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.
Foster a Culture of Support

Encouraging students to share applicable health histories with relevant parties on campus requires an "it takes a vilage" 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-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 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.

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

**PART 1**

**Self-Assessment Checklist Questions**

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<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Do you have any disabilities for which you will need accommodations?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Do you have any serious food, drug, animal, insect, or other allergies?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Are you on a medically restricted diet?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Do you plan to take prescription medications while abroad?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Have you been treated in the last five years, or are you currently being treated for any of the following conditions?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td>General Alcohol/Substance abuse</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Eating Disorder</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td>Immunodeficiency, Severe Malignancy, Seizure Disorder</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td>Respiratory: Asthma, Tuberculosis</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td>Gastrointestinal: Crohn’s Disease, Ulcerative Colitis</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td>Infectious Diseases: HIV/AIDS, Hepatitis</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td>Endocrine: Diabetes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td>Mental Health: Anxiety Disorder, Bipolar Disorder, Depression, Obsessive Compulsive Disorder</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**PART 2**

**Action Steps Based on Answers to Part One**

- **Please select the statements that apply to you:**
  - 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.
  - 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.
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 antigued 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 could 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, organization-wide approach that reflects your access to 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.

Acknowledgments
Special thanks to Bill Friend, vice president, Gallagher Higher Education Practice, a division of Gallagher Risk Management Services, Inc., Chicago, Illinois, who contributed to this article.