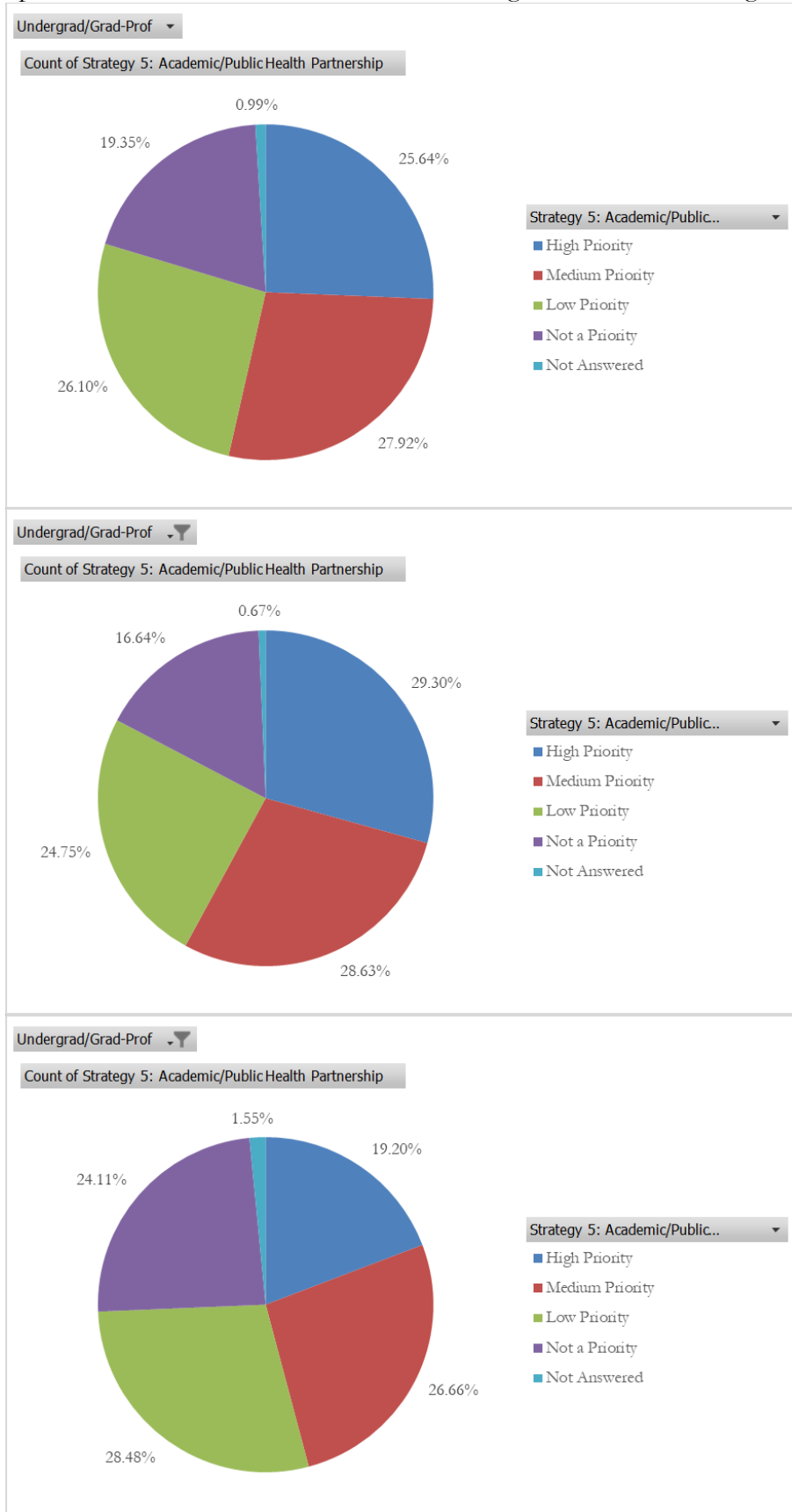
Strategy 4: Open Cornell Health on Sundays: \$15-20

By offering Sunday hours, students would be able to receive urgent medical and mental health care services on Sundays, including access to the Pharmacy. This would expand weekend hours from Saturday only to Saturday and Sunday.

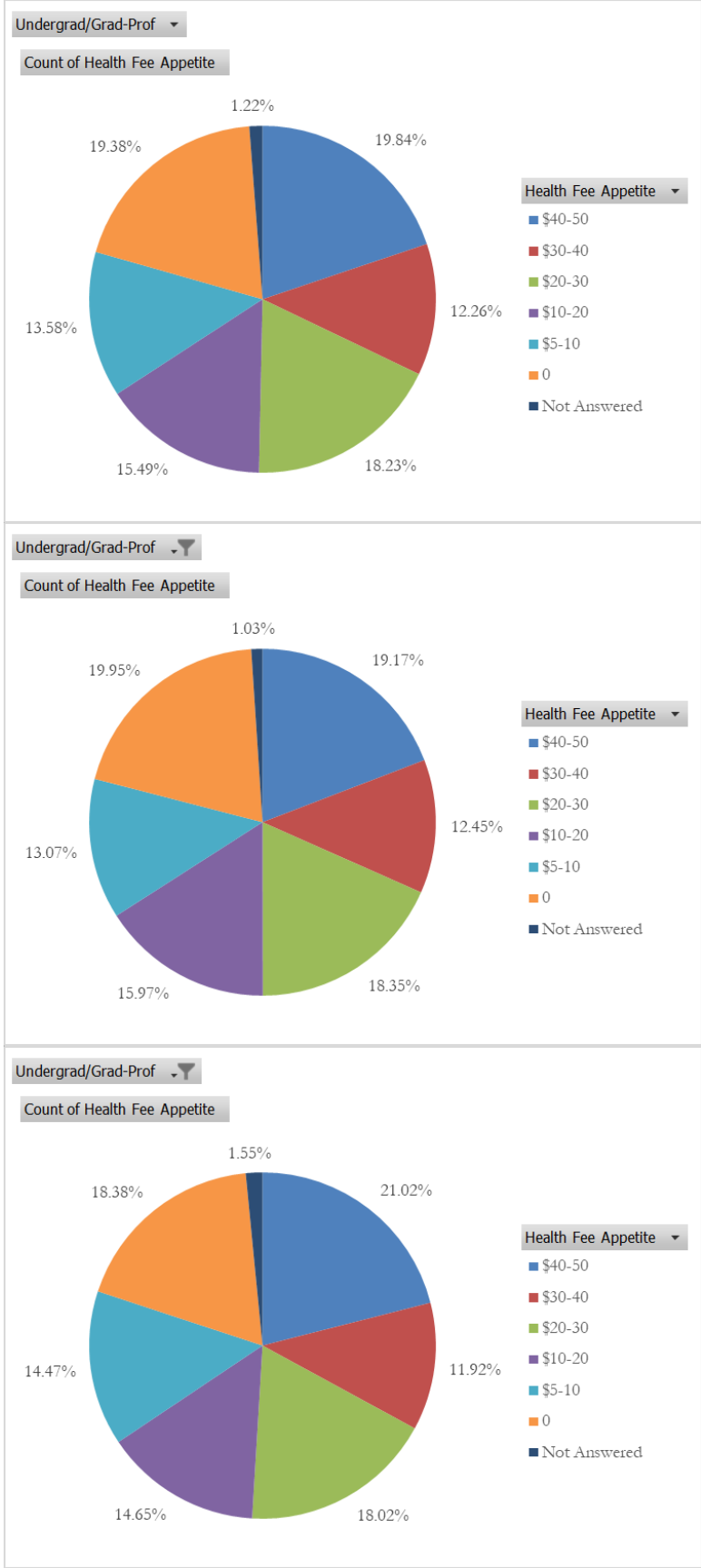


Strategy 5: Create an academic/public health partnership: \$15-20

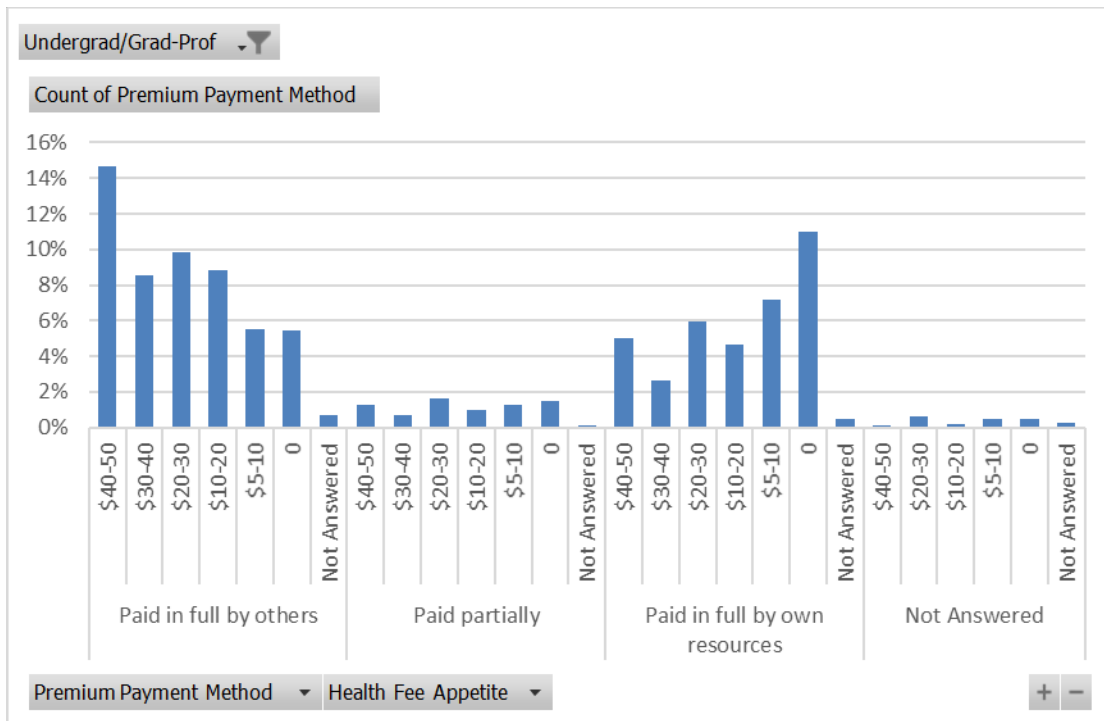
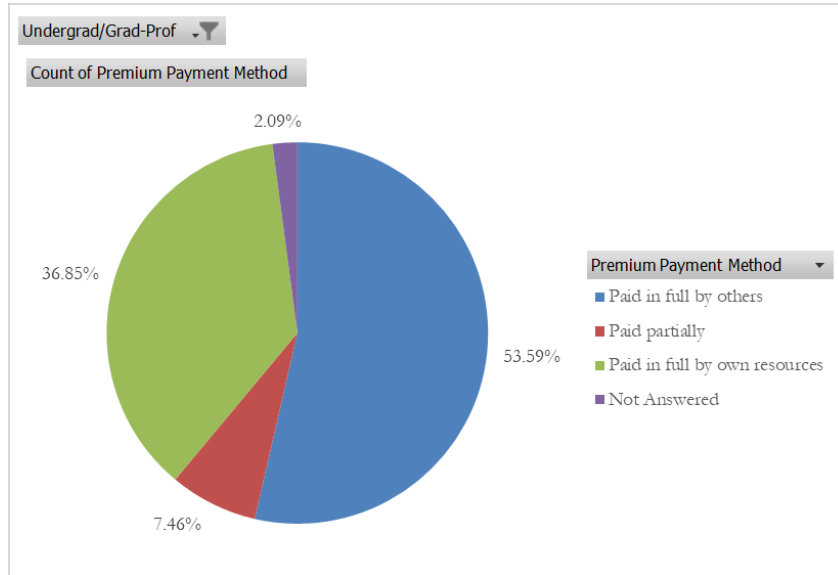
Faculty, academic advisors and public health professionals would collaborate to develop and implement teaching and advising practices that promote student mental health and well-being and enhance learning.



Willingness to increase Student Health Fee beyond the projected 10% to address strategies



Graduate & Professional Students Payment Structure



While 53.59% of graduate/professional students have their Student Health Plan premium covered by other resources, it is interesting to note how similar overall graduate/professional and undergraduate response to a potential premium increase was. This could be explained by the socioeconomic spectrum of undergraduates, with financial aid offsetting Student Health Fee costs for many students. Further analysis is required.