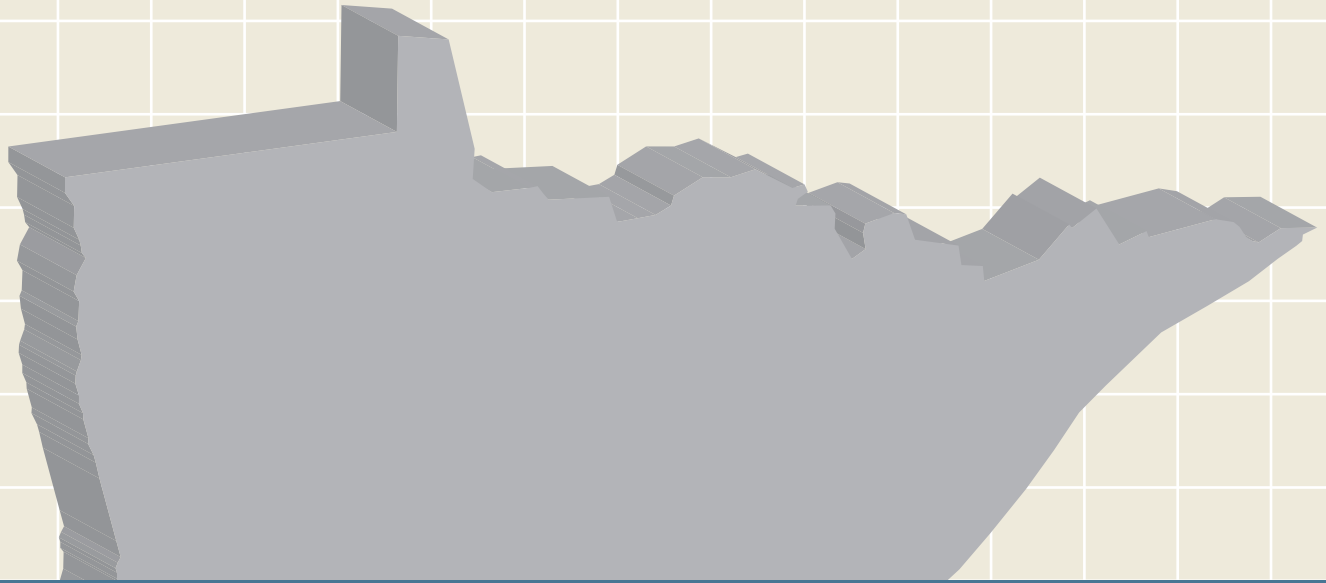


2013 College Student Health Survey Report



Health and Health-Related Behaviors

University of Minnesota–Duluth Students



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University of Minnesota–Duluth Students

UNIVERSITY OF MINNESOTA DULUTH

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Introduction

Q: What do the following health conditions and health-related behaviors have in common?

- Health Insurance Status
- Depression
- Ability to Manage Stress
- Tobacco Use
- Alcohol Use
- Engagement in Physical Activity
- Credit Card Debt

A: They all affect the health and academic achievement of college students.

Across the state of Minnesota, 29 two-year and four-year postsecondary schools joined together with Boynton Health Service at the University of Minnesota in spring 2013 to collect information from undergraduate and graduate students about their experiences and behaviors in the areas of health insurance and health care utilization, mental health, tobacco use, alcohol and other drug use, personal safety and financial health, nutrition and physical activity, and sexual health. Of the 44,688 students who received a survey, 13,589 students completed the survey, for an overall response rate of 30.4%.

This report highlights the findings of this comprehensive survey and serves as an essential first step in identifying health and health-related behavior issues affecting college students. Boynton Health Service hopes that the information contained in this report will be helpful to college and university leaders as they strive to develop programs and policies that will assure a safe institutional environment, promote access to health care and essential services, encourage responsible student decision making and behavior, and contribute to the health, well-being, and academic success of students enrolled in their schools. The survey results are also intended to raise awareness among state and local policymakers and community leaders concerning the importance of the health of college students to the overall educational, health, and economic status of Minnesota.

Survey

Methodology

Undergraduate and graduate students enrolled in 29 postsecondary institutions in Minnesota completed the 2013 College Student Health Survey, developed by Boynton Health Service. As an incentive, all students who responded to the survey were entered into a drawing for gift certificates valued at \$1,000 (one), \$500 (one), and \$250 (one) at a variety of stores. In addition, all students who responded to the survey were entered into six separate drawings for an iPad mini™ and one drawing for a \$100 Amazon gift card that included just students from their school.

Randomly selected students were contacted through multiple mailings and e-mails:

- Invitation postcard
- Invitation e-mail
- Reminder postcard and multiple reminder e-mails

A total of 44,688 undergraduate and graduate students from 29 colleges and universities in Minnesota were invited to participate in the 2013 College Student Health Survey (see Appendix 1 for a list of participating schools). Of the 44,688 students who received a survey, 13,589 students completed the survey, for an overall response rate of 30.4%.

University of Minnesota–Duluth Methodology Highlights

- **2,800** students from University of Minnesota–Duluth were selected to participate in this survey.
- **955** students completed the survey.
- **34.1%** of the students responded.



YOU have been selected by
your school to participate in the
2013 COLLEGE STUDENT HEALTH SURVEY.

Complete the survey and be entered into
prize drawings for Amazon gift cards in the amount of
\$1,000, \$500, \$250, and \$100.

Plus, every week, between February 18 and
March 29, 2013, students who complete the survey will
have a chance to win one of six **IPAD MINIS.**

**The sooner you fill out your survey,
THE MORE CHANCES YOU HAVE TO WIN!**

Go to www.bhs.umn.edu/healthsurvey
and enter your username and password. Survey
must be completed by noon, March 29, 2013.

Terine Lust, Ph.D., Survey Administrator
BOYNTON HEALTH SERVICE
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2013 College Student Health Survey

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2013 College Student Health Survey Postcard

Survey

Analysis Summary

The information presented in this report documents the prevalence of various diseases, health conditions, and health-related behaviors across seven areas:

- Health Insurance and Health Care Utilization
- Mental Health
- Tobacco Use
- Alcohol and Other Drug Use
- Personal Safety and Financial Health
- Nutrition and Physical Activity
- Sexual Health

The prevalence of a disease, health condition, or health-related behavior is defined as the total number of occurrences in a population (in this case, college students) at a given time, or the total number of occurrences in the population divided by the number of individuals in that population.

Prevalence is useful because it is a measure of the commonality of a disease, health condition, or health-related behavior. For example, the College Student Health Survey asked students if they had ever been diagnosed with depression within their lifetime. For the purpose of illustration, if 100 students completed the survey and 10 of them reported they had been diagnosed with depression within their lifetime, then the lifetime prevalence of depression among this population of students is 10.0% (10/100).

The results from this survey are based on a random sample of students from each of the participating colleges and universities. Random sampling is a technique in which a group of subjects (in this case, the sample of college students) is selected for study from a larger group (in this case, the population of students enrolled at each of the participating institutions). Each individual is chosen entirely by chance, and each member of the population has an equal chance of being included in the sample. Random sampling ensures that the sample chosen is representative of the population and that the statistical conclusions (in this case, the prevalence) will be valid.

Results

Health Insurance and Health Care Utilization

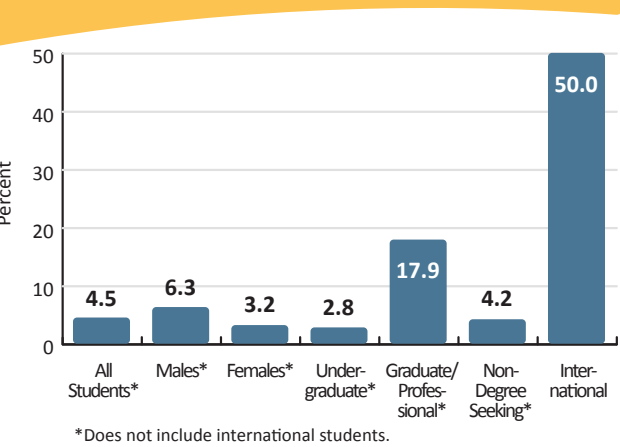
Students' current health influences their ability to realize their immediate goal of achieving academic success and graduating, and their future health affects their ability to accomplish their longer term goal of finding and sustaining a career. Access to health care has been shown to improve health. Although institutions of higher education differ in scope of services, each institution has a unique opportunity and bears a certain responsibility to address issues related to student health and to reduce barriers to health care access.

National Comparison

This section examines the areas of health insurance, health services utilization, and preventive care. Recent research indicates that most young adults in the United States, ages 18 to 24, report good health. The majority of young adults in Minnesota (87.9%) and nationwide (82.9%) report excellent, very good, or good health (CDC, 2011). At the same time, young adults have relatively low rates of health insurance and preventive care utilization. In Minnesota, 77.6% of 18- to 24-year-olds report some kind of health care insurance, and nationwide the number is 75.2% (CDC, 2011). More young males (32.3%) than young females (23.9%) lack health insurance coverage (Ward et al, 2013). Among all age groups, young adults (70.8%) are least likely to identify a usual place for medical care (Ward et al, 2013).

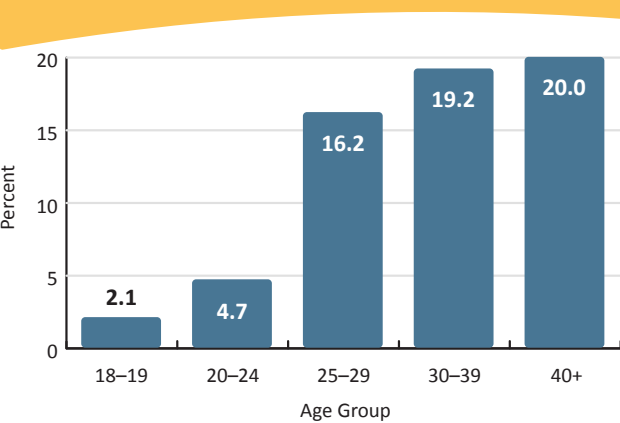
Students attending the University of Minnesota–Duluth (UMD) report an overall uninsured rate of **4.5%**. Males have a higher uninsured rate than females (**6.3%** vs. **3.2%** respectively).

Health Insurance Status—Uninsured



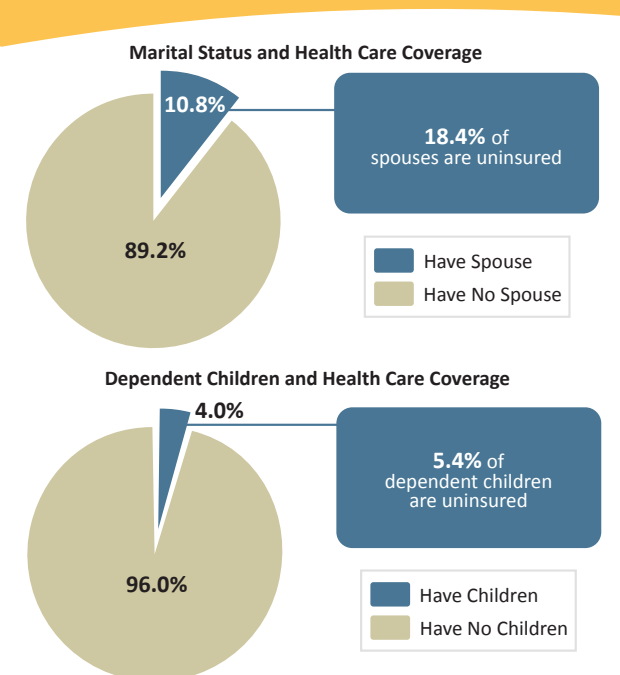
University of Minnesota–Duluth students age 40 and older report the highest uninsured rate. The lowest uninsured rate is among UMD students ages 18–19.

Health Insurance Status—Uninsured



More than one-tenth (**10.8%**) of University of Minnesota–Duluth students report having a spouse, and **18.4%** of these students report that their spouse is uninsured.

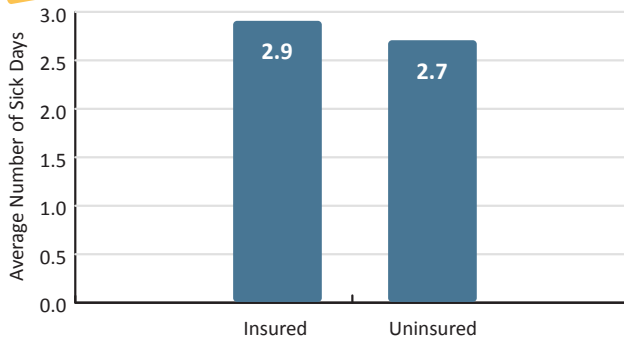
Spouse and Dependent Health Care Coverage



Approximately one-twentieth (**4.0%**) of UMD students report having dependent children. Of these dependent children, **5.4%** lack health insurance.

Health Insurance and Number of Sick Days— Past 30 Days

All Students

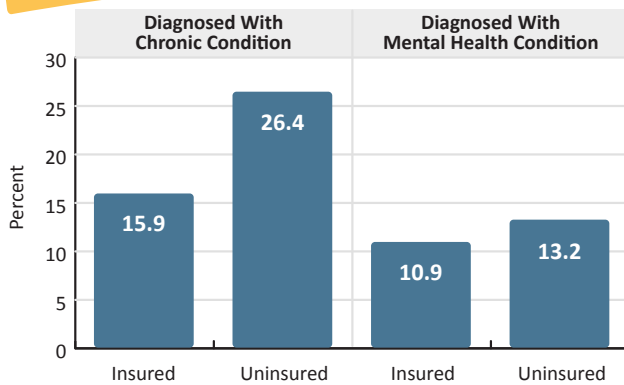


Number of sick days is a measure of health-related quality of life. Sick days reflect a personal sense of poor or impaired physical or mental health or the inability to react to factors in the physical and social environments (USDHHS, 2000).

UMD students without health insurance report on average **0.2** fewer sick days in the past 30 days than UMD students with health insurance.

Health Insurance and Health Status

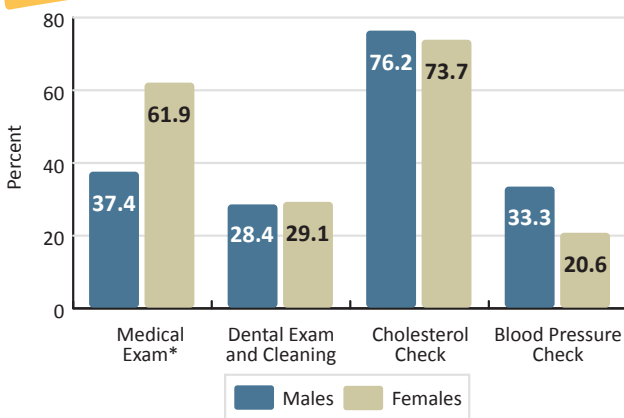
All Students



UMD students with health insurance report lower rates of diagnosed chronic conditions and diagnosed mental health conditions compared to UMD students without health insurance.

Preventive Health Care—Past 12 Months

All Students by Gender



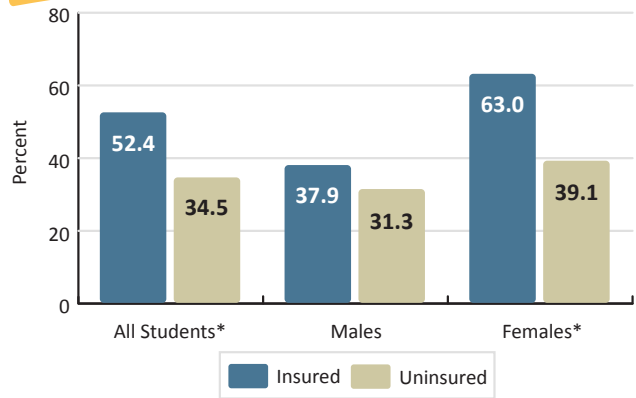
*Includes medical exam and/or gynecological exam for females.

Female students attending the University of Minnesota–Duluth report obtaining routine medical exams and dental exams and cleanings at higher rates than male students attending the university. Male students at UMD report obtaining cholesterol checks and blood pressure checks at higher rates than female students attending the university.

Health insurance coverage appears to have an impact on whether UMD students obtained routine medical examinations within the past 12 months. Uninsured male and female students report lower rates of obtaining a routine medical examination than insured students.

Routine Medical Examination—Past 12 Months

All Students by Gender and Insurance Status



*Includes medical exam and/or gynecological exam for females.

Among University of Minnesota–Duluth students, the primary locations for obtaining many health care services appear to be community clinics and the school health service.

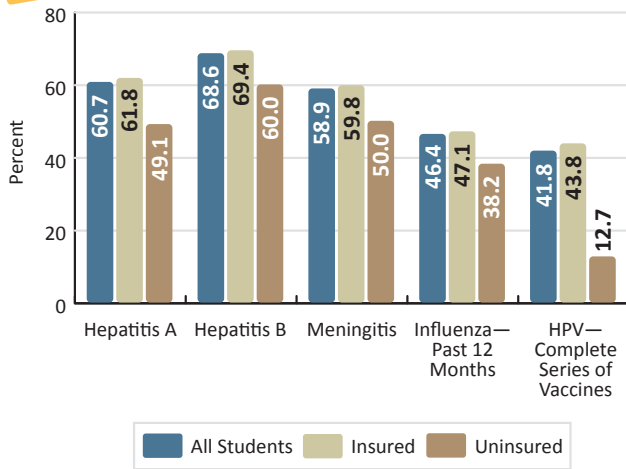
Health Care Service by Location

All Students (Includes Only Those Students Who Report Obtaining a Service in the Past 12 Months)

Question asked:
Where do you obtain the following health care services while in school?

Health Care Service (Percent of Students Who Obtained Service)	Percent Who Report Obtaining Service					
	School Health Service	Student Counseling Service	Hospital	Community Clinic	HMO	Private Practice
Routine Doctor's Visit (89.7)	19.5	0.0	19.0	46.0	2.8	20.4
Dental Care (90.4)	1.2	0.0	2.1	32.9	1.7	62.5
Mental Health Service (25.3)	20.7	27.3	8.3	25.6	1.2	22.7
Testing for Sexually Transmitted Infections (35.0)	24.9	0.0	14.4	47.6	2.7	15.0
Treatment for Sexually Transmitted Infections (18.8)	24.4	0.0	14.4	45.6	2.8	14.4
Testing for HIV (27.1)	22.8	0.0	13.9	49.4	1.9	13.9
Emergency Care (84.7)	6.8	0.1	88.6	11.0	0.5	3.1

Vaccination Status All Students by Insurance Status



UMD students with health insurance obtain hepatitis A, hepatitis B, meningitis, influenza, and human papillomavirus (HPV) vaccinations at higher rates than students at the university without health insurance. Additionally, among UMD students, **23.4%** of males and **56.2%** of females report obtaining HPV vaccination.

Currently, these immunizations are not required for students enrolled in postsecondary institutions. Hepatitis B immunization, however, is required for high school students in Minnesota

Average Number of Days Affected by Illness All Students by Gender

Illness	Average Number of Days Affected—Past 30 Days	
Poor Physical Health	2.9	4.2
Poor Mental Health	3.6	6.7
Poor Physical and/or Mental Health Affected Daily Activities	2.2	3.5

Compared to male students at the University of Minnesota—Duluth, female students at the university report more days of poor physical health, more days of poor mental health, and more days when poor physical and/or mental health affected daily activities.

Acute Condition Diagnosis—Lifetime and Past 12 Months All Students

Acute Condition	Percent Who Report Being Diagnosed	
Chlamydia	1.9	1.2
Gonorrhea	0.2	0.1
Hepatitis A	0.2	0.1
Lyme Disease	2.0	0.7
Mononucleosis	11.9	1.4
Pubic Lice	1.2	0.1
Strep Throat	50.9	6.6
Syphilis	0.1	0.1
Urinary Tract Infection	20.8	8.8
At Least One of the Above Acute Conditions	60.2	16.6

UMD students were asked to report if they have been diagnosed with selected acute illnesses within the past 12 months and within their lifetime.

The acute condition diagnosed most frequently within students' lifetimes was strep throat, with **50.9%** of UMD students reporting having this diagnosis. The acute condition diagnosed most frequently within the past 12 months was urinary tract infections, with **8.8%** of students reporting having this diagnosis. Overall, **60.2%** of UMD students report being diagnosed with at least one acute condition within their lifetime, and **16.6%** report being diagnosed with at least one acute condition within the past 12 months.

Chronic conditions are ongoing health concerns for students. Surveillance of these conditions provides a picture of longer term health care needs for students at UMD.

The two most common chronic conditions diagnosed in UMD students are allergies (**40.6%** lifetime) and asthma (**17.5%** lifetime). More than one-half (**53.9%**) of students report being diagnosed with at least one chronic condition within their lifetime, and nearly one-sixth (**16.5%**) report being diagnosed with at least one chronic condition within the past 12 months.

Chronic Condition Diagnosis— Lifetime and Past 12 Months All Students

Chronic Condition	Percent Who Report Being Diagnosed	
	Within Lifetime	Within Past 12 Months
Alcohol Problems	1.8	0.9
Allergies	40.6	9.5
Asthma	17.5	3.2
Cancer	1.3	0.4
Diabetes Type I	0.6	0.1
Diabetes Type II	0.4	0.4
Drug Problems (Other Than Alcohol)	1.3	0.7
Genital Herpes	0.6	0.4
Genital Warts/ Human Papillomavirus	1.5	0.7
Hepatitis B	0.5	0.2
Hepatitis C	0.1	0.1
High Blood Pressure	3.1	1.3
High Cholesterol	2.6	1.5
HIV/AIDS	0.0	0.2
Obesity	4.2	2.1
Repetitive Stress Injury	0.9	0.7
Tuberculosis	0.5	0.4
At Least One of the Above Chronic Conditions	53.9	16.5

Within Lifetime
 Within Past 12 Months

Results

Mental Health

Mental health issues can have a profound impact on students' ability to engage fully in the opportunities presented to them while in college. These issues affect their physical, emotional, and cognitive well-being and can lead to poor academic performance, lower graduation rates, and poor interpersonal relationships.

There is increasing diversity among college students. Among undergraduates nationwide, 37.5% are minorities, 56.8% are female, and 32.8% are age 25 or older (Snyder & Dillow, 2012). In addition, approximately 690,923 foreign students are studying at U.S. colleges and universities (Snyder & Dillow, 2012). This diversity presents a myriad of counseling concerns related to multicultural and gender issues, life transition, stress, career and developmental needs, violence, interpersonal relationships, and serious emotional and psychological problems. This array of mental health problems represents ever-increasing challenges as postsecondary institutions strive to meet the needs of their students.

National Comparison

This section examines areas related to the mental and emotional status of college and university students. Recent research shows that young adults in the United States have relatively high rates of mental health problems compared to other age groups. Among all age groups, 18- to 25-year-olds have the highest past-year prevalence of any mental illness, i.e., a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders-IV, (29.8%); and serious mental illness, i.e., mental illness that results in functional impairment, (7.6%), major depressive episode (8.3%), and having serious thoughts of suicide (6.6%) (SAMHSA, 2012a). More than one in 10 (11.4%) young adults between the ages of 18 and 25 have received treatment for a mental health problem in the previous year (SAMHSA, 2012a).

For University of Minnesota–Duluth students, anxiety and depression are the two most frequently reported mental health diagnoses for both within their lifetime and the past 12 months.

Mental Health Condition Diagnosis— Lifetime and Past 12 Months

All Students

Mental Health Condition	Percent Who Report Being Diagnosed	
	Within Lifetime	Within Past 12 Months
Anorexia	1.8	0.5
Anxiety	15.6	7.3
Attention Deficit Disorder	6.2	1.4
Bipolar Disorder	0.9	0.4
Bulimia	1.8	0.5
Depression	14.4	5.1
Obsessive-Compulsive Disorder	1.9	0.9
Panic Attacks	5.5	1.8
Post-Traumatic Stress Disorder	1.7	1.0
Seasonal Affective Disorder	2.3	1.3
Social Phobia/ Performance Anxiety	2.5	1.0

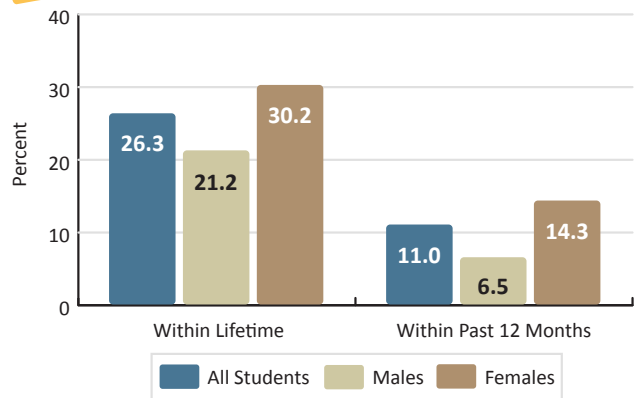
■ Within Lifetime ■ Within Past 12 Months

Among University of Minnesota–Duluth students, **26.3%** report being diagnosed with at least one mental health condition within their lifetime, and **11.0%** report being diagnosed with at least one mental health condition within the past 12 months. Females report being diagnosed with a mental health condition within their lifetime and within the past 12 months at higher rates than males.

Additional analysis shows that **14.6%** of students report being diagnosed with two or more mental health conditions within their lifetime.

Any Mental Health Condition Diagnosis— Lifetime and Past 12 Months

All Students by Gender



Mental Health Stressors

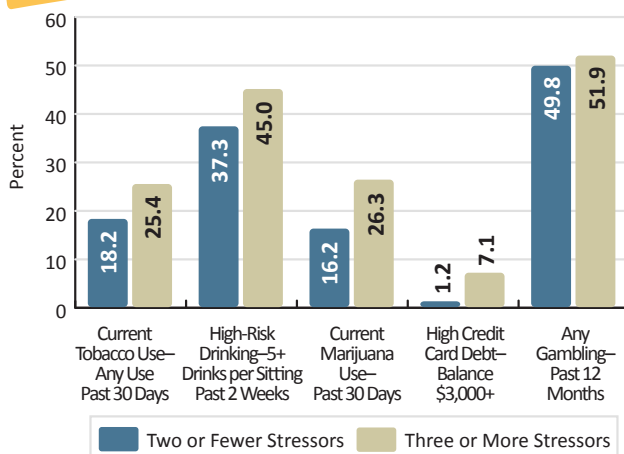
All Students

Stressor	Percent Who Report Experiencing Within Past 12 Months
Getting Married	0.9
Failing a Class	9.7
Serious Physical Illness of Someone Close to You	14.7
Death of Someone Close to You	19.6
Being Diagnosed With a Serious Physical Illness	2.5
Being Diagnosed With a Serious Mental Illness	4.9
Divorce or Separation From Your Spouse	4.9
Termination of Personal Relationship (Not Including Marriage)	16.5
Attempted Suicide	0.7
Being Put on Academic Probation	6.5
Excessive Credit Card Debt	5.0
Excessive Debt Other Than Credit Card	11.2
Being Arrested	1.0
Being Fired or Laid Off From a Job	2.4
Roommate/Housemate Conflict	28.8
Parental Conflict	13.3
Lack of Health Care Coverage	4.5
Issues Related to Sexual Orientation	2.2
Bankruptcy	0.4
Zero of the Above Stressors	36.1
One or Two of the Above Stressors	42.0
Three or More of the Above Stressors	21.9

The most commonly experienced stressors among University of Minnesota–Duluth students are the roommate/housemate conflicts and the death of someone close to them. A total of **42.0%** of students report experiencing one or two stressors within the past 12 months, and **21.9%** report experiencing three or more stressors over that same time period.

Mental Health Stressors and Risky Behavior

All Students



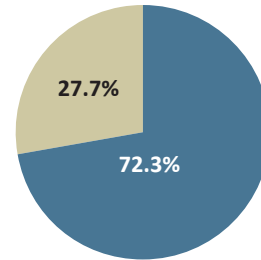
An association appears to exist between reported number of stressors experienced within the past 12 months and various types of risk-taking behavior. Over the same 12-month period, UMD students who experienced three or more stressors tend to have higher rates of current tobacco use, high-risk drinking, current marijuana use, high credit card debt, and gambling compared to students who experienced two or fewer stressors.

More than one-fourth (**27.7%**) of UMD students report they are unable to manage their stress level. Additional analysis shows that among these students, **11.3%** also report they were diagnosed with depression within the past 12 months. Nearly three-fourths (**72.3%**) of UMD students report they are able to manage their level of stress. Only **2.7%** of these students report they were diagnosed with depression within the past 12 months.

Ability to Manage Stress—Past 12 Months

All Students

In an attempt to measure effectiveness in managing stress, students were asked to rate their stress level and their ability to manage stress, each on a scale of 1 to 10. The reported stress level is then divided by the reported ability to manage stress. Any result greater than 1 means a student is not effectively managing his or her stress.



Managed Stress (Index ≤1) Unmanaged Stress (Index >1)

An association appears to exist between unmanaged stress levels and higher rates of diagnosis for various mental health conditions. For example, **15.1%** of UMD students with unmanaged stress levels report being diagnosed with anxiety within the past year compared to only **4.3%** of students with managed stress levels reporting the same diagnosis.

Stress and Mental Health, Acute, and Chronic Condition Diagnosis

All Students

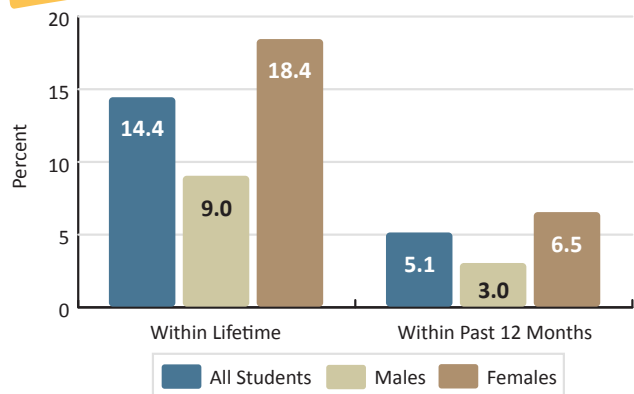
Condition	Percent Who Report Being Diagnosed Within the Past 12 Months	
	Managed Stress (Index ≤1)	Unmanaged Stress (Index >1)
Any Acute Condition	14.3	22.7
Any Chronic Condition	12.3	27.5
Anxiety	4.3	15.1
Depression	2.7	11.3
Obsessive-Compulsive Disorder	0.6	1.6
Panic Attacks	1.1	3.9
Social Phobia/Performance Anxiety	0.3	2.7

Managed Stress (Index ≤1) Unmanaged Stress (Index >1)

Among UMD students, **14.4%** report being diagnosed with depression within their lifetime, and **5.1%** report being diagnosed with depression within the past 12 months. Females report being diagnosed with depression at higher rates than males.

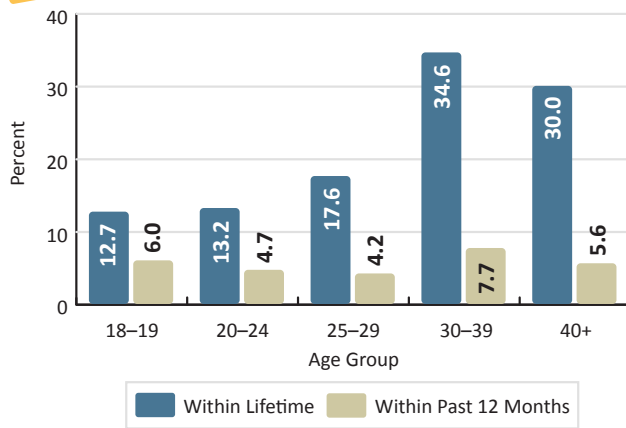
Depression Diagnosis—Lifetime and Past 12 Months

All Students by Gender



Depression Diagnosis— Lifetime and Past 12 Months

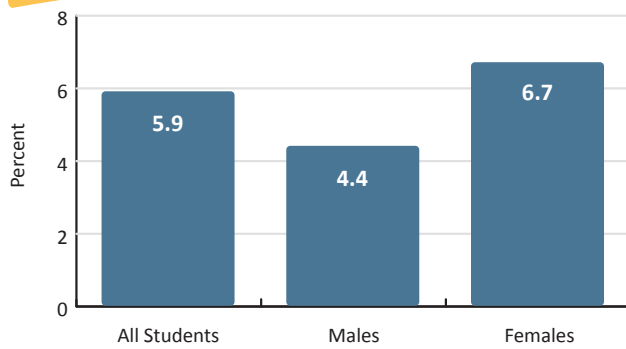
All Students by Age Group



University of Minnesota–Duluth students ages 30–39 report the highest rates of being diagnosed with depression within their lifetime and within the past 12 months.

Currently Taking Medication for Depression

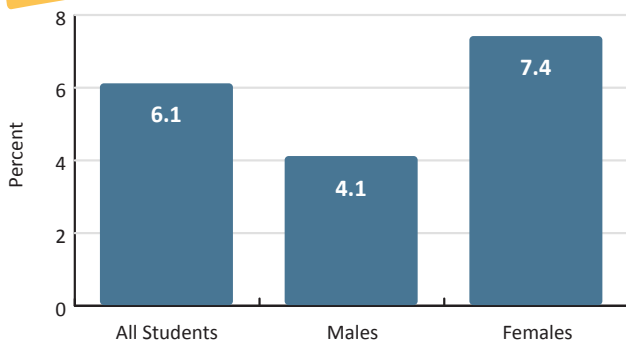
All Students by Gender



Overall, **5.9%** of UMD students report they currently are taking medication for depression. Females report a higher rate of medication use for depression than males, which correlates with the higher depression diagnosis rates found in females compared to males.

Currently Taking Medication for Mental Health Problems Other Than Depression

All Students by Gender

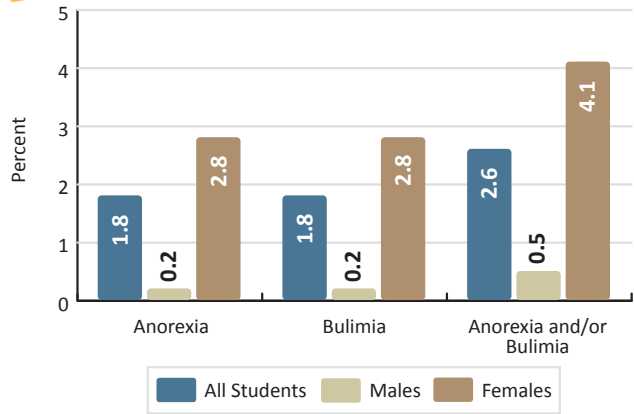


Female UMD students report a higher rate of medication use for mental health problems other than depression compared to male students. Overall, **6.1%** of students report taking medication for a mental health problem other than depression.

Among UMD students, **0.5%** of males and **4.1%** of females report being diagnosed with anorexia and/or bulimia within their lifetime.

Eating Disorder Diagnosis—Lifetime

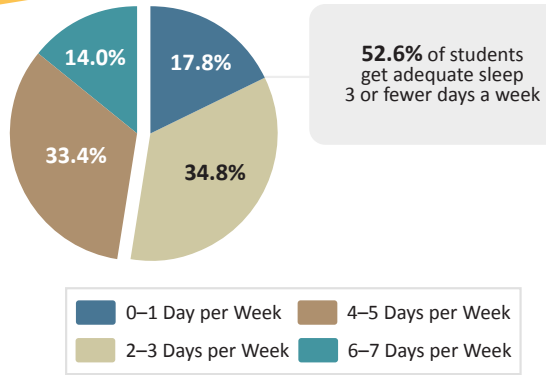
All Students by Gender



In response to a question that asked UMD students how many of the past seven days they got enough sleep so they felt rested when they woke up in the morning, more than one-half (**52.6%**) of students report they received adequate sleep three or fewer days over the previous seven days.

Number of Days of Adequate Sleep—Past Seven Days

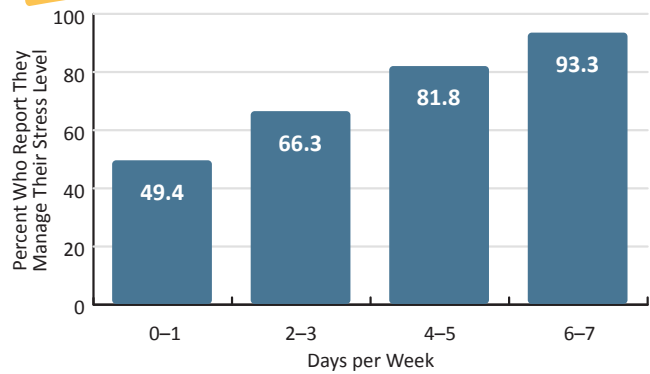
All Students



Receiving adequate sleep in the past seven days appears to have an impact on students' ability to manage their stress level. Only **49.4%** of UMD students who report receiving zero to one day per week of adequate sleep also report the ability to manage their stress, whereas **93.3%** of students who report six to seven days per week of adequate sleep also report the ability to manage their stress.

Adequate Sleep and Stress

All Students



Results

Tobacco Use

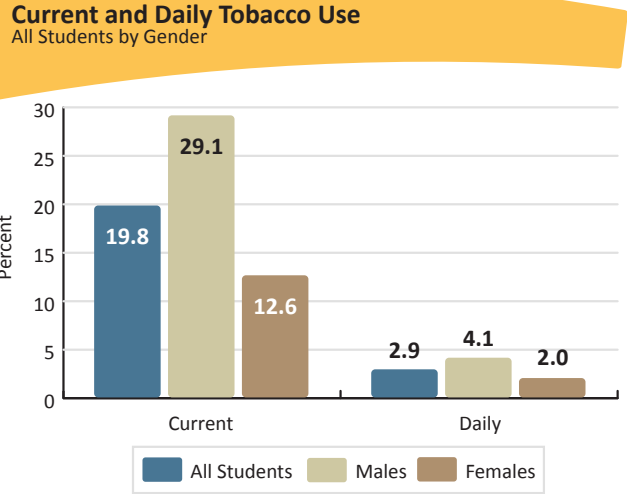
Young adults transitioning between high school and college find themselves in an environment with increased opportunities to make personal and lifestyle decisions without supervision or input from their parents. Coupling this newfound freedom with growing academic pressure and an expanding social network can lead to experimentation and risky behaviors such as smoking. Preventing smoking among young adults is critical to reducing long-term use of tobacco products and the subsequent negative health consequences.

National Comparison

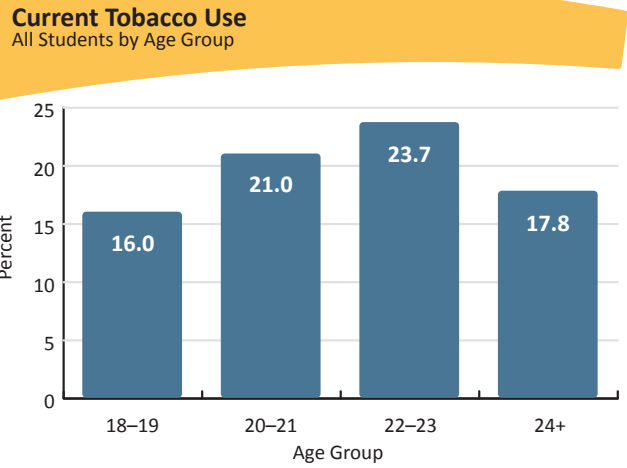
Recent research shows that approximately one-third of 18- to 20-year-olds (31.6%) and 21- to 25-year-olds (34.7%) report current cigarette use (SAMHSA, 2012b). Approximately one in four (25.8%) full-time college students smoked cigarettes at least one time in the previous year; fewer than one in six (15.2%) smoked cigarettes at least one time in the previous 30 days; and fewer than one in 10 (7.3%) smoke cigarettes daily (Johnston et al, 2012). Among young adults ages 18–25, 5.4% used smokeless tobacco in the previous month (SAMHSA, 2012b). Current cigarette smokers are more likely to use other tobacco products, alcohol, or illicit drugs than nonsmokers (SAMHSA, 2012b). Among all current smokers, 45.3% have stopped smoking for at least one day in the preceding 12 months (CDC, 2009). Of the 15 million college students in the United States, an estimated 1.7 million will die prematurely due to smoking-related illnesses (Halperin, 2002). Clearly the current level of tobacco use among college students poses a major health risk.

The current tobacco-use rate for students at the University of Minnesota–Duluth is **19.8%**, with a daily tobacco-use rate of **2.9%**. Males report higher rates of current tobacco use and daily tobacco use rates compared to females.

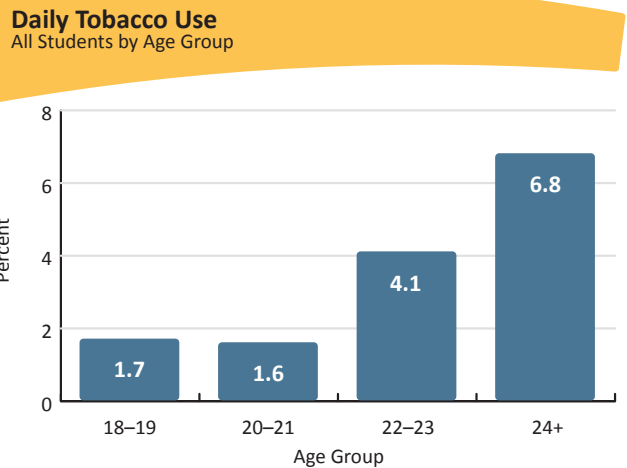
Definition:
Current Tobacco Use
 Any tobacco use in the past 30 days. Tobacco use includes both smoking and smokeless tobacco.



UMD students ages 22–23 report the highest current tobacco use rate.

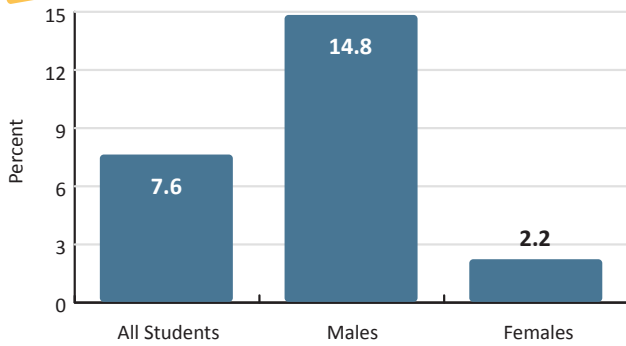


The highest daily tobacco-use rate is found among UMD students age 24 and older. More than one in fifteen (**6.8%**) University of Minnesota–Duluth students age 24 and older report using tobacco daily.



Current Smokeless Tobacco Use

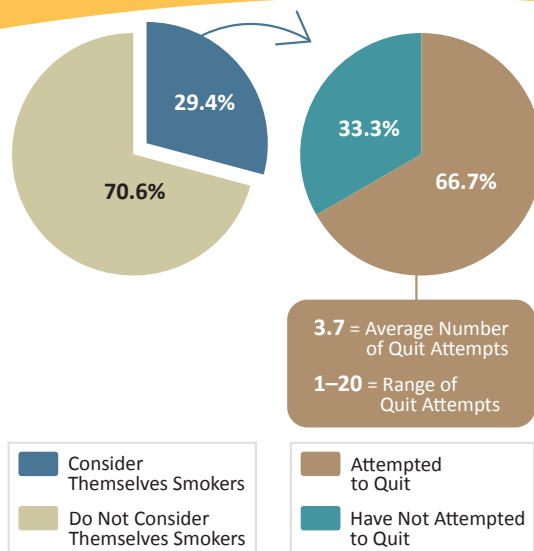
All Students by Gender



Overall, **14.8%** of male UMD students report using smokeless tobacco during the past 30 days.

Quit Attempts—Past 12 Months

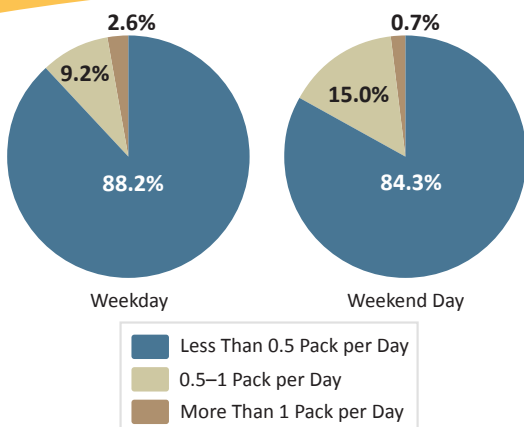
Current Smokers



Among students at UMD who report using smoking tobacco in the past 30 days, **70.6%** do not consider themselves to be smokers. Among University of Minnesota–Duluth students who do consider themselves to be smokers, **66.7%** made at least one attempt to quit smoking over the past 12 months. These students made an average of **3.7** quit attempts during that same 12-month period.

Number of Cigarettes Smoked

Current Smokers

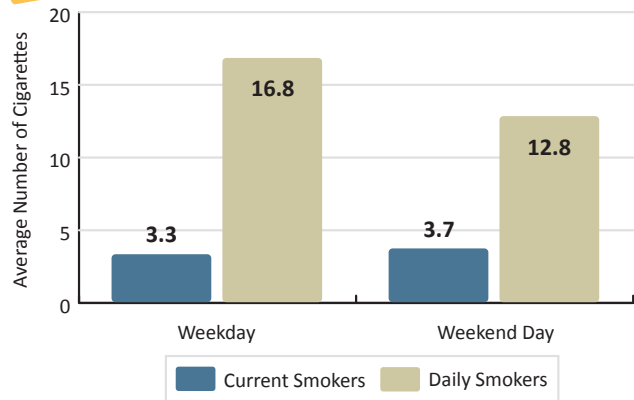


For UMD students who report smoking over the past 30 days, the percentage of those who say they smoke half a pack of cigarettes or more per day increases from **11.8%** on a weekday to **15.7%** on a weekend day.

The average number of cigarettes smoked by UMD students who are current smokers increases from **3.3** per weekday to **3.7** per weekend day. For daily smokers, the average number decreases from **16.8** per weekday to **12.8** per weekend day.

Average Number of Cigarettes Smoked

Current vs. Daily Smokers



UMD students who smoked in the past 30 days report the most common locations of their tobacco use where they live (outside), in a car, at private parties (outside), and on campus (outside).

Tobacco-Use Location

Current Smokers

Location	Percent Who Indicate Use at Specified Location	
	Inside	Outside
On Campus	5.9	44.4
Residence Halls	*	15.0
Fraternity/Sorority	7.2	10.5
Bars/Restaurants	*	38.6
In a Car	63.4	*
Where I Live	22.2	64.1
Private Parties	28.1	56.2
Worksite	*	20.9
Parking Ramp/Garage	17.6	*
Other	10.5	31.4

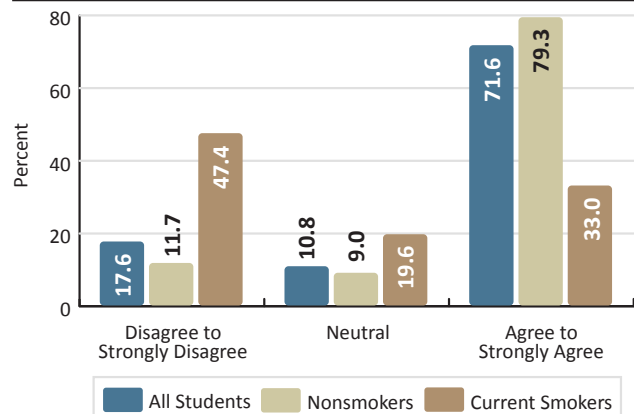
*Location not included in question.

UMD students were asked their opinion regarding a smoke-free policy on their campus. Nearly four-fifths (**79.3%**) of nonsmokers and approximately one-third (**33.0%**) of current smokers agree to strongly agree that their campus should have a smoke-free policy prohibiting smoking both indoors and outdoors. Additionally, UMD students were asked their opinion regarding a tobacco-free policy on their campus. Approximately two-thirds (**66.0%**) of nonsmokers and nearly one in four (**24.8%**) current smokers agree to strongly agree that their campus should have a tobacco-free policy prohibiting all tobacco use both indoors and outdoors.

Smoke-Free Campus Policy Support

All Students

Question asked:
In my opinion, my campus should implement a smoke-free policy prohibiting smoking both indoors and outdoors.



Secondhand Smoke Exposure All Students

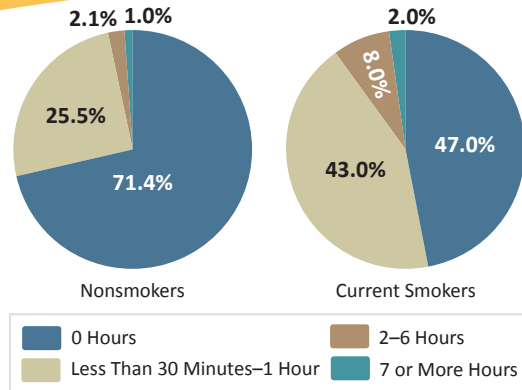
Location	Percent Who Indicate Exposure					
	Nonsmokers		Smokers		All Students	
On Campus	2.6	30.2	1.3	30.7	2.4	30.3
Residence Halls	*	5.6	*	7.2	*	5.9
Fraternity/Sorority	1.1	1.1	5.2	5.2	1.8	1.8
Bars/Restaurants	*	18.8	*	35.9	*	21.6
In a Car	12.3	*	40.5	*	16.9	*
Where I Live	3.2	8.9	10.5	30.1	4.4	12.3
Private Parties	9.4	13.0	27.5	39.9	12.3	17.3
Worksite	*	5.2	*	13.7	*	6.6
Parking Ramp/Garage	3.4	*	9.2	*	4.3	*
Other	4.2	14.0	5.2	20.3	4.4	15.0
N/A—Never Exposed	40.9		16.3		37.0	

■ Inside ■ Outside

*Location not included in question.

For UMD students who are nonsmokers, on campus (outside) and bars/restaurants (outside) are the most commonly cited locations for exposure to secondhand smoke. The most frequently reported locations for exposure to secondhand smoke by students who are current smokers are in a car and private parties (outside).

Secondhand Smoke Exposure—Per Week Nonsmokers vs. Current Smokers



For UMD students who are nonsmokers, **3.1%** report being exposed to secondhand smoke two or more hours per week. For current smokers, **10.0%** report being exposed to secondhand smoke for two or more hours per week.

University of Minnesota–Duluth students who use tobacco tend to have a higher rate of high-risk drinking compared to students who are non-tobacco users (**71.4%** vs. **30.9%**, respectively).

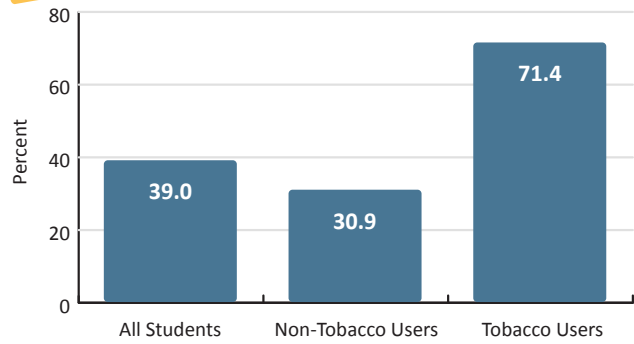
Definition:

High-Risk Drinking

Consumption of five or more alcoholic drinks at one sitting within the past two weeks for both males and females. A drink is defined as a bottle of beer, wine cooler, glass of wine, shot glass of liquor, or mixed drink.

Tobacco-Use Status and High-Risk Drinking

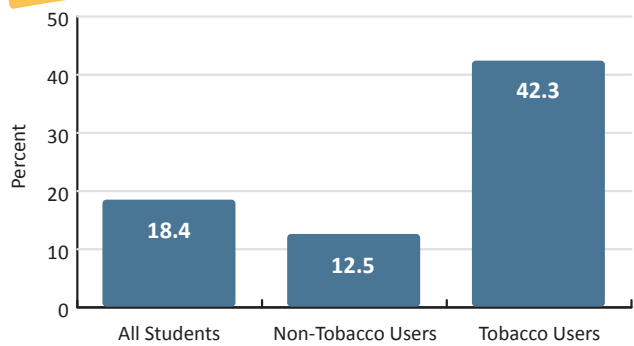
All Students



Similar to the relationship between high-risk drinking and tobacco use, use of marijuana in the past 30 days by UMD students is higher among tobacco users (**42.3%**) compared to non-tobacco users (**12.5%**). This is more than a three-fold increase in the rate.

Tobacco-Use Status and Current Marijuana Use

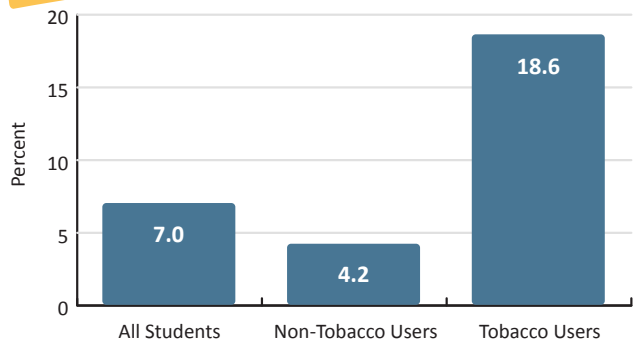
All Students



As with high-risk drinking and marijuana use, the use of other illegal drugs is associated with tobacco use. UMD students who are tobacco users use illegal drugs, other than marijuana, at more than four times the rate of non-tobacco users who attend the university (**18.6%** vs. **4.2%**, respectively).

Tobacco-Use Status and Other Illegal Drug Use (Not Marijuana)—Past 12 Months

All Students



Results

Alcohol Use and Other Drug Use

For some young adults, college life includes an introduction to or increase in the use of alcohol, marijuana, and various illicit drugs. Whether students are using these substances to signify emergence into adulthood, enhance their social life, or cope with stress, substance abuse can lead to a decline in classroom performance, lower grades, aggressive behavior, property damage, and personal injury.

National Comparison

American college students consume alcohol and other drugs at very high rates. Among full-time college students, approximately four in five (80.5%) have consumed alcohol at least one time, more than three in four (77.4%) have consumed alcohol in the past year, and nearly two in three (63.5%) consume alcohol monthly (Johnston et al, 2012). The rate of binge drinking (consuming five or more alcoholic beverages in a row in the previous two weeks) peaks between ages 21 and 25 at 45.4% and is 31.2% among 18- to 20-year-olds (SAMHSA, 2012b). Young adults ages 18 to 22 who are enrolled in college full time are more likely than their peers who are not enrolled in college full time to consume alcohol monthly and to binge drink (SAMHSA, 2012b).

Approximately one-half (49.2%) of full-time college students have used an illicit drug at least once in their lifetime, more than one-third (36.3%) of full-time college students have used an illicit drug at least once in the past year, and more than one in five (21.4%) full-time college students have used an illicit drug in the last month (Johnston et al, 2012). Marijuana is the illicit drug of choice for full-time college students, with nearly half (46.6%) of students having used the drug at least once in their lifetime, approximately one-third (33.2%) having used it in the past year, and approximately one in five (19.4%) having used it in the past month (Johnston et al, 2012). Among full-time college students, 9.3% have used amphetamines, 3.3% have used cocaine, and 0.1% have used heroin in the previous year (Johnston et al, 2012).

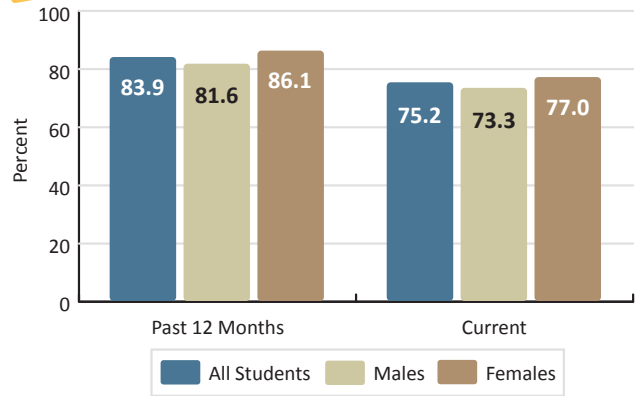
Among University of Minnesota–Duluth students, **83.9%** report using alcohol in the past 12 months and **75.2%** report using alcohol in the past 30 days. Female students report slightly higher rates of past-12-month alcohol use and current alcohol use compared to males.

Definition:
Past-12-Month Alcohol Use
 Any alcohol use within the past year.

Definition:
Current Alcohol Use
 Any alcohol use within the past 30 days.

Alcohol Use—Past 12 Months and Current

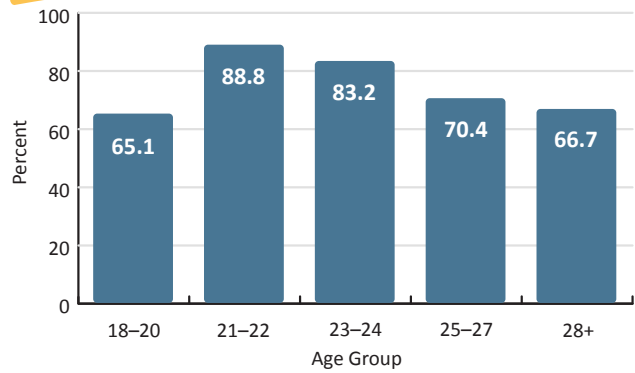
All Students by Gender



Approximately two in three (**65.1%**) UMD students ages 18–20 report consuming alcohol in the past 30 days. More than four-fifths (**88.8%**) of UMD students ages 21–22 report consuming alcohol in the past 30 days.

Current Alcohol Use

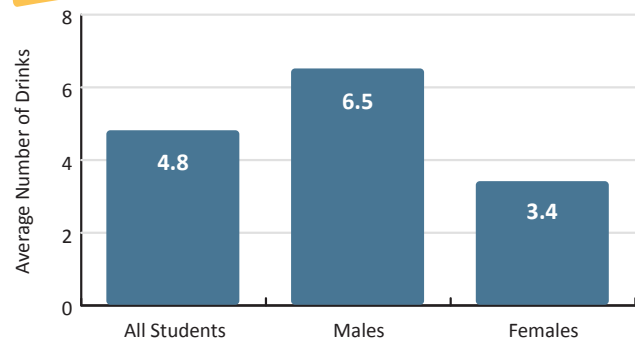
All Students by Age Group



Male UMD students consume a higher average number of drinks per week than female students at the university. The average number of drinks per week may serve as an indicator of overall alcohol use.

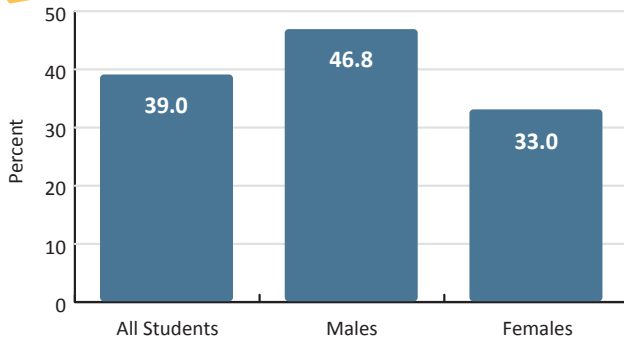
Average Number of Drinks per Week

All Students by Gender



High-Risk Drinking

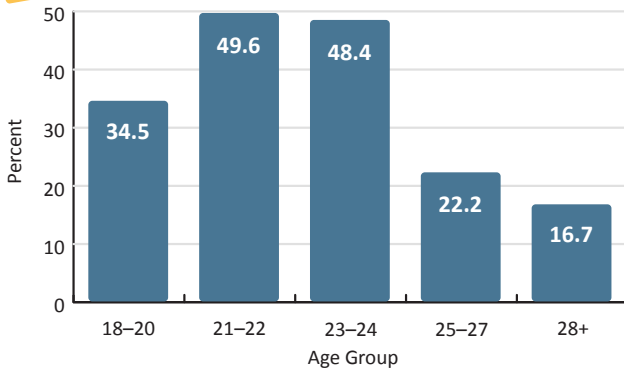
All Students by Gender



Male students at the University of Minnesota–Duluth report a higher rate of high-risk drinking compared to female students (**46.8%** vs. **33.0%**, respectively).

High-Risk Drinking

All Students by Age Group



Among University of Minnesota–Duluth students, the peak years for engaging in high-risk drinking are ages 21–24.

High-Risk Drinking Rates on Campus— Perceived vs. Actual

All Students

Question asked:

In the past two weeks, what percentage of students at your school do you think had five or more drinks at a sitting? (One drink = one shot of alcohol, 12-ounce beer, mixed drink containing 1 or 1.5 ounces of alcohol, 12-ounce wine cooler, or 5-ounce glass of wine.)

High-Risk Drinking Status	Students' Perception of High-Risk Drinking by School Peers	Actual High-Risk Drinking Rate
All Students	44.6%	39.0% of All Students
High-Risk Drinkers	52.1%	
Non-High-Risk Drinkers	39.7%	

University of Minnesota–Duluth students who have engaged in high-risk drinking tend to overestimate this behavior among their peers (**52.1%**), while those who have not engaged in high-risk drinking more accurately estimate this behavior among their peers (**39.7%**). The estimate from all students is **44.6%**, and the actual high-risk drinking rate among students at the college is **39.0%**.

The blood alcohol content (BAC) of a student on the most recent socializing/partying occasion was calculated based on answers to four different survey questions (gender, current body weight, amount of alcohol consumed, and time period of consumption). It should be noted that the BAC calculated in this study is an estimate. This information is self-reported, and students tend to underestimate the actual amount of alcohol they consume.

For students attending the University of Minnesota–Duluth, the average estimated blood alcohol content, based on the last time the student partied/socialized, is **0.08**. The average estimated BAC is the same for males and females at the university.

The average estimated BAC levels for University of Minnesota–Duluth students range from **0.04** to **0.10**, with the estimated BAC for all survey respondents averaging **0.08**. Students ages 22, 24, and 27 report the highest average estimated BAC levels but the average estimated BAC levels for students ages 21, 22, 24, and 27 all exceed the legal driving limit of 0.08 for individuals of legal drinking age.

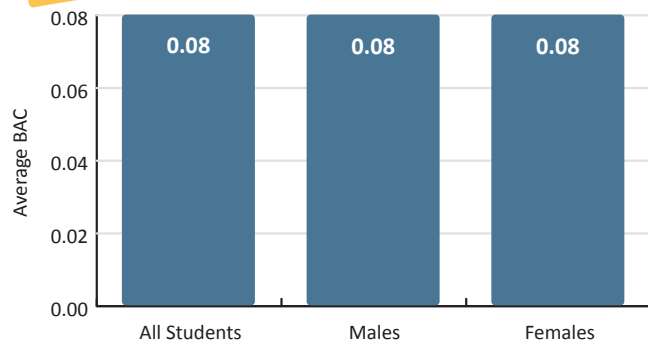
Blood Alcohol Content

Blood alcohol content (BAC) measures the percentage of alcohol in a person's blood. The calculation of BAC is based on a formula that takes into account the following factors:

- Gender
- Current body weight
- Amount of alcohol consumed (number of drinks)
- Time period of consumption
- Concentration of alcohol in the beverage consumed (based on the alcohol content of one typical can of beer containing 4.5% alcohol)

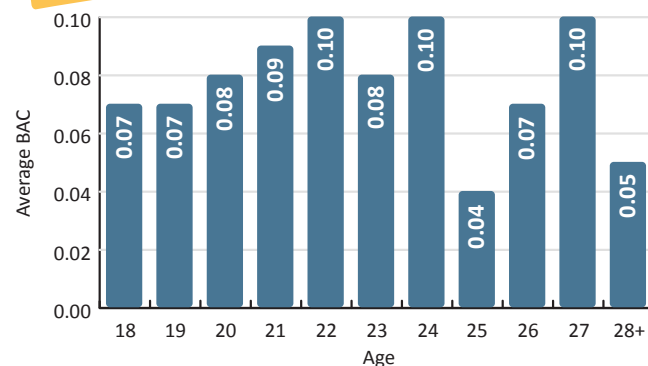
Average Estimated Blood Alcohol Content

All Students by Gender



Average Estimated Blood Alcohol Content

All Students by Age



Negative Consequences of Alcohol/Drug Use

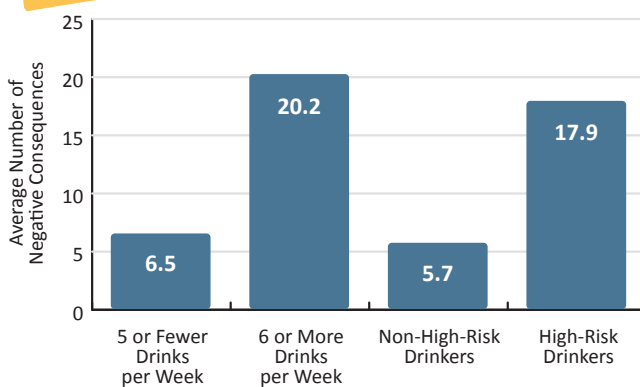
All Students

Negative Consequence Due to Alcohol/Drug Use	Percent Who Report Experiencing Within Past 12 Months
Had a Hangover	64.2
Performed Poorly on a Test or Important Project	25.1
Been in Trouble With Police, Residence Hall, or Other College Authorities	8.0
Damaged Property, Pulled Fire Alarms, etc.	2.0
Got into an Argument or Fight	22.7
Got Nauseated or Vomited	46.3
Driven a Car While Under the Influence	14.5
Missed a Class	29.6
Been Criticized by Someone I Know	22.2
Thought I Might Have a Drinking or Other Drug Problem	7.0
Had a Memory Loss	29.2
Done Something I Later Regretted	30.4
Been Arrested for DWI/DUI	0.6
Have Been Taken Advantage of Sexually	4.0
Have Taken Advantage of Another Sexually	0.6
Tried Unsuccessfully to Stop Using	3.6
Seriously Thought About Suicide	3.4
Seriously Tried to Commit Suicide	0.5
Been Hurt or Injured	12.4

More than one in seven (**14.5%**) UMD students report having driven a car while under the influence of alcohol or drugs. Among University of Minnesota–Duluth students, **29.6%** report missing a class and **25.1%** report performing poorly on a test or project as a result of alcohol/drug use.

Average Number of Negative Consequences

All Students by Average Number of Drinks and High-Risk Drinking



A strong association exists between the average number of drinks UMD students consumed per week and the total number of reported negative consequences they experienced over the past 12 months. An association also exists between engaging in high-risk drinking within the past two weeks and reported negative consequences.

The rates for the negative consequences identified generally are three times higher among UMD students who have engaged in high-risk drinking compared to students who have not engaged in high-risk drinking. Nearly one in four (24.5%) students who have engaged in high-risk drinking has driven while under the influence of alcohol or drugs one or more times in the past 12 months.

High-Risk Drinking and Selected Consequences*

All Students

Negative Consequence	Percent		
	All Students	Non-High-Risk Drinkers	High-Risk Drinkers
Driven a Car While Under the Influence	14.5	8.1	24.5
Got into an Argument or Fight	22.7	13.6	37.1
Performed Poorly on a Test or Important Project	25.1	15.6	40.1
Missed a Class	29.6	18.7	46.8
Have Been Taken Advantage of Sexually (Includes Males and Females)	4.0	2.1	7.0

Legend: All Students (Blue), Non-High-Risk Drinkers (Green), High-Risk Drinkers (Brown)

*The rate for high-risk drinking is based on behavior in the past two weeks while the rate for negative consequences is based on reported experiences within the previous 12-month period.

Students were asked if they would call 911 when someone passes out due to alcohol/drug use and they are unable to wake the individual. In this example of a situation in which 911 must be called, 62.6% of all UMD students report they would be “very likely” to call for emergency assistance.

Likelihood of Calling 911 in an Alcohol/Drug-Related Situation

All Students

Response	Percent		
	All Students	Students Who Did Not Use Alcohol Within the Past 30 Days	Students Who Did Use Alcohol Within the Past 30 Days
Very Likely	62.6	71.1	59.9
Somewhat Likely	24.5	21.7	26.6
Somewhat Unlikely	7.9	4.3	9.1
Very Unlikely	4.1	3.0	4.5

Legend: All Students (Blue), Students Who Did Not Use Alcohol Within the Past 30 Days (Green), Students Who Did Use Alcohol Within the Past 30 Days (Brown)

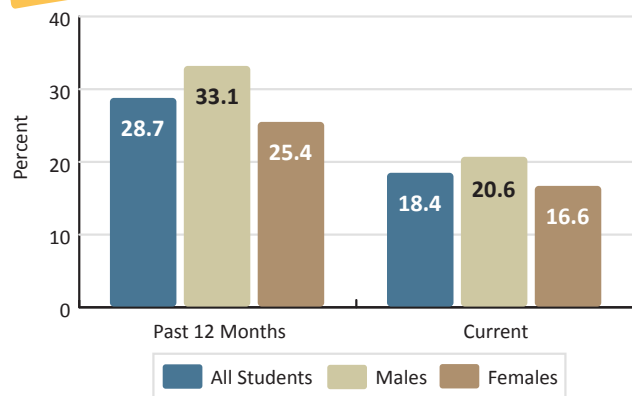
The rate for any marijuana use within the past 12 months is 28.7% for all UMD students, while the current marijuana-use rate is 18.4% for all UMD students. Past 12 month and current marijuana-use rates are higher for males than for females.

Definition:
Past-12-Month Marijuana Use
 Any marijuana use within the past year.

Definition:
Current Marijuana Use
 Any marijuana use within the past 30 days.

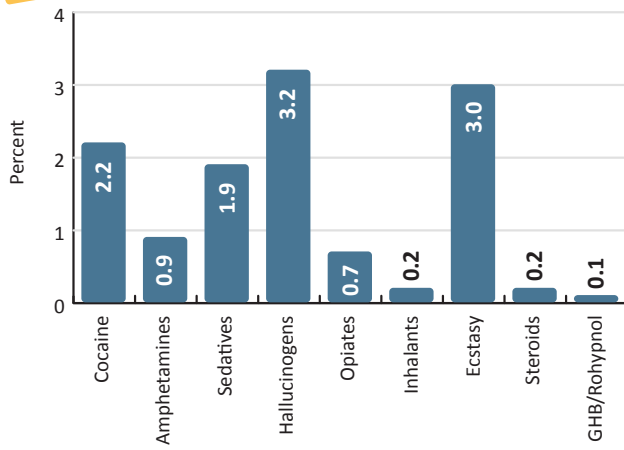
Marijuana Use—Past 12 Months and Current

All Students by Gender



Selected Drug Use—Past 12 Months

All Students



The illicit drug most commonly used by University of Minnesota–Duluth students is hallucinogens (3.2%). Further analysis shows that among University of Minnesota–Duluth students, 7.0% report having used at least one of the nine listed illicit drugs. In addition, 7.1% of students report using another person’s prescription drugs.

Results

Personal Safety and Financial Health

The health of students and their subsequent success in academic life depends on a multitude of factors both intrinsic and extrinsic to the individual. Safety and personal finances are natural sources of concern for students, parents, and college personnel. A safe campus offers students the opportunity to pursue learning in an environment free from threats to their physical or emotional well-being. As college populations become more diverse, the challenge of creating a safe environment becomes more complex. Students' decisions related to finances also affect their academic success. This section concentrates on the areas of personal safety and financial health.

National Comparison

Though many efforts are made to reduce violence and victimization on campus, these unfortunate events still occur. Current data show that almost one in six (17.6%) women and one in 33 (3.0%) men in the United States have been victims of rape or attempted rape in their lifetime (Tjaden & Thoennes, 2006). Based on estimates by the National Institute of Justice, 20.0% of American women experience rape or attempted rape while in college, but fewer than 5.0% of college rape victims report the incident to the police (Fischer et al, 2000).

Financial health is another area of concern. According to the U.S. Department of Education, the average price of college attendance was \$14,000 for all undergraduates and \$22,400 for all full-time, full-year undergraduate students during the 2007–2008 school year (USDE, 2011). In 2007–2008, 65.6% of all undergraduates received some type of financial aid, and the average amount of aid received was \$9,100 (USDE, 2011). Nearly two in five (38.5%) undergraduate students borrowed money through a school loan, and the average loan amount was \$7,100 (USDE, 2011). More than four in five (84.0%) college students in the United States have at least one credit card, and one-half (50.0%) have four or more credit cards (Sallie Mae, 2009). The average credit card debt per U.S. college student is \$3,173 (Sallie Mae, 2009). More than two-fifths (41.9%) of college students report they participated in some type of gambling activity during the previous school year (LaBrie et al, 2004).

More than one in five (**21.6%**) female students at the University of Minnesota–Duluth report experiencing a sexual assault within their lifetime, with **5.6%** reporting having been assaulted within the past 12 months. Male students at the university have experienced sexual assault at lower rates, with **3.4%** reporting an assault within their lifetime and **1.7%** reporting an assault within the past 12 months.

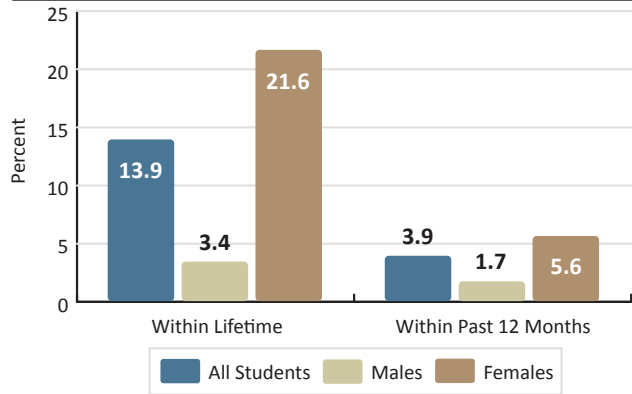
Sexual Assault—Lifetime and Past 12 Months

All Students by Gender

Sexual assault is defined as answering yes to at least one of the following two questions:

Within your lifetime or during the past 12 months, have you:

- Experienced actual or attempted sexual intercourse without your consent or against your will?
- Experienced actual or attempted sexual touching without your consent or against your will?



Among female students at the University of Minnesota–Duluth, approximately one in four (**20.1%**) report experiencing domestic violence within their lifetime. Nearly one in ten (**9.7%**) male students report having had the experience.

Further examination of data shows that more than one in ten (**10.5%**) students at the university report either sexually assaulting or inflicting domestic violence on another person within their lifetime. Of those who report being a perpetrator of sexual assault or domestic violence, **38.0%** indicate they have been a victim of a sexual assault within their lifetime.

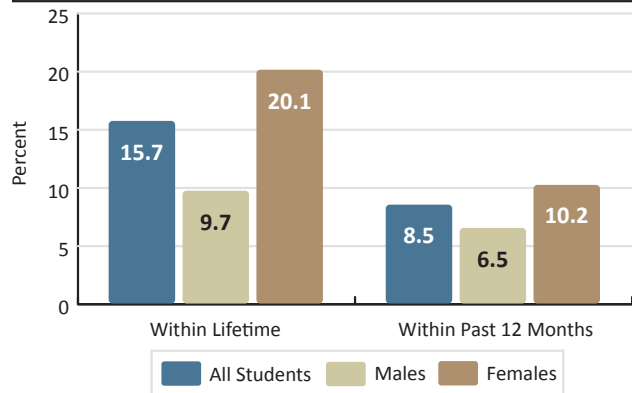
Domestic Violence—Lifetime and Past 12 Months

All Students by Gender

Domestic violence is defined as answering yes to at least one of the following two questions:

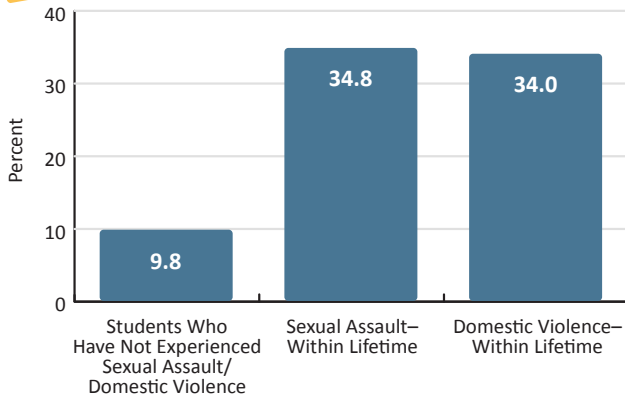
Within your lifetime or during the past 12 months, have you:

- Been slapped, kicked, or pushed by your significant other or spouse/partner?
- Been hurt by threats, “put-downs,” or yelling by your significant other or spouse/partner?



Depression Diagnosis—Lifetime

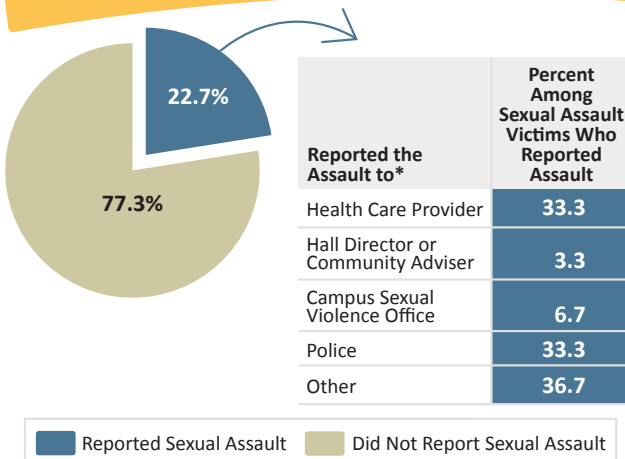
All Students by Sexual Assault/Domestic Violence



For students who report being victims of sexual assault, **34.8%** also say they have been diagnosed with depression within their lifetime; **34.0%** of victims of domestic violence say they have had a diagnosis of depression within their lifetime. It should be noted these rates are higher than the lifetime depression rate reported among UMD students who have not experienced sexual assault or domestic violence within their lifetime.

Sexual Assault Reporting by Victims—Lifetime

Sexual Assault Victims

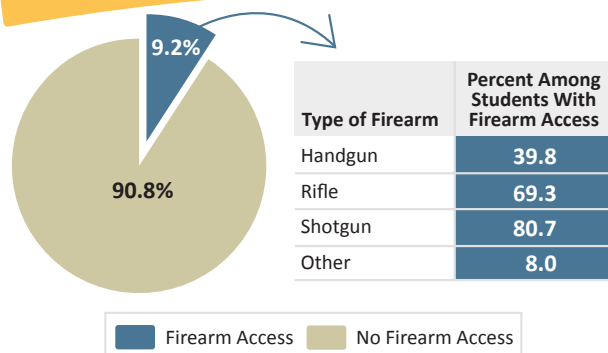


*Students may have reported incident to individuals in more than one category.

Of University of Minnesota—Duluth students who indicate they have experienced a sexual assault within their lifetime (13.9%), only **22.7%** state they reported the incident. Of students who chose to report the incident, **33.3%** reported it to a health care provider and **33.3%** reported it to the police.

Firearm Access

All Students



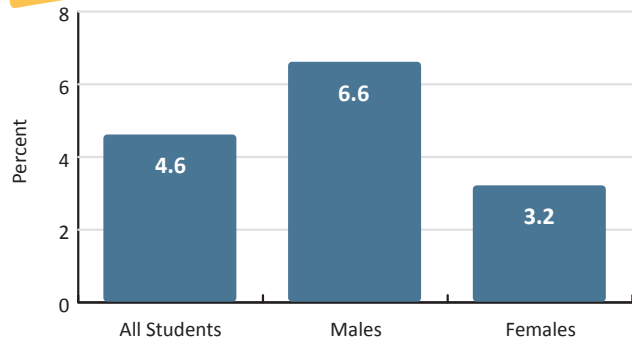
Approximately one in eleven (**9.2%**) UMD students report they have immediate access to a firearm, **14.1%** for males and **5.4%** for females. Of those who have access to a firearm, **39.8%** report they have access to a handgun.

Further analysis shows that **15.3%** of students attending the University of Minnesota—Duluth state they carried a weapon (e.g., gun, knife) within the past 12 months. This does not include carrying a weapon while hunting.

Male students at the University of Minnesota–Duluth are more likely to report having engaged in a physical fight over the past 12 months compared to female students at the university (6.6% vs. 3.2%, respectively).

Physical Fight—Past 12 Months

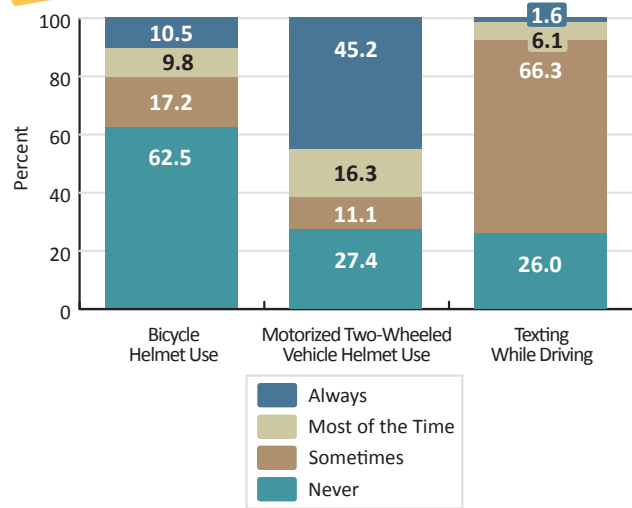
All Students by Gender



Among students at UMD who rode a bicycle, only 20.3% report wearing a helmet always or most of the time while riding the bicycle. Nearly two-thirds (61.5%) of UMD students who rode a motorized two-wheeled vehicle report they wear a helmet always or most of the time while on the vehicle. Nearly three in four (74.0%) students report texting sometimes, most of the time, or always while driving.

Transportation Safety—Past 12 Months

All Students



More than two-fifths (41.0%) of UMD students report experiencing at least one injury over the past 12 months. The injuries most commonly reported during this period are due to falls and team sports.

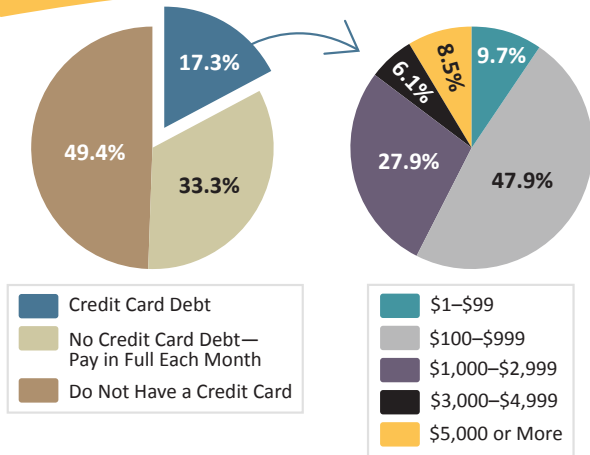
Injuries—Past 12 Months

All Students

Type of Injury	Percent Who Report Experiencing Within Past 12 Months
Assaulted by Another Person (Nonsexual)	1.4
Burned by a Fire or Hot Substance	8.0
Motor Vehicle Related	1.8
Team Sports	12.0
Individual Sports	10.3
Bicycle Related	2.1
Falls	13.4
Other	10.9
Not Applicable—I Was Not Injured	59.0

Current Credit Card Debt

All Students



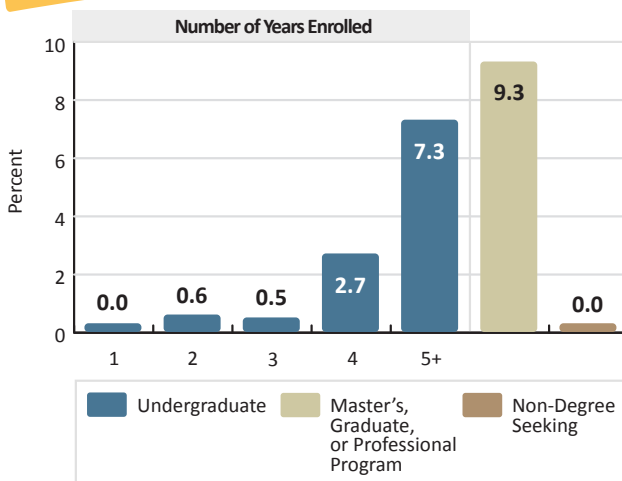
More than one in six (**17.3%**) UMD students report carrying some level of credit card debt over the past month. Of those who carry a monthly credit card balance, **14.6%** report the debt as \$3,000 per month or more.

Definition:
Current Credit Card Debt

Any unpaid balance at the end of the past month.

Credit Card Debt and Class Status

All Students



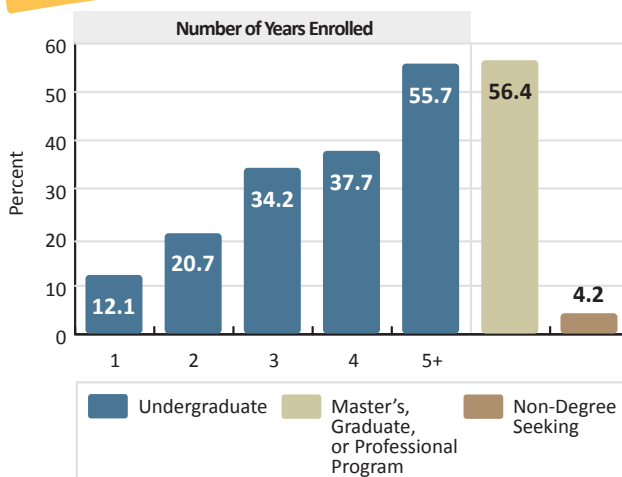
The rate of monthly credit card debt of \$3,000 or more among UMD students is highest among those enrolled in a master's, graduate, or professional program (**9.3%**).

Definition:
Credit Card Debt

A monthly debt of \$3,000 or more.

Student Loan Balance and Class Status

All Students



The percentage of UMD students who report a student loan balance of \$20,000 or more increases from **12.1%** among students enrolled one year to **55.7%** among students enrolled five or more years and **56.4%** among students enrolled in a master's, graduate, or professional program (.

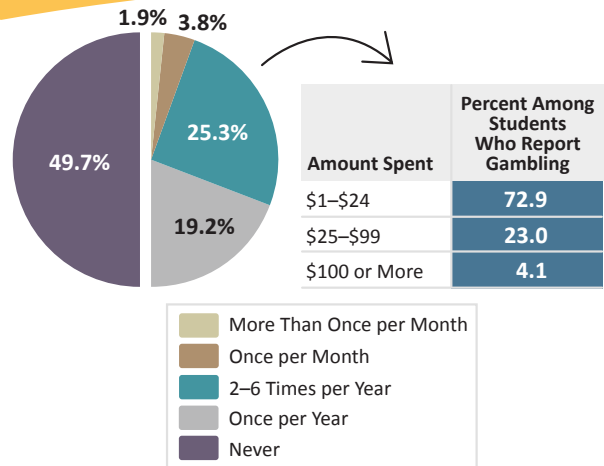
Definition:
Student Loan Balance

A student loan balance of \$20,000 or more.

More than one-half (**50.3%**) of University of Minnesota–Duluth students report engaging in gambling over the past 12-month period. Approximately one in twenty (**5.7%**) report gambling at least once a month. Of the **50.3%** who gambled within the past year, **4.1%** report spending \$100 or more per month.

Gambling—Past 12 Months

All Students



Results

Nutrition and Physical Activity

For many students, the college years represent a time of new experiences and increased opportunities to make personal health decisions. Some of these decisions encompass the areas of nutrition and physical activity. Students are on their own, free to eat what they want, when they want. Busy academic and social schedules can take priority over eating well and exercising regularly. Class and work schedules vary from day to day and change every semester. Lifestyle changes, peer pressure, and limited finances may lead to an increase in stress, triggering overeating that results in weight gain. In addition, the steady availability of a wide variety of food, both nutritious and not so nutritious, can make wise food choices difficult.

National Comparison

Research shows that young adults in the United States generally eat fewer fruits and vegetables but are more physically active compared to older adults (CDC, 2011). Young adults between the ages of 18 and 24 (20.3%) are slightly less likely than all adults (23.4%) to eat fruits and vegetables five or more times per day (CDC, 2011). Young adults between the ages of 18 and 27 report consuming breakfast an average of 3.1 days per week and consuming fast food an average of 2.5 days per week (Niemeier, 2006). The rate of obesity among young adults ages 18 to 24 is 17.7% (CDC, 2011).

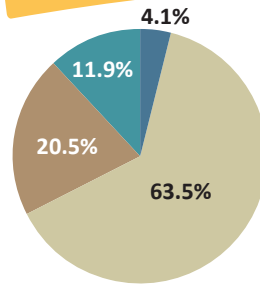
Nationwide, 82.1% of young adults between the ages of 18 and 24 compared to 76.2% of all adults report participating in at least one physical activity during the last month (CDC, 2011). Approximately three out of five (61.4%) 18- to 24-year-olds report engaging in at least 30 minutes of moderate physical activity five or more days per week or at least 20 minutes of vigorous physical activity three or more days per week; for all adults, the rate is 51.0% (CDC, 2011).

Body mass index (BMI) is a common and reliable indicator of body fatness (CDC, 2007). BMI equals weight in kilograms divided by height in meters squared ($BMI = \text{kg}/\text{m}^2$). This table presents weight categories based on BMI ranges.

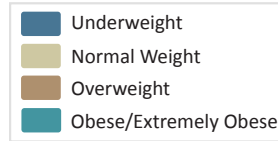
Nearly one-third (**32.4%**) of students at the University of Minnesota–Duluth fall within the overweight or obese/extremely obese category. This is based on self-reported height and weight.

BMI Category

All Students



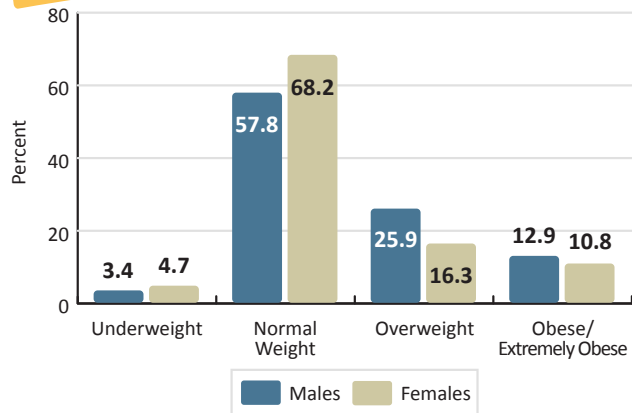
BMI Range	Weight Category
Less Than 18.5	Underweight
18.5–24.9	Normal Weight
25.0–29.9	Overweight
30.0–39.9	Obese
40.0 and Greater	Extremely Obese



Data analysis shows that the average body mass index for male UMD students is **24.9**, and the average BMI for female UMD students is **24.0**. For both male and female students, these averages fall within the normal weight category. More than one in three (**38.8%**) males and about one in four (**27.1%**) females fall within the overweight or obese/extremely obese category.

BMI Category

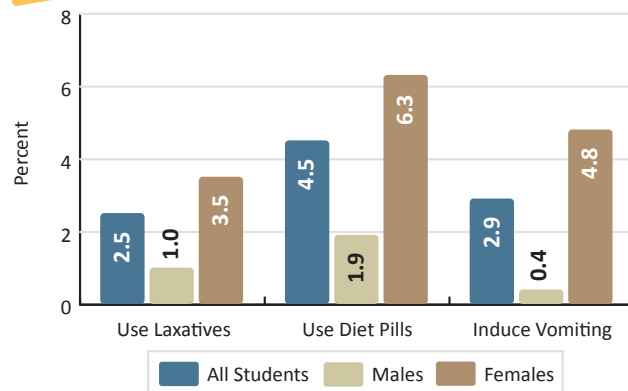
All Students by Gender



Students at the University of Minnesota–Duluth were asked to report their engagement in any of the following activities in an attempt to control their weight: laxative use, diet pill use, and induced vomiting. Compared to males, females engage in these behaviors at higher rates.

Weight-Related Behaviors

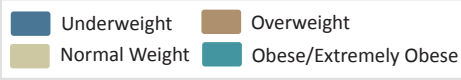
All Students by Gender



Weight-Related Behaviors

All Students by BMI Category

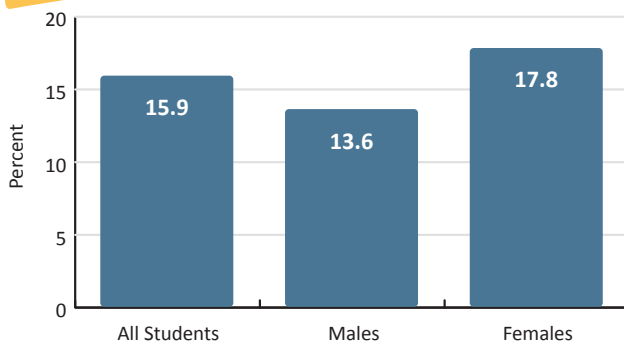
Behavior	Percent			
	Underweight	Normal Weight	Overweight	Obese/Extremely Obese
Use Laxatives	7.7	2.2	2.6	2.7
Use Diet Pills	2.6	3.2	5.1	11.6
Induce Vomiting	0.0	3.5	2.6	1.8



University of Minnesota–Duluth students within the underweight category report the highest rates of laxative use while students in the obese/extremely obese category report the highest rates of diet pill use. Normal weight students at the University of Minnesota–Duluth report the highest rate of induced vomiting.

Binge-Eating Behavior—Past 12 Months

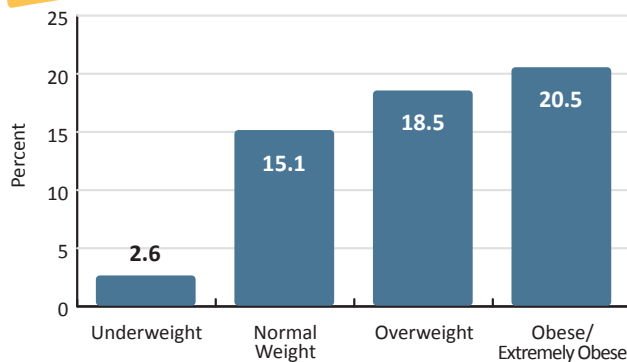
All Students by Gender



More than one out of seven (15.9%) UMD students report they engaged in binge eating over the past 12 months.

Binge-Eating Behavior—Past 12 Months

All Students by BMI Category



University of Minnesota–Duluth students classified as obese/extremely obese report a higher rate of engaging in binge eating than students classified as underweight, normal weight, and overweight.

Underweight UMD students report the highest rate of never eating breakfast within the past seven days. Overweight students report the highest rate of fast-food consumption once a week or more within the past 12 months. Obese/extremely obese students at UMD report the highest rate of eating at a restaurant once a week or more within the past 12 months.

Meal Patterns

All Students by BMI Category

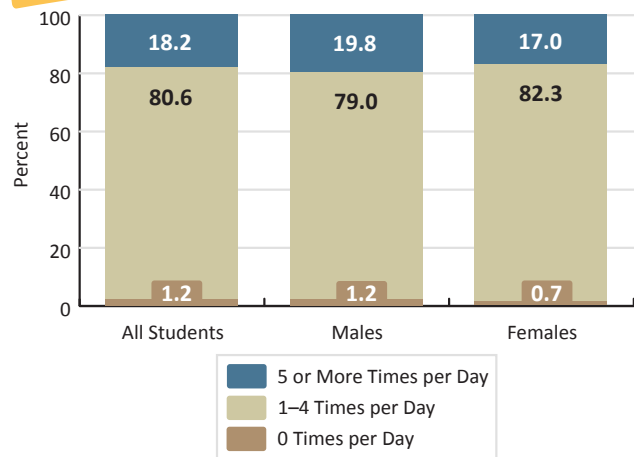
Behavior	Percent			
Breakfast Consumption (Past 7 Days)				
0 Days per Week	7.9	4.3	3.6	5.4
1–3 Days per Week	18.4	26.7	28.0	25.8
4–7 Days per Week	73.7	69.0	68.4	68.8
Fast Food Consumption (Past 12 Months)				
1–2 Times per Month or Less	66.7	67.0	60.5	61.6
Once per Week or More	33.3	33.0	39.5	38.4
Eat at Restaurant (Past 12 Months)				
1–2 Times per Month or Less	76.9	65.8	65.6	63.4
Once per Week or More	23.1	34.2	34.4	36.6



A majority of UMD students consume fruits and vegetables one to four times per day. Only **18.2%** of all students consume fruits and vegetables five or more times per day. Based on the reported number of times per day fruits and vegetables are consumed, an average number of times per day can be calculated. Male and female students at the university consume fruits and vegetables on average **3.1** times per day.

Fruit and Vegetable Consumption—Per Day

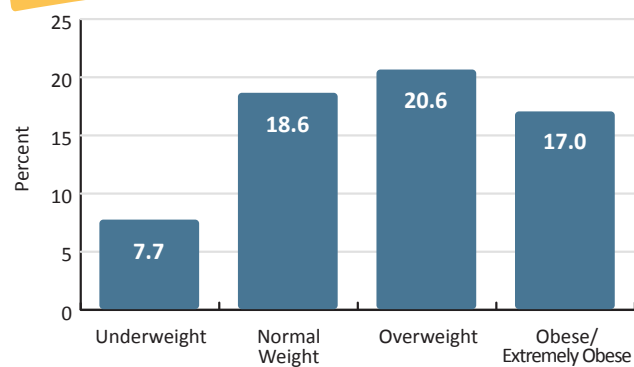
All Students by Gender



Across all BMI categories, the majority of UMD students eat less than the recommended amount of fruits and vegetables per day. Only **7.7%** of underweight students eat fruits and vegetables five or more times per day.

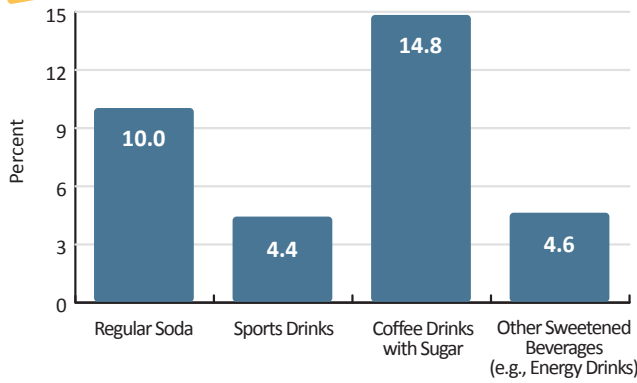
Fruit and Vegetable Consumption—5 or More Times Per Day

All Students by BMI Category



Daily Sweetened Beverage Consumption

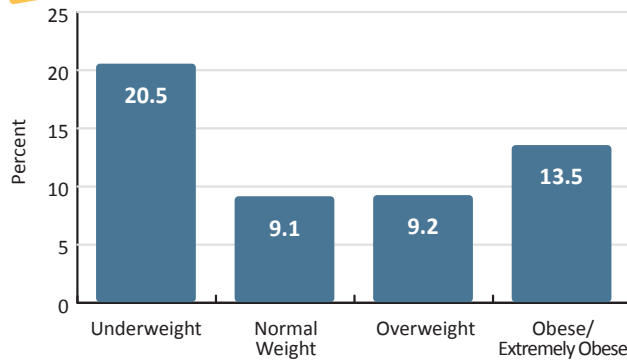
All Students



Students were asked to report their consumption of sweetened beverages. UMD students report higher rates of daily consumption of coffee drinks with sugar (14.8%) and regular soda (10.0%) than of other sweetened beverages including sports drinks (4.4%) and other sweetened beverages including energy drinks (4.6%).

Daily Regular Soda Consumption

All Students by BMI Category



Among UMD students, the level of daily consumption of regular soda is highest among underweight students. It should be noted that the number of students who consume regular soda on a daily basis does not reflect the actual quantity of soda consumed per day.

Physical Activity Level

All Students

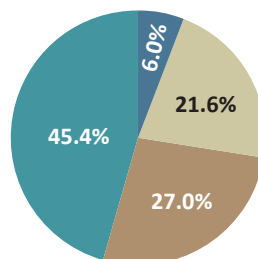
Students were asked several questions related to their physical activity level. The two survey questions that relate to recommendations outlined by the Centers for Disease Control and Prevention (CDC) are:

In the past seven days, how many hours did you spend doing the following activities?

- Strenuous exercise (heart beats rapidly)
- Moderate exercise (not exhausting)

The Centers for Disease Control and Prevention's recommendations for adults are to:

- Engage in moderate-intensity physical activity for at least 30 minutes on five or more days of the week or
- Engage in vigorous-intensity physical activity for at least 20 minutes on three or more days per week (CDC, 2008).

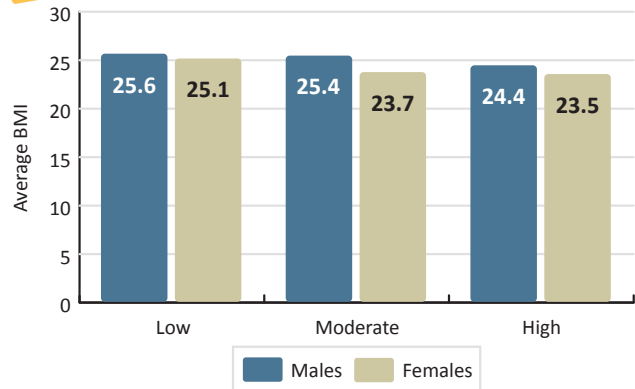


Based on their response to the two questions, students were classified into one of four physical activity levels (zero, low, moderate, or high). The moderate and high classifications meet the CDC's recommended level of physical activity.

Nearly three-fourths (72.4%) of UMD students report levels of physical activity that place them in the moderate or high classification, meeting the CDC's recommendations.

For both male and female UMD students, average BMI decreases as physical activity level increases. Average BMI is lowest among female students with a high level of physical activity.

Average BMI All Students by Physical Activity Level and Gender



Among UMD students, overweight students report a slightly higher rate of moderate to high screen time compared to underweight, normal weight, and obese/extremely obese students. Additional data analysis shows that more than nine in ten (**94.0%**) University of Minnesota–Duluth students report watching TV or using a computer or handheld device (not for work or school) two hours or more per day. Among all students, **0.4%** report zero screen time, **5.7%** report a low level of screen time, **25.4%** report a moderate level of screen time, and **68.6%** report a high level of screen time.

Screen Time—Moderate to High Level All Students by BMI Category

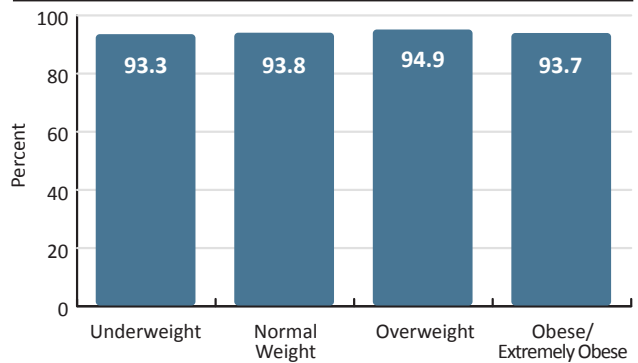
Screen time levels—zero, low, moderate, and high—were determined based on a survey question that asked respondents to report the average number of hours they watch TV or use a computer or handheld device in the course of a day:

Zero Screen Time: 0.0 Hours of Viewing

Low Level: 0.5–1.5 Hours per Day

Moderate Level: 2.0–3.5 Hours per Day

High Level: 4.0 or More Hours per Day



Results

Sexual Health

College is a time of great transition. With its increase in freedom and decision-making opportunities, this transitional period poses many challenges for students. Some of the most important decisions facing college students concern sexual health. Choices relating to sexual behavior have the potential for significant, and oftentimes long-term, consequences. So important is the issue of sexual health that Healthy People 2020 states that improving sexual health is crucial to eliminating health disparities, reducing rates of infectious diseases and infertility, and increasing educational attainment, career opportunities, and financial stability (USDHHS, 2011).

National Comparison

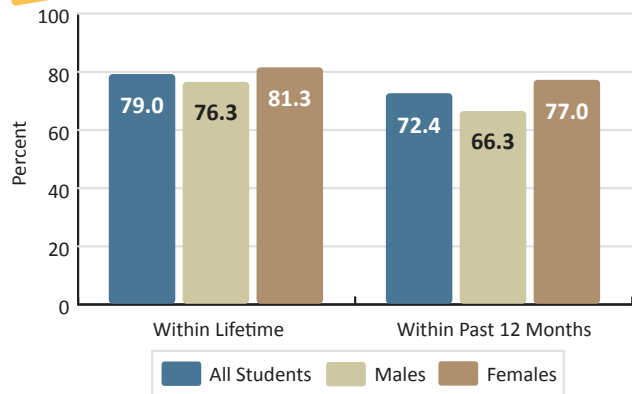
The majority of young adults in the United States are sexually active. Among males, 60.9% of 18- to 19-year-olds and 70.3% of 20- to 24-year-olds report that they have engaged in vaginal intercourse within their lifetime, 59.4% of 18- to 19-year-olds and 73.5% of 20- to 24-year-olds report that they received oral sex from a partner of the opposite sex within their lifetime, and 9.7% of 18- to 19-year-olds and 23.7% of 20- to 24-year-olds report that they engaged in insertive anal intercourse within their lifetime (Herbenick et al, 2010). Among females, 64.0% of 18- to 19-year-olds and 85.6% of 20- to 24-year-olds report that they have engaged in vaginal intercourse within their lifetime, 62.0% of 18- to 19-year-olds and 79.7% of 20- to 24-year-olds report that they received oral sex from a partner of the opposite sex within their lifetime, and 20.0% of 18- to 19-year-olds and 39.9% of 20- to 24-year-olds report that they engaged in anal intercourse within their lifetime (Herbenick et al, 2010). During their most recent vaginal intercourse event, 42.6% of 18- to 24-year-old males and 36.7% of 18- to 24-year-old females used a condom (Sanders et al, 2010).

Due to a combination of behavioral, biological, and cultural reasons, sexually active young adults are at increased risk for acquiring sexually transmitted infections (STIs) (CDC, 2012). The higher prevalence of STIs among young adults reflects multiple barriers to accessing quality STI prevention services, including lack of health insurance or ability to pay, lack of transportation, and concerns about confidentiality (CDC, 2012). Among all males, 20- to 24-year-olds have the highest rate of chlamydia (1,343.3 cases per 100,000 people), gonorrhea (450.6 cases per 100,000 people), and syphilis (23.4 cases per 100,000 people) (CDC, 2012). Among all females, 20- to 24-year-olds have the highest rates of chlamydia (3,722.5 cases per 100,000 people), gonorrhea (584.2 cases per 100,000 people), and syphilis (3.8 cases per 100,000 people) (CDC, 2012).

Female students attending the University of Minnesota–Duluth report higher rates of sexual activity within their lifetime and within the past 12 months compared to male students at the university.

Sexually Active—Lifetime and Past 12 Months

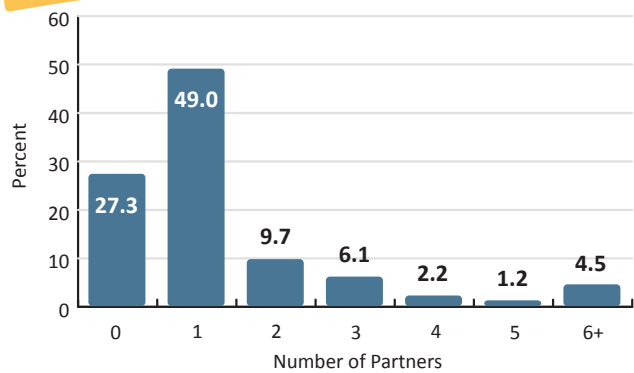
All Students by Gender



More than three in four (76.3%) students report that they had zero or one partner within the past 12 months. On average, UMD students who were sexually active in the past 12 months had 2.3 sexual partners over the past 12-month period.

Number of Sexual Partners—Past 12 Months

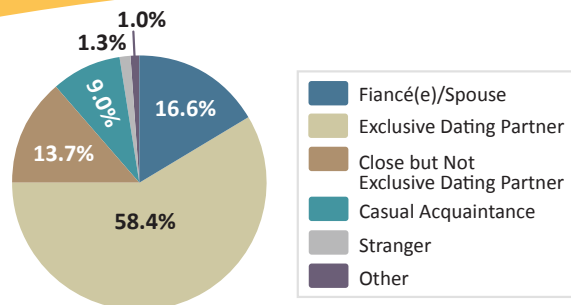
All Students



Among University of Minnesota–Duluth students who were sexually active within the past 12 months, about three in four (75.0%) report that their most recent sexual partner was either a fiancé(e)/spouse or an exclusive dating partner.

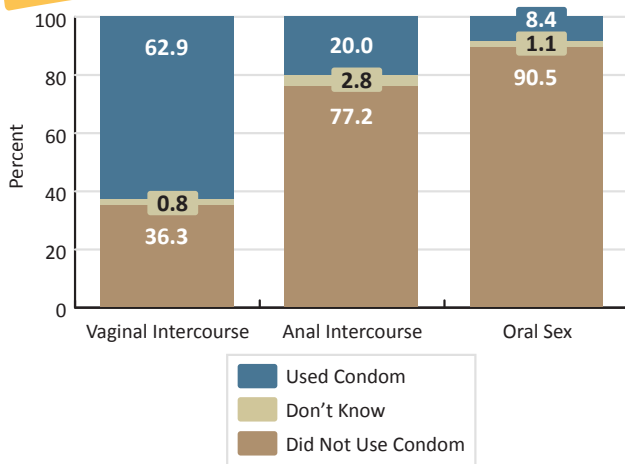
Most Recent Sexual Partner—Past 12 Months

Sexually Active Students



Condom Use

Sexually Active Students Within Lifetime
(Does Not Include Those Who Are Married or With a Domestic Partner)

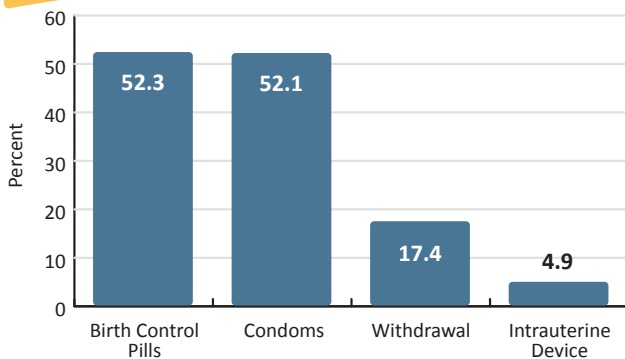


Among UMD students sexually active within their lifetime, **62.9%** used a condom the last time they engaged in vaginal intercourse, **20.0%** used a condom during the last time they had anal intercourse, and **8.4%** used a condom during their last oral sex experience. Percents are based solely on those who indicated they engaged in the activity.

Data analysis shows that of the 79.0% of UMD students who report being sexually active within their lifetime, **93.4%** engaged in vaginal intercourse, **90.9%** engaged in oral sex, and **26.0%** engaged in anal intercourse.

Pregnancy Prevention Methods

Sexually Active Students Within Lifetime



The two most common methods that UMD students report using to prevent pregnancy the last time they engaged in vaginal intercourse are birth control pills (**52.3%**) and condoms (**52.1%**). Use of the withdrawal method is reported by **17.4%** of University of Minnesota–Duluth students. Other methods of pregnancy prevention reported by students are identified in the table.

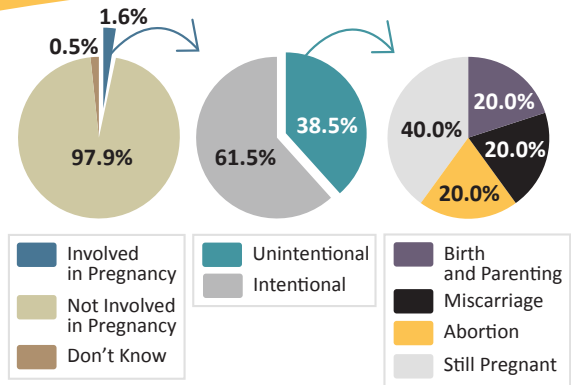
Among UMD students, **4.4%** report not using any method of pregnancy prevention the last time they engaged in vaginal intercourse.

Type of Method	Percent Who Report Using Method
NuvaRing	3.3
Emergency Contraception	2.5
Depo-Provera	2.3
Fertility Awareness	1.5
Ortho Evra	0.4
Diaphragm	0.3
Other	3.2
Don't Know/Can't Remember	0.8

A total of **1.6%** of University of Minnesota–Duluth students has been involved in a pregnancy within the past 12 months. Of those involved in a pregnancy, **38.5%** state it was unintentional. Among the unintentional pregnancies, **20.0%** resulted in birth and parenting, **20.0%** resulted in miscarriage, **20.0%** resulted in abortion, and **40.0%** are still pregnant.

Unintended Pregnancy Outcome— Past 12 Months

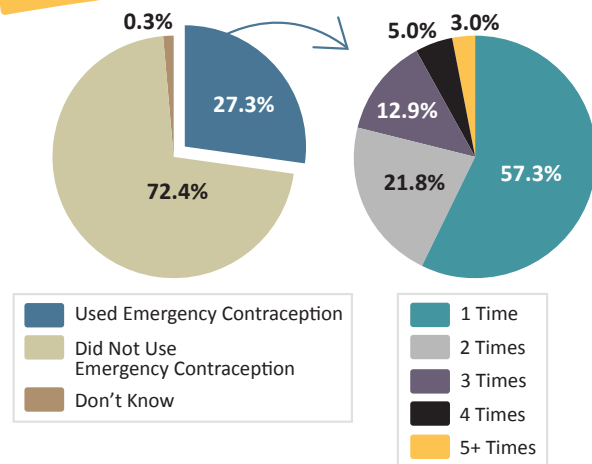
All Students



Analysis shows that within the past 12 months, **27.3%** of sexually active female students at the University of Minnesota–Duluth have used emergency contraception. Among those who used emergency contraception, **57.3%** have used it once, **21.8%** have used it twice, and **20.9%** have used it three or more times.

Emergency Contraception Use—Past 12 Months

Sexually Active Female Students



Among UMD students who have been sexually active within their lifetime, **5.9%** report being diagnosed with a sexually transmitted infection (STI) within their lifetime and **2.6%** report being diagnosed with an STI within the past 12 months. Chlamydia is the STI most commonly diagnosed within students' lifetimes.

Sexually Transmitted Infection Diagnosis— Lifetime and Past 12 Months

All Students

Sexually Transmitted Infection	Percent Who Report Being Diagnosed	
	Within Lifetime	Within Past 12 Months
Chlamydia	2.3	1.4
Genital Herpes	0.8	0.4
Genital Warts/HPV	1.9	0.7
Gonorrhea	0.3	0.0
HIV/AIDS	0.0	0.1
Pubic Lice	1.1	0.0
Syphilis	0.0	0.0
At Least One of the Above Sexually Transmitted Infections	5.9	2.6

■ Within Lifetime ■ Within Past 12 Months

Implications

Healthy individuals make better students, and better students make healthier communities.

Results from the 2013 College Student Health Survey presented in this report document the health and health-related behaviors of students enrolled in the participating institutions. These data, therefore, offer a comprehensive look at the diseases, health conditions, and health-related behaviors that are impacting students attending postsecondary schools in Minnesota. Identification of these health-related issues is critical because the health of college students in Minnesota affects not only their academic achievement but also the overall health of our society.

While it is intuitively obvious that health conditions can affect academic performance, the link to overall societal health is more subtle but no less profound. Given that there are now more students enrolled in postsecondary institutions than in high schools, that college students help set the norms of behavior for our society and serve as role models for younger students, that college students are establishing and solidifying lifestyles and behaviors that will stay with them for the rest of their lives, and that obtaining a college degree is one of the major determinants of future health and economic status, the importance and the impact of the health of college students on our society becomes evident.

Appendix 1

Colleges and Universities Participating in the 2013 College Student Health Survey

School	Location	Enrollment—Spring 2013*
Anoka Technical College	Anoka, MN	3,366
Anoka-Ramsey Community College	Cambridge, MN Coon Rapids, MN	12,256
Bemidji State University	Bemidji, MN	6,645
Carleton College	Northfield, MN	1,991
Central Lakes College	Brainerd, MN Staples, MN	6,253
Concordia University, St. Paul	St. Paul, MN	2,941
Fond du Lac Tribal and Community College	Cloquet, MN	2,888
Itasca Community College	Grand Rapids, MN	1,612
Lake Superior College	Duluth, MN	8,982
M State	Detroit Lakes, MN Fergus Falls, MN Moorhead, MN Wadena, MN eCampus	9,063
Mesabi Range Community & Technical College	Eveleth, MN Virginia, MN	2,345
Metropolitan State University	Minneapolis, MN St. Paul, MN	11,379
Minneapolis Community & Technical College	Minneapolis, MN	14,072
Minnesota School of Business—Blaine	Blaine, MN	488
Minnesota School of Business—Elk River	Elk River, MN	351
Minnesota State University Moorhead	Moorhead, MN	8,772
Minnesota West Community & Technical College	Canby, MN Granite Falls, MN Jackson, MN Pipestone, MN Worthington, MN	5,264
Northwest Technical College	Bemidji, MN	2,361
Pine Technical College	Pine City, MN	1,849
Rainy River Community College	International Falls, MN	452
Southwest Minnesota State University	Marshall, MN	7,909
St. Cloud State University	St. Cloud, MN	20,895
The College of St. Scholastica	Brainerd, MN Duluth, MN Rochester, MN St. Cloud, MN St. Paul, MN	3,912
University of Minnesota—Crookston	Crookston, MN	2,300
University of Minnesota—Duluth	Duluth, MN	10,735
University of Minnesota—Morris	Morris, MN	1,784
University of Minnesota—Rochester	Rochester, MN	377
University of Minnesota—Twin Cities	Minneapolis, MN St. Paul, MN	49,180
Vermilion Community College	Ely, MN	976

*Includes full-time and part-time students.

Appendix 1 References

- Carleton College. (2013). *About Carleton*. Retrieved April 17, 2013, from <http://apps.carleton.edu/admissions/about/>.
- Concordia University. (2012). *Facts & statistics*. Retrieved April 17, from <http://www.csp.edu/about-concordia/facts-statistics/>.
- Minnesota State Colleges and Universities. (2013). *Colleges and universities*. Retrieved April 17, 2013, from <http://www.mnscu.edu/collegesearch/index.php/institution/>.
- The College of St. Scholastica. (2013). *Spring 2013 enrollment report*. Retrieved April 17, 2013, from <http://www2.css.edu/resources/IR/Spring2013Enrollment.pdf>.
- University of Minnesota. (2013). *Official enrollment statistics: Spring 2013*. Retrieved April 17, 2013, from <http://www.oir.umn.edu/student/enrollment/term/1133/current/12544>.

Appendix 2

University of Minnesota–Duluth Students Survey Demographics Based on Student Response

	All Students
Average Age (Years)	22.1
Age Range (Years)	18–99
18–24 Years	87.4%
25 Years or Older	12.6%
Average GPA	3.25
Class Status	
Undergraduate—Enrolled One Year	18.1%
Undergraduate—Enrolled Two Years	17.7%
Undergraduate—Enrolled Three Years	22.6%
Undergraduate—Enrolled Four Years	15.8%
Undergraduate—Enrolled Five or More Years	10.2%
Master’s, Graduate, or Professional Program	12.4%
Non-Degree Seeking	2.5%
Unspecified	0.7%
Gender	
Male	43.1%
Female	56.4%
Transgender	0.3%
Other	0.1%
Unspecified	0.0%
Ethnic Origin	
American Indian/Alaska Native	3.8%
Asian/Pacific Islander	4.7%
Black—Not Hispanic	1.9%
Latino/Hispanic	1.7%
White—Not Hispanic (Includes Middle Eastern)	90.1%
Other	2.0%
Current Residence	
Residence Hall or Fraternity/Sorority	25.9%
Other	74.1%
Enrollment in Online Classes This Term	
No Online Classes	78.7%
Some Online Classes	20.1%
All Online Classes	1.2%

Glossary

Current Alcohol Use

Any alcohol use within the past 30 days.

Current Credit Card Debt

Any unpaid balance at the end of the past month.

Current Marijuana Use

Any marijuana use within the past 30 days.

Current Tobacco Use

Any use of tobacco in the past 30 days. Tobacco use includes both smoking and smokeless tobacco.

Credit Card Debt

A monthly debt of \$3,000 or more.

High-Risk Drinking

Consumption of five or more alcoholic drinks at one sitting within the past two weeks for both males and females. A drink is defined as a bottle of beer, wine cooler, glass of wine, shot glass of liquor, or mixed drink.

Past-12-Month Alcohol Use

Any alcohol use within the past year.

Past-12-Month Marijuana Use

Any marijuana use within the past year.

Student Loan Balance

A student loan balance of \$20,000 or more.

References

- Centers for Disease Control and Prevention. (2007). *About BMI for adults*. April 19, 2013, from http://www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/about_adult_BMI.htm#Interpreted.
- Centers for Disease Control and Prevention. (2008). *Physical activity for everyone*. Retrieved April 19, 2013, from <http://www.cdc.gov/nccdphp/dnpa/physical/everyone/recommendations/>.
- Centers for Disease Control and Prevention. (2009). Cigarette smoking among adults and trends in smoking cessation—United States, 2008. *Morbidity and Mortality Weekly Report*, 58(44), 1227–1232.
- Centers for Disease Control and Prevention. (2011). *Behavioral Risk Factor Surveillance System* [survey data]. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved April 18, 2013, from <http://apps.nccd.cdc.gov/brfss>.
- Centers for Disease Control and Prevention. (2012). *Sexually transmitted disease surveillance 2011*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved April 19, 2013, from <http://www.cdc.gov/std/stats10/default.htm>.
- Fischer BS, Cullen FT, Turner MG. (2000). *The sexual victimization of college women* (Report NCJ 182369). Washington, DC: National Institute of Justice.
- Halperin AC. (2002, March). *State of the union: Smoking on US college campuses. A report for the American Legacy Foundation*. Washington, DC. (unpublished, internal report).
- Herbenick D, Reece M, Schick V, Sanders SA, Dodge B, Fortenberry JD. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14–94. *Journal of Sexual Medicine*, 7(suppl 5), 255–265.
- Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. (2012). *Monitoring the Future national survey results on drug use, 1975–2011: Volume II, College students and adults ages 19–50*. Ann Arbor: Institute for Social Research, The University of Michigan.
- LaBrie RA, Shaffer HJ, LaPlant DA, Wechsler H. (2003). Correlates of college student gambling in the United States. *Journal of American College Health*, 52(2), 53–62.
- Niemeier HM, Raynor HA, Lloyd-Richardson EE, Rogers ML, Wing RR. (2006). Fast food consumption and breakfast skipping: Predictors of weight gain from adolescence to adulthood in a nationally representative sample. *Journal of Adolescent Health*, 39(6), 842–849.
- Sallie Mae. (2009). *How undergraduate students use credit cards. Sallie Mae's national study of usage rates and trends 2009*. Retrieved April 2, 2010, from <http://www.salliemae.com/NR/rdonlyres/OBD600F1-9377-46EA-AB1F-6061FC763246/10744/SLMCreditCardUsageStudy41309FINAL2.pdf>.
- Sanders SA, Reece M, Herbenick D, Schick V, Dodge B, Fortenberry JD. (2010). Condom use during most recent vaginal intercourse event among a probability sample of adults in the United States. *Journal of Sexual Medicine*, 7(suppl 5), 362–373.
- Snyder TD, Dillow SA. (2012). *Digest of Education Statistics 2011* (NCES 2012-001). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.
- Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Mental health findings* (NSDUH Series H-45, HHS Publication No. (SMA) 12-4725). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings* (NSDUH Series H-44, HHS Publication No. (SMA) 12-4713). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Tjaden P, Thoennes N. (2006). *Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Survey* (Report NCJ 210346). Washington, DC: National Institute of Justice.
- U.S. Department of Health and Human Services. (2000). *Healthy People 2010: Understanding and improving health*. 2nd ed. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Education. (2011). *Trends in student financing of undergraduate education: Selected years, 1995–96 to 2007–08* (NCES 2011-218). Washington DC: National Center for Education Statistics.
- U.S. Department of Health and Human Services. (2011). *Reproductive and sexual health*. Retrieved April 19, 2013, from <http://www.healthypeople.gov/2020/LHI/reproductiveHealth.aspx>.
- Ward BW, Schiller JS, Freeman G, Peregoy JA. (2013). *Early release of selected estimates based on data from the January–September 2012 National Health Interview Survey*. Hyattsville, MD: National Center for Health Statistics. Retrieved April 18, 2013, from <http://www.cdc.gov/nchs/nhis.htm>.

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