

HEALTH FORMS 2.0

BY JULIE ANNE FRIEND

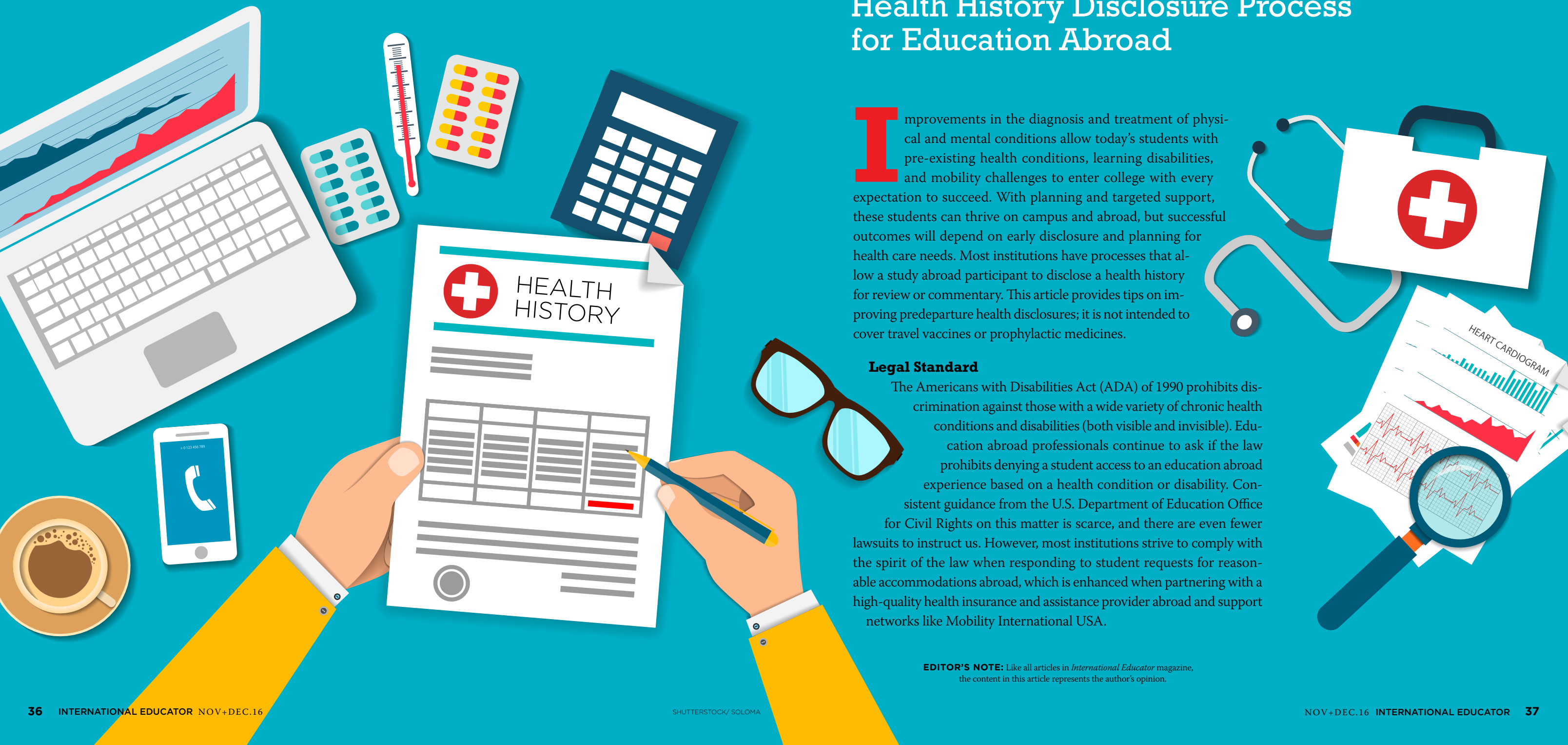
Developing an Ethical and Effective Health History Disclosure Process for Education Abroad

Improvements in the diagnosis and treatment of physical and mental conditions allow today's students with pre-existing health conditions, learning disabilities, and mobility challenges to enter college with every expectation to succeed. With planning and targeted support, these students can thrive on campus and abroad, but successful outcomes will depend on early disclosure and planning for health care needs. Most institutions have processes that allow a study abroad participant to disclose a health history for review or commentary. This article provides tips on improving predeparture health disclosures; it is not intended to cover travel vaccines or prophylactic medicines.

Legal Standard

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination against those with a wide variety of chronic health conditions and disabilities (both visible and invisible). Education abroad professionals continue to ask if the law prohibits denying a student access to an education abroad experience based on a health condition or disability. Consistent guidance from the U.S. Department of Education Office for Civil Rights on this matter is scarce, and there are even fewer lawsuits to instruct us. However, most institutions strive to comply with the spirit of the law when responding to student requests for reasonable accommodations abroad, which is enhanced when partnering with a high-quality health insurance and assistance provider abroad and support networks like Mobility International USA.

EDITOR'S NOTE: Like all articles in *International Educator* magazine, the content in this article represents the author's opinion.



Foster a Culture of Support

Encouraging students to share applicable health histories with relevant parties on campus requires an “it takes a village” approach. Decades of working with college students inform us that commands and dictates rarely yield the desired result. Harsh language may lead students to conclude that any information deemed “negative” could be used to deny them access to the experience. Instead, softer, caring, and explanatory language may produce better results. In fact, when students (and their parents) understand that the intent of such requests is to develop strategies and identify resources that will help them be successful abroad, they are more likely to share information.

Second, anyone who might be in conversation with a student contemplating an education abroad experience, including academic advisers and campus health care providers, should be trained to respond supportively when a health condition is voluntarily disclosed or discussed. These individuals should know the basics of your institution’s international medical insurance plan and the degree to which predeparture planning is included, such as the identification of practitioners abroad to provide ongoing care, including weekly counseling. Nonmedical staff should know the limits of their expertise, no matter how familiar they may be with the destination or the experience, and not provide medical advice. Instead, they should be equipped to direct students to your campus’s applicable medical resources, in print, online, or in-person.

Third, health care professionals agree that a student with a chronic health condition or disability and her provider are in the best position to decide whether or not she is ready to study abroad. Having a variety of education abroad program opportunities can improve access for students with particular needs.

The Ideal Approach Involves Medical Professionals

While some students proactively seek information on the availability of medical resources abroad related to their pre-existing conditions prior to application, most students who have learned to routinely manage their health conditions fail to consider that changes in air quality, elevation, diet, or climate as well as stress factors related to culture and language can exacerbate symptoms or bring on new ones. Incorporating some type of health “form” in the predeparture preparatory process serves as a reminder to these students that disclosing relevant health conditions

can aid in the management of overseas care, but be sure to include health care professionals in the document’s development to ensure the language is consistent with how your organization approaches health and wellness.

Organizations fortunate enough to have a health service with sufficient capacity to review such information (or who have a contractual relationship with licensed medical professionals to do the same) are in an ideal position to provide the best support to student travelers, so long as those charged with reviewing student medical histories are informed of the resources and challenges posed by diverse destinations and experiences. However, this process must also incorporate engagement with other individuals on campus critical to care management, such as counseling center therapists or counselors, education abroad advisers, student affairs staff, disability services staff, and international health and safety specialists as well as your international medical assistance provider.

To prevent allegations of discrimination, many organizations request health data postacceptance, but when application deadlines get extended, this reduces the time available for optimal planning. However, online applications can be constructed so that students can provide the information all at once, but only authorized medical staff can view health-related data. Of course, this requires careful collaborations with information technology professionals in your organization. Be mindful that data security requirements for the management of online health information or records may be higher than for other types of organizational records.

Unburden the Health Care System

If your institution doesn’t have medical professionals who can review health disclosures, and you want to avoid education abroad staff from practicing medicine without a license, don’t require all students to seek medical clearance or obtain a physical prior to their overseas experience (assuming it is one that entails no special health risks). The vast majority of college students are healthy, so requiring all students to seek clearance for an education abroad experience, particularly for short-term programs in low health-risk locations with easy access to high-quality medical care, burdens the health care system. It is costly, and particularly taxing on students who have not needed to see a physician for years. Furthermore, most doctors, even those in campus-based clinics, are unwilling to complete health assessment forms if the

Develop a Process to Trigger Follow-Up Based on Voluntary Disclosure

PART 1

Self-Assessment Checklist Questions

1	Do you have any disabilities for which you will need accommodations abroad? If yes, are you registered with your institution’s office that supports students with disabilities? If no, register today.	Yes	No
		Yes	No
2	Do you have any serious food, drug, animal, insect, or other allergies? If yes, are your symptoms life-threatening?	Yes	No
		Yes	No
3	Are you on a medically restricted diet?	Yes	No
4	Do you plan to take prescription medications while abroad?	Yes	No
5	Have you been treated in the last five years, or are you currently being treated for any of the following conditions? ■ General: Alcohol/Substance abuse, Eating Disorder, Immunodeficiency, Severe Migraine, Seizure Disorder ■ Respiratory: Asthma, Tuberculosis ■ Gastrointestinal: Crohn’s Disease, Ulcerative Colitis ■ Infectious Diseases: HIV/AIDS, Hepatitis ■ Endocrine: Diabetes ■ Mental health: Anxiety Disorder, Bipolar Disorder, Depression, Obsessive Compulsive Disorder	Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

PART 2

Action Steps Based on Answers to Part One

Please select the statements that apply to you:	
<input type="checkbox"/>	I have answered no to questions #1–5 in Part One, and believe that no additional action on my part is necessary to safeguard my health abroad.
<input type="checkbox"/>	I answered yes to one or more of questions #1–4 in Part One and will discuss my health care needs with one or more of the following: a representative from my home institution’s unit coordinating my program, a representative from my home institution’s disability services office, a representative from the program provider or host institution, a health care professional, parents, or other family members well in advance of my departure date.
<input type="checkbox"/>	I answered yes to question #5 in Part One and understand that I must: a) Submit Part Three to the applicable unit coordinating my program after having it completed by the physician providing care for my indicated condition or by another physician qualified to advise on my care. b) Sign a release form with my healthcare provider if I would like my provider to share relevant information with the appropriate unit coordinating my program.
<input type="checkbox"/>	

student has not been a regular patient. Instead, consider developing a three-step process to trigger follow-up based on voluntary disclosures. For example, Part One is a self-assessment “quiz” (see above) that helps the student determine whether or not any action should be taken to plan for medical needs abroad.

Part Two (see above) classifies students further: those needing minimal actions and those needing medical advice. Students with routine medical conditions require some planning, but not medical “clearance.” They should be able to decide with whom that planning should occur.

PART THREE: HEALTH ASSESSMENT FORM

Healthcare Provider Evaluation

(only required for students who answered “yes” to question #5 on self-assessment checklist: part one.)

All students who answered yes to question #5 on the Self-Assessment Checklist: Part One must meet with a healthcare provider and submit this completed and signed form at least 6 weeks prior to departure. The student should bring Part One and the appropriate pages from the CDC Travelers' Health web site (see below) to their doctor's appointment.

STUDENT NAME and E-MAIL ADDRESS: _____

PROGRAM/EXPERIENCE: _____

To the healthcare provider: Thank you for taking the time to meet with this student and complete this form. The student has been treated for one or more of the conditions or events listed in the Self-Assessment Checklist Part One, Number 5, over the past five years. Living and studying in an unfamiliar environment can trigger physical and emotional stress and exacerbate current health issues. Familiar or reliable healthcare or medications might not be readily available to the student in his/her host country.

You are asked to:

- Review any relevant information provided on the CDC Travelers' Health website for all countries on the student's itinerary. (See <http://wwwnc.cdc.gov/travel/destinations/list.htm>).
- Discuss the student's medical situation with him/her in light of how it may affect the student's international experience.
- Ask the student about their destination and the demands of the specific program/experience as well as other countries they might visit that could pose health challenges.
- Advise the student regarding how potentially dramatic changes in climate, diet, living arrangements, social life, and study demands may affect him/her abroad.
- Discuss possible accommodations the student should make or discuss with staff administering or overseeing their overseas program/experience.

To be completed by healthcare provider:

I have met with the student to discuss his/her medical condition as it relates to his/her intended international experience.

I have encouraged the student to discuss his/her medical condition with one or more of the following: a representative from unit coordinating his/her program, a representative the disability services office, a health care professional, a representative from the program provider or host institution, parents, or other family members well in advance of the program's departure date.

NAME OF MEDICAL PROFESSIONAL: _____ TITLE: _____

CITY/STATE: _____

SIGNATURE: _____ DATE: _____

Part Three (see left) is reserved for students with chronic conditions that have occurred in the last five years, or for which they are currently under treatment. In this case, students should be expected to see their treating practitioner, who would verify that the necessary components of a medical management plan were discussed. Part Three is not meant to denote medical “clearance” or serve as a health record noting the condition. It should instead trigger a follow-up communication with the student regarding medical management planning, such as referral to your medical assistance provider.

Medical Emergencies

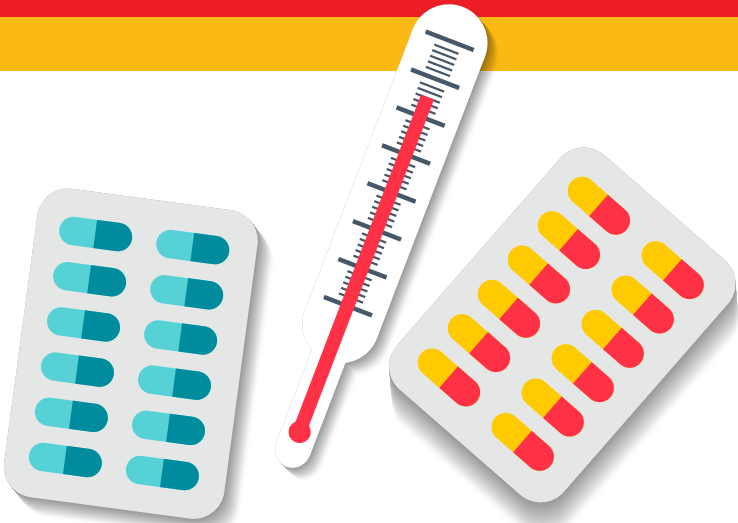
An antiquated argument for the collection of complete health histories (that are retained by accompanying faculty or staff) is so that the information can be provided to emergency room staff in the event of a medical crisis abroad. However, this means that nonmedical professionals have access to private health information, not all of which may be relevant to travel. In truth, the likelihood that the accompanying employee would be in the presence of the student at the time of an emergency, and would have this information on hand, is remote. In most cases, a student in medical distress is conscious and would be able to disclose her health history in the first minutes following an incident. Any traveler with a life-threatening condition, medication allergy, or who is on a medication that would cause complications when rendering emergency care while unconscious should wear a medical identification tag.

Prepare for the Unexpected (or Undisclosed)

It's important to realize that no process or approach will elicit disclosures of health conditions from all our students. There will always be students who honestly forget or deliberately withhold information. As a result, as best as we can, we must be prepared to respond to an emergency health care need resulting from an undisclosed (and in some cases unknown) pre-existing condition in the same way that we are charged to support a student who discloses such conditions in advance.

Conclusion

Encouraging students to share information to promote health care management abroad requires a thoughtful, organizationwide approach that reflects your access to



Focus on Chronic Conditions Under Current or Recent Treatment

Campus health professionals agree that suggesting students disclose a complete medical history is unnecessary. Surgery for tonsillitis at age 10 or repairs to a torn ACL at age 14 are generally irrelevant for the purposes of study abroad. Encouraging the disclosure of chronic medical conditions currently in treatment or those having occurred within the last five years is more pertinent. Examples include, but are not limited to: anxiety, asthma, attention deficit disorder, concussion, Crohn's disease, depression, diabetes, eating disorders, HIV, irritable bowel syndrome, and physical disabilities or limitations.

Allergies to food, insects, or animals are important only if exposure could be life-threatening or if the student would need assistance seeking treatment. There is widespread agreement that it is generally not necessary to know about routine conditions such as mild-to-moderate allergies to dust or pollen (especially if controlled by over-the-counter medications), or birth control.

medical resources, whether directly or indirectly. It should include widespread training of employees who may be in receipt of health information from a student, so they can respond in an informed and compassionate manner. Over time, as your cohort of satisfied, successful students return from abroad, the number of (and the comfort level with) such disclosures will increase.

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