

Committee on Student Life (CSL)
Friday, April 9, 2010
Minutes taken by Astrid Hansen

Minutes

Present: Muriel Medard, Chris Colombo, Enectali Figueroa-Feliciano, Shee Shee Jin, Steve Lerman, David Singer, Lizhong Zheng

Guests: Tom Gearty – DSL Director of Communications
William Kettyle – Medical Director & Head, MIT Medical
Kristine Ruzycski – Chief of Nursing Services, Director of Student Health

Agenda 1: House Dining Review Site and Idea Bank – with Chris Colombo and Tom Gearty

Chris Colombo: The goal today is to give CSL an update on how DSL is moving forward and to assess what the house dining program will look like for fall 2011. Dining is not an easy topic to discuss on this campus which is why many conversations are being had and why the dining review website has been created. Today there was an article in *The Tech* on the House Dining Advisory Group (HDAG) which discusses the concerns and response from students about whether their voices have been heard. The HDAG has been created to have discussions and solicit input about house dining preferences. These conversations will take place over the course of the next month and at the end of the process the group will make a recommendation. The new dining plan will go into effect in fall 2011.

Tom Gearty: The House Dining Review website (<http://studentlife.mit.edu/house-dining-review>) lays out the case for change in dining. There have been decades of frustration over dining at MIT, as seen in the 1979 report. Dating since 1992, the Institute has had a committee to review dining every five years and there are four main principles reiterated in the reviews:

1. Student Choice – MIT gives students the option to cook for themselves, to have house dining, or to partake in inclusive board plans at the FSILGs.
2. Health and Nutrition – House dining should give students the option to eat nutritious food to encourage healthy eating habits.
3. Community and Student Development – Meals are an opportunity to foster community.
4. Financial Stability – House dining must be self-sustaining.

The past two decades of housing reports also show that it is unsustainable for House Dining to offer students every possible dining choice. However, the main three choices students want are:

1. The option to cook for yourself.
2. Meals prepared in dining halls.
3. The ability to cook for yourself or eat in the dining halls.

The 2009 report from the Blue Ribbon Committee shows that students are not eating well at MIT. There is a correlation between nutrition and cognition, and even though we can't make students eat healthily we can give them an option in the system where they can get a good meal every day.

- Surveys show that students are generally satisfied with the house dining option, but many would like to be offered breakfast and/or an all-you-can-eat option (especially for athletes). Often students eat more milk and fruit products when they are given an all-

you-can-eat option: instead of just paying for a main meat portion they branch out and eat more fruits and vegetables.

- Dining is an important part of overall student life and many students believe that dining should also include guest passes so that friends, family, and faculty can eat at the dining halls.

House dining has been hemorrhaging money for a long time due to subsidizing and the Institute wide taskforce recommended that DSL eliminate the subsidy. The money saved could be put into improving the quality of the food or the dining facilities. However, we also want to make sure that a new plan would still work for MIT and so what do students actually spend on dining?

- The truing up of financial aid doesn't go through DSL but through CUAFA (Committee on Undergraduate Admission and Financial Aid). CUAFA did a survey in November 2009 on what students spend during the year out of pocket expenses and dining was one of the main items (not including the house dining membership fee). Undergraduates in the 75th percentile (the percentage Admissions bases decisions upon) spend \$3,000 a year out of pocket on dining.
- The amount that MIT charges for dining is comparable to that charged by peer institutions (Stanford, Yale, Princeton and Harvard). Data for other Boston schools is still pending.

Students have said that if they are allowed to give their input and have it taken into consideration then they will accept most decisions even if not completely satisfied with the outcome.

Consequently, DSL has put up two websites to allow students to voice their opinions and to dispel the idea that administration doesn't care about what the students have to say.

- The House Dining Review website lays out a summary of the case for change, details on who is affected, when the plan would go into action, the principles in detail, the reason why we need a system that addresses these principles better, and a list of all the documents from the past which discuss dining.

There are three scenarios on the website of what the house dining plan could be and the costs are estimated according to industry standards (the actual costs will depend upon negotiations with the vendor selected). The three scenarios are:

1. Everything stays the same except we get rid of the deficit.
 2. Dining is offered seven days a week (dinner only) with the option for all you can eat (which is actually less expensive than a la carte because less meat and more fruits and vegetables are eaten and there is less waste).
 3. Dining is offered seven days a week, breakfast is offered seven days a week and there is an option for all you can eat, but the cost increases significantly.
- These scenarios are not set in stone and changes can be made to each option.

Discussion:

Have any gender issues been discussed regarding each scenario? Women eat less food than men and this could affect the dining plan that women will want.

- This issue was brought up at the dining committee and all the women present were very unhappy with this assumption.

We should place focus upon the two principles of choice and financial sustainability and get rid of the other two principles which seem like we are telling students that they must eat more nutritiously and that their community is partially fostered through dining (they want to create their community on their own). More focus should be placed upon the goal of eliminating the deficit and explaining to students that a new dining system needs to not lose money.

- What DSL wants to get across is that students will have more access to healthy food but the option will still be theirs to choose what they eat and to cook for themselves. Also, many houses do believe that Principle 3 is very important.
 - According to Shee Shee, students aren't afraid of losing the ability to cook for themselves and they also don't think that Administration will choose cost over nutrition, but they want the choice to be their own and to not feel that nutrition and community are business decisions made for them.

How will the new dining plans affect who decides to live where on campus? Will they contribute to the growing divide across campus (many students feel that dorms are being divided more and more by class based upon those who can and can't pay for dining)? There is a large mix of people in all of the dorms but the more that you live around it the more it is noticed.

- Many schools democratize this issue by making everyone go on the meal plan. However, we must find a plan that both suits the students of MIT and also manages the deficit. This approach becomes very difficult if students only view the plan as being mandated to them. The three scenarios are only a starting point because they are not rigid and changes can be made.

An option could be to have a la carte main items and then all you can eat for more healthy items (like salad). Or the food could also be charged by weight.

- All of these ideas can be added to the Idea Bank website.

What is the quality of nutrition for the MIT students who don't participate in campus dining?

- According to Shee Shee, some eat healthier than house dining and some eat worse; it depends on the individual.

What is the argument for people who want to cook for themselves and think that dining halls aren't necessary?

- They say that we can just put in kitchens in the dining halls and kitchens don't lose money.
 - The problem with this is that not all students know how to cook for themselves and there is a large portion of the community that wants meal plans.

According to Chris Colombo, the process for a new dining plan has been healthy so far and he has been impressed by the students and the faculty. The committee is working very hard and the naysayers should contribute to the Idea Bank or come to a forum (there are forums in each of the houses and also for students who don't live in the houses but use the dining halls). The comments from CSL are appreciated and will be taken into consideration when going to the forums and the committee.

Agenda 2: MIT Medical's Community Care Model – with William Kettle and Kristine Ruzycski

William Kettle: Would like to talk about rebalancing resources at MIT Medical to preserve and enhance care on campus. Since 1901 MIT has provided healthcare for its students. In the mid 1960s when HMOs were becoming prominent, MIT started an HMO of its own and broadened the spectrum of its care to include faculty, staff and retirees in addition to students. MIT Medical now has a robust system with 300 people, 80,000 sq. ft. of space, about 125,000 visits a year, 10,000 health plan members, and a population base of 25,000. MIT Medical spends about 40 million dollars a year and is a funnel for another 40 million in bills out in the community (for MRIs, etc).

MIT hasn't changed its style of care of being all things to all people at all time (about 90% of needs can be taken care in their facility, but not appendectomies, MRIs, etc). They also have good relations with MGH and several other hospitals, and the operation works 24 hours a day. However, medical care has changed significantly in recent years with new technology, shots, and less time in hospital recovery which has caused an important change in the inpatient facility. Over the past five years there has been a decrease in admissions to the facility and an increase in transient visits (an hour or two stay for an injection, etc). The facility is currently at the lowest staffing level possible to meet needs and there are often no people who come to the facility at night for care which is why Medical would like to move some of the nighttime resources to the daytime.

The rebalancing of resources would include directing patients to community care centers for overnight stays (as Medical would no longer provide overnight care) since Medical typically only gets 12-20 patients who stay overnight per year. The number of people seen between midnight to 7am at MIT Medical is also very small and the majority of cases fit in the scenario of: people who have an issue which can be treated at anytime and they figure they might as well come at night since Medical is open, or people who need an operating room right away (e.g. for appendicitis) and have to be deferred to another hospital since Medical doesn't do surgery.

Kristine Ruzycski: Last summer Medical shut down the inpatient unit for two months and had a professional triage company answer calls. There are typically three kinds of callers: those who have a cold and need some homecare advice, those who can wait to come to urgent care until the morning and are told what to do in the meantime, and those who need immediate urgent care. Medical is currently working with Mt. Auburn on how to handle sub-acute cases (not immediately urgent but still needing prompt attention) so that students don't have to go through all the rigors of the emergency room and also so that the information will come back to MIT Medical. If needed, students can come back to the MIT Medical facilities the next day to spend the next 12 hours under supervision before going home. Last year Medical had a contract with a cab company that would get sub-acute cases to the hospitals. Campus Police were also available as transportation backup (they are willing to help when needed, but it is not their responsibility to be the main transportation for Medical). MIT has also talked to Harvard about their inpatient abilities and the possibility of having a joint overnight care facility, but the benefit of using Mt. Auburn for sub-acute cases is that not only can we rent overnight beds, but there will also be an acute care unit just down the hall if any of the students' ailments become more urgent.

William Kettyle: Some of the most poignant concerns voiced by students are regarding their privacy or if their parents will find out if they go to a hospital (because you have to sign a disclosure form). Medical doesn't want to change the threshold for the willingness to call for care because they have worked very hard over the past decade to make MIT Medical a comfortable place for students to come. The goal for MIT Medical is to build up community care during the day but no longer provide 24/7 On-Site care (there will still be care 24/7, it just won't all be offered in the MIT Medical facility).

Discussion:

Threshold is very important to students: they want to be able to come in during certain times of the day around their class schedules and to have information be kept private. It seems like students would be the ones most impacted by closing Medical from 12-7am, is this true?

- Statistically it is true that students will be the most impacted because they are not living with parents who take care of them and they might have transportation issues; this is a concern Medical is aware of. However, one positive result of the H1N1 experience was

that Medical solidified relationships with Housing, Dining, and Campus police in the process of supporting students. Together they were able to take care of almost everyone (only 10 students were admitted to Medical) through phone calls, day visits, dining etc.

Will the new model change Medical's interaction with the Deans on Call (DOC)?

- The DOC would be able to help smooth the transition by guiding students who don't know what to do when Medical is closed during the night (Housemasters, GRTs, RLAs, and RAs will also be able to help inform students about what to do once the transition take place). It would be a good idea to also have an information session for all students before the changes go into effect.
- The transition will be done gradually so everyone can adapt to the new model. Medical will also have people on-call during the night via phone to help as needed and there is already a system of notification set up between several offices (but it could be expanded). Care managers will also be responsible for getting to know the Housemasters and community.

With the switch to Community Care will MIT Medical have fixed all cost issues?

- Yes, and there are no other future plans for changes.

Minutes passed for February 26th and March 19th meetings.

End of Meeting.