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Is UCSHIP Failing its Students?

An introspective look into the healthcare model followed by the University of California.

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"The Regents are committed to delivering high-quality health and counseling services to the students of the University of California in a coordinated, consistent, and integrated fashion, including through the University of California Student Health Insurance Plan (UC SHIP)" (The Regents of the University of California 2019, pol. 3401). The promise of high-quality health counseling services to students by the UC Regents represents a promise to ensure that all students can meet their health needs during college as they prepare to embark on their professional careers.

However, preparing the next generation of college graduates for the future involves maintaining a healthcare system and model that encourages students to invest in their health while in school. Measuring the effectiveness of the UCSHIP healthcare model in fulfilling that promise across 10 college campuses with different regions and demographics is a difficult task. Nevertheless, one effective way of analyzing that problem is by viewing the trends in participation in the healthcare system by UCSHIP-insured students. For example, has college utilization of preventative healthcare services decreased over time across all UC campuses? More specifically, are UCSHIP-insured students provided with adequate access to Student Health Services (SHS)/Clinical health centers to utilize their UCSHIP benefits on a need-based level?

The purpose of this research analysis paper is to open a conversation for future solutions on the current model of UCSHIP to bridge the gap between medical resources for students who are UCSHIP-insured to get the medical treatment they need. By analyzing the trajectory of SHS primary and urgent care visits over a set time compared to emergency (ER) visits; analyzing the ratio of counselor-to-student (C:S) in a given year; and addressing the gaps in appointment wait times for

clinical and psychiatric care from 2018-2023 across all measures, is it reasonable to assume that there is a lack of access to health centers available to UC students?

Background and Significance:

On March 23, 2010, President Barack Obama signed the Patient Protection and Affordable Care Act (PPACA) into law marking the biggest healthcare-related reform in the United States since the Medicare and Medicaid Act of 1965. According to an article written by Jared Ortaliza and Cynthia Cox for *The Kaiser Family Foundation* titled “The Affordable Care Act 101,” the purpose of the PPACA, more commonly known as the Affordable Care Act (ACA), was to expand insurance coverage for all American citizens ensuring both a new affordable health insurance plan for individuals struggling to pay for insurance and protecting the health market for privately insured Americans (Ortaliza and Cox, 2024). Despite the system reform, an estimated 1.5 million Americans fall into the “Medicaid coverage gap” that disqualifies them from both Medicaid and ACA Marketplace subsidies because of their yearly income (Ortaliza and Cox, 2024). This shows that while the ACA has made positive steps to providing more accessible healthcare to people across the nation, there are gaps within Medicaid that don’t account for thousands of uninsured people in the country. That being said, providing the states with a new system to create and expand on healthcare has incentivized places like California to create and enforce the ACA over the past 14 years.

According to the California Health Exchange, the ACA expanded upon Medi-Cal by mandating the cover of hospitalization & ambulatory services, urgent & Emergency Care (ERC), prescription medication, maternity & breastfeeding support, laboratory services, preventative &

wellness benefits, mental health & drug abuse services, and preventative services for children such as dental and vision (Health for California Insurance Center, 2023).

The Affordable Care Act put policies to make health coverage more accessible to all Californians such as providing health insurance to everyone in the state, employee protections, low-cost medical services, regulation on price comparisons and marketplace plans, etc. (Health for California Insurance Center, 2023). Since health insurance is mandatory for everyone in California, these regulations and changes on Medicaid/Medi-Cal have allowed millions of Californians access to healthcare through different program plans and assistance for those who may struggle financially to get care.

As such, ACA policies in California have made college campuses comply with the health insurance mandate by forcing colleges to offer any form of health insurance, private or college-owned, to provide students with access to quality healthcare.

In 2010, the University of California Student Health Insurance Plan was created as a health insurance paid by student premiums that would be added to the tuition of all UC students in response to ACA. According to a press release from the UC Office of the President titled "Chancellors approve insurance recommendations," the UC Regents created UCSHIP with the help of student input to create an affordable insurance plan for those enrolled in all UC campuses (UC Office of the President, 2013).

UCSHIP has expanded its program to meet the requirements of the ACA by automatically enrolling students into UCSHIP with the option to opt out of the insurance plan if students can provide proof of other insurance while continuing to offer ACA-mandated regulations in costs,

rebates, and extensive care. While UCSHIP is offered and meant to give the UC campuses an insurance plan to offer its students, each campus still holds autonomy over its participation in UCSHIP. For example, UC Berkeley participates in UCSHIP through a localized version of the program called Berkeley SHIP while other schools like UCSC may be in UCSHIP medical but have a voluntary system for vision and dental; while schools like UCLA participate in the entirety of the UCSHIP program (UC Office of the President, 2013).

Despite the attempts to make health insurance affordable to students over the past 5 years, student premiums have made UCSHIP more expensive. Just from the 2023-2024 Academic year to the 2024-2025 Academic year the UCSHIP Premium cost has increased from an annual $3,117 cost for undergraduate students to $3,639 cost according to UC Davis Student Health and Counseling Services (UCD, 2024). These continued increases in premiums affect the affordability of medical treatment for students thus limiting their access to quality healthcare since their yearly cost for insurance makes students choose to opt out of UCSHIP or avoid getting treatment due to potential increases in co-pays and other medical fees. Therefore, this causes urgency in addressing the issue of cost and accessibility to the UC healthcare system to better support UCSHIP-insured students.

Literature Review:

Overview of Issue on Larger Scopes:

To analyze the issue of the UC campus' health accessibility for students, it is imperative to examine broader, past research to understand the current state of healthcare access for UC students. Examining the healthcare utilization among college students nationwide provides a necessary

understanding of health service accessibility for UC students because it builds on the foundation of past studies.

A 2014 study published by the *Journal of American College Health* examines the epidemiology and total healthcare utilization of students across different college campuses in the United States. James C. Turner looked at a scope of twenty-three universities from 2011 to 2013 representing approximately 730,00 enrolled students to analyze overall rates of primary care, mental health resources, and others across 108 public and private research universities along with a sample from the College Health Surveillance Network (CHSN) comprising of 23 universities (Turner, 2014). This level of analysis is good in providing an overall scope of the nation but is not specific to see particular changes or characteristics in places like California. This limitation can be answered by a more in-depth analysis of specific Californian colleges, such as this research paper.

Overall, Turner's findings show that "CHSN data establish trends in utilization and epidemiologic patterns by college students and the importance of primary and behavioral health care services on campuses." (Turner, 2014). Showing that the use of healthcare services among college students differed based on availability and students. Additionally, he found that "Private institutions had substantially higher rates of utilization than public institutions" with specific student trends that showed that females used health services more than males, students under 18 had higher rates for visits on all categories, along with additional differences in race and age (Turner, 2014). While this paper does not specifically mention overall utilization trends over time, Turner's research shows that there are differences among the utilization rates based on factors such as institution type (private vs. public) or

types of services used based on need (female vs male.) and that there has been a steady use of primary care services across all fields.

In providing background information on past research across the US, examining student utilization of healthcare services shows that there has been a previous trend of high and continuous usage rates, especially with primary care visits and other forms of counseling. This current study only focuses on the overall scope of who is using these services and the type of institution. It can effectively measure where colleges are succeeding in providing adequate services for students to use regularly; however, it does not look at specific time trends of change in use over time. Therefore my study will focus more on trends in primary care visits among UCSHIP-insured students to analyze if the continuous growth of Preventative Care (PC) is present in the UCSHIP system or if there has been any change compared to other colleges in America. Additionally, there is no information in this article on how these healthcare uses translate to California specifically so more context is needed in this field.

An analysis of California's overall use of primary care services would be more accurate to the issue that this research paper is trying to address. For example, A journal article published by the *American Public Health Association* focused on the differences in healthcare utilization of high-need vs high-cost patients based on insurance claims in federally funded centers compared to other primary care providers in California to see if there was a discrepancy among Californian utilization of healthcare services depending on where they received their care.

The paper by Nadereh Pourat titled "Differences in Health Care Utilization of High-Need and High-Cost Patients of Federally Funded Health Centers Versus Other Primary Care Providers" found that while primary care visits were comparable among both groups, Emergency Department (ED) visits

were lower among Medicaid-funded centers vs other providers (Pourat, 2024). The authors suggest that the differences in healthcare utilization are likely related to how different provider groups are organized and practiced. They explain that federally funded health centers may have a greater ability to manage the needs of their patients and prevent avoidable ED visits and hospitalizations, particularly since over 75% of health centers are recognized as Patient-Centered Medical Homes. (Pourat, 2024).

These conclusions are important because they explain the trends in whether specific funding impacts how often patients are getting Preventative Care vs emergency services. Pourat concludes that further research is needed to explore the underlying reasons for these utilization differences, especially to determine what practices might be effective in reducing the use of ED visits and hospitalizations for complex patients. These conclusions open the door for more investigation and gaps in what type of medical funding allows patients to decrease ER visits and if a steady use of primary care services mitigates the use of emergency medical services.

For this research analysis paper, by comparing both the ER and SHS/Clinical visits of UC students, the results of those comparisons will show if the UCSHIP healthcare model is effective in creating enough access to Preventative Care for students or if the relationship between both trials shows a different story in the healthcare model. Analyzing those differences would help bridge the gap in the findings of how effective healthcare systems are in providing enough resources for their patients to get need-based treatment across different insurance programs.

Analyzing the Issue in California Colleges:

Part of bridging those gaps is also addressing the different reasons why patients would be discouraged from utilizing their insurance benefits such as difficulty in understanding medical jargon. Analyzing health insurance literacy can show different perspectives on utilization rates of healthcare among students. Alicia L. Nobles writes for the *Journal of American College Health* in a major article titled "Health Insurance Literacy: A Mixed Methods Study of College Students" analyzes the health insurance literacy rate among college students by examining if college students could pass a healthcare insurance literacy test as well as understanding the different terminology and language used in healthcare.

The purpose of this article was to see how prepared college students were in understanding their insurance plans and the effects of not being able to properly understand healthcare terminology. According to Nobles, "Almost 25% of respondents linked their confusion regarding their health insurance to delaying or forgoing medical care." This report shows that lack of healthcare literacy affected how people approach healthcare even leading to extreme measures like avoiding getting medical care even if they needed it.

These findings are important because they place potential answers for a potential decrease in utilization rates on healthcare services for students that different data and statistics do not show. That being said, the majority of this study depended on responses from one university and is therefore limiting in being representative of all college students, especially in California. Furthermore, this does

not address overall utilization rates among students and primarily focuses on financial coverage within their insurance.

This article is important because it highlights that beyond UCSHIP access to care, there is a lack of access to overall health in America that is impacting college students. However, to answer the question of the current state of the UCSHIP model there needs to be a deeper analysis like the one provided by this research paper. Focused on how these utilizations show whether there is a barrier between health access and UC students.

One of the barriers that come with access to health is dependent on the period in which we examine the healthcare system. The COVID-19 pandemic created an influx in visits and utilization of the healthcare system due to the state of emergency that the virus placed the world under. Nicholas W. McAfee's article titled, "College Student Mental Health, Treatment Utilization, and Reduced Enrollment: Findings across a State University System during the COVID-19 Pandemic" examined the use of mental health services during the pandemic to see the change in resources that students sought out to help mitigate their needs. One of the findings in the paper was the cause of potential barriers to seeking mental health services.

According to McAfee, "The most common reason students did not seek a mental health appointment despite consideration in the past year was the perception that they could manage their concerns on their own." This means that students weren't utilizing mental health services despite their prevalence via telemental and virtual appointments because they had the perception of dealing with those issues by themselves. Additionally, the results showed that 45.61% of respondents of the study had considered reducing their enrollment either by dropping for a semester to reducing classes taking,

this also meant that of that 45.61% cohort, they were 1.72 more likely to seek mental health services over those not planning on reducing their enrollment (McAfee, 2023). The purpose of this article was to bring awareness of the impact that the pandemic had on student mental health but it also brought underlying issues such as reasons and barriers toward utilizing the mental health services available to them. That being said, this paper only visualizes the utilization rates of mental health services during the pandemic and does not offer changes in those utilization rates after or before the pandemic.

This gap in the research method could be more clearly represented by showing the changes before and after the pandemic in mental health services. Furthermore, this article is not in the scope of California campuses or UC campuses. For UC campuses, analyzing those trends and visualizing them with psychiatric and counseling ratios would provide a clearer understanding of the changes before, during, and after the COVID-19 pandemic I will be analyzing with my research and methods.

Looking into more specific articles that discuss the enrollment of UCSHIP we can analyze trends and reasons that directly tie into the scope of this research paper. Vicky Vong's article "Experiences of Low-Income College Students in Selection of Health Insurance, Access, and Quality of Care" analyzes specific trends within the UC system that look into low-income college students' selection in healthcare. This article discusses the issues that college students face when deciding whether to enroll in the UC system's automatic healthcare system, UCSHIP or to keep/look for another form of insurance outside of UCSHIP.

The article goes in depth into what the different students look for in a health care plan such as cost, location, resources, and availability of certain health benefits. As such, students are provided with

different options and the research showed that a majority of students who kept their UCSHIP plan, experienced problems in getting resources for reproductive and mental health access.

Vong found that "participants from all campuses noted a very high level of need for mental health care among their peers, coupled with insufficient resources. Concerning reproductive health services, they also reported limited and conflicting sources of information across campuses, and one student highlighted that services were not inclusive of trans- and non-binary students." This shows one aspect of the overarching issues that students face when it comes to selecting a specific healthcare provider during their time in college. The purpose and findings of this journal article were to see the reasons why students choose to participate or opt out of UCSHIP; however, they also highlight potential barriers that limit students from getting access to the care they need. While it does not mention specific data regarding available health services, further research and data gathered for this research analysis fill those gaps not found in this article.

This journal article provides examples of how both non-UCSHIP-insured students and UCSHIP students struggle to meet their health needs as college students and how managing to find a plan that works for them is burdened by different options. However, it does not look into potential barriers that cause limitations in the utilization of healthcare services for UCSHIP-insured students and an introspective look into the UCSHIP model needs to be studied further with specific data, graphs, and possible explanations for these phenomena.

Theory and Hypothesis:

Viewing this necessity to address the gaps in UCSHIP service access for its insured students, I hope to show a relationship between the utilization rates of UCSHIP-insured students and the lack of resources for students to meet their health needs. For the conceptual hypothesis, I decided to look into health providers' effect on student utilization of primary care as being related to overall utilization of healthcare. I think that a decrease in UCSHIP primary health providers at each campus leads to a decrease in the utilization of Preventative Care and an increase in the utilization of ER care by UCSHIP-insured students due to the lack of comprehensive healthcare access available for students - defined by on-campus resources and healthcare workforce rate.

To test this hypothesis I will analyze the changes over time in ER visits vs SHS primary and urgent care visits among UCSHIP-insured students compared to changes in the ratio of counselors-to-students to see if the change in ratios impacts changes in primary and urgent care visits. Therefore conceptually, an increased ratio between counselors-to-students leads to a decrease in UCSHIP-insured students getting Preventative Care services and an increase in ER-related visits because the time cost of getting Preventative Care discourages students from meeting their health-based goals. This ultimately leads students to get medical care only if it is necessary while neglecting their primary health needs.

Research Design:

The analysis of the data presented in this research paper was formulated by gathering a series of committee reports presented by the University of California Board of Regents over a set time and

employing inferential and descriptive statistical methods. The independent variable (IV) that I will be examining will be the counselor-to-student ratios in all UC campuses including UCSF throughout 2018-2023 because the UCSHIP practitioner workforce is not dependent on changes in the utilization of services of students gathered from the UC Regents Health Service Committees from 2018-2024. Additionally, this would provide a direct relationship between my dependent variables (DV) since changes in ratios would see a greater impact on Preventative Care use among students. One note is that the years 2021-2022 will be missing from my data set as the UC Board of Regents did not make that information available to the public as their focus was on establishing better parameters to deal with the COVID-19 pandemic.

The dependent variables that I will be measuring are the changes in SHS primary care and Urgent Care visits of UCSHIP-insured individuals from 2018-2023 across all UCs as well as the changes in ER visits of UCs because I want to see the direct change between the amount of hired medical professionals and the use of primary care among UC students. This data is also gathered from the committee reports from the UC Board of Regents as it is the most reliable and newest data available.

To control for external variables I will be looking specifically into UCSHIP-insured students and gathering data that directly impacts this demographic as well as primarily focusing on the 10 UC campuses over all colleges in California. This will limit the potential of overgeneralizing the issue as a state or national issue while also accounting for the students who are not enrolled in UCSHIP and choose to get insurance through other means.

As such my Unit of Analysis will be changed over a specific time in the past 5-6 years (2018-2023) as this scope of analysis will provide me with a range of data where any particular changes could signify a relationship or lack of to address my hypothesis. As such, the overall scope of this research design will include an analysis of data from 10 college campuses in California from 2018-2023.

Research Methods:

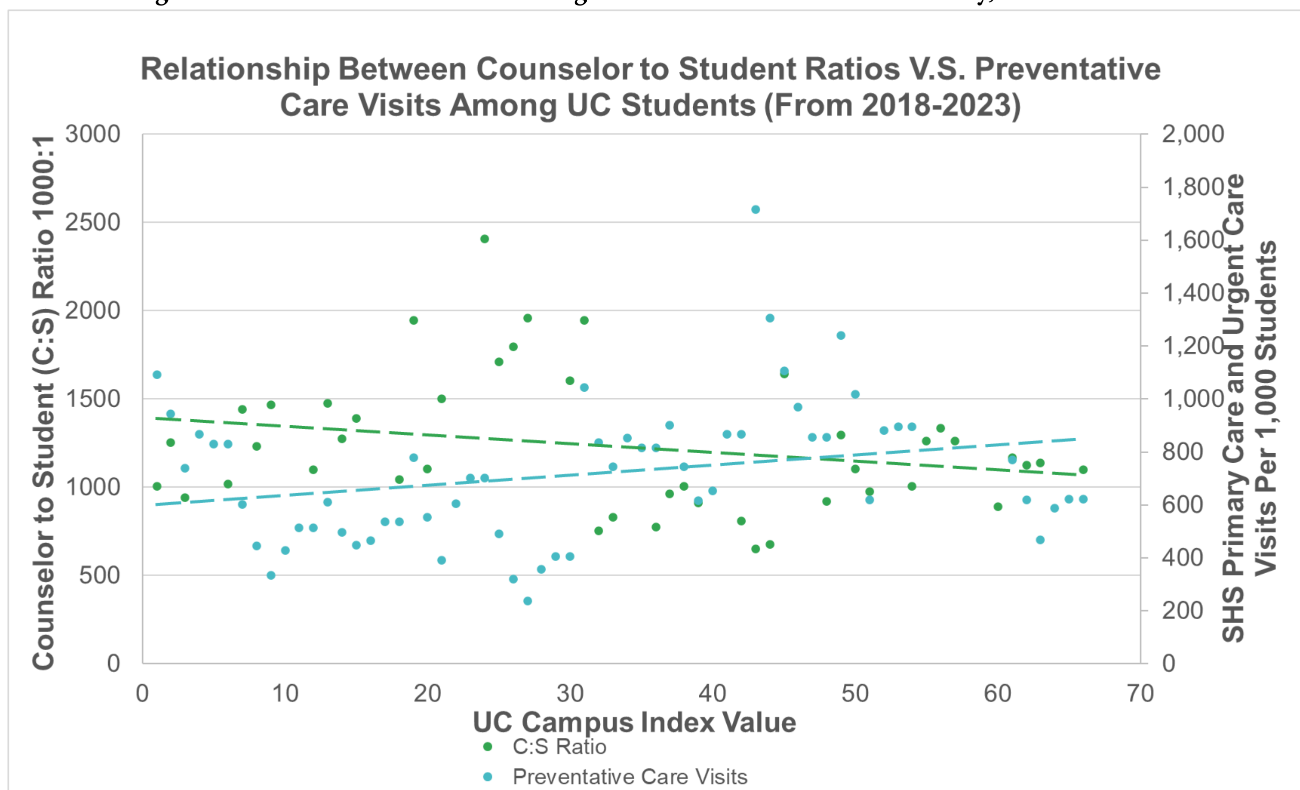
The type of correlation graph that I created was a scatter plot graph measuring the counselor-to-student ratios vs both dependent variables as the Y-axis and each UC Campus represented by a different index value as the X-axis. The index value of each campus is defined by the total number of observations (n value of 66). The reason I chose to run this type of scatter plot to test my hypothesis was because it was the fastest way to see if there was any relationship or correlation between the IV and DVs while testing how the IV affected both changes in DV.

Additionally, I chose to include two column-graphs measuring the change over time from 2018 to 2023 in terms of primary and urgent care visits per 1,000 students and ER visits per 1,000 students. I chose those graphs to see how preventative care and emergency care visits changed over time and to analyze the changes in UCSHIP-insured student utilization of preventative versus emergency care resources over a given period. The results expected from this graph is an increase in ER visits over time versus a decrease in Preventative Care visits. Additionally following the methodology of the previous figures, I ran a scatterplot just to test the relationship between ER and Preventative Care services to see their relationship as dependent variables.

Results:

The data analysis supported the hypothesis I tested in the research paper. The results showed that an increase in the counselor-to-student ratio would lead to a decrease in PC visits and an increase in ER visits among UC students. Figure 1 shows the relationship comparing PC care and C:S ratios over the 66 observations of data from 2018-2023.

Figure 1: Data Source - UC Board of Regents Committee Executive Summary, 2019-2024



The graph shows that the higher the ratio of C:S the fewer Preventative Care visits there were among students. This means that the more counselors available for students, the more students would seek Preventative Care. This is significant because the graph demonstrates a negative-to-positive correlation between counselor-to-student ratios and Preventative Care visits among UC students

which shows the results that we expected to see with the hypothesis. Conversely, Figure 2 shows that ER care visits had a positive correlation to C:S ratios over the same 66 observations tested in Figure 1.

Figure 2: Data Source - UC Board of Regents Committee Executive Summary, 2019-2024

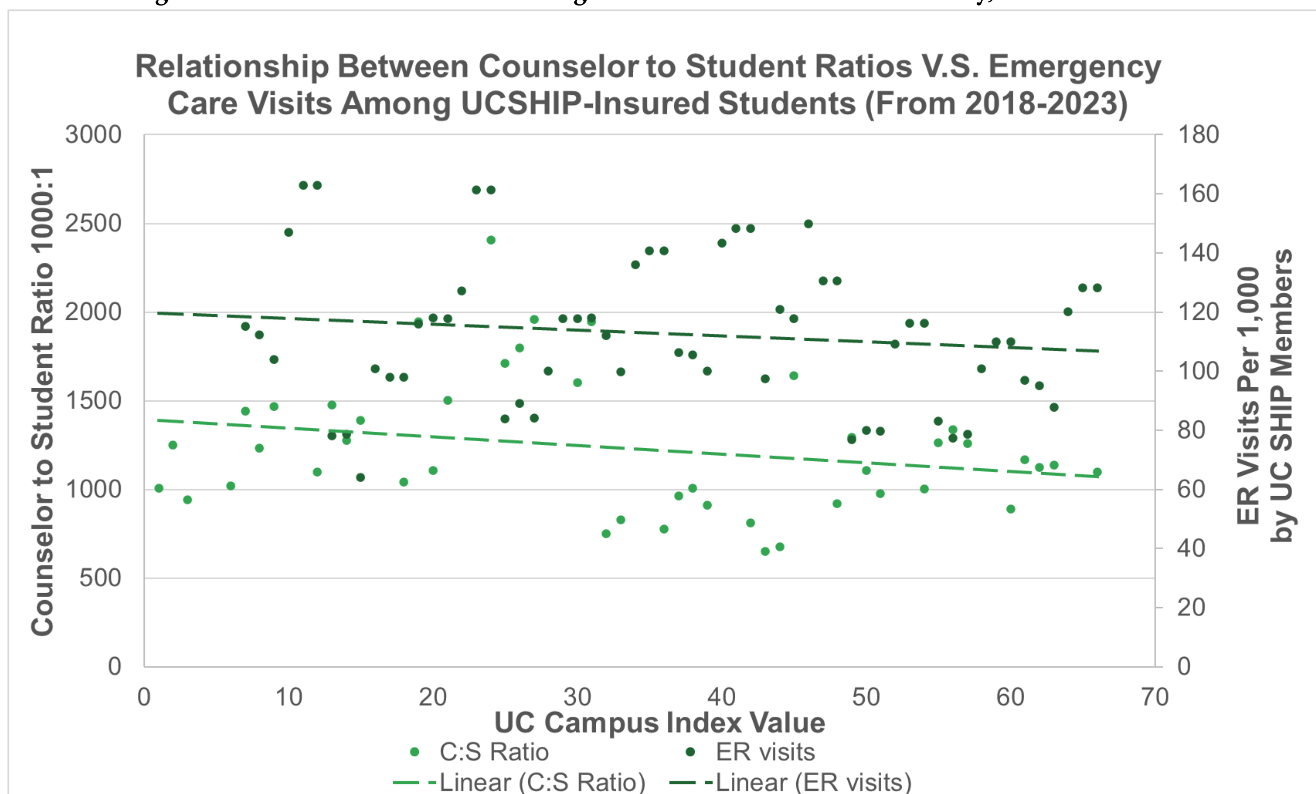
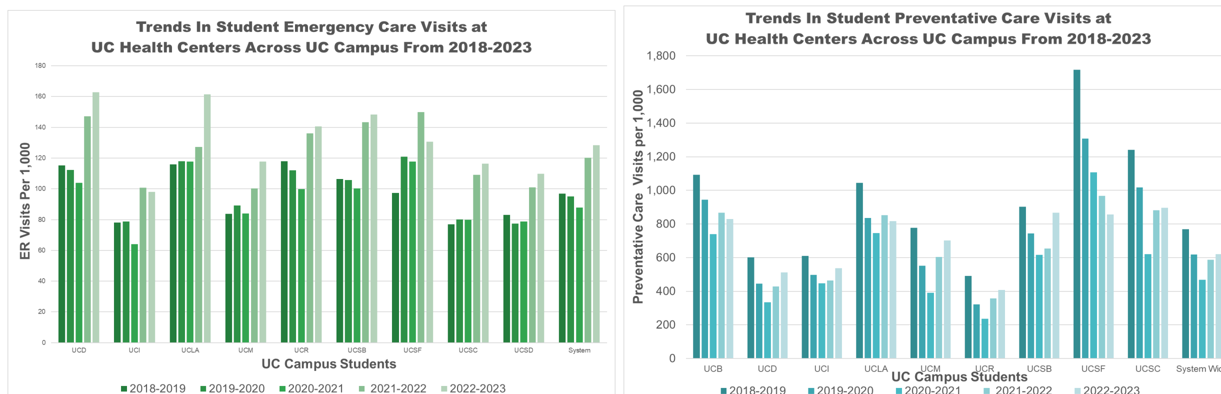


Figure 2 shows a negative-to-negative correlation between C:S ratios and ER visits across all 66 observations. This means that the higher the C:S ratio, the more ER visits will appear across UCs. Unlike Figure 1 which showed both variables having opposite correlations, Figure 2 illustrates both variables having the same type of correlation. This means that the less access students have to Preventative care resources like mental health counselors, there will be an increase in the ER visits on that campus. This is supported by the data from Figures 3 and 4 that show the change in time between both DVs across campus from 2018-2023.

Figure 3: Data Source - UC Board of Regents Committee Executive Summary, 2019-2024 (UCSD Not Included)
Figure 4: Data Source - UC Board of Regents Committee Executive Summary, 2019-2024 (UCSD Not Included)



Figures 3 & 4 show that across all campuses (except for UCSD), Preventative Care visits have been decreasing over time whereas ER visits have been increasing during the same time period. These results indicate that since 2018 there has been a steady decline in PC visits while ER visits are increasing. Compared to the previous figures, this shows that the gap in access to resources like available counselors could be increasing during that time.

Discussion & Implications:

As presented by the results, the hypothesis that was tested was found to be supported by the analysis of data. This is significant because there were no clear and unexpected findings. Additionally, we can answer the research question that was highlighted at the beginning. Are UCSHIP-insured students being provided with adequate resources for preventative care so that students feel like they can access their health insurance benefits on a need-based level? By looking at the findings of this analysis we can accurately conclude that UC students are not being currently provided with adequate resources to take advantage of the resources that are available to them through their UCSHIP insurance.

We know that there is a correlation between C:S ratios and PC and ERC visits across all UC campuses but we also know that for the past 5 years, PC visits have been declining while ERC visits

have increased According to Figures 3 & 4 (UC Board of Regents, 2024). This means that over the past 5 years, access to adequate healthcare services among UCs has become an increasingly bigger problem. Since the trends in time show the biggest decrease in PC visits and we know that low PC visits have a negative correlation with C:S ratios we can assume that the C:S ratio among UCs has increased over time. This can be seen with Figure 5 showing a significant decline in the counseling and Psychiatry visits per year since 2018 and a decrease in unique clients during that same time.

Figure 5: Figure Source - University of California Health, 2024

Total Counseling & Psychiatry Visits/ Unique Clients by Year

Utilization by Year	COUNSELING	PSYCHIATRY
VISITS	2018-19: 134,599 2019-20: 128,343 2020-21: 132,301 2021-22: 131,573 2022-23: 128,619	2018-19: 35,360 2019-20: 31,343 2020-21: 30,180 2021-22: 31,353 2022-23: 29,625
Utilization by Year	**COUNSELING**	**PSYCHIATRY**
UNIQUE CLIENTS	2018-19: 37,697 2019-20: 33,640 2020-21: 29,598 2021-22: 31,353 2022-23: 34,467	2018-19: 7,438 2019-20: 6,378 2020-21: 5,564 2021-22: 5,783 2022-23: 6,130

Figure 3 shows the change in time for visits and unique client visits in both counseling and psychiatry health centers among UCs since 2018. As noticed in the graph, counseling visits have decreased by 6,000 since 2018 and unique client visits have decreased by 3,000 (Buchman, 2024). This means that the problem of access to healthcare is increasing which will lead to a further decrease in utilization of preventative care services and an increase in emergency room visits. This means that

currently, students aren't being provided with adequate resources to access the medical care they're entitled to as UCSHIP-insured members

This is significant because it means that students are choosing to not get the preventative care they need because of the difficulty in getting access to health providers on their campuses despite having medical insurance. Additionally, the trend suggests that students may be choosing to only receive healthcare in the cases of emergencies while avoiding getting preventative care due to the barriers present within the USHIP healthcare system. This can be seen in Figure 6.

Figure 6: Data Source - UC Board of Regents Committee Executive Summary, 2019-2024

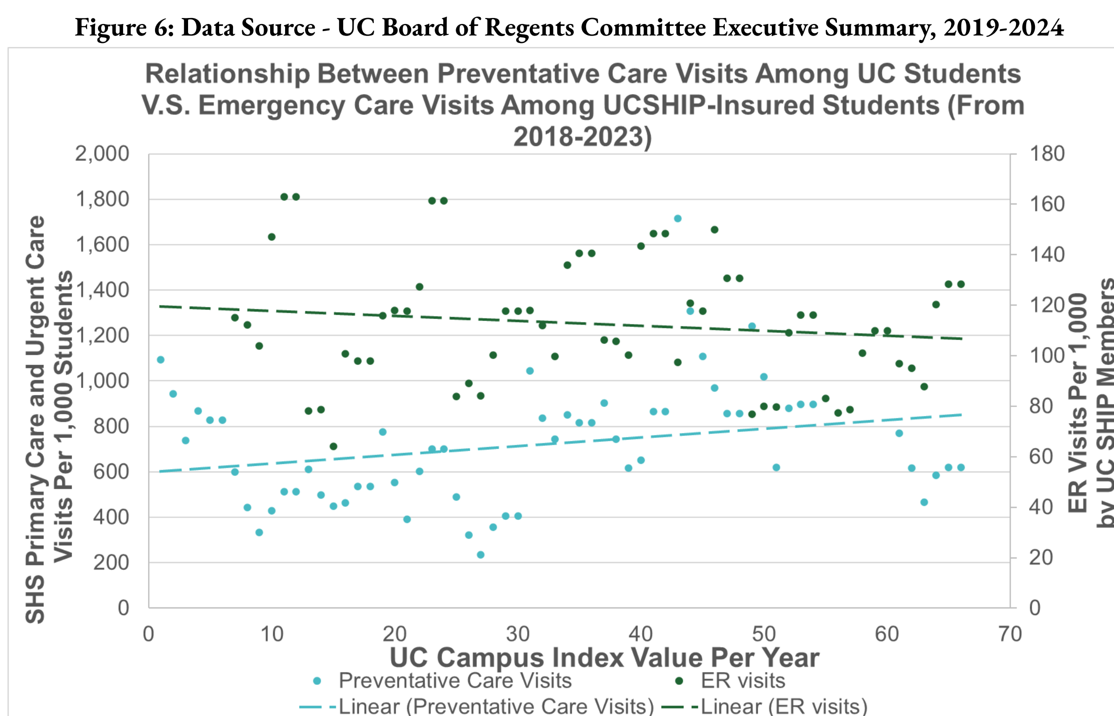


Figure 6 shows that there exists a small relationship between ER visits and PC visits showing that the more students get Preventative Care the less likely they are to go to the ER. This is important because it highlights that these dependent variables are being driven in opposite directions by similar external factors despite moving in opposite directions. The decrease in visits and counselor-to-student ratios help explain the causality among variables and it helps us understand that changes in available

health resources would impact the rate at which students seek preventative care versus seeking ER services. Thus illustrating the importance of creating adequate access to resources for UCSHIP members so that they can seek the medical treatment they need before having to visit the ER.

Limitations & Research Extensions:

Despite the results of this analysis showing a clear relationship established by both the IV and DVs to help answer the research question, this research analysis paper came with drawbacks and limitations. Due to the 10-week constraint of gathering and creating data for the analysis paper, finding data from multiple years and calculating for every confounding variable was difficult to do. Given more time, I would take perimeters that would ensure that any potential confounding variables aren't influencing the data set and I would include more years to see the changes over a longer period to see if my time-frame was flawed or limiting. Additionally, I would perform tests to see if the correlations found in this paper analysis were significant or if there was no causation to these findings.

Additionally, the lack of public access to the information and data regarding UCSHIP utilization rates of either PC or ERC proved to be challenging when creating the graphs for this paper. Since none of the data was made public or gathered from a public database, I had to gather the information provided by the UC Regents through different Executive Summaries at annual healthcare committee meetings. This is why the only data I was able to gather was limited and even included missing figures from different years and campuses. If someone were to expand on this research, I would suggest spending more time curating a larger database with more access to every campus and academic year so that I could account for the limiting and missing data sets that I had to work with for this paper. Based on the research results, there needs to be additional studies done to collect data on USCHIP

service utilization among each UC campus. While the findings show partial relationships among the independent variable and dependent variable and the hypothesis being supported shows there is significant evidence to encourage further research in this area through a larger database and additional variables. There needs to be future research to include more variables tested and additional information from the UC Regents to deal with the issue of healthcare access within the UCSHIP healthcare model.

Conclusion:

Ultimately, the research found within this paper is significant in addressing the issue of healthcare access in the UC system. Through the analysis of PC and ER visits compared to the Counselor-to-Student ratios in a given year, I found that from 2018-2023, the findings were significant enough to find reasonable that a lack of resources available to all UCSHIP students impeded their ability to get adequate access to healthcare resources in their respective campuses. While this paper does not solve the problem, it serves its purpose of shedding awareness on the issue of healthcare access within the UC healthcare system and its insured members.

We know that a link between the resources available for students and the rates of Preventative Care utilization exists within the UC system, but there might be additional information that hasn't been collected yet. The utilization of health insurance benefits is dependent on multiple factors; Therefore, a more in-depth analysis of the causes of poor utilization of UCSHIP health benefits needs to be studied to bridge the gap between UCSHIP-insured students who are seeking to get the medical treatment they need.

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