

Be a Part of the College Health Community at the 2006 ACHA Annual Meeting

You are all a part of the college health community — you strive to care for the health and wellness of students and to advance student learning. ACHA Annual Meetings offer a great opportunity to add to your expertise in the field of college health in order to accomplish these goals. The national meeting also gives you a chance to earn continuing education credits/contact hours, get acquainted with colleagues from across the country, and get involved in the national association and college health issues.

So, please join us for five days of wonderful educational programming and networking at this year's ACHA Annual Meeting, May 30-June 3, held in New York City in collaboration with the New York State College Health Association.

Enhance Your Education

Student health insurance, budgeting, diversity, disease prevention, emergency preparedness, mental



The location for the 2006 ACHA Annual Meeting is the "Crossroads of the World" — New York City — the meeting point for advocates for college health from across the country. Our host hotel, the New York Marriott Marquis, is a 49-story luxury hotel with a prime location in the center of Times Square.

health issues . . . these are just some of the issues faced daily in your health service and the greater campus community. These health, wellness, and administrative topics and many others will be presented in more than 150 educational sessions, workshops, and discussions at the 2006 meeting.

At this year's Opening General Session on Wednesday morning, we are pleased to have as our keynote

speaker, Deborah Prothrow-Stith, MD, a chief spokesperson for a national movement to prevent youth violence and author of *The Violence Prevention Curriculum for Adolescents*. Dr. Prothrow-Stith will address the problem of campus violence as a public health concern, and how using rigorous scientific methods to identify risk factors can

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The Importance of HIPAA Policy Development

Jason Baack, MEd, CISSP, University of Maine

How many times have we all heard the phrase, "if it's not documented, it didn't get done"? Whether it is paper charts, electronic health records, or various clinical messaging systems, they all share one common premise — documentation is an essential aspect to the completion of the task.

This same logic applies to the management of your policies when applied to HIPAA. Policies and procedures surrounding patient privacy, confidentiality, and information security establish the framework of your organization's HIPAA implementation and compliance programs.

The HIPAA Privacy Rule, section 164.530, states, "A covered entity must implement policies and procedures . . . the policies and

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Overview of Transgender Issues for College Health Centers

Samuel Lurie, Transgender Training and Advocacy

Most of us can breeze through the first few questions on an intake form. Identifying our names, sex, or gender is usually the easiest part of a health visit. But for a growing number of people who identify as transgender, those first questions can create tremendous tension and anxiety and be a deterrent from seeking care at all.

Transgender people are those who challenge or redefine traditional notions of gender, both emotionally and physically. Many do not define themselves as man or woman, or their self-defined gender identity does not match their biological sex.

While there are no good ways to count the numbers or prevalence, this growing movement is increasingly visible on college campuses, with students changing names, pronouns, and appearance in the time that we know them. As transgender students seek health center

services — both for general care and treatment related to gender concerns — college health centers will need to adjust policy and practice to create inclusive, accessible services.

Language and Terms

The term transgender refers to a wide range of people who challenge or do not conform to social norms of gender. It includes those who feel impossibly constrained by the gender binary and having to choose between man and woman.

Transsexual refers to those who desire or seek medical interventions to assist in transitioning, or changing, their bodies to more closely match their identity. Transition is a process that takes time and is visible to those around the transitioning person. Early adulthood has increasingly become the time when transition is undertaken or explored

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Go to Bed! The University of Arizona Quality of Sleep Project

Lee Ann M. Hamilton, MA, CHES, and Melissa McGee, PhD, MPH, The University of Arizona

Remember when your mother used to tell you to "Go to bed!"? It turns out that most college students would benefit from that advice. In an effort to help students increase the quality and quantity of their sleep, the Health Promotion and Preventive Services unit of The University of Arizona (UA) Campus Health Service in Tucson launched a sleep education campaign.

Sleep Behavior and Causes

Recent trends of sleep behavior reveal that quality and quantity of sleep among college students is in a state of decline. In 2000, 71% of college students had sleep complaints compared to 24% in 1978. Students in the 1980s reported an average of 7-7.5 hours of sleep per night, while students in 2002 reported only 6-6.9 hours per night. Bedtime for today's student is 1-2 hours later than it was for a student 25 years ago (Armitage, 2004). In the ACHA-National College Health Assessment, students regularly report sleep difficulties as the third leading impediment to individual academic performance, higher than alcohol and drug use or depression. Research has shown that poor quality of sleep correlates with increased physical health complaints, while consistent sleep patterns correlate with higher grade point averages.

There are many reasons students are staying up later and many have to do with the advent of our 24/7 society — cable TV channels, the Internet, email, cell phones, and video games. While social activities and schoolwork are common activities that keep students from going to sleep, the electronic age has created distractions that did not exist decades ago.

Implementing the Project

With funding from a \$2,500 Joel Grinolds Research Grant from the Pacific Coast College Health

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openly through community and therapeutic support.

Female-to-male (FTM), or transgender man, refers to someone assigned female at birth but who identifies as male. Male-to-female (MTF), or transgender woman, refers to someone assigned male at birth but who identifies and seeks to live as a female.

While there have been political and cultural linkages between transgender people and gay, lesbian, and bisexual concerns (notably in the acronym GLBT), there are important distinctions. The most important to understand is that gender identity is separate from sexual orientation. Just as men and women can be gay, heterosexual or bisexual, so too can a transgender person. A transgender man who is attracted to men might consider himself to be a gay man. If he is attracted to women, he might consider himself to be heterosexual. It is not necessarily about what body parts he has, but who he identifies himself to be.

Obviously, sexual history taking and sexual risk assessments take on a new dimension when you consider

these new possibilities. P. Davis Smith, MD, and Joyce Walter, MS, CHES, directors of Wesleyan University's Davison Health Center, have written about developing a model for transgender inclusion, in response to student advocacy on their campus. The directors said their work led them to ask "a reductionistic, but very helpful core question: 'What are you putting where?'" and that this approach ended up improving services for all students by creating a process for personal and institutional change (Smith & Walter, 2005).

Barriers to Care

The story of Robert Eads, a transgender man who died of ovarian cancer and could not find a gynecologist willing to treat him, was the subject of an award-winning documentary, *Southern Comfort*. His story and many others are part of the "collective unconscious" for transgender people, who often have humiliating or horrifying experiences that keep them away from health care.

Many transgender students will seek medical interventions related to

Annual Meeting Sessions on Transgender Issues

Thursday, June 1, 10:00 a.m.-11:30 a.m.
TH301. Will the Real Me Please Stand Up: Deconstructing Diversity in the Gay, Lesbian, Bisexual, Transgender Community

Friday, June 2, 8:00 a.m.-9:30 a.m.
FR282. Transgender Issues for College Health Centers: Four Steps to Care

For more information about these sessions, visit our website or check the Final Program onsite.

their gender transition. This will include mental health services and medical services, especially for cross-gender hormone treatment. Standards of care for managing gender identity issues recommend a counseling relationship of at least three months to help assess and prepare for transition, so there is a need for ongoing relationships and continuum of care between counseling services and medical services (Harry Benjamin International Gender Dysphoria Association, 2001).

However, transgender and gender non-conforming students need health care for reasons unrelated to gender transition, and health centers are finding that forms, insurance policy exclusions, and gaps in knowledge all create tension that can keep students away from basic health care needs.

Using Our Strengths

College health centers, ideally located in a learning environment, are well-suited to the flexibility necessary to improve access to care. Professional training and new literature on treatment and care are helping to increase individual provider awareness. And as non-discrimination policies are put into place at colleges and universities, there is more room for the institutional commitment, leading to systemic changes.

Providers may need to advocate on behalf of students who are transgender, negotiate with insurance companies around coverage, or work with off-campus providers during a referral or emergency. Because the student's relationship with the college health center is likely to be more established, it is helpful to work with the transgender student in advance — through discussion or adapted forms — to know how to take the lead regarding names, pronouns, and medical information with others.

Future Steps To Take

As with other areas of cultural difference, a key method for identifying barriers and solutions is to truly listen to members of the population. Conducting focus groups, interviews, or surveys will likely glean insights that would not be identified any other way.

Being proactive with other changes will also help establish trust. Changing forms to allow for chosen names and a range of gender markers, training all staff, improving collaboration between service providers, and advocating for other changes on campus will all lead to improved access to care.

This cultural shift will require college health centers to look at systems with a new lens, likely leading to changes that will strengthen the health center and campus community as a whole. And this shift will also begin to redress a painful history of dismissal by providers who are not aware of or insensitive to the concerns of transgender people.

In regard to the model for transgender inclusion he helped to implement at his health center, P. Davis Smith has noted, "College health centers are in an excellent position to reach out to transgender students and normalize the health care experience for them before they have negative experiences that make them avoid organized health care." ■

Samuel Lurie trains health care providers on meeting the needs of transgender patients, through the organization Transgender Training and Advocacy (www.tgtrain.org).

REFERENCES

Smith, D., & Walter, J. (2005, January) Improving services to transgender students, improving services to all students. *Student Health Spectrum*, 29-34.

Harry Benjamin International Gender Dysphoria Association. (2001). *Standards of care for gender identity disorders, sixth version*. Retrieved March 15, 2006, from <http://www.hbgda.org/soc.htm>

ADDITIONAL RESOURCES

FILMS

Southern Comfort — documentary covering the final year of a Female-to-male (FTM) who died of ovarian cancer

Toilet Training: Law and Order in the Bathroom — for understanding the importance of bathroom access for transgender people [www.srlp.org]

TransGeneration — documentary following four transgender college students [www.sundancechannel.com/transgeneration]

ONLINE

National Center for Transgender Equality — www.nctequality.org

National Transgender Advocacy Coalition — www.ntac.org

PRINT

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Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. Binghamton, NY: Haworth Press.

Oriel, K. A. (2000). Medical care of transsexual patients. *Journal of the Gay and Lesbian Medical Association* 4(4), 185-193. [<http://php.ucsf.edu/PatientEd/MedicalCareofTranssexualpts.pdf>]

Tom Waddell Health Center Transgender Clinic. (2001). *Protocols for hormonal reassignment of gender*. San Francisco, CA. [www.dph.sf.ca.us/chn/HlthCtrs/transgender.htm]



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American College Health Association

