Agenda

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

<table>
<thead>
<tr>
<th>Event</th>
<th>% Male</th>
<th>% Female</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A physical fight</td>
<td>5.6</td>
<td>1.3</td>
<td>3.0</td>
</tr>
<tr>
<td>A physical assault</td>
<td>1.9</td>
<td>1.6</td>
<td>1.7</td>
</tr>
<tr>
<td>A verbal threat</td>
<td>18.1</td>
<td>11.8</td>
<td>14.2</td>
</tr>
<tr>
<td>Sexual touching w/out consent</td>
<td>2.0</td>
<td>6.4</td>
<td>4.7</td>
</tr>
<tr>
<td>Sexual penetration attempt without consent</td>
<td>1.2</td>
<td>2.7</td>
<td>2.1</td>
</tr>
</tbody>
</table>
## Violence, Abusive Relationships, and Personal Safety

<table>
<thead>
<tr>
<th></th>
<th>% Male</th>
<th>% Female</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual penetration without consent</td>
<td>0.7</td>
<td>2.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Stalking</td>
<td>3.3</td>
<td>6.1</td>
<td>5.0</td>
</tr>
<tr>
<td>An emotionally abusive intimate relationship</td>
<td>5.8</td>
<td>8.9</td>
<td>7.6</td>
</tr>
<tr>
<td>A physically abusive intimate relationship</td>
<td>2.4</td>
<td>1.4</td>
<td>1.8</td>
</tr>
<tr>
<td>A sexually abusive intimate relationship</td>
<td>1.0</td>
<td>1.9</td>
<td>1.5</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Perceived*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never smoked cigarettes</td>
<td>66%</td>
<td>7%</td>
</tr>
<tr>
<td>Smoked cigarettes in the last 30 days</td>
<td>14%</td>
<td>77%</td>
</tr>
<tr>
<td>Never smoked marijuana</td>
<td>60%</td>
<td>8%</td>
</tr>
<tr>
<td>Smoked marijuana in the last 30 days</td>
<td>17%</td>
<td>80%</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Sexual behavior in the past 30 days:</th>
<th>Never</th>
<th>Yes, but not in the last 30 days</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Sex</td>
<td>30%</td>
<td>28%</td>
<td>42%</td>
</tr>
<tr>
<td>Vaginal Sex</td>
<td>36%</td>
<td>21%</td>
<td>44%</td>
</tr>
<tr>
<td>Anal Sex</td>
<td>78%</td>
<td>18%</td>
<td>5%</td>
</tr>
</tbody>
</table>
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)
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
- 1-4 days: 56%
- 5-7 days: 22%
- 0 days: 22%

20 min. vigorous-intensity cardio
- 3-7 days: 26%
- 1-4 days: 33%
- 0 days: 41%

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

- 44.6%: No stress
- 37.4%: Average
- 10%: More than average
- 6.6%: Less than average
- 1.4%: Tremendous stress
Past 7 days, got enough sleep to feel rested

- 0 days
- 1-2 days
- 3-5 days
- 6+ days

- 9.5
- 10
- 32.5
- 48
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).
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**

- 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 Ad Hoc Committee

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