

College Student Health Care Costs, Insurance Coverage, and Measures to Protect Confidentiality for Sexually Transmitted Disease Services

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Background

- Surveillance reports have shown that adolescents and young adults between the ages of 15-25 are at a higher risk of acquiring a sexually transmitted disease (STD) compared to older adults.
- Undergraduate students tend to fall between the ages of 18-24 and often engage in high risk behaviors increasing their risk for STDs.
- Studies analyzing student access to STD services and policies to protect confidentiality are limited.
- Using data from the College Health Services Survey (2014-2015), we analyzed insurance coverage, health fees, and measures to protect confidentiality to help understand potential barriers to accessing STD services from college health centers.

Methods

- Chi-squares were used to analyze health insurance and services by college type and minority serving institution (MSI) status and to determine if referral facility type was influenced by student health fees and/or mandatory insurance coverage.
- Confidentiality-related policies were categorized based on identified themes from open-ended responses and assessed by college type and US Census region.
- Weights were applied to increase generalizability to the US college students population.

Results

- The sample was restricted to 384 (79.7%) institutions that had a health center and/or a sponsored insurance plan.

Student health fees and health insurance coverage

- Among full-time students, 53.4% of 4-year institutions and 15.3% of 2-year institutions required insurance (p<0.01). (Figure 1)
- More 4-year institutions (61.0%) sponsored insurance plans than 2-year (35.1%, p<0.01). (Figure 1)
- More non-MSIs (60.3%) had sponsored insurance plans compared to MSIs (39.2%, p<0.01). (Figure 1)
- More MSIs (36.3%) had health fees that covered testing for symptomatic students than non-MSIs (21.6%, p<0.01) (Data not shown)
- Only 10.5% of 4-year and 8.7% of 2-year institutions offered all STD testing and/or visits for free; 39.7% reported that students sought STD services elsewhere given high costs. (Data not shown)

Figure 1. Health fees, mandatory health insurance coverage, and college sponsored health plans for full-time, undergraduate students by institution type and minority services institution (MSI) status

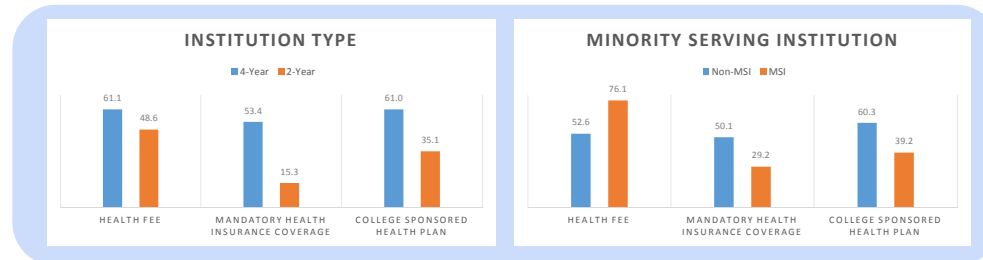


Table 1. Policies for addressing student confidentiality concerns regarding student billing for STI/HIV services for colleges with a health center and/or sponsor insurance plans by institution type and MSI status

	4-Year Institution		2-Year Institution		Non-MSI		MSI	
	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)
College does not bill to third party insurance	34	11.3 (7.5, 15.2)	5	2.8 (0.9, 13.7)	28	10.2 (6.4, 14.0)	11	11.5 (4.7, 18.3)
STI/HIV services are covered by student health fee or offered for free	22	6.1 (3.4, 8.8)	1	1.2 (0.0, 3.6)	16	4.2 (2.0, 6.4)	7	7.9 (1.8, 14.0)
Students can pay for services directly	63	20.3 (15.5, 25.1)	1	**97.8 (93.5, 100.0)	61	20.9 (15.9, 25.9)	3	**3.0 (0.0, 6.6)
Confidentiality concerns regarding EOB forms discussed with student	37	11.1 (7.5, 14.8)	0	-	31	10.2 (6.5, 13.8)	6	4.7 (0.9, 8.5)
EOB changes to improve confidentiality	37	11.4 (7.7, 15.2)	1	2.8 (0.0, 8.1)	28	9.4 (5.8, 12.9)	10	10.6 (3.5, 17.7)
Student referred to other provider	26	9.1 (5.6, 12.7)	5	8.9 (1.0, 16.7)	25	9.4 (5.7, 13.1)	6	92.0 (85.3, 98.7)
Other	16	5.6 (2.8, 8.5)	2	3.8 (0.0, 9.4)	13	4.8 (2.1, 7.6)	5	6.5 (0.4, 12.7)

Table 2. Student insurance coverage for colleges with a health center and/or sponsor insurance plans by sexual health referral facility type

	Community Health Center	Public Health Clinic	Family Planning Clinic	Private Doctor's Office	Urgent Care Clinic
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Health fee for undergraduate students					
For full-time US students	58.6 (49.7, 67.5)	*60.7 (53.7, 67.6)	**70.1 (63.0, 77.3)	57.9 (50.8, 65.0)	53.2 (43.6, 62.8)
For part-time US students	51.2 (42.2, 60.3)	46.2 (39.2, 53.2)	**55.1 (47.3, 62.9)	45.7 (38.5, 52.9)	40.1 (30.7, 49.6)
For international students	57.4 (48.5, 66.4)	56.3 (49.2, 63.4)	**68.5 (61.1, 75.8)	55.1 (47.9, 62.2)	48.7 (39.1, 58.3)
Mandatory health insurance coverage for undergraduates					
For full-time US students	*36.0 (27.3, 44.7)	41.2 (34.3, 48.2)	44.3 (36.4, 52.1)	45.1 (37.8, 52.4)	43.8 (34.2, 53.5)
For part-time US students	21.4 (13.8, 29.0)	22.8 (16.7, 28.9)	75.6 (69.1, 82.1)	24.2 (17.8, 30.7)	27.6 (18.8, 36.3)
For international students	71.0 (62.4, 79.6)	75.2 (68.7, 81.7)	*80.9 (74.6, 87.3)	75.9 (69.3, 82.4)	73.5 (62.4, 82.7)
Students seek STD services at other sites to avoid out of pocket costs	42.6 (29.7, 55.5)	31.7 (21.9, 41.5)	47.2 (36.3, 58.1)	42.3 (32.5, 52.1)	36.8 (24.0, 49.6)

*p<0.05 **p<0.01

Results

Policies for protecting patient confidentiality

- 50.5% of institutions reported having policies for protecting confidentiality. (Data not shown)
- More non-MSIs (20.9%) reported self-pay as an option to protect confidentiality than MSIs (3.0%, p<0.01). (Table 1)
- More 2-year institutions (20.3%) reported that students could pay services directly as a way to ensure confidentiality compared to 4-year institutions (97.8%, p<0.01). (Table 1)
- Colleges in the South (17.1%) were most likely to refer students to another provider to access confidential services (p<0.01). (Data not shown)

Referrals to other providers for STD services

Of those who had mechanisms for referrals,

- Those who had health fees for full-time undergraduate students most often referred students to public health clinics (60.7%, p<0.05) or family planning clinics (70.1%, p<0.01). (Table 2)
- College clinics that were aware of students seeking services elsewhere due to out of pocket costs often referred students to family planning clinics (47.2%) followed closely by community health centers (42.6%), and private doctors offices (42.3%). (Table 2)

Conclusions

- Colleges often have health fees and mandatory insurance which may increase student access to STD services.
- Efforts to protect confidentiality of STD services often place additional burden (cost and referrals) on students.
- Colleges may address these challenges by incorporating the cost of STI testing into student health fees.
- Health centers may consider building partnerships with other health organizations (e.g. health departments) to support free/reduced-cost STI/HIV testing on campus.

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