An Examination of Student Health Insurance and Student Health Center Policies Across the Southeastern Conference

Katrina Gateley
University of Mississippi

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AN EXAMINATION OF STUDENT HEALTH INSURANCE AND STUDENT

HEALTH CENTER POLICIES ACROSS THE SOUTHEASTERN CONFERENCE

by

Katrina Danielle Gateley

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of

the requirements of the Sally McDonnell Barksdale Honors College.

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Approved by

_____

Advisor: Dr. John Green

_____

Reader: Dr. Anne Cafer

_____

Reader: Dr. Donna Strum

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ABSTRACT

Campus health care services are often overlooked by prospective students and families during the college search process, yet the access and affordability of these services may have a significant impact on the overall health of college students. This study sought to compare student health services and policies at the 14 member institutions of the Southeastern Conference (SEC). Additionally, this study explored student perceptions about campus health services and policies. A mixed methods approach was used to gather both quantitative and qualitative data. Institutional website reviews of all 14 SEC institutions were conducted to gather information regarding health insurance policies, health center funding, and services available to students. Interviews of campus health center administrators were conducted to provide clarifying and additional information beyond what was available on the websites. Surveys regarding student perceptions about campus health policies and services were administered to a convenience sample of undergraduate students at one SEC institution. Website reviews and administrator interviews revealed that 10 of 14 SEC institutions have a mandatory student health fee each semester, 3 of 14 SEC institutions mandate that students have insurance coverage, 12 of 14 SEC institutions offer a school-sponsored health insurance plan to undergraduate students, and 11 of 14 SEC institutions offer online scheduling. Student surveys revealed that the majority of students do not understand their own insurance policies. Students expressed frustration regarding cost of receiving services at the student health center as well as concerns about privacy, availability of services, and lack of online scheduling options. Administrators may explore alternative funding mechanisms to improve affordability and access to campus health care services. Additionally, administrators

could consider health insurance literacy an important topic for students and families and consider developing educational programming on this topic during Orientation, Welcome Week, and First Year Experience courses. Future research should explore these topics nationally, with a focus on the effectiveness of strategies aimed at improving access, affordability, and understanding of campus health care services.

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Introduction

As college-bound individuals and their families explore higher education options, they may consider various institutional attributes such as size, location, available degree programs, cost, available scholarships, athletic program prestige and success, and numerous other factors. When prospective students visit college campuses, they receive tours of important areas of campus including classrooms, residence halls, athletic facilities, and student recreation centers. They are provided with information about the many services available to students, including academic support, honors programs, study abroad opportunities, and student organizations. One very important, yet often overlooked, campus service is an institution's student health center. Unless a student has chronic health issues at the time of the college search, students and families are not likely to place much importance on student health services when making a college decision. However, many students attend college far from home, and they are likely to need local treatment for acute illnesses or injuries at some point during their college careers. The availability and cost of student health services may have a significant impact on whether students seek treatment for important health issues and whether they effectively are able to manage chronic conditions and acute health care issues. Additionally, institutions may incur substantial losses when their student health centers provide services to uninsured or underinsured students who cannot pay their student health bills and may even be forced to drop out of college because of holds being placed on their student accounts (Jung, Hall, & Rhoads, 2013; Liang, 2010).

Health insurance policies at national, state, and institutional levels affect students and families in ways they likely do not even think about during the college search process. According to the U.S. Centers for Disease Control and Prevention – National Center for Health Statistics (2018), 12.8% of American adults aged 18-64 were uninsured in 2017. The American Community Survey (ACS) reported 10.4% of males and 9.75% of females aged 19-25 and enrolled in higher education were uninsured (U.S. Census Bureau, 2018a). The ACS also reported that 79.7% of males and 78.1% of females enrolled in secondary programs were covered by private insurance, likely through their parents' employers (U.S. Census Bureau, 2018b).

However, even college students who do have insurance coverage through their parents' insurance policies often are deterred from seeking care on campus because of exorbitant out-of-network fees (McManus, Brauer, Weader, & Newacheck, 1991; National Association of Student Personnel Administrators [NASPA], 2013). Students must choose between paying high out-of-pocket costs to seek care at campus student health centers, seeking health care off campus or back in their hometowns, or simply not addressing their health care needs at all. Another factor that affects students' decisions about seeking health care is their level of health insurance literacy. Students may not be familiar with the terms and conditions of their health insurance policies and avoid care for acute illnesses and injuries because of a lack of comfort with insurance jargon and navigating their policies.

Many universities offer a health insurance plan that students can purchase while they are enrolled in school. However, this can be an added expense for students and families who are already struggling to cover college costs. Families also must decide

whether students should be removed from their parents' insurance plan. Undergraduate college students spend approximately 4 years traveling back and forth from campus to their hometowns, to internships, summer jobs, and many other commitments. If they purchase the university's insurance, it may work well while they are on campus, but they could experience insurance coverage problems elsewhere. If instead they choose to remain on their parents' insurance policies, they may encounter challenges related to out-of-network fees when seeking medical care on campus, or they are faced with returning to in-network providers closer to their homes every time a health concern arises. These issues are even more complex for out-of-state students who return home only occasionally during scheduled campus breaks. Additionally, students who experience serious injury or illness requiring frequent follow-up care may be faced with choosing between missing class several times to return home for medical treatment, thus compromising their academic performance, or delaying care until after the semester ends.

The Patient Protection and Affordable Care Act (ACA) allows students to remain on their parents' insurance plans until age 26 (NASPA, 2013). Assuming most undergraduates earn their baccalaureate degrees by age 22 or 23, they still have a few years of eligibility left to be covered under their parents' plans. If students choose to purchase university insurance and are removed from their parents' plan for the 4 to 5 years they are in college, should they rejoin their parents' plan upon graduation? Will they be left without insurance for a period of time? Are they expected to start paying for their own private plan or seek a job with benefits immediately upon leaving the university? What is the best way for campuses to address college student health care needs as families navigate these decisions?

These questions demonstrate the need for research on impediments to timely and affordable access to health care for college age individuals. Specifically, this study sought to compare student health services and policies in place at the 14 member institutions of the Southeastern Conference (SEC). Furthermore, this study explored student perceptions about campus health services and policies. Data gathered from this comparative study of regional institutions will be helpful to campus administrators and other leaders as they seek to identify and understand issues relevant to their campuses' unique situations and to make decisions about improving access and affordability of student health services available to current and future students and their families.

Literature Review

The existing literature on college student health services can be categorized into three overarching categories: 1) health insurance policies at the national, state, and institutional levels; 2) health literacy, including health insurance literacy; and 3) college student health care needs. The subsections below will provide an overview of the existing literature in order to provide context for this study and to identify the research gaps this study sought to address.

Health Insurance Policies

National Health Insurance Policies

In 2009, young adults aged 18-24 comprised over 30% of all uninsured individuals (Jung et al., 2013). Students "most likely to be uninsured include minority students, part-time students, and students from low-income families" (Jung et al., 2013, p. 49). With the implementation of the ACA in 2010, young adults are able to remain on their parents' insurance policy until the age of 26. Prior to this legislation, young adults were allowed to remain on parental insurance policies up to the age of 24 only if they were enrolled as full-time college students. This provision may have incentivized young people to enroll in school.

In 2006, approximately 80% of college students aged 18 through 23 had some form of health insurance (U.S. Government Accountability Office, 2008). Of those with insurance coverage, 67% of students were insured through employer-sponsored plans, 7%

through other private plans, and 6% through public programs such as Medicaid. Despite

the overwhelming majority of students having health insurance, there was no guarantee

that they would be able to use their policies on their university campuses or even in their

college towns.

The remaining 20% of college students who were uninsured in 2006 amounted to

1.7 million persons (U.S. Government Accountability Office, 2008). These uninsured

students received between $120 million and $255 million in uncompensated care for

illnesses in 2005. These staggering numbers leave campus administrators wondering how

best to meet the health care needs of their students while balancing the rising costs

associated with providing student health care services.

State and Institutional Health Insurance Policies

For families without any insurance coverage, students struggle to start their adult

lives without reasonable access to health care, and this challenge may influence their

decision to enroll in a college or university. This decision is even more complex when

state or institutional policies mandate health insurance coverage as a requirement for

student enrollment. For example, in both Massachusetts and New Jersey, college students

are required to have health insurance (U.S. Government Accountability Office, 2008).

During the 2007-2008 academic year, an estimated 30% of colleges nationwide required

students to have health insurance. Jung et al. (2013) investigated whether the availability

of parental health insurance influenced the decision to enroll as a full-time student. They

reported that "the availability of parental health insurance increases the probability of

being a full-time student by 22.0%" (p. 53).

In an effort to provide options for uninsured students and to reduce the costs of uncompensated care, 71% of four-year private nonprofit institutions and 82% of four-year public institutions offered a student health insurance policy in 2008, with an average annual premium of $850 for college-sponsored health insurance plans (U.S. Government Accountability Office, 2008). However, in order to prevent students from abusing the policy, they often limited the enrollment of part-time students to the plan. Campus administrators reported that some individuals with medical conditions associated with high costs enrolled in college part-time specifically to access the health insurance policy or that senior citizens aged 60 to 70 repeatedly enrolled in a 1-credit hour class each semester to maintain health care coverage until they became eligible for Medicare (U.S. Government Accountability Office, 2008, p. 20).

The ACA affected the coverage and cost of institutional health insurance policies. Previously, most institutional health insurance policies had low premiums, but they also had low coverage maximums, leaving students with pre-existing conditions or new serious illnesses or injuries with limited benefits (Norris, 2019). The ACA now regulates most student health insurance plans and therefore requires that essential health benefits be covered without annual or lifetime benefit maximums. However, as a result of increased coverage requirements, premiums for university sponsored plans have risen significantly, and many schools direct students to explore insurance coverage through the health insurance exchanges. Additionally, "not all plans marketed to students are considered 'student health plans' in the eyes of the law. For example, a short-term policy that's advertised as 'perfect for students' wouldn't have to be ACA-compliant" (Norris, 2019, para. 8).

Despite the majority of college students having health insurance, those who are insured may not be much better off than the uninsured, as they can be "functionally uninsured" on college campuses (Liang, 2010). That is, their health insurance policies often are not accepted at their student health center or at other medical clinics in their college towns. Because students are in close contact with dozens of others in dormitories and classrooms, they are at high risk for communicable diseases. In addition, alcohol consumption and risky sexual behaviors place college students at high risk for developing other health care issues. However, because they may face high out-of-network costs if they try to use their insurance at the campus health center, college students may choose to avoid necessary medical care, which negatively impacts their overall health.

Liang (2010) suggested implementing "a policy that creates appropriate minimum standards for school-sponsored insurance programs, and provides useful coverage for those students who lack health insurance" (p. 620). Because no such policy exists, school-sponsored health insurance plans vary drastically across the country, with some schools opting not to offer a plan at all. Liang argued that by limiting the premiums schools can collect and allowing students who have parental insurance coverage to use their policies on campus, students will face fewer barriers to health care. While students likely do not foresee health insurance or medical care being an issue when they enter college, it can become an obstacle in their academic journey, and implementing these policies could prevent this from happening.

Liang (2010) further examined school-sponsored health insurance plans and identified problems within them. He asserted that conflicts of interest may exist when administrators prioritize the financial benefits to the institution over the best interests of

students. Several of these plans result in considerable profit to the institution, and issues arise when schools mandate student participation and enact penalties for nonparticipation. While profits from these school-sponsored insurance plans theoretically could be used to keep student health centers running, high levels of financial revenue may be viewed as unethical and a hindrance to the student health care they are designed to provide. After analysis of the Massachusetts health insurance mandate, Liang proposed an amendment to the Higher Education Opportunity Act "to link federal tuition assistance programs with a student health insurance mandate" (2010, p. 621). The proposed amendment would also require colleges and universities to accept private insurance policies and to use surplus funds to create health insurance scholarships for students in need.

Health Literacy

The Institute of Medicine defines health literacy "as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (James et al., 2018, p.1). Approximately 23% to 37% of adults in the United States have poor health literacy. An important aspect of health literacy is health insurance literacy, which involves the knowledge of one's insurance plan and the ability and confidence to use it effectively. In their study regarding health insurance literacy and utilization, James et al. reported that 55.8% of college students had seen a medical provider at their student health center in the last 12 months. Further, higher student self-efficacy, which involved their health insurance literacy and their belief that they could manage their health care issues, was associated with higher rates of seeking health care services. One might assume that students who have always had parental health insurance would have higher health

literacy. However, in another study, students who were covered by college-sponsored health insurance plan had higher vocabulary knowledge scores than students who were covered by parental or other insurance plans (Nobles, Curtis, Ngo, Vardell, & Holstege, 2018, p. 473).

College students are at increased risk for vulnerability regarding poor health insurance literacy, as they are adjusting to life as young adults, yet they are still often listed as dependents under their parents' insurance policies (James et al., 2018; Mackert, Koh, Mabry-Flynn, Champlin, & Beal, 2017). Students are attempting to navigate life without the supervision or consistent advice from parents they likely experienced in high school, often struggling with the overwhelming necessity to 'choose.' At young ages, they are expected to choose a school, a major, a place to live, how they will involve themselves on campus, and who they want to surround themselves with. With increased stress in all aspects of life, this population is at increased risk for both declining health status and low health insurance literacy.

Although the majority of college students are insured, many do not understand their insurance policies or how they should be used. Mackert et al. (2017) suggested that the ACA's provision for individuals to remain on their parents' insurance policies until age 26 has shifted students' perceptions about the importance of obtaining and understanding insurance from something to be dealt with immediately after college graduation to something that can be put off into the distant future after they have been in the workforce for a while.

Understanding both health insurance jargon and the most cost-effective way to use health insurance are common barriers for college students, who may choose to forgo

medical care when faced with these issues. Mackert et al. (2017) reported several

perceived barriers to using health insurance including cost, lack of understanding of

health insurance benefits, concerns about confidentiality, and low confidence in available

health care providers. James et al. (2018) reported as many as 1 in 15 college students are

at risk for low health literacy. As a result of longstanding racial disparities in health

insurance coverage and health care access, nonwhite students are at even greater risk for

low health literacy (Rennis, McNamara, Seidel, & Shneyderman, 2015; Rosario et al.,

2019). College students often turn to their parents for guidance when they are presented

with health insurance issues that they do not understand. However, "a study of more than

6,100 parents showed that 28.7% had below-basic or basic health literacy and that 68.4%

were unable to enter names and birth dates correctly on a health insurance form" (James

et al., 2018, p. 2).

Students and their parents also struggle with understanding cost-sharing such as

copays and deductibles, general health insurance plan navigation, and how to utilize

health care reimbursement accounts (James et al., 2008). In their study, one of the

questions most frequently answered incorrectly involved students attempting to calculate

out-of-pocket costs when the insurer paid only a portion of allowed charges for out-of-

network lab tests. If students cannot accurately calculate estimated out-of-pocket costs for

medical care, they may be faced with surprisingly high bills from their student health

centers, or they may avoid visiting a health care facility altogether.

Nobles et al. (2010) conducted a similar study examining health insurance literacy

among college students, and they reported only 27% of students being able to correctly

define the term "coinsurance." James et al. (2018) claimed that reducing the rate of

uninsured students was not enough to improve health care outcomes and that health

insurance literacy must increase to advance the health status of all Americans, including

college students. Although student health center staff likely are accustomed to dealing

with students who do not really understand their insurance policies, few campuses have

any strategies in place to address this issue. James et al. (2018) suggested implementing

health education specialists to aid college students in their health insurance issues. Nobles

et al. reported that approximately half of respondents in their study indicated that they

had been confused about selecting or using their health insurance policy, and a quarter of

respondents indicated that their confusion prevented or delayed them from seeking

medical care (2018).

College Student Health Care Needs

Another factor in understanding accessibility and affordability of college student

health services is identifying the primary health care needs of college students. An

examination of college student health issues can help to inform administrators as they

work to improve access and affordability of campus health care services. Several

universities promote healthy lifestyles and overall wellbeing in an effort to decrease the

cost of health care for students. These efforts often include education on "binge drinking,

a healthy diet and physical activity, sexual health promotion, smoking cessation, stress,

and mental health issues" (Mackert et al., 2017, p. 542).

Utilizing survey data from the 2010 National College Health Assessment

(NCHA), an instrument periodically administered by the American College Health

Association to identify nationwide health trends among college students, Ernst and Ernst

(2012) identified several important issues related to college student health care needs.

Sexually transmitted infections (STIs) are a primary concern on college campuses. According to the 2010 NCHA data, the mean number of sexual partners among college students within the last 12 months was 2.11 (Ernst & Ernst, 2012). However, only 51% of respondents reported using a condom during vaginal sex. Testing for STIs typically involves laboratory tests. Insurance plans with low copays and deductibles for such tests may increase the likelihood that students will seek testing. Additionally, as many STIs require a prescription medication for treatment, insurance plans with pharmacy coverage and student health centers with on-site pharmacies are beneficial to college students.

Another common issue among college students is that of sexual assault and violence. Ernst and Ernst (2012) reported that "within the last 12 months…21% of students have been verbally threatened, 10% are in an emotionally abusive relationship, and another 10% had been sexually assaulted" (p. 222). They reiterated that the American College of Obstetricians and Gynecologists recommends screening for sexual assault at every health care visit.

The final two issues discussed by Ernst and Ernst (2012) were substance use and mental health. They reported that "approximately 80% of all college students drink alcohol and about 35% of students surveyed reported binge drinking," both of which can lead to risk of injury or health issues (Ernst & Ernst, 2012, p. 222). Further, 20% of students had unprotected sex after drinking, sometimes without consent. Substances other than alcohol had lower use, with 16% of students using cigarettes in the last 30 days, 17% using marijuana, 9% using painkillers not prescribed to them, and 7% using stimulant medications, sedatives, or antidepressants not prescribed to them. Researchers suggested

screening for substance use and implementing wellness campaigns to decrease these rates.

In the mental health realm, nearly 90% of college students reported feeling overwhelmed and half reported significant anxiety (Ernst & Ernst, 2012). Half of college students reported feelings of hopelessness, 31% found it difficult to function due to their depression, and 7% reported serious consideration of suicide. Recommendations included routine screening procedures for mental health issues among college students and availability for treatment and follow-up.

Summary

A review of the existing literature on college student health center services revealed that these issues have been addressed broadly in terms of national and institutional health policies, health literacy, and college student health care needs. These studies provide a general context for understanding the complexities of college student health services, but they provide little guidance for college administrators and other leaders in making decisions about student health access and funding. They also do not consider the perspectives of college students, who are the individuals directly affected by campus health center policies. This study sought to help address these research gaps by asking the following research questions:

1. How do funding strategies and health insurance policies compare across member institutions of the SEC?

2. How well do students understand their health insurance coverage and the campus health care services available to them?

3. What are students' perceptions regarding access to campus health care services?

4. What changes can be made to improve access and affordability of campus health care services?

Methods

A primary goal of this study was to use the analysis of health insurance policies across the 14 Southeastern Conference (SEC) institutions to inform the issue of fragmented access to health care services for the college student population. The SEC provides an opportunity to study a set of institutions within a single region while offering enough diversity in institutional size and other characteristics to compare and contrast institutional policies. Additionally, students' perceptions of their understanding and experiences with health insurance and campus health care services were explored. Together, these findings can be used to identify changes that can be made to improve access and affordability of campus health care services.

To answer the research questions, a mixed methods approach was utilized to gather data. Qualitative data were gathered through reviews of campus health center websites, interviews of campus health center administrators, and open-ended questions on student surveys. Quantitative data regarding enrollment at each institution were gathered through institutional website reviews. Additional quantitative data were gathered via student surveys for purposes of obtaining demographic information about the survey sample and determining students' health insurance coverage status, campus health center service utilization, and understanding of their health insurance policies.

Website Reviews

This study began with identification of campus enrollment for Fall 2018 at each SEC institution from the Office of Institutional Research or a similar entity at each university and a review of the insurance policies communicated through online forums such as university or health center websites. Institutions included in this study were the University of Mississippi, Mississippi State University, Louisiana State University, Vanderbilt University, Texas A&M University, the University of South Carolina, the University of Kentucky, the University of Georgia, the University of Tennessee, the University of Missouri, the University of Florida, the University of Arkansas, the University of Alabama, and Auburn University. With the exception of Vanderbilt, each of these universities are public, state-funded institutions. This creates a valuable study set, as these schools lie in a geographical area that allows relevant comparison of both state and institutional policies. Additionally, the student population sizes include both similarities and potential for differences in policy in relation to varying scales.

Specific information searched for and noted during the reviews focused on whether each institution charged a student health fee, had a mandate for students to have health insurance, or offered a school sponsored health insurance plan. Additionally, when available, information was gathered regarding which insurance companies each campus health center would consider in-network for billing purposes. Reviewing each website also provided insights regarding information readily available to students and families.

Interviews of Campus Health Center Administrators

Online website reviews were followed by requests for in-person or phone interviews with university health center administrators using a semi-structured interview

protocol. These interviews provided clarifying or additional information beyond what

was available on each institution's website. Specifically, these interviews were beneficial

in determining why particular approaches to funding and access were used at each

institution. Additionally, these interviews helped clarify concerns and areas for

improvement from the perspectives of student health center administrators.

Administrators were asked the following questions:

1) How is your student health center funded? How are these funds allocated?
2) Are students offered a Student Health Insurance Plan? Are students required to show proof of insurance?
3) Which insurance companies or policies does your Student Health Center bill 'in-network' for? If a student has an 'out-of-network' policy, will you still bill the insurance?
4) Do you have the ability to, or have you ever considered forming new partnerships with insurance companies? If so, what are the benefits/burdens in doing so?
5) Do you have access to data regarding student insurance enrollment?
6) Do you charge a fee for provider visits?
7) Are there additional costs for services such as X-rays, women's health exams, or STI screenings? If a student does not have the ability to pay, what is your protocol?
8) Describe the appointment-scheduling process. Can this be done online?
9) Are long wait-times an issue for your Student Health Center?
10) What difficulties have you encountered in trying to balance providing the best care for students and abiding by university policy? Do you have funding concerns?
11) What are your recommendations to improve your student health center or student health centers in general?

At least one attempt at contact was made for each university. If an email was

listed on a health center website, this was the first attempted form of communication.

They were informed on the topic and Institutional Review Board approval of the study. If

an email was not listed but a phone number was provided, contact was attempted using

this method. If an email was not answered within two weeks, a phone call was made if

there was an available phone number. If the phone call was not answered, a message was

left explaining the study and asking for a call back. If student health center administrators

did not respond to an email or a phone call, they were not interviewed. A total of seven people were interviewed from the following universities: the University of Mississippi, Mississippi State University, the University of Arkansas, Louisiana State University, Texas A&M University, the University of Georgia, and Auburn University. Student health center administrators from six other institutions did not respond to the email or phone call, and one other administrator was reached but declined to participate in the interview for unspecified reasons.

Notes from website reviews and interviews were taken on a personal computer with password protection. The names of interviewees were not recorded and can only be found in email correspondence. The phone calls were not recorded. Website review and interview results were analyzed by creating an Excel spreadsheet with each university in a column and each question as a row. Small notes were typed here; for example, if the quantity of the student health fee was reported, it was recorded. This allowed for similarities and differences in responses to interview questions to be more easily identified.

Student Survey

In order to better understand student health center utilization from students' perspectives, the administrator interviews were supplemented with a survey specific for a convenience sample of University of Mississippi undergraduate students at the main campus in Oxford. This survey was targeted at collecting data on the utilization of university health services in relation to insurance policies. The goals were to understand what percentage of students are insured, how they are insured, and if they have experienced difficulty in using their insurance at the student health center. The survey

also asked students to rate their understanding of their health insurance policies and to

make suggestions about changes that would improve their experience with campus health

care services. The following questions were asked on the survey:

1) What is your current age?
2) How would you describe your gender? [ ]Female   [ ]Male   [ ]Other: _____
3) How would you describe your race or ethnicity? *(**Check all that apply**)*
   [ ]Black/African American   [ ]American Indian   [ ]Native Hawaiian/Pacific Islander
   [ ]White   [ ]Asian   [ ]Other: _____
4) Are you Hispanic or of Spanish origin?   [ ]Yes   [ ]No
5) What is your current student classification (freshman, sophomore, junior, senior)?
6) Which state or country are you a resident/citizen of?
7) Do you currently have health insurance?
   a) Are you insured under your parents' plan?
   b) The University of Mississippi Student Health Center is in-network with Blue Cross Blue Shield and Aetna. Are you insured under one of these plans?
   c) On a scale of 1 to 5, with 1 being the least knowledgeable and 5 being the most knowledgeable, how would you rate your understanding of your health insurance policy?
8) Did you seek a university health insurance plan when you enrolled at the University of Mississippi?
9) On average, how many times a semester do you visit the Student Health Center?
10) Would you utilize an online appointment-scheduler/health records system if the Student Health Center offered one?
11) Please describe any improvements you would like to see in how you access and pay for health care, including insurance issues.

The survey was administered through Qualtrics, and responses were recorded for

two weeks. Outreach strategies included an email sent out by an Honors College

Associate Dean as well as a mass email sent to an interdisciplinary group of professors

who are part of the Community Wellbeing Constellation at the University of Mississippi

asking them to share the survey with students in their courses. Quantitative survey data

were analyzed using SPSS using descriptive statistics. Qualitative data from the open-

ended question regarding suggested improvements were reviewed multiple times and

inductive coding was used to identify emerging themes in responses (Creswell, 2013). An

initial list of over 30 codes was identified. Subsequent reviews resulted in codes being grouped together in similar categories until a final list of six themes emerged from the data.

Summary

This study required mixed methods of data collection and analysis in order to effectively answer the guiding research questions. Website reviews and administrator interviews provided data regarding funding strategies and health insurance policies across institutions. Student surveys provided data regarding students' understanding of their insurance coverage and their perception regarding access to campus health center services. Both the administrator interviews and an open-ended question on the student survey provided data regarding potential changes that can be made to improve access and affordability of campus health center services.

Findings

The findings from the website reviews and campus health center administrator interviews are presented together in the subsection below because together they provide a comprehensive picture of campus health center funding and access across SEC member institutions. Student survey findings are reported in a separate subsection as they represent student perceptions from a convenience sample of undergraduate students at only one SEC institution.

Website Review and Administrator Interview Findings

Undergraduate Enrollment at SEC Institutions

Data regarding undergraduate enrollment were retrieved from each university's Office of Institutional Research or a similar online entity at each institution (see Table 1). Data for Fall 2018 were available for 12 of the 14 institutions at the time of data collection. The most recent enrollment data available for Texas A&M University and the University of Tennessee were from Fall 2017. The smallest institution in the study was Vanderbilt, with an undergraduate student population of 6,861, and the largest institution was Texas A&M, with an undergraduate student population of 48,161. The average undergraduate student population in the study was 26,013.

Table 1: Undergraduate Enrollment at SEC Institutions	
SEC Institution	**Undergraduate Student Enrollment**
Vanderbilt University	6,861
Mississippi State University	16,468
University of Mississippi	17,418
University of Kentucky	22,188
University of Tennessee*	22,317
University of Missouri	22,503
University of Arkansas	23,386
Auburn University	24,628
Louisiana State University	25,363
University of Georgia	29,611
University of Alabama	33,030
University of South Carolina	34,731
University of Florida	37,528
Texas A&M University*	48,161

Sources: University Office of Institutional Research, Fall 2018.
*Fall 2017

Campus Health Center Funding and Policies

        Of the 14 campus health center administrators contacted, seven responded and agreed to an interview. For universities that did not respond or declined to interview, information was found online regarding health center and student health insurance policies. Data from the website reviews and interviews regarding student health fees, insurance mandates, school-sponsored health insurance plans, and online scheduling are summarized in Table 2.

        As previously noted, the schools where someone was interviewed included the University of Mississippi, Mississippi State University, Auburn University, the University of Arkansas, Louisiana State University, the University of Georgia, and Texas A&M University. Of the 14 schools in the SEC, ten institutions fund their health center with a student health fee. Auburn University is a fee-for-service clinic that is funded by seeing patients and through insurance. They did state that they receive about $100,000 per year from the university, but they are instructed to use these funds for education programs about chronic conditions. Mississippi State University has funds allocated from tuition and also funded through bills and insurance. The University of Mississippi is funded through a state budget that the Divisions of Student Affairs approves and allocates to them. Although this was worded differently in the interview with Mississippi State, this is presumably the same method they use with their tuition allocation. Vanderbilt University's website indicates that their health center is funded through a tax on tuition dollars.

Table 2: SEC Student Health Center Policies				
Institution	**Student Health Fee**	**Insurance Mandate**	**School-Sponsored Health Insurance**	**Online Appointment Scheduler**
Vanderbilt University		X	X	X
Mississippi State University			X	
University of Mississippi				
University of Kentucky	X		X	X
University of Tennessee	X		X	X
University of Missouri	X			
University of Arkansas	X		X	X
Auburn University			X	X
Louisiana State University	X		X	X
University of Georgia	X		X	X
University of Alabama	X		X	X
University of South Carolina	X	X	X	X
University of Florida	X	X	X	X
Texas A&M University	X		X	X

Policies and services in place as of Fall 2018.

Twelve of the 14 universities offer a Student Health Insurance Plan for undergraduate students. Eight of the plans are underwritten by UnitedHealthcare. Texas A&M and South Carolina both offer plans through Blue Cross / Blue Shield. Vanderbilt offers a plan through Gallagher Student Health and Special Risk, Kentucky through Academic Health Plans, and Florida through Scarborough in addition to their UnitedHealthcare plan. Louisiana State University and Texas A&M University reported that they are not in-network for any insurance companies. Vanderbilt, Kentucky, and Tennessee do not bill insurance companies. Students must contact their insurance company themselves if they wish to seek reimbursement. Louisiana State, Kentucky, and Tennessee are only in-network for their student health insurance policy, likely encouraging students to purchase these plans. The University of Mississippi offers a health insurance plan only for graduate students and international students, and its campus health center is considered in-network only for Blue Cross / Blue Shield and Aetna insurance plans.

Arkansas, Auburn, Georgia, Texas A&M, and Missouri charge a fee-for-provider for each visit. This means that students pay a copay when they are seen at the student health center. This information was not found for Kentucky, Tennessee, or Alabama. All 14 universities have an additional cost for services such as X-rays, women's health exams, and STI screenings. Most institutions do not have a chargemaster list available to students that lays out the cost for these services. One administrator provided a cursory review of the student health center's chargemaster list during the interview but did not provide a physical or electronic copy to the researcher for more in depth analysis. Auburn University reported that they would place a hold on a student's account if they did not

pay their bill. Georgia and Texas A&M explained that there is an emergency fund through the Office of Student Affairs that can be used if a student does not have the ability to pay. Louisiana State, Mississippi State, and the University of Mississippi all place the bill on the student's bursar account, which could lead to a hold preventing class registration or graduation. At Kentucky, if students do not pay their bill within 60 days, they could be found financially delinquent and be subject to the university's disciplinary program.

Arkansas, Auburn, Georgia, Louisiana State, Texas A&M, Vanderbilt, Kentucky, Tennessee, Florida, Alabama, and South Carolina provide online appointment scheduling systems for their students. This system also includes a patient portal so that students can view their health records. Mississippi State and the University of Mississippi both indicated that they are in the process of developing an online system. This may encourage students to make appointments rather than walk in. Only the University of Mississippi admitted to having an issue with wait times, but this may be something that administrators are not likely to discuss. Auburn has been tracking their wait times, and the average time waited from checking in to seeing a provider is six minutes and 36 seconds.

Auburn, the University of Mississippi, and Texas A&M expressed funding concerns, stating that they needed new equipment or additions to their facilities. Auburn expressed a desire to improve student engagement so they know what services are available to them. Louisiana State, Mississippi State, and Texas A&M hoped to integrate mental and physical health care and improve mental health offerings. The University of Mississippi explained that they currently only have two rooms per provider and would

like to increase that to three or four. They would also like to have a specific women's health provider and increase access by providing more parking spaces and decreasing financial burdens for students.

Survey Findings

After three weeks, 324 responses to the survey were recorded, with no incomplete responses. However, several respondents skipped one or more questions, leading to a small percentage of missing data. Output frequencies were obtained using the descriptive statistics tool in SPSS. Demographic indicators from the survey were compared with information from the *Fall 2018-2019 Mini Fact Book* from the University of Mississippi's Office of Institutional Research, Effectiveness, and Planning (University of Mississippi OIREP, 2019) to determine if the survey sample was representative of the undergraduate student population (see Table 3). The *Fall 2019-2020 Mini Fact Book* was not available at the time of analysis. Two dashes were placed in the "missing" box for OIREP data, as missing data were not included in their reports. The OIREP reported data from 17,418 students in the undergraduate category.

Responses to some open-ended questions were recoded due to inconsistencies in responses. The state residency question was recoded to list each state with its two-letter abbreviation, as some respondents answered this way while others typed out the full name of the state. Data tables show only whether respondents were Mississippi residents or out-of-state residents as this is the most important indicator in ability to use health insurance in-network on the University of Mississippi campus. Additionally, the *Fall 2018-2019 Mini Fact Book* (University of Mississippi OIREP, 2019) to which survey demographics were compared did not report individual state residencies.

The survey data do not align with the gender data from the OIREP, as males comprised only 24.4% of survey respondents compared to 44.7% of the OIREP respondents, and females comprised 71.3% of survey respondents compared to 55.3% of the OIREP respondents (Table 3). However, research suggests that females generally are more likely to complete surveys (Smith, 2008), so this is not particularly surprising.

Table 3: Sociodemographic Characteristics of Survey Respondents					
		OIREP		Survey	
		n	%	n	%
Sex	Male	7,782	44.7%	79	24.4%
	Female	9,636	55.3%	231	71.3%
	Missing	-	-	14	4.3%
Race/Ethnicity	American Indian	51	0.3%	0	0.0%
	Asian	627	3.6%	20	6.2%
	Black	2,107	12.1%	9	2.8%
	Hispanic	659	3.8%	9	2.8%
	Pacific Islander	19	0.1%	0	0.0%
	White	13,514	77.6%	286	88.3%
	Multiracial	421	2.4%	0	0.0%
	Unknown	20	1.1%	0	0.0%
Residency	Mississippi Resident	9,423	54.1%	171	52.8%
	Nonresident	7,995	45.9%	153	47.2%
Classification	Freshman	4,305	24.7%	95	29.3%
	Sophomore	3,550	20.4%	75	23.1%
	Junior	4,182	24.0%	90	27.8%
	Senior	5,381	31.0%	50	15.4%

University of Mississippi Office of Institutional Research, Effectiveness, and Planning (OIREP), Fall 2018 data; Survey responses represent Fall 2019 data.

The survey data align somewhat with the race and ethnicity data from the OIREP (Table 3). However, 88.3% of survey respondents were white, while only 77.6% of OIREP respondents were white. Additionally, 6.2% of survey respondents were Asian, while only 3.6% of OIREP respondents were Asian. Finally, Blacks were notably underrepresented in survey respondents. Only 2.8% of respondents identified as Black, while OIREP data indicates the University of Mississippi student population is comprised of 12.1% Black students. It is possible that the convenience sampling used in this survey was disproportionately sent to white students.

The survey data align well with the state residency data from the OIREP (Table 3). Approximately 53% of survey respondents reported resident student status, compared to 54% of OIREP respondents. Nonresident status was reported by 47% of survey respondents compared to 46% of OIREP respondents. Additionally, most student classifications align well with the data from the OIREP (Table 2). The only outlier is seniors, who comprised 15.4% of the survey data compared with 31.0% from the OIREP. Seniors may be overwhelmed from three previous years of survey responses and chose to ignore these emails in their final year.

Insurance data were not available from the OIREP, so only data from the survey in this study are reported (Table 4). The overwhelming majority of students, 90.4%, reported having health insurance. Only 5.6% percent reported being uninsured, while 4.0% did not answer the question. As stated in the introduction, 12.1% of males and 11.4% of females aged 19-25 and enrolled in higher education are uninsured (U.S. Census Bureau, 2018a). Though these statistics may include graduate students since most undergraduates are aged 18-22, this would indicate that the University of Mississippi

student population has a lower rate of uninsurance than national reports. It is possible that
those who did not answer the question may not know what their insurance status is.

Table 4: Health Insurance Status of Survey Respondents	
Status	**Total**
Insured	90.4% (293)
Uninsured	5.6% (18)
Missing	4.0% (13)
Total	100% (324)

The survey was designed with the intent that respondents who reported no health
insurance coverage would skip all other insurance related questions. The 293 students
who reported having health insurance were asked whether they were insured under a
parent's plan, whether they had an insurance policy considered in-network at the
University of Mississippi Student Health Services (SHS), and how well they understood
their own insurance policies. However, only 284 respondents who indicated insurance
coverage responded to the three follow-up questions (see Tables 5, 6, and 7). It is
possible that missing responses were due to students not knowing the answer to the
questions or that they simply skipped the items.

The majority of respondents, 81.5%, reported having parental health insurance
coverage (Table 5). This is unsurprising as the ACA allows students to remain on their

parents' plan until the age of 26. Only 5.2% reported that they were not insured under

their parents' plans.

Table 5: Parental Health Insurance Coverage of Survey Respondents	
Coverage	Total
Have Parental Coverage	81.5% (264)
Do Not Have Parental Coverage	5.2% (17)
Missing	13.3% (43)
Total	100% (324)

Table 6 shows the percentage of survey respondents who have Blue Cross / Blue

Shield or Aetna health insurance plans, the only two plans for which University of

Mississippi SHS is considered in-network. About half of respondents report having an in-

network plan. In-network simply means that the health care facility has negotiated a

contract with the insurance company in question. In-network designation may also

influence whether particular services will be covered by the insurance company. This

generally results in the patient paying less for the same services than they would if they

had an out-of-network policy.

Table 6: In-Network Policy Status of Survey Respondents	
Status	**Total**
In-Network	50.9% (165)
Out-of-Network	35.8% (116)
Missing	13.3% (43)
Total	100% (324)

All survey respondents who reported having insurance were asked about their level of knowledge regarding their own insurance policies. They were asked to rank their knowledge level on a scale of 1 to 5, with 1 being the least knowledgeable and 5 being the most knowledgeable. Over 50% of respondents reported that their health insurance knowledge was a 1 or 2 (Table 7). This indicates that the majority of students at the University of Mississippi do not understand the details of their health insurance policies. They may not understand terms associated with the policy such as "copay" or "deductible." They may be unaware of which health care facilities are in-network for their policy. This likely deters students from seeking care for acute illnesses or injuries or could contribute to a lack of treatment for more chronic conditions.

Table 7: Health Insurance Knowledge of Survey Respondents	
Knowledge Level	**Total**
1 (Least Knowledgeable)	26.5% (86)
2	34.6% (112)
3	18.2% (59)
4	5.6% (18)
5 (Most Knowledgeable)	1.9% (6)
Missing	13.3% (43)
Total	100% (324)

Respondents were also asked if they sought a health insurance policy upon enrollment at the University of Mississippi. The overwhelming majority (86.1%) reported that they did not seek a policy (Table 8). This is likely because they already had health insurance when they started college and because the University of Mississippi only offers insurance to graduate students and international students. Most students and parents likely assumed that their existing policies would work as well on a college campus as it does in their hometown. Additionally, with the rise of college tuition and fees, families are presumably hoping to keep extra expenses to a minimum and avoid purchasing anything unnecessary.

Table 8: Survey Respondents Who Sought University Insurance	
Did you seek health insurance at the University of Mississippi?	**Total**
Yes	3.10% (10)
No	86.1% (279)
Missing	10.8% (35)
Total	100% (324)

Respondents were asked whether they would utilize an online appointment scheduling system if the University implemented one (Table 9). With 75.6% of respondents indicating that they would use this service, students may be deterred from visiting the health center due to the fear of long wait times for walk-in visits. Specifically during winter months and for students living in dorms, illnesses seem to spread at a rapid rate resulting in a full waiting room at the student health center. They may also wish to avoid articulating their issue to a secretary or nurse at the center. For example, if a student sees someone they know in the waiting room, they would likely be uncomfortable stating that they need STI testing. The health center has recently implemented a computer-based check-in system, which may resolve some of these issues. However, it is still difficult to estimate the projected waiting time without a scheduled appointment.

Table 9: Survey Respondents' Preference for Online Scheduling	
Would you utilize an online appointment scheduling system if SHS offered one?	**Total**
Yes	75.6% (245)
No	13.6% (44)
Missing	10.8% (35)
Total	100% (324)

Students were also asked to estimate the number of times they visit the health center per semester. Increments were chosen based on the most popular responses to the question. More than half of students reported that they never visit the health center (Table 10). These students presumably utilize an off-campus health facility such as a physician's clinic, RedMed, or Urgent Care. Of the students who do utilize the health center, most indicated that they visit once or twice a semester.

Table 10: Health Center Attendance of Survey Respondents	
How many times per semester do you attend the student health center?	**Total**
0	52.8% (171)
1-2	29.0% (94)
3-4	5.20% (17)
5-7	1.20% (4)
8-10	0.6% (2)
Missing	0.0% (0)
Total	100% (324)

The final open-ended survey question asked respondents to describe any
improvements they would like to see in terms of how they access and pay for health care
in college. Responses were coded and grouped into the following themes: Understanding
Insurance, SHS Accepting More Insurance, Efficiency of Scheduling and Chart Access,
Affordability of Services and Transparency of Cost, Availability of Services, and
Privacy. See Table 11 for student quotes within each theme. Most notably, students
desired more guidance in understanding their own health insurance policies, expansion of
the types of services available, and improved efficiency in scheduling appointments.
Additionally, students expressed frustration with the limited number of insurance plans
considered in-network at SHS and the high out-of-pocket costs incurred when they visit
SHS.

Table 11: Suggestions for Improving Student Health Services	
Theme	**Illustrative Quotes**
Understanding Insurance	"A guide to help you understand exactly what your insurance covers." "Health insurance education." "Honestly, even simply giving us resources to learn more about health insurance would be an improvement. I know next to nothing about health insurance itself, much less how to get it or even afford it."
SHS Accepting More Insurance Types	"Accept Tricare. Ole Miss wants to help veterans and families, but doesn't accept military insurance anymore." "Accepting a wider variety of health insurance plans at the [SHS] rather than just Blue Cross Blue Shield." "I think the [SHS] should take all types of insurance instead of me having to go off campus to a doctor." "I wish my insurance was in-network with the [SHS] because I am scared to visit in case of hefty charges." "Increase number of insurance companies accepted. I essentially cannot go to the doctor while I'm at school because my in-state Kentucky coverage isn't accepted."
Efficiency of Scheduling & Chart Access	"Appointment scheduler and MyChart at [SHS] would improve service greatly. Many students, myself included, would rather go to RedMed/Urgent Care since they are faster / less crowded." "Easier appointment scheduling." "I would like a way to make appointments at the [SHS] to have easier access and not have it disrupt my whole day with waiting." "I would like to have a patient portal to check to see if labs are in, when our provider is available, etc."
Affordability of Services & Transparency of Costs	"Lower costs of paying out of pocket." "I would like to know the estimate of the bill that's being charged to my bursar when I leave [SHS]. It isn't posted until later and it always kind of blindsides me and my parents....I feel like [SHS] should know at least an estimate if you have to get labs or tests done and be able to give you the option." "My insurance does not cover visits to [SHS], so since I pay out of pocket I would love for there to be a list of the different costs for different tests and medications BEFORE I see the charges on my Bursar. It would help to make an educated decisions on whether to get that test or not."
Availability of Services	"I would like to see the University offer more free services to students....Other universities have free STD screenings and free annual checkups." "There needs to be a better developed and accessible Mental Health Program."
Privacy	"A little more privacy. It's a small campus...so sometimes you can run the risk of seeing someone you know and feeling so out in the open for the service you're at the health center for." "I would like to see a more private area to talk to the front desk about what my appointment is about. I feel very uncomfortable being asked questions around other students."

Summary

      The findings from the website reviews and administrator interviews provided

valuable data regarding student health center funding and policies that affect access and

affordability to college student health care services across SEC institutions. Additionally,

the survey responses provided an overview of student perceptions regarding their own

health insurance knowledge and their experiences with the student health center at one

SEC member institution. In the next chapter, these data will be compared to the previous

literature to help draw conclusions about the results of this study.

Discussion

Access to affordable health care and health insurance literacy are topics often overlooked by prospective college students and families as they make decisions about where to pursue higher education. These topics also are often overlooked by institutions in their recruitment and orientation materials. Yet these issues can have a significant effect on students' health and financial situations as they navigate their college years. This study sought to compare student health services and policies among all SEC member institutions and to explore students' perceptions regarding campus student health services available to them at one SEC institution. The combined results of university website reviews, interviews of student health center administrators, and student survey responses suggest that SEC institutions face many of the same concerns as other colleges and universities across the nation. Each institution also has some unique concerns related in part to institutional size and current billing and funding policies.

The existing literature on college student health insurance suggests that approximately 11-12% of college students are uninsured (U.S. Census Bureau, 2018; National Center for Health Statistics, 2018). The survey data from this study align well with these statistics, with approximately 90% of respondents reporting that they have health insurance. Only 5.6% reported no health insurance coverage, and 4% of respondents did not answer the question, so it is possible that health insurance coverage of respondents from the institution surveyed is even higher than the national average. The ACS also reported that approximately 78% of college students have private insurance plans. In alignment withthis estimate, survey results in this study showed that 81.5% of survey respondents had parental health insurance coverage. It is assumed that the

majority of these are employer-based plans, but this question was not asked specifically as students may not know this information.

Scholars suggest that college students are at high risk for STIs, communicable diseases, substance misuse, and mental health concerns (Ernst & Ernst, 2012; Liang, 2010), but health insurance limitations may negatively affect their health care seeking behaviors. This study validated those concerns. Despite the high percentage of insured students, only 51% of respondents reported their health insurance plan being considered as in-network on their campus. As suggested by Liang (2010), this leaves nearly half of students functionally uninsured or underinsured, meaning that their health insurance is essentially ineffective for them to obtain affordable health care at on-campus facilities. As a result, many students seek care at off-campus locations in their college town, delay care until they can return to their hometown providers, or avoid seeking care altogether.

Although most college students have health insurance, previous studies have found that very few of them actually understand their health insurance benefits (James et al., 2018; Mackert et al., 2017; Nobles et al., 2018). In alignment with previous studies, the majority of survey respondents rated themselves as having very little knowledge about their health insurance. Students may rely on their parents to navigate health insurance issues, but James et al. (2018) suggest that many parents also have low health insurance literacy. If students and parents do not understand terms such as deductible or coinsurance, they cannot make informed decisions about seeking health care.

This study identified considerable differences in funding of student health centers among SEC institutions. Ten of the 14 SEC institutions charge an up-front student health fee each semester to help fund student health services. The remaining institutions rely

instead on state budget allocations, institutional appropriations, and fee-for-service billing practices. However, students and families typically are not privy to the costs of those services before they are provided. Instead, they and their parents may be surprised by what they perceive to be unreasonable charges when they appear on the student's bursar account. These negative experiences leave students even less likely to return to campus health centers for future health care needs. In order to avoid high fee-for-service costs for routine tests, procedures, and preventative care, students may avoid seeking care at all in the future, or they may seek care off campus at urgent care clinics or emergency rooms.

Another issue specific to only a few SEC institutions is the lack of online scheduling. Students want convenience and confidentiality when seeking health care. Approximately 75% of students responding to the survey reported that they would utilize an online scheduling system if they were offered one through the student health center. Administrators from multiple institutions without current online scheduling indicated they are planning to implement this in the near future. This will likely reduce wait-times, as college students are more likely to schedule an appointment online than to call the office. Additionally, students will have online access to their patient records, which could ease the insurance process. Finally, online scheduling could help reduce concerns about privacy, as some students said they were hesitant to tell a receptionist over the phone or at the clinic why they needed an appointment.

Students on smaller college campuses are more likely to run into someone they know while at a student health center or while entering or exiting the building. Some survey respondents expressed concern about someone they know overhearing what their health concerns are. An administrator of a student health center at one of the smaller SEC

institutions indicated a desire to expand facility space, which would reduce the concerns about confidentiality and wait times, but of course funding for renovations is a concern.

Implications

The results of this study have implications for SEC institutions and other colleges and universities across the nation as they seek to support the health of their student populations by offering affordable health care services. Administrators should look at alternative funding mechanisms for student health services. For example, on a campus with approximately 17,000 undergraduates, if each undergraduate student was assessed a flat $100 student health fee per semester, that would result in over $3 million per year to improve facilities and reduce high out-of-pocket costs to students who are currently being billed using a fee-for-service approach. Although students and families may be reluctant to see one more item added to their bills, it is highly unlikely that $200 per year in mandatory fees will deter students from enrolling at an institution.

Furthermore, campus administrators should consider health insurance literacy an important topic for current and prospective students and families. Orientation sessions and Welcome Week activities focus on topics such as adjusting to college life, academic advising, and getting involved on campus. Perhaps orientation could also include interactive sessions to help students and families understand how students can access the student health center and how billing for services occurs. Courses focused on the first-year experiences are supposed to help students acquire essential survival skills for college. What better topic to include in such a course than understanding one's own health insurance? These suggestions regarding health insurance literacy could be

implemented into existing programs at the University of Mississippi and other institutions.

Study Limitations

        This study had several limitations. First, this study compared student health insurance and student health center policies within a single region of the U.S., and the findings may not be generalizable to institutions in other regions of the country or institutions with different overall student demographics. For example, many students attending community colleges or smaller state institutions may not have the same socioeconomic advantages as students attending more selective SEC institutions. Second, only 50% of campus health center administrators from SEC institutions participated in the interviews. Additional interviews may have resulted in more clarifying data regarding insurance policies and available services at the other institutions. Third, surveys were limited to students at a single SEC member institution, making it difficult to draw conclusions regarding survey results beyond that individual campus. Fourth, the vast majority of survey respondents were traditional age college students. Nontraditional students may have vastly different student health center needs and health insurance literacy. Finally, some survey questions may have been confusing to participants, resulting in missing data for several responses.

Suggestions for Future Research

        This study has brought to light that college student health insurance literacy and health care seeking behaviors are topics that deserve further attention in future research, particularly if some of the changes suggested above are made to improve access and affordability of campus health care services. Future studies should focus on the

effectiveness of strategies aimed at improving student and family understanding of health services available on campus and on changes in student health care seeking behaviors if facilities and services are expanded and improved. Additionally, researchers should explore how ongoing changes in health care policy at the national and state levels influence institutional health policies and funding.

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