

WELLNESS NETWORK
SPRING 2012



Agenda



- Welcome
- Fall Meeting Recap
- Student Health Data
- Employee Health Data
- Committee & Workgroup Updates
- Member Updates/ Q&A
- Wrap-up

NATIONAL COLLEGE HEALTH ASSESSMENT

THE UNIVERSITY OF TEXAS
FALL 2011



About NCHA

- National survey organized by ACHA
 - ▣ National reference data available April 2012
- Student self-reported data
- Web-based
- October 2011
- 1586 respondents (20% response rate)
 - ▣ Stratified by college/school & undergrad/grad

Included in the instrument

- Health, health information, and safety
- Alcohol, tobacco, and other drug use
- Sexual behaviors
- Weight, nutrition, and exercise
- Mental and physical health
- Impediments to academic performance
- Demographics
- UHS Add-on questions

UT Students...



...are generally healthy! 93% report their health status as good, very good, or excellent.

Top reported clinical diagnoses

1. Allergies
2. Sinus Infection
3. Strep Throat
4. Back Pain
5. Asthma

43% have been seen at UHS in the last year

69% believe their health affects their academic performance

55% report having missed one or more classes due to illness

Academic Impacts

- Within the past 12 months, have any of the following affected your academic performance?
 - ▣ This did not happen to me/NA
 - ▣ Experienced, but academics not affected
 - ▣ Lower grade on exam or important project
 - ▣ Lower grade in the course
 - ▣ Incomplete/dropped a course
 - ▣ Significant disruption to thesis, dissertation, etc.

Academic Impacts, Cont.

1. Stress
2. Sleep
3. Anxiety
4. Internet Use/Computer Games
5. Cold/Flu/Sore Throat
6. Depression
7. Work
8. Relationship Difficulties
9. Participation in Extracurricular Activities
10. Concern for troubled friend or family member

Safety

- UT students feel **safe during the day**:
 - **90%** On campus, daytime
 - **32%** On campus, nighttime
 - **55%** In the area around campus, daytime
 - **14%** In the area around campus, nighttime

*data collected before December attacks

Violence, Abusive Relationships, and Personal Safety

| | % Male | % Female | % Total |
|--|--------|----------|---------|
| A physical fight | 5.6 | 1.3 | 3.0 |
| A physical assault | 1.9 | 1.6 | 1.7 |
| A verbal threat | 18.1 | 11.8 | 14.2 |
| Sexual touching w/out consent | 2.0 | 6.4 | 4.7 |
| Sexual penetration attempt without consent | 1.2 | 2.7 | 2.1 |

Violence, Abusive Relationships, and Personal Safety

| | % Male | % Female | % Total |
|--|---------------|-----------------|----------------|
| Sexual penetration without consent | 0.7 | 2.0 | 1.5 |
| Stalking | 3.3 | 6.1 | 5.0 |
| An emotionally abusive intimate relationship | 5.8 | 8.9 | 7.6 |
| A physically abusive intimate relationship | 2.4 | 1.4 | 1.8 |
| A sexually abusive intimate relationship | 1.0 | 1.9 | 1.5 |

Alcohol

- **19%** of UT students report never having consumed alcohol
- **68%** drank alcohol in the past 30 days, though students perceive this number to be higher (**95%***)
- **5.5%** decrease since 2008
- **74%** consumed **0 to 4** drinks the last time they “partied” or socialized

*Within the last 30 days, how often do you think the typical student at your school used alcohol?



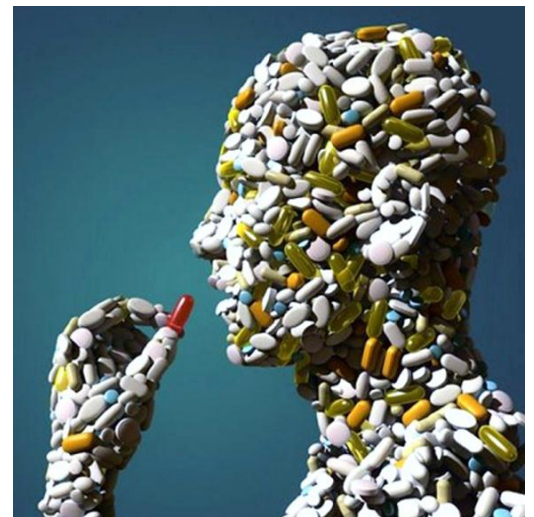
Tobacco and Marijuana

| | Actual | Perceived* |
|---------------------------------------|--------|------------|
| Never smoked cigarettes | 66% | 7% |
| Smoked cigarettes in the last 30 days | 14% | 77% |
| Never smoked marijuana | 60% | 8% |
| Smoked marijuana in the last 30 days | 17% | 80% |

*Within the last 30 days, how often do you think the typical student at your school used: cigarettes, marijuana

Other illegal & prescription drug use

- **11%** reported using any other illegal drugs in the past 30 days
- **14%** reported using prescription drugs not prescribed to them (in the last 12 months)
 - **8%** Stimulants
 - **7%** pain killers



Sexual Activity

- 34% reported no oral/vaginal/anal sex in past 12 months
- Of those who reported sex in past 12 months:
 - 63% had 1 or 2 partners
 - 35% discussed HIV/STI testing with current/most recent partner before sex

| Sexual behavior in the past 30 days: | Never | Yes, but not in the last 30 days | Yes |
|--------------------------------------|-------|----------------------------------|-----|
| Oral Sex | 30% | 28% | 42% |
| Vaginal Sex | 36% | 21% | 44% |
| Anal Sex | 78% | 18% | 5% |

Condom & Contraceptive Use

Of those who had sex in the past 30 days:

- 51% mostly or always used condoms during vaginal sex
- 4% mostly or always used condoms during oral sex
- 26% mostly or always used condoms during anal sex

79% report using a contraceptive method at last sex

Of those who used a contraceptive method the last time:

- 62% used male condom
- 58% used birth control pill
- 27% used withdrawal

Of those who had vaginal sex in the past 12 months:

17% used EC (unknown frequency)

Nutrition

- Most students eat **1-2** fruits or vegetables per day

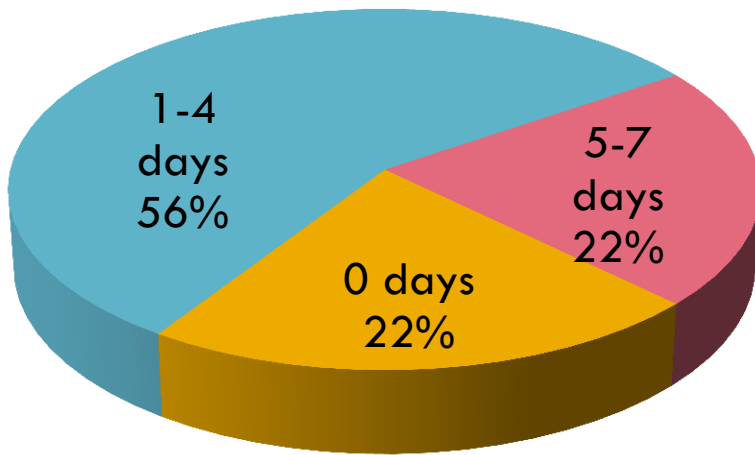


Weight

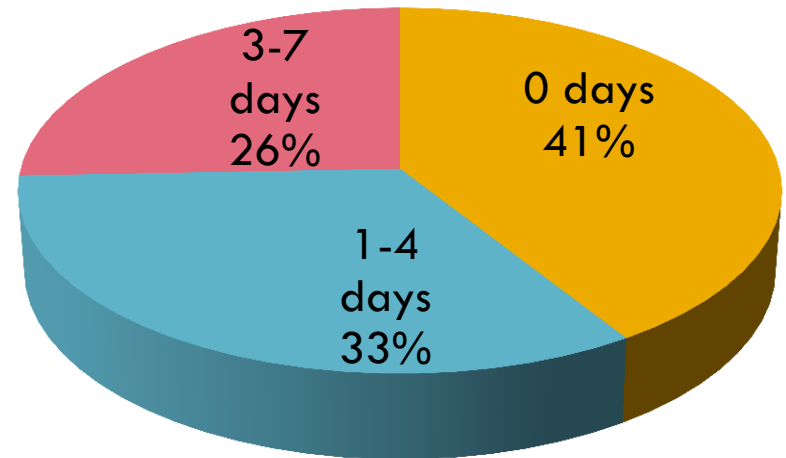
- Most students fall into a normal weight range
 - ▣ 8% obese
 - ▣ 7% underweight
- 32% consider themselves to be overweight
- 47% are trying to lose weight
 - ▣ 36% diet
 - ▣ 52% exercise

Physical activity

30 min moderate-intensity cardio



20 min. vigorous-intensity cardio



49.5% meet recommended guidelines

Mental Health

Top mental health diagnoses or treated in the past 12 months:

Anxiety- 11%

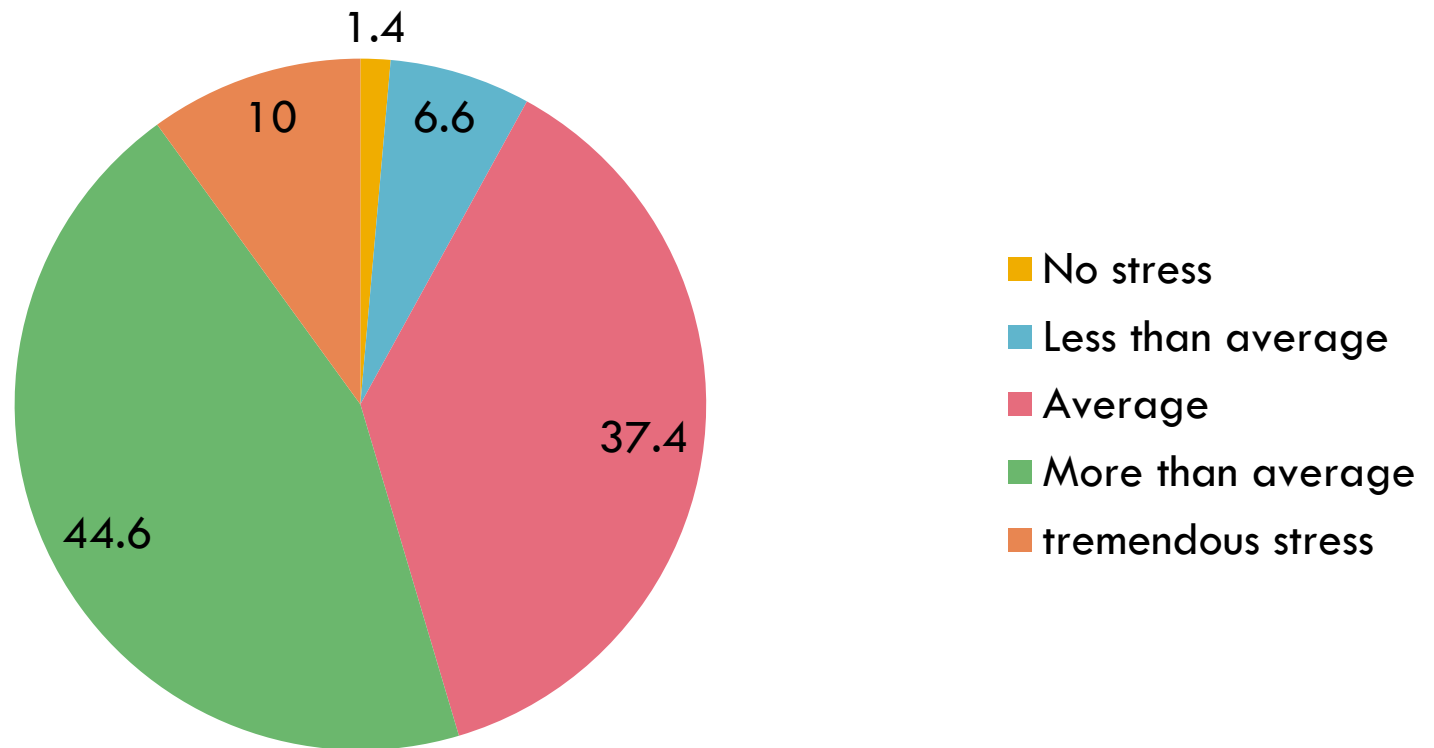
Depression- 9%

Panic Attacks- 5%

- 16% have ever been diagnosed with depression
- 13% have sought counseling at CMHC
- 76% would seek counseling in the future if needed

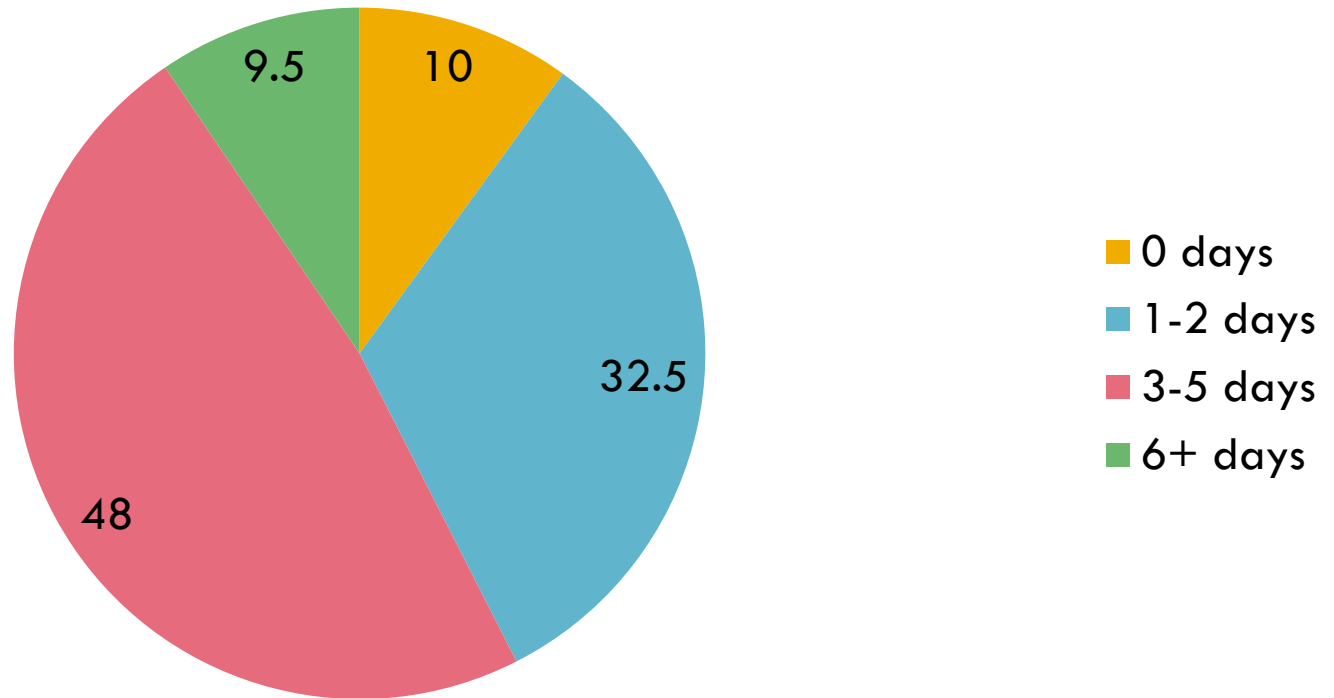
Stress

Overall stress levels



Sleep

Past 7 days, got enough sleep to feel rested



EMPLOYEE HEALTH DATA



Employee Health Data

- The top four modifiable health conditions are diabetes, high cholesterol, high blood pressure and poor back health.
- For more information pertaining to employee health data, please contact Claire Moore at claire.moore@austin.utexas.edu

COMMITTEE UPDATES



Assessment Committee Update

Priority: measuring health disparities in campus health

Committee Update

- Have collected campus-wide assessments that collect wellness data
- Currently sharing only within committee; working on protected storage solution
- Considering in-depth wellness report to expand on HPRC's Campus Health Report Card (April 2012)
- Considering campus-wide assessment of health disparities

Health Disparities

- Racial and ethnic minority populations have disproportionately higher rates of illness and death from health conditions such as heart disease, stroke, specific cancers, diabetes, HIV/AIDS, asthma, hepatitis B, and overweight and obesity (OMH)
- Women experience a “climate of disrespect” related to pregnancy and childrearing (UT Graduate School Climate Study Fall 2011)
- GLBT Students were more likely than any other group to report discrimination (UTGSCS 2011)

Health Disparities in Higher Education

- Study comparing Asian American and Caucasian students at UCSD, Asian American students had significantly higher levels of major depression (Young, Zang & Zisook, 2010).
- Asian Americans half as likely to seek help (Office of Minority Health).

Health Disparities in Higher Education

- College students who are "members of traditionally stigmatized groups continue to experience relatively poorer health, lower achievement outcomes, and greater psychological alienation than members of non-stigmatized groups." (London, Downey, Bolger, and Viella, 2005)
- Significant relationship between minority status-related stress and lower GPA. (Smedley, Myers, & Harrell, 1993)
- The experience of racial bias can generate distress and adversely affect health. (Williams, Yu, Jackson, and Anderson, 1997)

Health Disparities in Higher Education

- A recent study at another institution concluded:
 - a significantly larger percentage of Black, Hispanic/Latino/a, and Multiracial/Other students reported experiencing an academic impact due to a health concern than White and Asian/Pacific Islander students.
- Replicating measures with UT-NCHA
 - Analysis ongoing
- Considering undergraduate climate assessment



Program and Policy Committee Update

Program and Policy

- Developing guidelines taking multiple factors into consideration: size of event (small or large-scale); one-time event v. continuing program; internal or campus-wide audience, etc.
- Considering the use of highly recommended standards of practice (such as being inclusive and addressing risk management) that should be used in any program.
 - Culturally Competent Wellness Programs/ Commitment to Diversity

Program and Policy, cont.

- Serving as a resource through collaboration with partners as well as a support to new initiatives. Any units that currently have Wellness guidelines can send them to kj.harris@austin.utexas.edu.
- Formation of the Healthy Dining Workgroup



Communications Committee Update

Communications

- Monthly meetings
- Press release to student media
- “Elevator speech”
- Building / modifying outreach list
- Email recruitment
- Maintaining website events calendar
- Next steps: review web usage stats, social media discussion, initiate logo revision process, draft quarterly update



High Risk drinking committee Update

High Risk Drinking Prevention Ad Hoc Committee

- Review goals for the High-Risk Drinking Ad-Hoc Committee
- Brief Review of Ideas Previously Discussed
 - ▣ Develop common communication related to high-risk drinking issues to provide common message
 - ▣ Attempt to capitalize on existing programs
 - ▣ Common indicators or high-risk groups impacted by high-risk drinking (i.e., suicide, sexual assault, student groups)

High Risk Drinking Prevention Ad Hoc Committee

- Reviewed available data
 - ▣ National College Health Assessment, AlcoholEdu for College, UT Social Norms, UT Police/Clery Report
- Reviewed services currently available
- Discussed possible direction
- Students' "Know-it-all" stigma
 - ▣ Focus groups about what they want to know
 - ▣ What are the norms, perceptions?
 - ▣ What can we do to change attitudes and behaviors?
 - ▣ Good Samaritan policy awareness?

High Risk Drinking Prevention Ad Hoc Committee

- Bystander Behavior
 - ▣ Explore cultural norms via focus group: Public vs. private bystander behavior
 - ▣ Assess bystander behavior (qualitative)
 - ▣ Identify programs or approaches to create change
- Global Information System (GIS)
 - ▣ Map where students are getting caught on campus for alcohol related violations and/or complaints



Tobacco committee update

Tobacco Ad Hoc Committee

- Committee chair appointed: Shelley Karn
- Committee convened in February
- Tobacco policy at UT
 - ▣ CPRIT
- Wellness Network Involvement



Healthy dining workgroup

Healthy Dining Workgroup

- Purpose: To promote healthy eating by making it easy to identify healthy foods at campus eateries.
- Tasks: Creating healthy guidelines, creating a name and symbol for the program, and working with campus eateries to increase and identify healthy options

MEMBER ANNOUNCEMENTS AND UPDATES



Wrap-Up



- If interested, please join a committee
- Look for future communication and progress reports
- We would love your feedback
wellnessnetwork@uhs.utexas.edu
- Thank you for coming