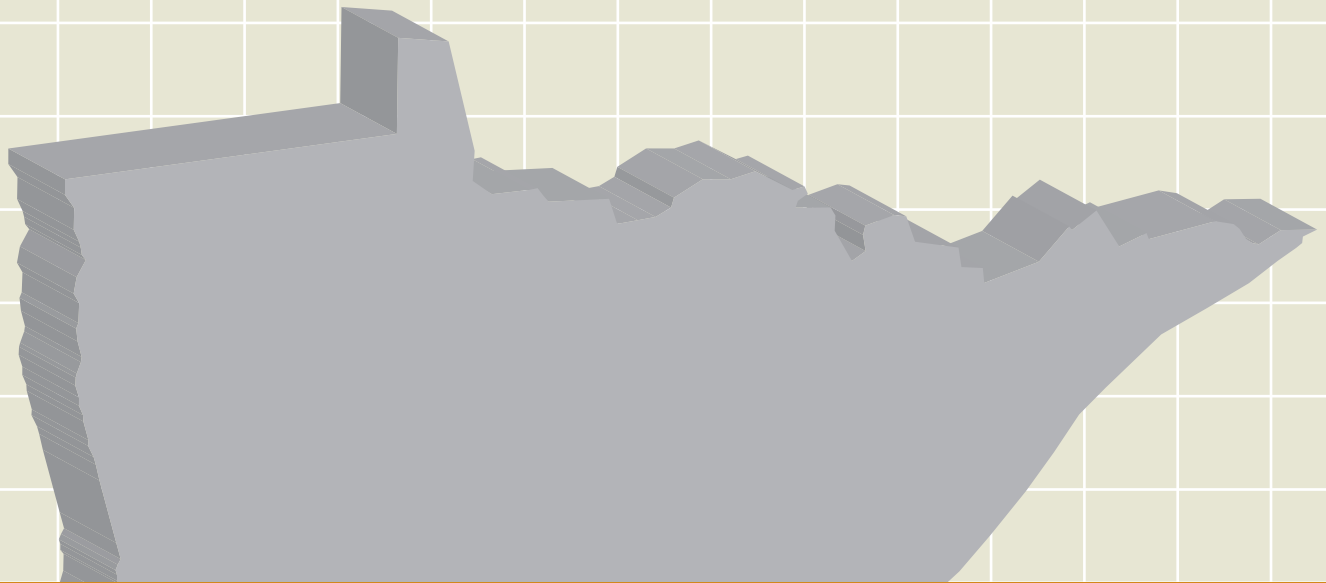


# 2015 College Student Health Survey Report



## Health and Health-Related Behaviors Minnesota Postsecondary Students



# **2015** College Student Health Survey Report

# Health and Health-Related Behaviors

## Minnesota Postsecondary Students

---

<b>Introduction</b>	iii
<b>Survey</b>	v
Methodology	v
Analysis Summary	vi
<b>Results</b>	1
Health Insurance and Health Care Utilization	1
Mental Health	5
Tobacco Use	13
Alcohol Use and Other Drug Use	17
Personal Safety and Financial Health	25
Nutrition and Physical Activity	31
Sexual Health	37
<b>Implications</b>	41
<b>Appendices</b>	43
Appendix 1 Colleges and Universities Participating in the 2015 College Student Health Survey	43
Appendix 2 Minnesota Postsecondary Students Survey Demographics Based on Student Response	44
<b>Glossary</b>	45
<b>References</b>	47



## 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.

Seventeen postsecondary institutions in Minnesota joined together with Boynton Health Service at the University of Minnesota in spring 2015 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.

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 seventeen postsecondary institutions in Minnesota completed the 2015 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 Amazon gift cards valued at \$1,000 (one), \$500 (one), and \$250 (one). In addition, one student from each participating school was randomly selected to win a \$100 Amazon gift card.

Randomly selected students were contacted through multiple mailings and emails:

- Invitation postcard
- Invitation email
- Reminder postcard and multiple reminder emails

### 2015 College Student Health Survey Methodology Highlights

- **38,648** students from 17 Minnesota colleges and universities were randomly selected to participate in this survey and were sent an invitation via email.
- **12,220** students completed the survey.
- **31.6%** of the students who opened the invitation email responded.



#### You've been selected to participate in the 2015 COLLEGE STUDENT HEALTH SURVEY

Take the survey and you'll be entered to win a \$1,000, \$500 and \$250 Amazon gift card!

To begin, check your school or personal email account and click on the survey link we sent you.

Deleted the email? Another survey link will be emailed again soon. Can't find it? Check your spam folder.

To be eligible for the prize drawings,  
complete your survey by  
**NOON ON FRIDAY, MARCH 27, 2015!**

To learn more, visit [www.bhs.umn.edu/healthsurvey](http://www.bhs.umn.edu/healthsurvey)

**SURVEY QUESTIONS**  
Catherine Lust, Ph.D., Survey Administrator  
[klust@bhs.umn.edu](mailto:klust@bhs.umn.edu), 612-624-6214

**TECHNICAL HELP**  
[cshs@umn.edu](mailto:cshs@umn.edu)

  
UNIVERSITY OF MINNESOTA  
**Driven to Discover**  
Boynton Health Service  
University of Minnesota  
410 Church Street S.E.  
Minneapolis, MN 55455

NON-PROFIT ORG.  
U.S. POSTAGE  
**PAID**  
TWIN CITIES, MN  
PERMIT #90155

2015 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.

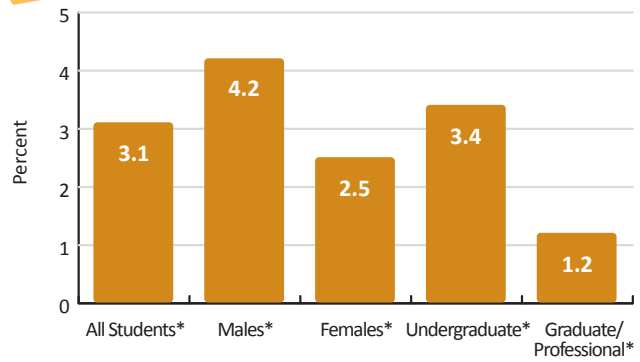
### National Comparison

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 (94.1%) and nationwide (91.7%) report excellent, very good, or good health (CDC, 2013). At the same time, young adults have relatively low rates of health insurance and preventive care utilization. In Minnesota, 82.8% of 18- to 24-year-olds report some kind of health care insurance, and nationwide the number is 76.4% (CDC, 2013). More young males (27.3%) than young females (21.5%) lack health insurance coverage (Schiller et al, 2014). Among all age groups, young adults (71.1%) are least likely to identify a usual place for medical care (Schiller et al, 2014).

Students who completed the 2015 College Student Health Survey report an overall uninsured rate of **3.1%**. Males have a higher uninsured rate than females (**4.2%** vs. **2.5%**, respectively). International students report an overall uninsured rate of **3.8%**.

### Health Insurance Status—Uninsured

All Students

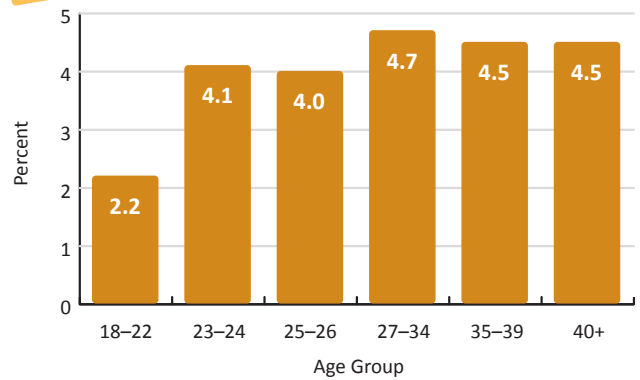


\*Does not include international students.

Students ages 27–34 report the highest uninsured rate. The lowest uninsured rate is among students ages 18–22.

### Health Insurance Status—Uninsured

All Students by Age Group

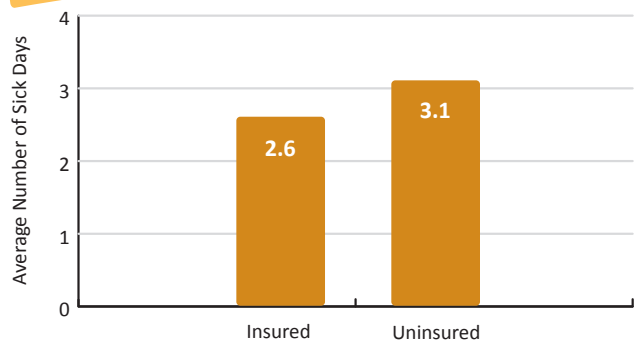


Number of sick days is a measure of health-related quality of life. Sick days reflect a personal sense of poor or impaired physical or mental health or the inability to react to factors in the physical and social environments (USDHHS, 2000).

Among students who completed the 2015 College Student Health Survey, those without health insurance report on average **0.5** more sick days in the past 30 days than students with health insurance.

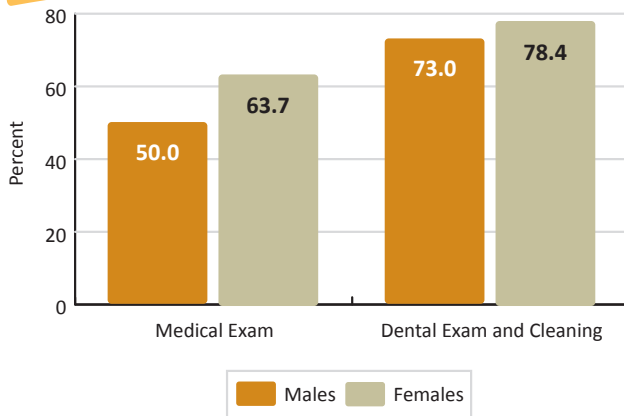
### Health Insurance and Number of Sick Days—Past 30 Days

All Students



### Preventive Health Care—Past 12 Months

All Students by Gender



Among students who completed the 2015 College Student Health Survey, female students report obtaining routine medical exams and dental exams and cleanings at higher rates than male students.

### Health Care Service Utilization

All Students

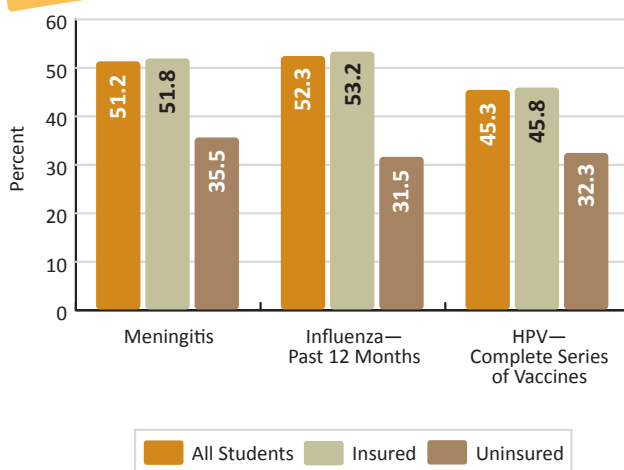
Health Care Service	Percent	
Dental Care	89.3	3.6
Emergency Care (Physical Condition)	62.7	13.3
Mental Health Service (Emergency/Crisis)	36.0	12.4
Mental Health Service (Non-emergency)	47.1	23.9
Routine Doctor's Visit	87.8	8.6
Testing for Sexually Transmitted Infections (Includes HIV)	41.6	14.1
Treatment for Sexually Transmitted Infections (Includes HIV)	26.9	10.6

■ Obtained Service (Within Past 12 Months)   
 ■ Received Service at School (Among Those That Received the Service)

Among students who obtained non-emergency mental health service, **23.9%** received that care at their college or university.

### Vaccination Status

All Students by Insurance Status



Students with health insurance obtain meningitis, influenza, and human papillomavirus (HPV) vaccinations at higher rates than students without health insurance. Additionally, **33.2%** of males and **51.2%** of females report obtaining HPV vaccination.

Currently, these immunizations are not required for students enrolled in postsecondary institutions.

Compared to male students who completed the 2015 College Student Health Survey, female students 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.

Students who completed the 2015 College Student Health Survey 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 **46.6%** of students reporting having this diagnosis. The acute condition diagnosed most frequently within the past 12 months was urinary tract infection, with **9.1%** of students reporting having this diagnosis. Overall, **71.4%** of 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 college students.

The two most common chronic conditions diagnosed in students who completed the 2015 College Student Health Survey are allergies (**39.8%** lifetime) and asthma (**18.9%** lifetime). Almost three-fifths (**58.4%**) of students report being diagnosed with at least one chronic condition within their lifetime, and approximately one in seven (**15.3%**) report being diagnosed with at least one chronic condition within the past 12 months.

### Average Number of Days Affected by Illness

All Students by Gender

Illness	Average Number of Days Affected— Past 30 Days	
	Males	Females
Poor Mental Health	4.5	6.0
Poor Physical Health	2.7	3.3
Poor Physical and/or Mental Health Affected Daily Activities	2.2	2.8

■ Males ■ Females

### Acute Condition Diagnosis— Lifetime and Past 12 Months

All Students

Acute Condition	Percent Who Report Being Diagnosed	
	Within Lifetime	Within Past 12 Months
Chlamydia	4.8	0.9
Gonorrhea	0.8	0.1
Hepatitis A	0.5	0.2
Mononucleosis	9.6	1.2
Pubic Lice	0.7	0.1
Strep Throat	46.6	7.1
Syphilis	0.1	0.1
Urinary Tract Infection	26.6	9.1
At Least One of the Above Acute Conditions	71.4	16.6

■ Within Lifetime ■ Within 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/Drug Problems	4.6	1.2
Allergies	39.8	7.2
Asthma	18.9	1.9
Cancer	2.0	0.4
Diabetes Type I	1.2	0.3
Diabetes Type II	1.1	0.3
Genital Herpes	1.6	0.4
Genital Warts/ Human Papillomavirus	3.7	0.5
Hepatitis B	0.6	0.2
Hepatitis C	0.6	0.2
High Blood Pressure	5.6	2.0
High Cholesterol	5.6	1.9
HIV/AIDS	0.1	0.1
Obesity	9.7	3.4
Tuberculosis	1.3	0.4
At Least One of the Above Chronic Conditions	58.4	15.3

■ 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, 40.7% describe their race/ethnicity as other than white, 56.4% are female, and 41.8% are age 25 or older (USDOE, 2013). In addition, approximately 764,495 international students are studying at U.S. colleges and universities (USDOE, 2013). 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 issues 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 health 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 18- to 25-year-olds, 19.4% had a 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; 4.2% had a serious mental illness, i.e., a mental illness that results in functional impairment; 8.7% had a major depressive episode; and 7.4% had serious thoughts of suicide (CBHSQ, 2014). Approximately one in eight (12.2%) young adults between the ages of 18 and 25 have received treatment for a mental health problem in the previous year (CBHSQ, 2014).

A relatively new area of study is examining the relationship between cumulative effects of childhood abuse (i.e., physical abuse, sexual abuse, and psychological or emotional abuse), commonly referred to as adverse childhood experiences (ACEs), and subsequent development of chronic physical and mental health conditions (CDC, 2014a; Chapman, 2003; Edwards, 2003). Findings from the Minnesota Behavioral Risk Factor Surveillance System (BRFSS) survey, which includes ACEs, showed that 60% of adults reported two or more ACEs and 15% reported five or more ACEs. In the Minnesota study, 36% of adults with an ACE score of five or more report being diagnosed with depression compared to 8% among adults with an ACE score of zero (MDH, 2013).

For students who completed the 2015 College Student Health Survey, anxiety and depression are the two most frequently reported mental health diagnoses for both lifetime and the past 12 months.

### Mental Health Condition Diagnosis— Lifetime and Past 12 Months

All Students

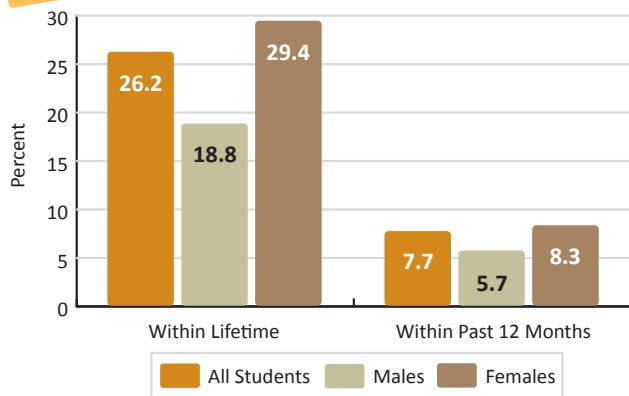
Mental Health Condition	Percent Who Report Being Diagnosed	
Anorexia	3.0	0.5
Anxiety	26.3	10.4
Attention Deficit Disorder	8.1	2.2
Bipolar Disorder	2.1	0.6
Bulimia	2.1	0.3
Depression	26.2	7.7
Obsessive-Compulsive Disorder	3.3	1.2
Panic Attacks	13.5	5.0
Post-Traumatic Stress Disorder	5.0	1.6
Seasonal Affective Disorder	7.0	2.6
Social Phobia/ Performance Anxiety	6.7	2.6

Within Lifetime Within Past 12 Months

Among all students, **26.2%** report being diagnosed with depression within their lifetime, and **7.7%** 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

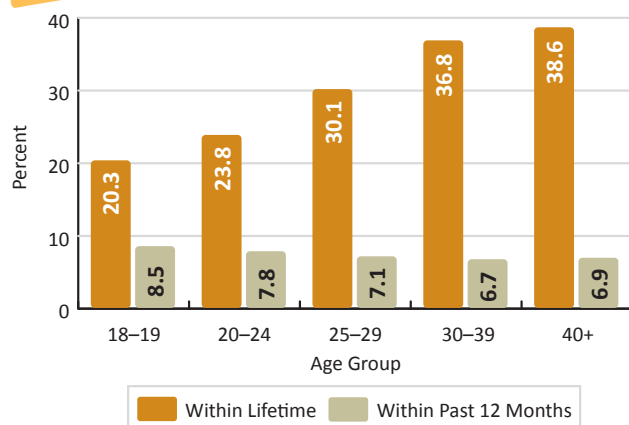
All Students by Gender



Students age 40 and older report the highest rate of being diagnosed with depression within their lifetime, and students ages 18–19 report the highest rate of being diagnosed with depression within the past 12 months.

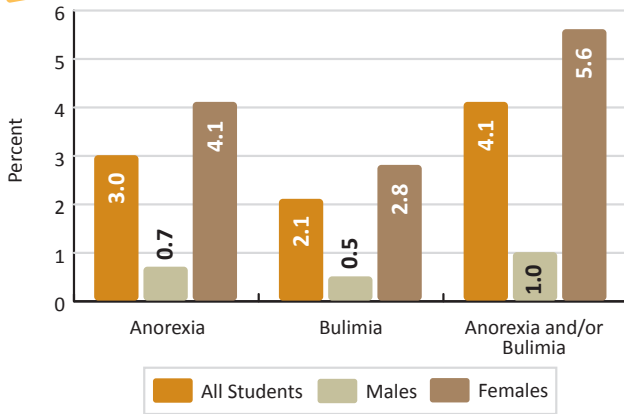
### Depression Diagnosis— Lifetime and Past 12 Months

All Students by Age Group



### Eating Disorder Diagnosis—Lifetime

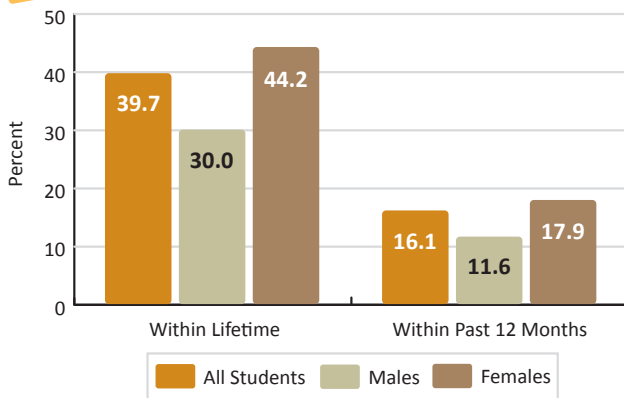
All Students by Gender



Among students who completed the 2015 College Student Health Survey, **1.0%** of males and **5.6%** of females report being diagnosed with anorexia and/or bulimia within their lifetime.

### Any Mental Health Condition Diagnosis—Lifetime and Past 12 Months

All Students by Gender

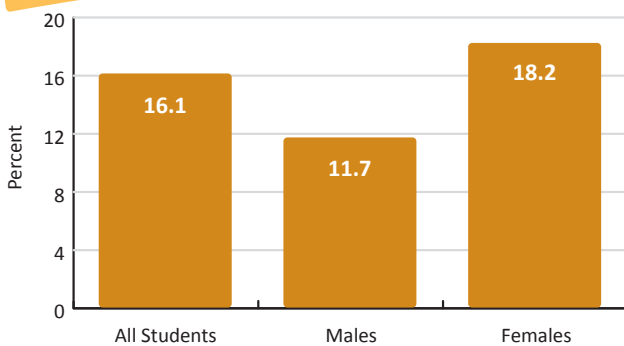


Among students who completed the 2015 College Student Health Survey, **39.7%** report being diagnosed with at least one mental health condition within their lifetime, and **16.1%** report being diagnosed with at least one mental health condition within the past 12 months. Females report being diagnosed with a mental health condition within their lifetime and within the past 12 months at higher rates than males.

Additional analysis shows that **27.2%** of students report being diagnosed with two or more mental health conditions within their lifetime.

### Currently Taking Medication for a Mental Health Condition

All Students by Gender

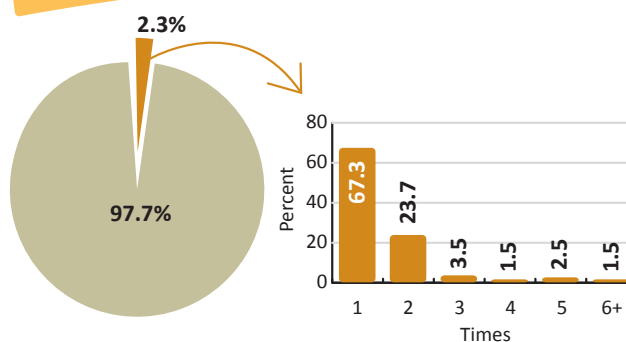


Overall, **16.1%** of students who completed the 2015 College Student Health Survey report they currently are taking medication for a mental health condition. Females report a higher rate of medication use for a mental health condition than males, which correlates with the higher diagnosis rates for any mental health condition found in females compared to males.

Among students who completed the 2015 College Student Health Survey, **2.3%** report contacting a mental health crisis line within the past 12 months. Among the 2.3% of students who report they contacted a crisis line, the majority (**91.0%**) report they contacted a crisis line one or two times within the past 12 months.

### Mental Health Crisis Line Contacted— Past 12 Months

All Students



■ Contacted a Mental Health Crisis Line  
■ Did Not Contact a Mental Health Crisis Line

The most commonly experienced stressors among students who completed the 2015 College Student Health Survey are the death of someone close to them and roommate/housemate conflict. A total of **22.9%** of students report experiencing one or two stressors within the past 12 months, and **38.0%** report experiencing three or more stressors over that same time period.

### Mental Health Stressors

All Students

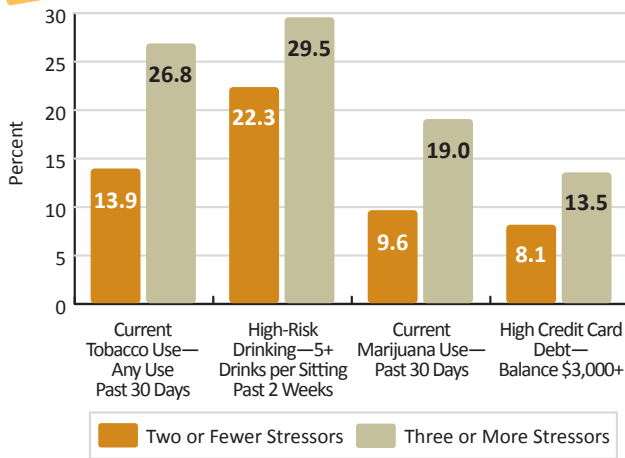
Stressor	Percent Who Report Experiencing Within Past 12 Months
Arrested	0.8
Attempted Suicide	0.9
Bankruptcy	0.6
Death of Someone Close to You	18.3
Diagnosed With a Serious Mental Illness	5.5
Diagnosed With a Serious Physical Illness	2.7
Excessive Credit Card Debt	7.2
Excessive Debt Other Than Credit Card	11.7
Failing a Class	8.3
Fired or Laid Off From a Job	2.8
Getting Married	2.2
Issues Related to Sexual Orientation	2.8
Lack of Health Care Coverage	5.3
Parental Conflict	13.5
Put on Academic Probation	4.4
Roommate/Housemate Conflict	18.0
Serious Physical Illness of Someone Close to You	16.0
Spouse/Partner Conflict (Includes Divorce or Separation)	7.2
Termination of Personal Relationship (Not Including Marriage)	13.9
Zero of the Above Stressors	39.1
One or Two of the Above Stressors	22.9
Three or More of the Above Stressors	38.0

Note: Items found in this table are based on the Holmes and Rahe Stress Scale (Homes and Rahe, 1967). The items included in the stress scale were adapted to college students.



## Mental Health Stressors and Risky Behavior

All Students

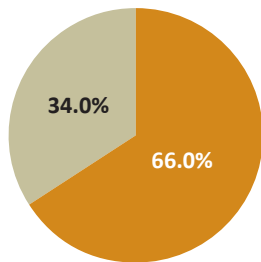


An association appears to exist between reported number of stressors experienced within the past 12 months and various types of risk-taking behavior. Over the same 12-month period, students who experienced three or more stressors tend to have higher rates of current tobacco use, high-risk drinking, current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

## 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)

Approximately one-third (**34.0%**) of students who completed the 2015 College Student Health Survey report they are unable to manage their stress level. Additional analysis shows that among these students, **13.7%** report they were diagnosed with depression within the past 12 months. Approximately two-thirds (**66.0%**) of students report they are able to manage their level of stress. Only **4.5%** of these students report they were diagnosed with depression within the past 12 months.

## 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	14.8	19.9
Any Chronic Condition	14.0	17.7
Anxiety	6.6	17.8
Depression	4.5	13.7
Obsessive-Compulsive Disorder	0.7	2.1
Panic Attacks	2.8	9.1
Social Phobia/Performance Anxiety	1.4	5.0

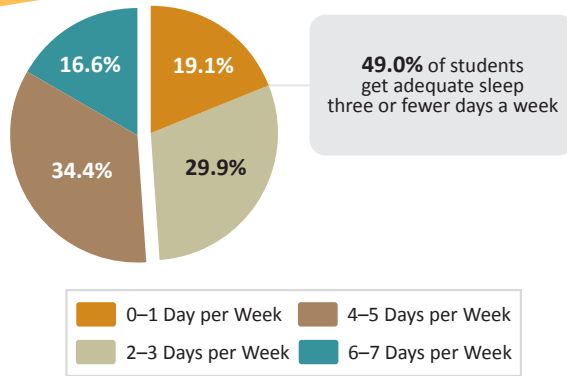
Managed Stress (Index ≤ 1)    Unmanaged Stress (Index > 1)

An association appears to exist between unmanaged stress levels and higher rates of diagnosis for acute conditions as well as various mental health conditions. For example, **17.8%** of students with unmanaged stress levels report being diagnosed with anxiety within the past year compared to only **6.6%** of students with managed stress levels reporting the same diagnosis.

In response to a question that asked students on how many of the past seven days they got enough sleep so they felt rested when they woke up in the morning, nearly one-half (**49.0%**) 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

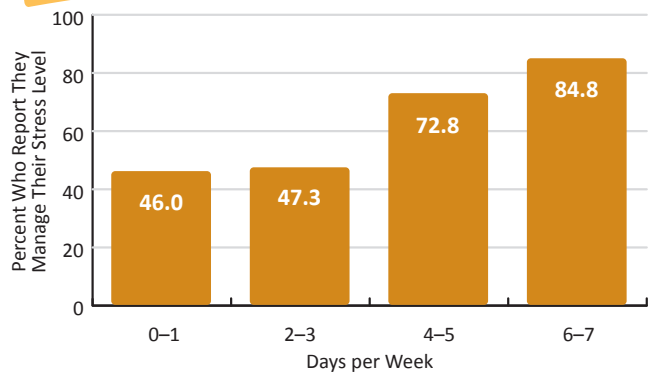
All Students



Receiving adequate sleep in the past seven days appears to have an impact on students' ability to manage their stress level. Only **46.0%** of students who report receiving zero to one day per week of adequate sleep report the ability to manage their stress, whereas **84.8%** of students who report six to seven days per week of adequate sleep report the ability to manage their stress.

### Adequate Sleep and Stress

All Students



## Impact of Health and Personal Issues on Academic Performance

All Students

### Students were asked to respond to the following question:

During the past 12 months, how have the following affected your academic performance?

### The response options were:

- I do not have this issue/not applicable
- I have this issue—my academics have not been affected
- I have this issue—my academics have been affected

Health or Personal Issue	Percent	
Alcohol Use	19.1	10.1
Any Disability (Learning, ADD/ADHA, Physical, etc.)	11.4	53.2
Chronic Health Condition	12.1	18.9
Concern for Family Member or Friend	35.2	27.5
Eating Disorder	4.5	26.1
Excessive Computer/Internet Use	41.8	37.3
Financial Difficulties	39.9	26.1
Food Insecurity	7.8	28.4
Homeless	1.1	42.7
Marijuana Use	6.9	12.3
Mental Health Issue (Depression, Anxiety, etc.)	32.3	50.0
Pregnancy	2.7	37.7
Relationship Issue with Roommate/Housemate	18.0	27.9
Relationship Issue with Someone Other Than Roommate/Housemate	21.8	32.8
Serious Injury	3.8	44.3
Sexual Assault	2.0	41.3
Sexually Transmitted Infection	1.3	15.5
Sleep Difficulties	43.6	47.5
Stress	71.4	43.0
Upper Respiratory Infection (Cold/Flu, Sinus, Strep, etc.)	31.4	34.3

<span style="display: inline-block; width: 15px; height: 10px; background-color: #e69d00; border: 1px solid black;"></span> Report Having the Issue
<span style="display: inline-block; width: 15px; height: 10px; background-color: #c4c49d; border: 1px solid black;"></span> Report the Issue Impacted Academics (Among Those Who Report Having the Issue)

The four most commonly reported issues among students who completed the 2015 College Student Health Survey are stress (71.4%), sleep difficulties (43.6%), excessive computer/internet use (41.8%), and financial difficulties (39.9%). Among students who reported a particular issue, the issues with the greatest impact on academic performance reported by students are any disability (53.2%), mental health issues (50.0%), sleep difficulties (47.5%), and serious injury (44.3%).

Among students who completed the 2015 College Student Health Survey, **43.0%** report a parent or adult in their home swore at them, insulted them, or put them down before they were age 18, and **31.2%** report they lived with someone who was depressed, mentally ill, or suicidal before they were age 18.

## Adverse Childhood Experiences

All Students

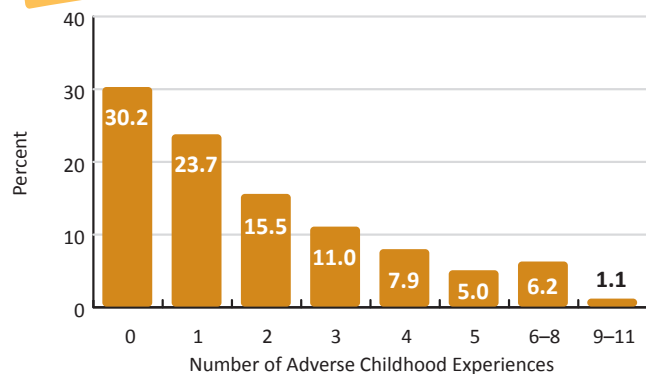
Adverse childhood experiences (ACEs) questions were developed in 2008 by the Centers for Disease Control and Prevention (CDC) with the goal of studying the associations between childhood maltreatment and health and well-being issues that appear later in life (CDC, 2014a). There is a growing body of research supporting a connection between childhood experiences of abuse, neglect, and family dysfunction and adverse health outcomes in adulthood including chronic disease, lower educational achievement, poor physical and mental health, lower economic success, and social problems. This is the first time the ACEs questions appear within the College Student Health Survey.

ACEs Question (Questions pertain to events happening before age 18)	Percent Who Responded Yes, Once, or More Than Once
Did you live with anyone who was depressed, mentally ill, or suicidal?	31.2
Did you live with anyone who was a problem drinker or alcoholic?	22.7
Did you live with anyone who used illegal street drugs or who abused prescription medications?	13.5
Did you live with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility?	8.6
Were your parents separated or divorced?	25.8
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	14.7
How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? (Do not include spanking.)	15.7
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	43.0
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	9.4
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	6.5
How often did anyone at least 5 years older than you or an adult, force you to have sex?	3.1

More than two-thirds (**69.8%**) of students report experiencing at least one adverse childhood experience.

## Number of Adverse Childhood Experiences

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

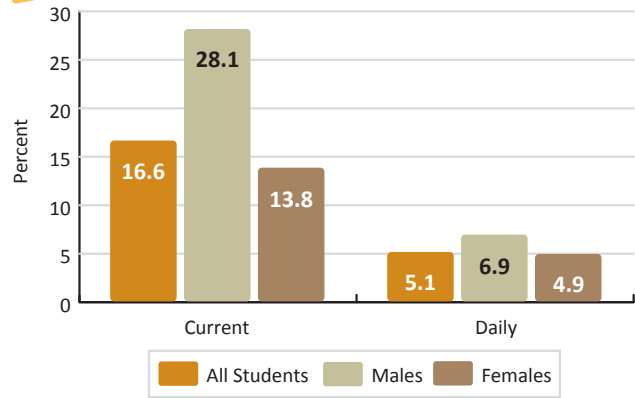
Recent research shows that more than one-fourth (28.2%) of 18- to 20-year-olds and more than one-third (34.1%) of 21- to 25-year-olds report current cigarette use (SAMHSA, 2014). Nearly one in four (23.2%) full-time college students smoked cigarettes at least one time in the previous year, more than one in seven (14.0%) smoked cigarettes at least one time in the previous 30 days, and about one in 20 (5.6%) smoke cigarettes daily (Johnston et al, 2013). Among young adults ages 18–25, 5.5% used smokeless tobacco in the previous month (SAMHSA, 2014). Current cigarette smokers are more likely to use other tobacco products, alcohol, or illicit drugs than nonsmokers (SAMHSA, 2014). Among all current smokers, 68.8% want to completely stop smoking, 52.4% made a quit attempt in the past year, and 6.2% had successfully quit within the past year (CDC, 2011). In 2011, use of an electronic cigarette among a Minnesota college cohort (ages 20–28) was 7.0%, with 1.2% reporting past 30-day use (Choi & Forster, 2013). Nationally, use of electronic cigarettes among adults 18 years of age or older ranges between 0.6% and 6.2% (Chapman and Wu, 2014). 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 who completed the 2015 College Student Health Survey is **16.6%**, with a daily tobacco-use rate of **5.1%**. Males report higher rates of current tobacco use and daily tobacco use compared to females.

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

**Current and Daily Tobacco Use**

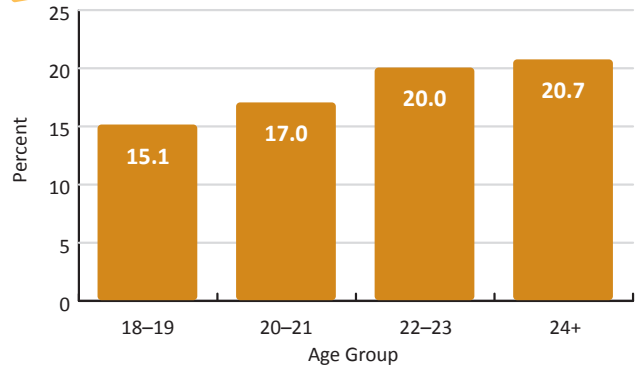
All Students by Gender



Students age 24 and older report the highest current tobacco-use rate.

**Current Tobacco Use**

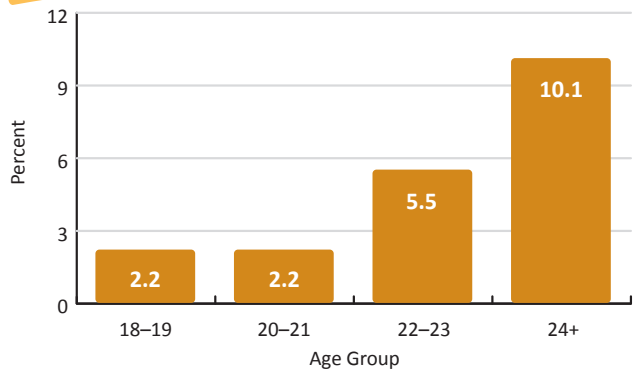
All Students by Age Group



The highest daily tobacco-use rate is found among students age 24 and older (**10.1%**).

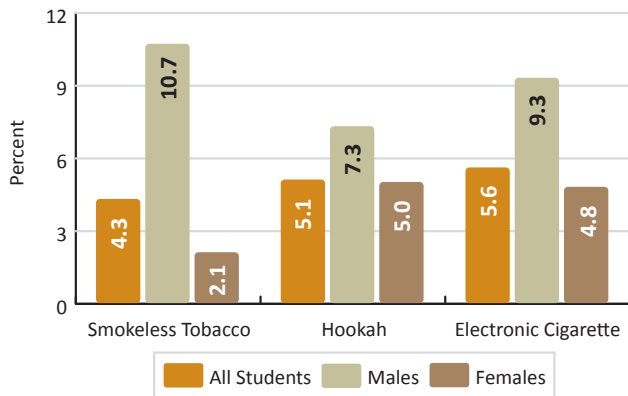
**Daily Tobacco Use**

All Students by Age Group



### Current Smokeless Tobacco, Hookah, and Electronic Cigarette Use

All Students by Gender



Overall, **4.3%** of students who completed the 2015 College Student Health Survey report using smokeless tobacco, **5.1%** report using a hookah, and **5.6%** report using an electronic cigarette during the past 30 days.

**Definition:**

**Current Smokeless Tobacco Use**

Any smokeless tobacco use in the past 30 days.

**Definition:**

**Current Hookah Use**

Any use of tobacco from a water pipe (hookah) within the past 30 days.

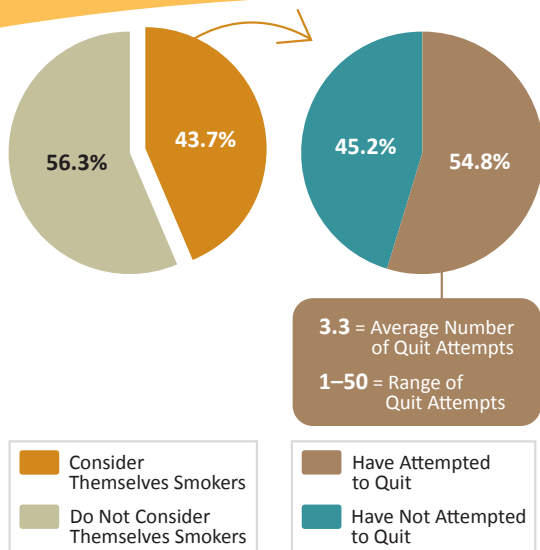
**Definition:**

**Current Electronic Cigarette Use**

Any electronic cigarette use in the past 30 days.

### Quit Attempts—Past 12 Months

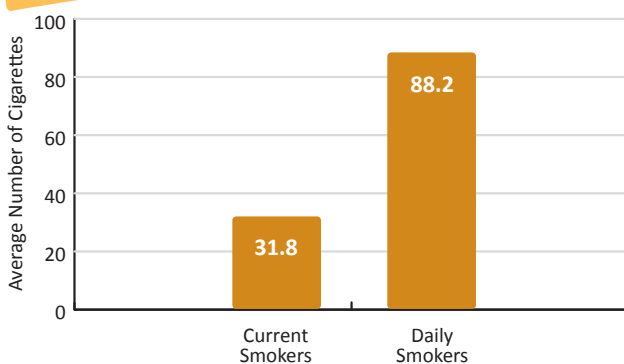
Current Smokers



Among students who completed the 2015 College Student Health Survey who report using smoking tobacco in the past 30 days, **56.3%** do not consider themselves to be smokers. Among the students who do consider themselves to be smokers, **54.8%** made at least one attempt to quit smoking over the past 12 months. These students made an average of **3.3** quit attempts during that same 12-month period.

### Average Number of Cigarettes Smoked Per Week Within the Past 30 Days

Current vs. Daily Smokers



The average number of cigarettes smoked per week over the past 30 days by students is **31.8** among current smokers and **88.2** among daily smokers.

For students who completed the 2015 College Student Health Survey, **28.9%** of nonsmokers and **27.2%** of smokers report being exposed to secondhand smoke on campus (outside).

## Secondhand Smoke Exposure

All Students

Location	Percent Who Indicate Exposure					
	Nonsmokers		Current Smokers		All Students	
In a Car	8.2	N/A	39.1	N/A	12.8	N/A
Off Campus	5.3	31.7	10.3	39.7	6.0	32.9
On Campus	2.3	28.9	1.9	27.2	2.2	28.6
Where I Live	2.9	9.4	9.7	25.7	3.9	11.8
Other	5.2	18.3	10.2	29.9	5.9	20.0
N/A—Never Exposed	28.4		20.0		27.1	

Inside
  Outside



## Results

# Alcohol Use and Other Drug Use

For some young adults, college life includes an introduction to or an 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 (78.0%) have consumed alcohol at least one time, more than three in four (75.6%) have consumed alcohol in the past year, and nearly three in five (63.1%) consume alcohol monthly (Johnston et al, 2013). 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 45.1% and is 30.5% among 18- to 20-year-olds (SAMHSA, 2014). 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, 2014).

Approximately one-half (51.0%) of full-time college students have used an illicit drug at least once in their lifetime, more than one-third (38.9%) of full-time college students have used an illicit drug at least once in the past year, and more than one in five (22.5%) full-time college students have used an illicit drug in the last month (Johnston et al, 2013). Marijuana is the illicit drug of choice for full-time college students, with nearly half (47.7%) of students having used the drug at least once in their lifetime, approximately one-third (35.5%) having used it in the past year, and approximately one in five (20.6%) having used it in the past month (Johnston et al, 2013). Among full-time college students, 10.6% have used amphetamines, 4.5% have used hallucinogens, and 2.7% have used cocaine in the previous year (Johnston et al, 2013).

Among students who completed the 2015 College Student Health Survey, **79.4%** report using alcohol in the past 12 months and **60.8%** report using alcohol in the past 30 days. Female students report a slightly higher rate of past 12-month alcohol use, while male students report a slightly higher rate of current alcohol use.

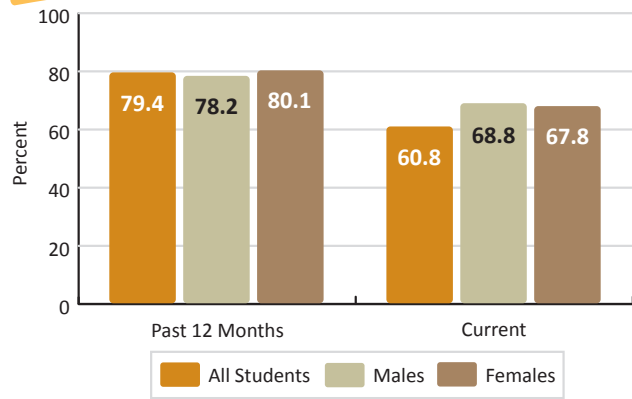
<b>Definition:</b> <b>Past 12-Month Alcohol Use</b>
Any alcohol use within the past year.
<b>Definition:</b> <b>Current Alcohol Use</b>
Any alcohol use within the past 30 days.

More than one in two (**55.9%**) students ages 18–20 report consuming alcohol in the past 30 days. About four in five (**80.7%**) Minnesota students ages 21–22 report consuming alcohol in the past 30 days.

Male students who completed the 2015 College Student Health Survey consume a higher average number of drinks per week than female students. The average number of drinks per week may serve as an indicator of overall alcohol use.

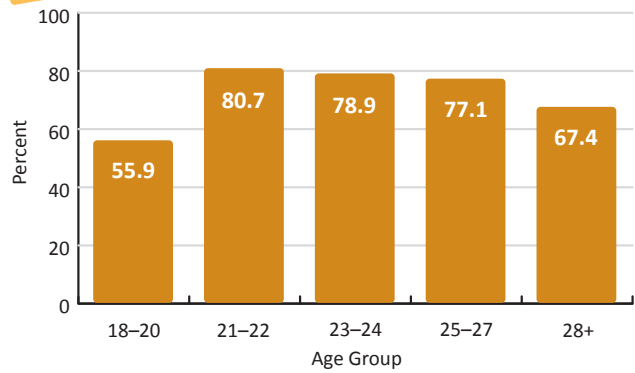
### Alcohol Use—Past 12 Months and Current

All Students by Gender



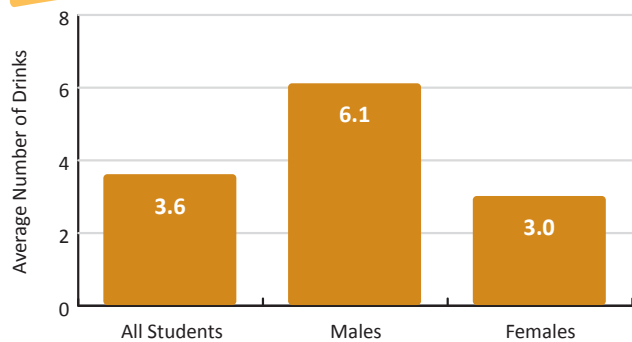
### Current Alcohol Use

All Students by Age Group



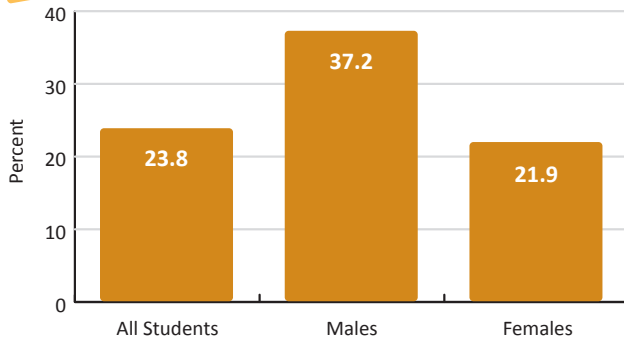
### Average Number of Drinks per Week

All Students by Gender



### High-Risk Drinking

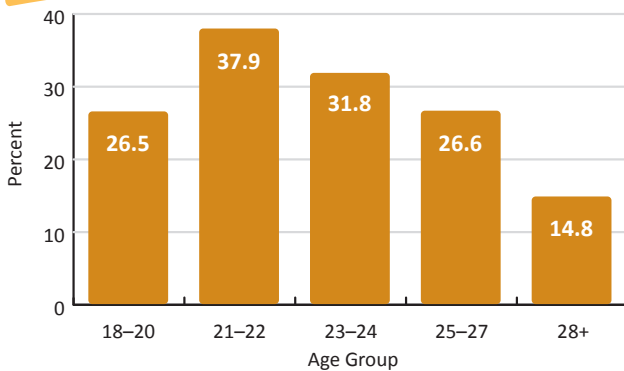
All Students by Gender



Male students who completed the 2015 College Student Health Survey report a higher rate of high-risk drinking compared to female students (**37.2%** vs. **21.9%**, respectively).

### High-Risk Drinking

All Students by Age Group



Among students who completed the 2015 College Student Health Survey, the peak years for engaging in high-risk drinking are ages 21-22.

### 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	<b>39.3%</b>	<b>23.8%</b> of All Students
High-Risk Drinkers	<b>47.7%</b>	
Non-High-Risk Drinkers	<b>36.2%</b>	

Students who completed the 2015 College Student Health Survey overestimate the high-risk drinking rate on their campus. The estimate from all students is **39.3%**, and the actual high-risk drinking rate at the university is **23.8%**. Those who have engaged in high-risk drinking estimate a high-risk drinking rate of **47.7%**, while those who have not engaged in high-risk drinking estimate a rate of **36.2%**.

The 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.

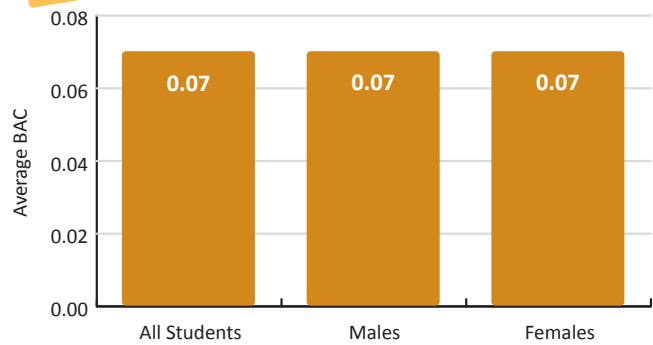
## Blood Alcohol Content

**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)

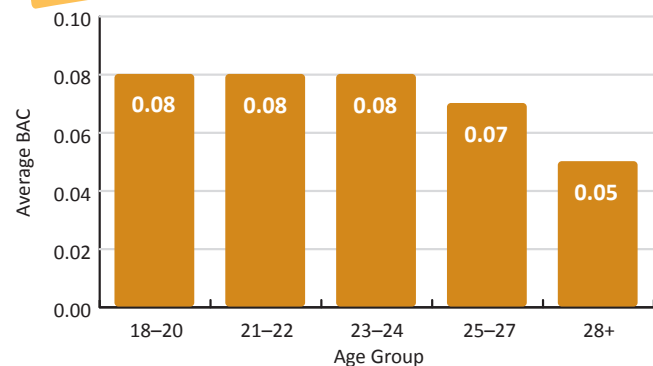
For male and female students who completed the 2015 College Student Health Survey, the average estimated blood alcohol content, based on the last time the student partied/socialized, is **0.07**.

## Average Estimated Blood Alcohol Content All Students by Gender



The average estimated BAC levels for students who completed the 2015 College Student Health Survey range from **0.05** to **0.08**, with the estimated BAC for all survey respondents averaging **0.07**. Students ages 18–20, 21–22, and 23–24 report average estimated BAC levels that match the legal driving limit of 0.08 for individuals of legal drinking age.

## Average Estimated Blood Alcohol Content All Students by Age Group



## Negative Consequences of Alcohol Use

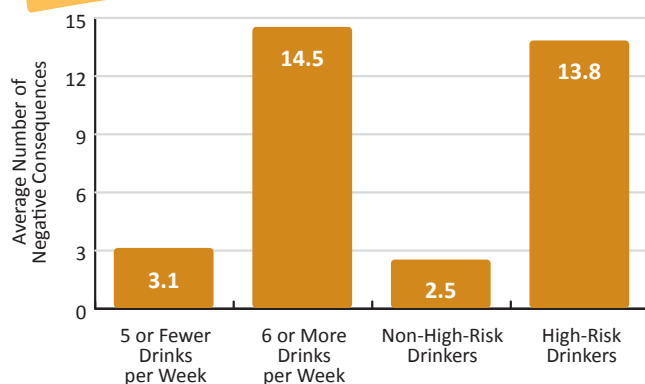
All Students

Negative Consequence Due to Alcohol Use	Percent Who Report Experiencing Within Past 12 Months
Arrested for a DWI/DUI	0.6
Criticized by Someone I Know	12.7
Damaged Property, Pulled Fire Alarm, etc.	1.2
Done Something I Later Regretted	17.8
Driven a Car While Under the Influence	7.6
Got Into an Argument or Fight	11.6
Got Nauseated or Vomited	31.9
Had a Hangover	45.2
Had a Memory Loss	17.6
Have Been Taken Advantage of Sexually	3.1
Have Taken Advantage of Another Sexually	0.3
Hurt or Injured	5.0
Missed a Class	9.4
Performed Poorly on a Test or Important Project	7.5
Seriously Thought About Suicide	2.7
Seriously Tried to Commit Suicide	0.4
Thought I Might Have a Drinking Problem	6.3
Tried Unsuccessfully to Stop Using	1.6
Trouble with Police, Residence Hall, or Other University/College Authorities	4.0

Approximately one in thirteen (**7.6%**) students who completed the 2015 College Student Health Survey report having driven a car while under the influence of alcohol or drugs. Among students, **9.4%** report missing a class and **7.5%** report performing poorly on a test or project as a result of alcohol use.

## Average Number of Alcohol-Related Negative Consequences

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



A strong association exists between the average number of drinks students consumed per week and the total number of reported alcohol-related 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 alcohol-related negative consequences identified are three or more times higher among students who have engaged in high-risk drinking compared to students who have not engaged in high-risk drinking. Almost one in five (**19.1%**) 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 Due to Alcohol Use	Percent		
Driven a Car While Under the Influence	7.6	4.0	19.1
Got into an Argument or Fight	11.6	6.1	29.1
Have Been Taken Advantage of Sexually (Includes Males and Females)	3.1	1.9	6.9
Missed a Class	9.4	4.3	25.6
Performed Poorly on a Test or Important Project	7.5	4.0	18.6

■ All Students
 ■ Non-High-Risk Drinkers
 ■ High-Risk Drinkers

\*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, **66.0%** of all students who completed the 2015 College Student Health Survey report they would be “very likely” to call for emergency assistance.

### Likelihood of Calling 911 in an Alcohol- or Drug-Related Situation

All Students

Response	Percent		
Very Likely	66.0	70.5	63.9
Somewhat Likely	23.2	20.9	24.2
Somewhat Unlikely	7.3	4.7	8.5
Very Unlikely	3.5	3.9	3.4

■ All Students
 ■ Students Who Did Not Use Alcohol Within the Past 30 Days
 ■ Students Who Did Use Alcohol Within the Past 30 Days

The rate for any marijuana use within the past 12 months is **22.5%** for students who completed the 2015 College Student Health Survey, while the current marijuana-use rate is **11.6%** for 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.

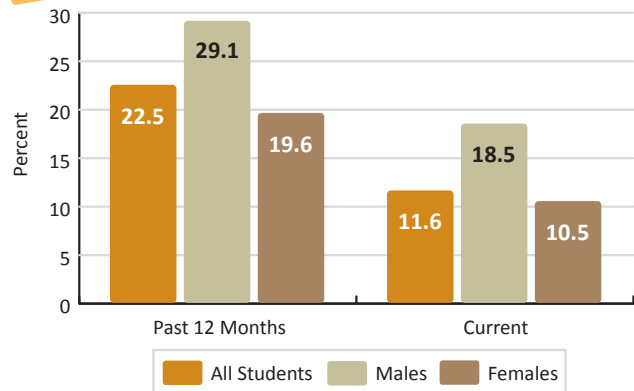
**Definition:**

**Current Marijuana Use**

Any marijuana use within the past 30 days.

### Marijuana Use—Past 12 Months and Current

All Students by Gender



## Negative Consequences of Marijuana Use

All Students

Negative Consequence Due to Marijuana Use	Percent Who Report Experiencing Within Past 12 Months
Arrested for a DWI/DUI	0.1
Criticized by Someone I Know	2.3
Damaged Property, Pulled Fire Alarm, etc.	0.1
Done Something I Later Regretted	1.0
Driven a Car While Under the Influence	3.8
Got Into an Argument or Fight	0.4
Got Nauseated or Vomited	1.1
Had a Hangover	1.0
Had a Memory Loss	2.0
Have Been Taken Advantage of Sexually	0.2
Have Taken Advantage of Another Sexually	0.1
Hurt or Injured	0.2
Missed a Class	1.1
Performed Poorly on a Test or Important Project	0.8
Seriously Thought About Suicide	0.3
Seriously Tried to Commit Suicide	0.1
Thought I Might Have a Drug Problem	1.2
Tried Unsuccessfully to Stop Using	0.7
Trouble with Police, Residence Hall, or Other University/College Authorities	0.5

A total of **3.8%** of students who completed the 2015 College Student Health Survey report having driven a car while under the influence of marijuana. Among students who completed the 2015 College Student Health Survey, **1.1%** report missing a class, and **1.2%** report thinking they might have a drug problem.

## Selected Drug Use—Past 12 Months

All Students

Drug	Percent Who Report Use Within Past 12 Months
Amphetamines	0.6
Cocaine	2.1
Ecstasy	2.2
GHB/Rohypnol	0.2
Hallucinogens	2.3
Inhalants	0.2
Opiates	0.4
Sedatives	1.1
Use of at Least One of the Above Listed Drugs	5.6
Use of Another Person's ADHD Medication	5.8
Use of Another Person's Medication Other Than ADHD	3.3

The illicit drug most commonly used by students who completed the 2015 College Student Health Survey is hallucinogens (**2.3%**). Further analysis shows that among students who completed the 2015 College Student Health Survey, **5.6%** report having used at least one of the eight listed illicit drugs. In addition, **5.8%** of students report using another person's ADHD medication and **3.3%** indicate they used another person's prescription medication other than ADHD medication.





## 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 nearly one in five (18.3%) women and one in 70 (1.4%) men in the United States have been victims of rape or attempted rape in their lifetime (Black et al, 2011). Based on estimates by the National Institute of Justice, 20.0% of American women experience rape or attempted rape while in college, and more than one in nine (12.0%) student victims state the victimization was not important enough to report (Sinozich and Langton, 2014).

Financial health is another area of concern. According to the U.S. Department of Education, the average total cost of attendance at a four-year school for first-year, full-time students living on campus was \$21,680 at public institutions and \$42,960 at private nonprofit institutions. For first-year students living on campus at a two-year public institution the average cost is \$13,280 (USDE, 2013). In 2011–2012, the average amount of grants for first-year, full-time students was \$17,040 for students at four-year nonprofit institutions and \$6,270 for students at four-year public institutions (USDE, 2013). Over one-half (53.0%) of first-year students attending a four-year public institution, 63.0% of first-year students attending a nonprofit private school, and 27.0% attending a two-year public institution borrowed money through a school loan (USDE, 2013). 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).

Approximately one in three (**32.6%**) female students who completed the 2015 College Student Health Survey report experiencing a sexual assault within their lifetime, with **7.3%** reporting having been assaulted within the past 12 months. Male students have experienced sexual assault at lower rates, with **10.8%** reporting an assault within their lifetime and **2.5%** reporting an assault within the past 12 months.

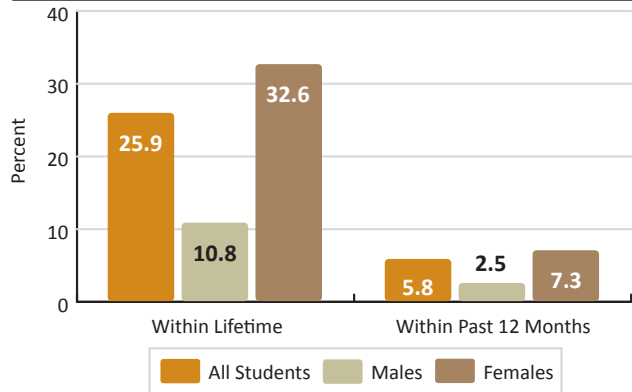
### Sexual Assault—Lifetime and Past 12 Months

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:

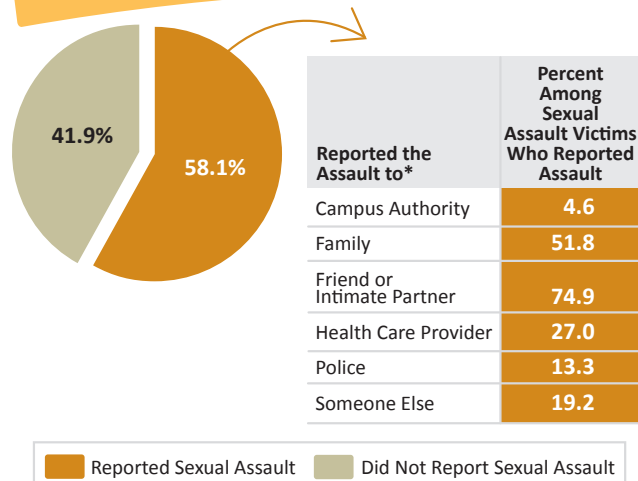
- Experienced actual or attempted sexual intercourse without your consent or against your will?
- Experienced actual or attempted sexual touching without your consent or against your will?



Of students who indicate they have experienced a sexual assault within their lifetime (25.9%), more than one-half (**58.1%**) state they reported the incident. Of students who chose to report the incident, **27.0%** reported it to a health care provider, **13.3%** reported it to the police, and **4.6%** reported it to a campus authority.

### Sexual Assault Reporting by Victims—Lifetime

Sexual Assault Victims



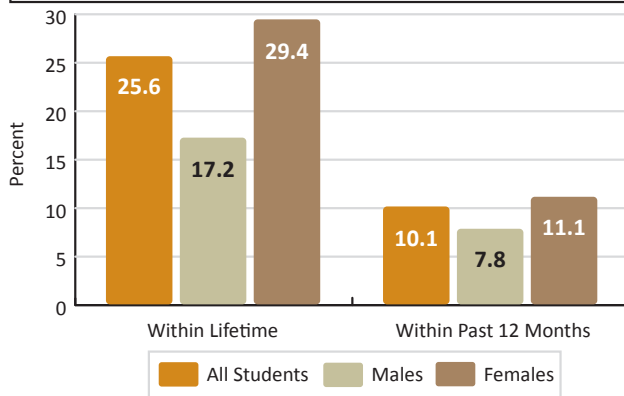
\*Students may have reported incident to individuals in more than one category.

## 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:

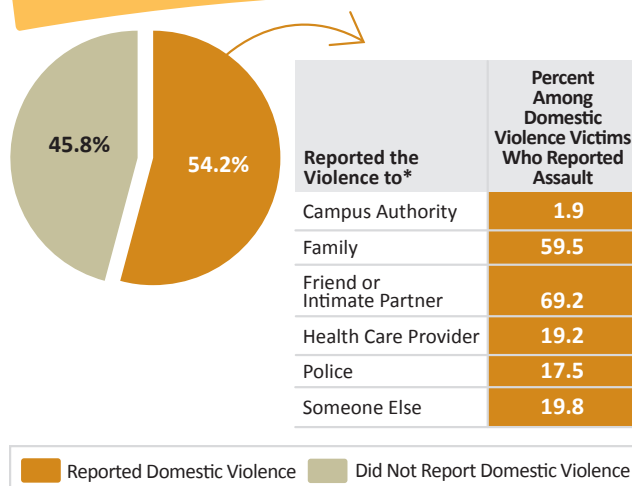
Within your lifetime or during the past 12 months, have you:

- 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?



Among female students who completed the 2015 College Student Health Survey, nearly one in three (29.4%) report experiencing domestic violence within their lifetime. About one in six (17.5%) male students report having had the experience.

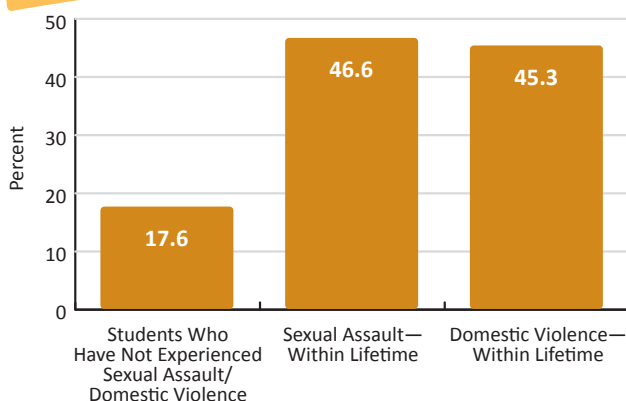
## Domestic Violence Reporting by Victims—Lifetime Domestic Violence Victims



Of students who indicate they have experienced domestic violence within their lifetime (25.6%), more than one-half (54.2%) state they reported the incident. Of students who chose to report the incident, 19.2% reported it to a health care provider, 17.5% reported it to the police, and 1.9% reported it to a campus authority.

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

## Depression Diagnosis—Lifetime All Students by Sexual Assault/Domestic Violence



For students who report being victims of sexual assault, 46.6% say they have been diagnosed with depression within their lifetime; 45.3% of victims of domestic violence say they have had a diagnosis of depression within their lifetime. These rates are higher than the lifetime depression rate (17.6%) reported among students who have not experienced sexual assault or domestic violence within their lifetime.

A total of **1.2%** of male students who completed the 2015 College Student Health Survey report being a perpetrator of sexual assault within the past 12 months. More than one in fourteen (**7.5%**) female students report they have been a perpetrator of domestic violence within that same time period.

Further examination of data shows that about more than one in eight (**13.6%**) students 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, **52.5%** indicate they have been a victim of a sexual assault within their lifetime.

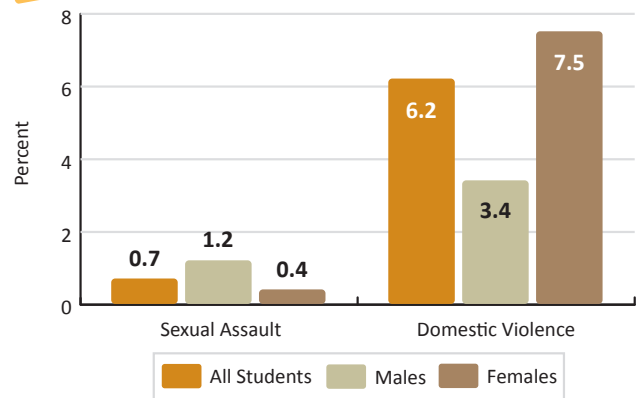
Male students who completed the 2015 College Student Health Survey are more likely to report having engaged in a physical fight over the past 12 months compared to female students (**7.7%** vs. **2.5%**, respectively).

Among students who completed the 2015 College Student Health Survey who rode a bicycle, more than one in four (**27.4%**) report wearing a helmet always or most of the time while riding the bicycle. Approximately two-thirds (**68.8%**) of students report texting, emailing, or using the internet sometimes, most of the time, or always while driving.

Additionally, almost one in six (**15.3%**) students report they rode in a vehicle with a driver who was impaired due to alcohol consumption within the past 12 months.

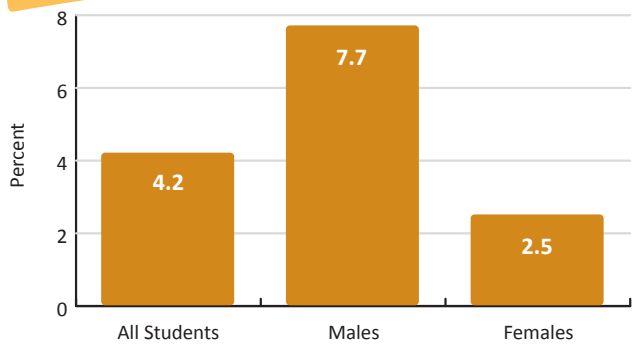
### Sexual Assault and Domestic Violence Perpetrator—Past 12 Months

All Students by Gender



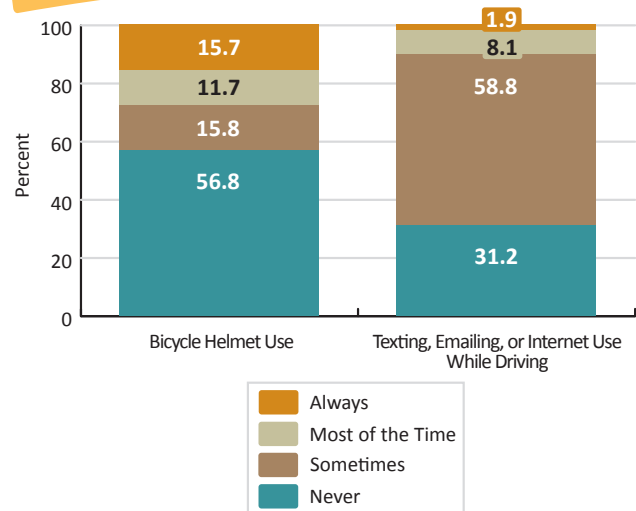
### Physical Fight—Past 12 Months

All Students by Gender

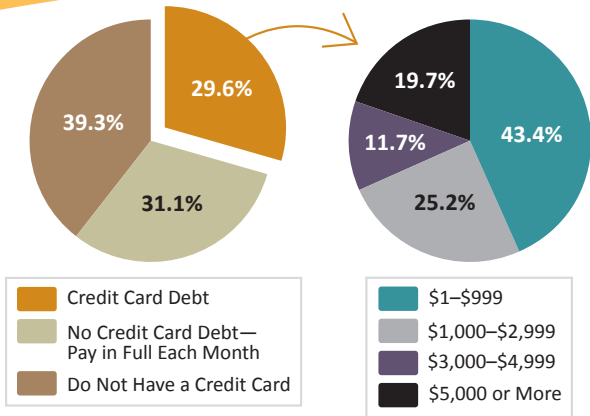


### Transportation Safety—Past 12 Months

All Students



### Current Credit Card Debt All Students

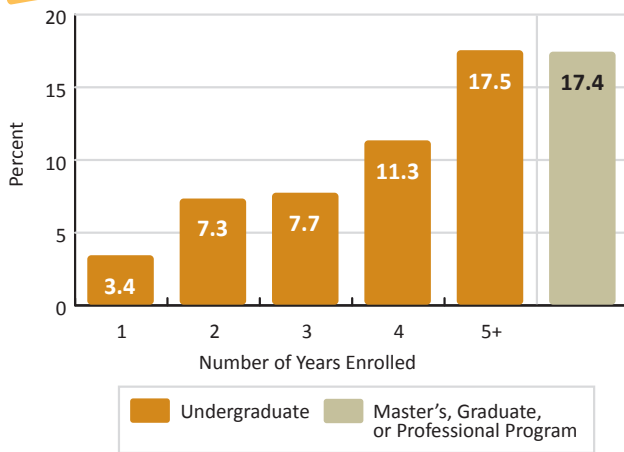


Nearly one in three (**29.6%**) students who completed the 2015 College Student Health Survey report carrying some level of credit card debt over the past month. Of those who carry a monthly credit card balance, **31.4%** report the debt as \$3,000 per month or more.

**Definition:**  
**Current Credit Card Debt**

Any unpaid balance at the end of the past month.

### Credit Card Debt and Class Status All Students

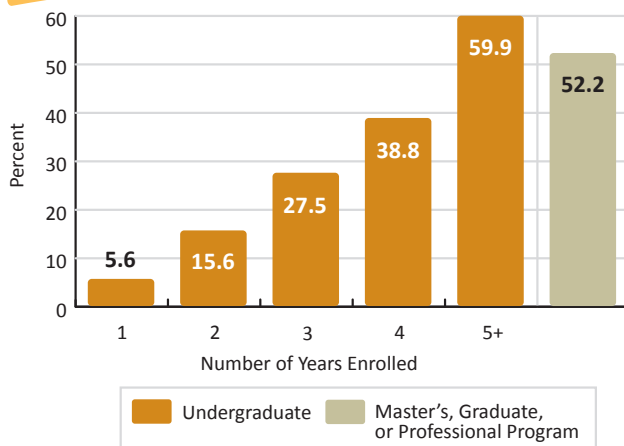


The rate of monthly credit card debt of \$3,000 or more among students who completed the 2015 College Student Health Survey is highest among undergraduates enrolled five or more years (**17.5%**).

**Definition:**  
**Credit Card Debt**

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

### Student Loan Balance and Class Status All Students



The percentage of students who completed the 2015 College Student Health Survey who report a student loan balance of more than \$25,000 increases from **5.6%** among first-year undergraduate students to **59.9%** among undergraduate students enrolled five or more years.

**Definition:**  
**Student Loan Balance**

A student loan balance of \$25,000 or more.



## 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. Limited finances may also translate into budget challenges pitting dollars for tuition, textbooks, and housing against food dollars.

### 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, 2013). 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, 2013). 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 15.6% (CDC, 2013).

Though research examining food insecurity (see definition on page 34) among young adults is limited, the prevalence of food insecurity and its negative outcomes is an issue of increasing concern. Three studies conducted in the United States among college students showed 45%–59% of students were either food insecure or at risk of food insecurity (Chaparro et al, 2009; Maroto et al, 2015; Patton-Lopez et al, 2014).

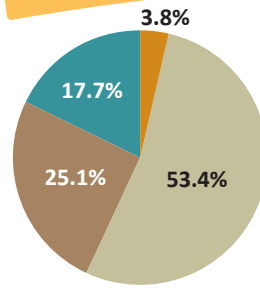
Nationwide, 82.8% of young adults between the ages of 18 and 24 compared to 74.7% of all adults report participating in at least one physical activity during the last month (CDC, 2013). More than one-half (54.4%) of 18- to 24-year-olds report participating in 150 minutes or more of aerobic physical activity per week; for all adults, the rate is 50.2% (CDC, 2013).

Body mass index (BMI) is a common and reliable indicator of body fatness (CDC, 2015). BMI equals weight in kilograms divided by height in meters squared (BMI = kg/m<sup>2</sup>). This table presents weight categories based on BMI ranges.

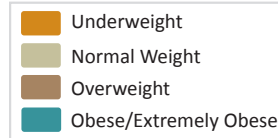
More than two in five (**42.8%**) students who completed the 2015 College Student Health Survey fall within the overweight or obese/extremely obese category. This is based on self-reported height and weight.

### BMI Category

All Students



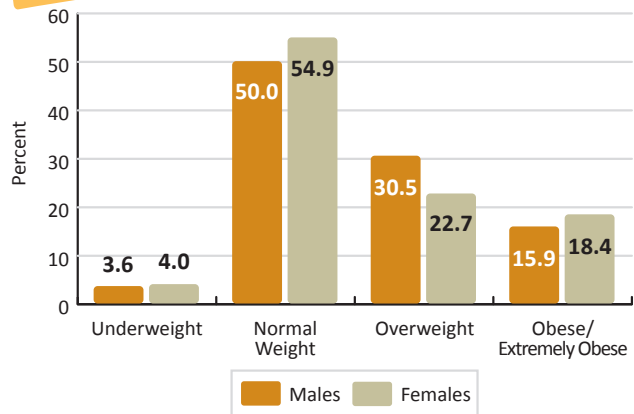
BMI Range	Weight Category
Less Than 18.5	Underweight
18.5–24.9	Normal Weight
25.0–29.9	Overweight
30.0–39.9	Obese
40.0 and Greater	Extremely Obese



Data analysis shows that the average body mass index for male students is **25.7**, and the average BMI for female students is **25.6**. For both male and female students who completed the 2015 College Student Health Survey, these averages fall within the overweight category. Nearly one-half (**46.4%**) of males and more than two in five (**41.1%**) females fall within the overweight or obese/extremely obese category.

### BMI Category

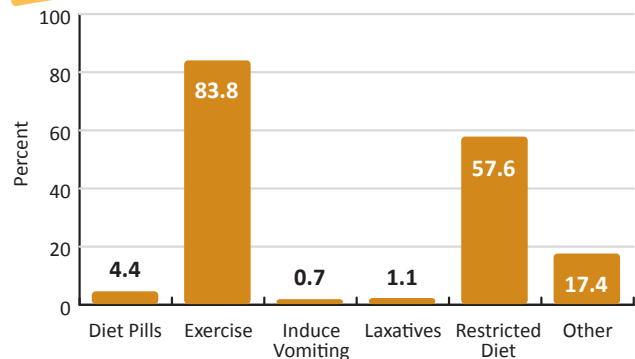
All Students by Gender



Nearly one-half (**49.6%**) of students who completed the 2015 College Student Health Survey report they were attempting to lose weight. In an attempt to control their weight, **83.8%** of students report engaging in exercise and **57.6%** of students report restricting their diet.

### Weight-Loss Methods

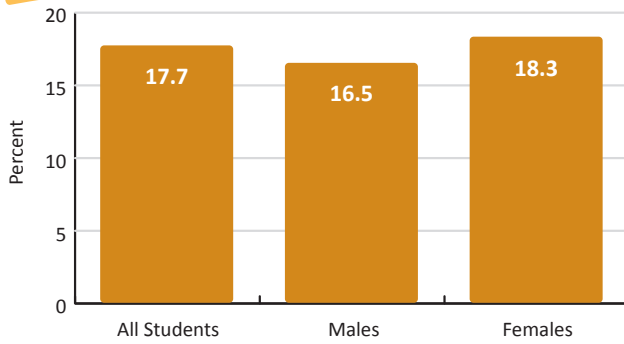
Students Attempting to Lose Weight





### Binge-Eating Behavior—Past 12 Months

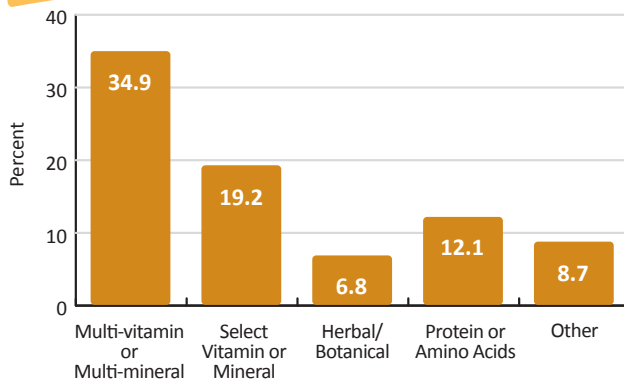
All Students by Gender



More than one in six (**17.7%**) students report they engaged in binge eating over the past 12 months.

### Regular Supplement Use

All Students



More than one in three (**34.9%**) students who completed the 2015 College Student Health Survey reported using a multi-vitamin or multi-mineral supplement, and nearly one in five (**19.2%**) report using a select vitamin or mineral supplement on a regular basis.

### Meal Patterns

All Students by BMI Category

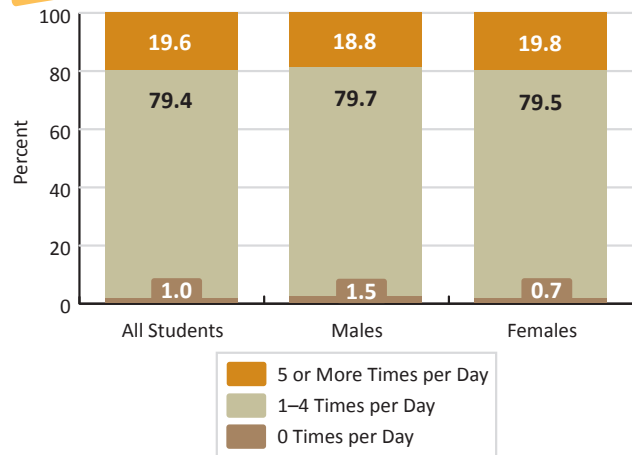
Behavior	Percent			
<b>Breakfast Consumption (Past 7 Days)</b>				
0 Days per Week	6.5	5.8	5.7	6.6
1–3 Days per Week	25.7	18.9	23.7	24.2
4–7 Days per Week	67.8	75.3	70.6	69.2
<b>Fast-Food Consumption (Past 12 Months)</b>				
1–2 Times per Month or Less	71.0	73.4	67.1	56.2
Once per Week or More	29.0	26.6	32.9	43.8

<span style="display: inline-block; width: 15px; height: 15px; background-color: #c85130; border: 1px solid black;"></span> Underweight	<span style="display: inline-block; width: 15px; height: 15px; background-color: #8c7868; border: 1px solid black;"></span> Overweight
<span style="display: inline-block; width: 15px; height: 15px; background-color: #a6a68c; border: 1px solid black;"></span> Normal Weight	<span style="display: inline-block; width: 15px; height: 15px; background-color: #2e8b8b; border: 1px solid black;"></span> Obese/Extremely Obese

Obese/Extremely obese students report the highest rate of never eating breakfast within the past seven days and of fast-food consumption once per week or more within the past 12 months.

A majority of students who completed the 2015 College Student Health Survey consume fruits and vegetables one to four times per day. Only **19.6%** 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 students consume fruits and vegetables on average **3.2** times per day, and female students consume them on average **3.3** times per day.

### Fruit and Vegetable Consumption—Per Day All Students by Gender



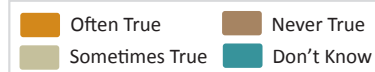
More than one in seven (**15.8%**) students who completed the 2015 College Student Health Survey reported experiencing a food shortage and lacking money to get more within the past 12 months. Nearly one-fourth (**22.7%**) report worrying about whether their food would run out before they had money to buy more.

### Food Insecurity—Past 12 Months All Students

In the 1990s, the United States Department of Agriculture (USDA) developed a series of questions designed to measure “food insecurity”. The 18-item Household Food Security Survey (HFSS) serves as the gold standard in assessing household food security (Bickel et al, 2000). In order to gain some insight into “food insecurity” among the college population, a validated two-question screening based on the HFSS was selected to appear within the College Student Health Survey (Hager et al, 2010). These two questions inquired whether a household was worried about having money to buy food and whether there were times when members of the household went without food.

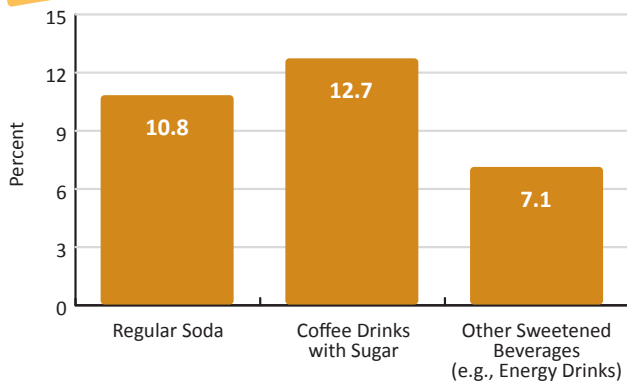
Food security is a necessary component to household and personal well-being. Food insecurity, though it’s conceptual, measures something different than nutritional deprivation and can be a precursor to nutritional, health, and developmental problems (Bickel et al, 2000). Mental and physical changes accompanying inadequate food intake will have a bearing on learning, productivity, and physical and psychological health (Sharkey et al, 2011; McLaughlin et al, 2012).

Question	Percent			
	Often True	Sometimes True	Never True	Don't Know
Within the past 12 months, I worried whether my food would run out before I got money to buy more.	4.6	18.1	74.9	2.4
Within the past 12 months, the food I bought just didn't last and I didn't have money to get more.	3.2	12.6	81.7	2.5



## Daily Sweetened Beverage Consumption

All Students



Students were asked to report their consumption of sweetened beverages. Coffee drinks with sugar is the sweetened beverage consumed daily at the highest rate (**12.7%**) by students who completed the 2015 College Student Health Survey.

## 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 minutes did you spend doing the following activities?

- Strenuous exercise (heart beats rapidly)
- Moderate exercise (not exhausting)
- Exercises to strengthen or tone your muscles

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

- Engage in 150 minutes of moderate-intensity physical activity every week and engage in muscle-strengthening activities two or more days a week (CDC, 2014b).

Or

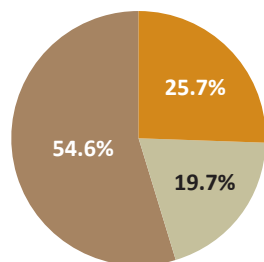
- Engage in 75 minutes of vigorous-intensity physical activity every week and engage in muscle-strengthening activities two or more days a week (CDC, 2014b).

Or

- Engage in an equivalent mix of moderate- and vigorous-intensity aerobic activity and muscle-strengthening activities two or more days a week (CDC, 2014b).

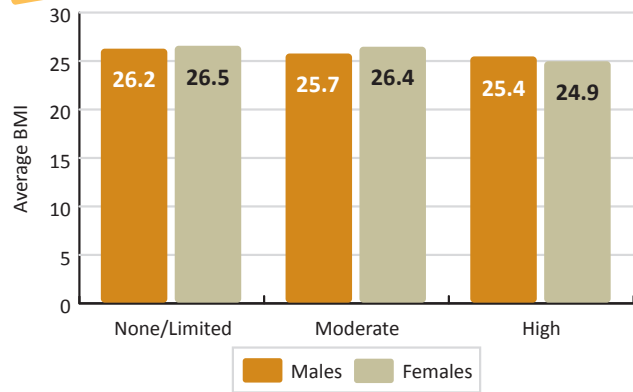
Based on their response to the two questions, students were classified into one of three physical activity levels (none/limited, moderate, or high). The high classification meets the CDC's recommended level of physical activity for moderate- and vigorous-intensity physical activity.

More than one-half (**54.6%**) of students who completed the 2015 College Student Health Survey report levels of physical activity that place them in the high classification, meeting the CDC's recommendations.



Body mass index is lowest among male and female students who engage in a high level of physical activity.

### Average BMI All Students by Physical Activity Level and Gender



Among all students who completed the 2015 College Student Health Survey, **43.3%** report spending four or more hours per day watching TV or using a computer or handheld device for something that is not work- or school-related.

### Screen Time All Students

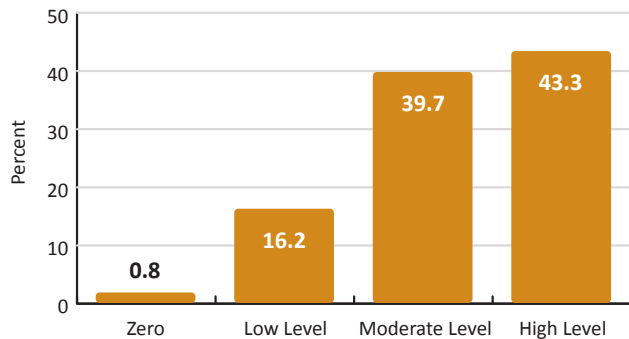
Screen time levels—zero, low, moderate, and high—were determined based on a survey question that asked respondents to report the average number of hours they watch TV or use a computer or handheld device in the course of a day:

**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, a science-based, 10-year agenda for improving the health of all Americans, 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, 2014).

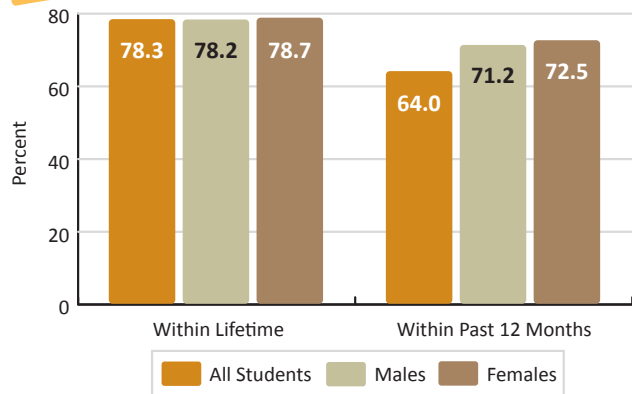
### National Comparison

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, 2014c). The higher prevalence of STIs among young adults reflects multiple barriers to accessing quality STI prevention services: ability to pay, lack of transportation, and concerns about confidentiality (CDC, 2014c). Among all males, 20- to 24-year-olds have the highest rate of chlamydia (1,325.6 cases per 100,000 people), gonorrhea (459.4 cases per 100,000 people), and syphilis (27.7 cases per 100,000 people) (CDC, 2014c). Among all females, 20- to 24-year-olds have the highest rates of chlamydia (3,621.1 cases per 100,000 people), gonorrhea (541.6 cases per 100,000 people), and syphilis (3.9 cases per 100,000 people) (CDC, 2014c).

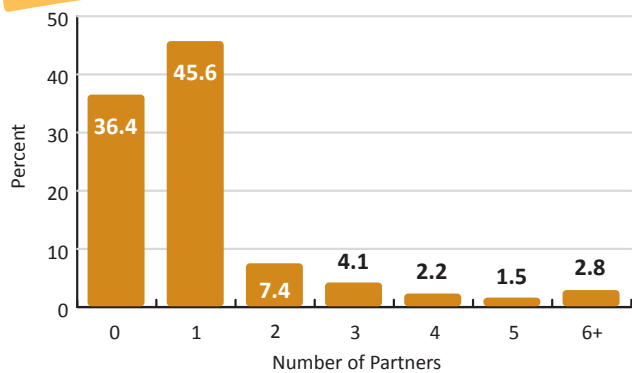
Female students who completed the 2015 College Student Health Survey report slightly higher rates of sexual activity within their lifetime and within the past 12 months compared to male students.

### Sexually Active—Lifetime and Past 12 Months All Students by Gender



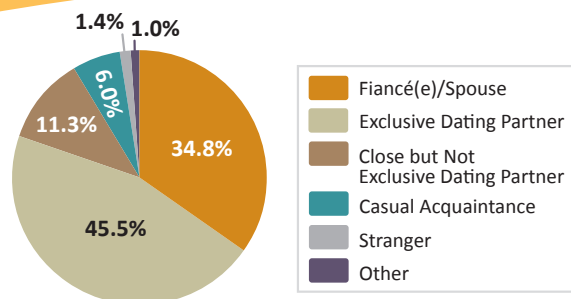
More than four in five (82.0%) students report that they had zero or one partner within the past 12 months. On average, students who completed the 2015 College Student Health Survey who were sexually active in the past 12 months had 1.8 sexual partners over the past 12-month period.

### Number of Sexual Partners—Past 12 Months All Students



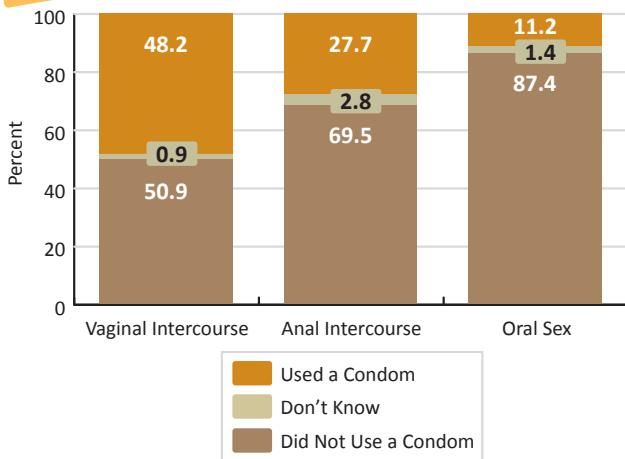
Among students who completed the 2015 College Student Health Survey who were sexually active within the past 12 months, about four in five (80.3%) report that their most recent sexual partner was either a fiancé(e)/spouse or an exclusive dating partner.

### 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 students sexually active within their lifetime who completed the 2015 College Student Health Survey, **48.2%** used a condom the last time they engaged in vaginal intercourse, **27.7%** used a condom during the last time they had anal intercourse, and **11.2%** used a condom during their last oral sex experience. Percent is based solely on those who indicated they engaged in the activity.

Data analysis shows that of the 78.3% of students who report being sexually active within their lifetime, **92.2%** engaged in oral sex, **92.5%** engaged in vaginal intercourse, and **31.1%** engaged in anal intercourse.

### Pregnancy Prevention Methods

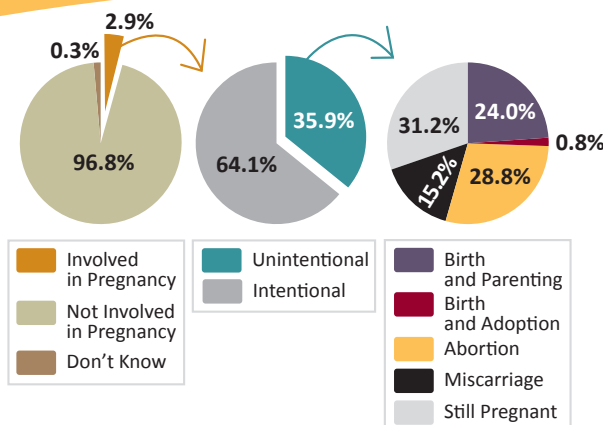
Sexually Active Students Within Lifetime

Type of Method	Percent Who Report Using Method
Birth Control Pills	37.6
Condoms	37.8
Depo-Provera (Shots)	2.9
Diaphragm and Spermicide	0.4
Emergency Contraception	2.0
Fertility Awareness	2.1
Implanon (Hormone Implant)	3.0
Intrauterine Device	7.5
NuvaRing	2.7
Patch	0.5
Sterilization (Hysterectomy, Vasectomy)	6.1
Withdrawal	16.6
Other	2.3
Don't Know/Can't Remember	0.9
Report Not Using any Method of Pregnancy Prevention	5.9

The two methods that students who completed the 2015 College Student Health Survey report using most commonly to prevent pregnancy the last time they engaged in vaginal intercourse are condoms (**37.8%**) and birth control pills (**37.6%**). Use of the withdrawal method is reported by **16.6%** of students who completed the 2015 College Student Health Survey.

### Unintended Pregnancy Outcome— Past 12 Months

All Students

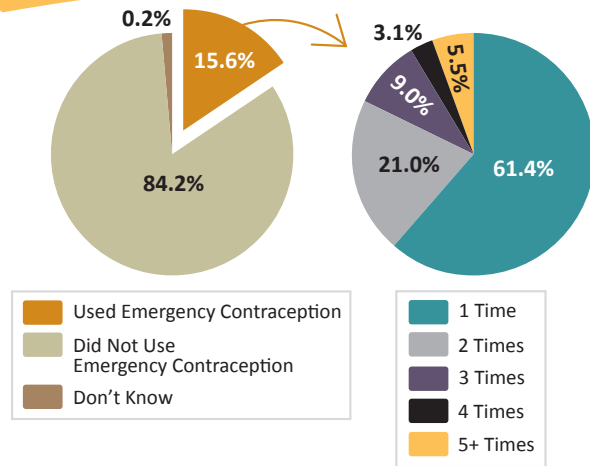


A total of **2.9%** of students who completed the 2015 College Student Health Survey has been involved in a pregnancy within the past 12 months. Of those involved in a pregnancy, **35.9%** state it was unintentional. Among the unintentional pregnancies, **28.8%** resulted in abortion, **24.0%** resulted in birth and parenting, **15.2%** resulted in miscarriage, and **0.8%** resulted in birth and adoption.

Analysis shows that within the past 12 months, **15.6%** of sexually active female students who completed the 2015 College Student Health Survey have used emergency contraception. Among those who used emergency contraception, **61.4%** have used it once, **21.0%** have used it twice, and **17.6%** used it three or more times.

### Emergency Contraception Use—Past 12 Months

Sexually Active Female Students



Among students who completed the 2015 College Student Health Survey who have been sexually active within their lifetime, **12.1%** report being diagnosed with a sexually transmitted infection (STI) within their lifetime and **2.2%** report being diagnosed with an STI within the past 12 months. Chlamydia is the STI most commonly diagnosed within students' lifetimes and within the past 12 months.

### 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	6.1	1.1
Genital Herpes	2.0	0.5
Genital Warts/HPV	4.7	0.6
Gonorrhea	1.0	0.2
HIV/AIDS	0.1	0.1
Pubic Lice	0.8	0.1
Syphilis	0.1	0.1
At Least One of the Above Sexually Transmitted Infections	12.1	2.2

■ Within Lifetime
 ■ Within Past 12 Months



## Implications

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

Results from the 2015 College Student Health Survey presented in this report highlight 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 2015 College Student Health Survey

School	Location	Enrollment—Spring 2015*
Augsburg College	Minneapolis, MN Rochester, MN	3,464
Carleton College	Northfield, MN	2,023
Century College	White Bear Lake, MN	14,462
M State	Detroit Lakes, MN Fergus Falls, MN Moorhead, MN Wadena, MN	8,798
Minneapolis Community and Technical College	Minneapolis, MN	13,853
Minnesota State University Moorhead	Moorhead, MN	8,140
Normandale Community College	Bloomington, MN	14,693
Rainy River Community College	International Falls, MN	486
Rochester Community and Technical College	Rochester, MN	8,374
St. Catherine University	Minneapolis, MN St. Paul, MN	5,055
St. Cloud State University	St. Cloud, MN	19,912
St. Cloud Technical & Community College	St. Cloud, MN	6,397
The College of St. Scholastica	Brainerd, MN Cloquet, MN Duluth, MN Grand Rapids, MN Inver Grove Heights, MN Rochester, MN St. Cloud, MN St. Paul, MN Surprise, AZ	4,237
University of Minnesota—Crookston	Crookston, MN	2,241
University of Minnesota—Duluth	Duluth, MN	10,068
University of Minnesota—Twin Cities	Minneapolis, MN St. Paul, MN	47,810
Winona State University	Winona, MN	9,993

\*Includes full-time and part-time students.

### Appendix 1 References

- Augsburg College. (2015). *About Augsburg College*. Retrieved May 27, 2015, from <http://www.augsburg.edu/about/facts/>.
- Carleton College. (2013). *About Carleton*. Retrieved May 27, 2015, from <http://apps.carleton.edu/about/>.
- Minnesota State Colleges and Universities. (2015). *Colleges and universities*. Retrieved May 27, 2015, from <http://webproc.mnscu.edu/college-search/public/institution/>.
- St. Catherine University. (2014). *About St. Kate's*. Retrieved May 27, 2015, from <http://www.stkate.edu/menu/aboutus.php>.
- The College of St. Scholastica. (2014). *Fast facts*. Retrieved May 27, 2015, from <http://www.css.edu/about/fast-facts.html>.
- University of Minnesota. (2015). *Official enrollment statistics: Spring 2015*. Retrieved May 27, 2015, from <http://www.oir.umn.edu/student/enrollment/term/1153/current/12943>.

## Appendix 2

### Minnesota Postsecondary Students Survey Demographics Based on Student Response

	All Students
Average Age (Years)	25.0
Age Range (Years)	18–99
18–24 Years	67.0%
25 Years or Older	33.0%
Average GPA	3.41
<b>Class Status</b>	
Undergraduate—Enrolled One Year	19.4%
Undergraduate—Enrolled Two Years	18.7%
Undergraduate—Enrolled Three Years	16.6%
Undergraduate—Enrolled Four Years	14.4%
Undergraduate—Enrolled Five or More Years	4.5%
Master’s, Graduate, or Professional Program	12.9%
Non-Degree Seeking	0.3%
Unspecified	13.2%
<b>Gender</b>	
Male	27.3%
Female	59.8%
TransMale, TransFemale, Genderqueer, Preferred Another Descriptor (Write-in)	0.9%
Preferred to Not Answer	12.0%
<b>Racial Identity</b>	
American Indian/Alaska Native	1.8%
Asian/Pacific Islander	7.8%
Black or African American	5.1%
Native Hawaiian/Other Pacific Islander	0.3%
White (Includes Middle Eastern)	72.3%
Preferred Another Descriptor (Write-in)	1.5%
Preferred to Not Answer	2.5%
<b>Ethnic Identity</b>	
Hispanic or Latino	3.7%
Hmong	1.9%
Somali	0.8%
None of the Above	78.5%
Preferred to Not Answer	2.5%
<b>Current Residence</b>	
Residence Hall or Fraternity/Sorority	24.6%
Other	75.4%
<b>Enrollment in Online Classes This Term</b>	
No Online Classes	67.1%
Some Online Classes	24.3%
All Online Classes	8.6%
<b>Other Status</b>	
International Student	4.7%
Veteran of United States Armed Forces	3.1%
Reported at Least One Disability	13.5%

# Glossary

## **Credit Card Debt**

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

## **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 Electronic Cigarette Use**

Any use of an electronic cigarette within the past 30 days.

## **Current Hookah Use**

Any use of tobacco from a water pipe (hookah) within the past 30 days.

## **Current Marijuana Use**

Any marijuana use within the past 30 days.

## **Current Smokeless Tobacco Use**

Any smokeless tobacco use in the past 30 days.

## **Current Tobacco Use**

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

## **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 \$25,000 or more.



# References

- Bickel G, Nord M, Price C, Hamilton W, Cook J. (2000). *Guide to measuring food security, revised 2000*. Washington, DC, United States Department of Agriculture.
- Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Chen J, Stevens MR. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Center for Behavioral Health Statistics and Quality. (2014). *2013 National Survey on Drug Use and Health: Mental health detailed tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD.
- Centers for Disease Control and Prevention. (2010). *Adverse childhood experiences reported by adults—five states. Morbidity and Mortality Weekly Report*, 59(49), 1609–1613.
- Centers for Disease Control and Prevention. (2011). *Quitting smoking among adults—United States, 2001–2010. Morbidity and Mortality Weekly Report*, 60(44), 1513–1519.
- Centers for Disease Control and Prevention. (2013). *Behavioral Risk Factor Surveillance System* [survey data]. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved April 28, 2015, from <http://apps.nccd.cdc.gov/brfss>.
- Centers for Disease Control and Prevention. (2014). *Adverse Childhood Experiences (ACE) Study*. Retrieved May 13, 2015, from <http://www.cdc.gov/violenceprevention/acestudy/>.
- Centers for Disease Control and Prevention. (2014). *How much physical activity do adults need?* Retrieved May 1, 2015, from <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>.
- Centers for Disease Control and Prevention. (2014). *Sexually transmitted disease surveillance 2013*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved May 1, 2015, from <http://www.cdc.gov/std/stats13/default.htm>.
- Centers for Disease Control and Prevention. (2015). *About BMI for adults*. Retrieved May 1, 2015, from [http://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/index.html](http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html).
- Chaparro MP, Zaghoul SS, Holck P, Dobbs J. (2009). Food insecurity prevalence among college students at the University of Hawai'i at Manoa. *Public Health Nutrition*, 12(11), 2097–2103
- Chapman DP, Whitfield CL, Felitti VJ, Dube SR, Edwards VJ, Anda RF. (2003). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82, 217–225.
- Chapman SL, Wu L-T. (2014). E-cigarette prevalence and correlates of use among adolescents versus adults: A review and comparison. *Journal of Psychiatric Research*, 54, 43–54.
- Choi K, Forester J. (2013). Characteristics associated with awareness, perceptions, and use of electronic nicotine delivery systems among young US Midwestern adults. *American Journal of Public Health*, 103, 556–561.
- Edwards VJ, Holden GW, Felitti VJ, Anda RF. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the Adverse Childhood Experiences Study. *American Journal of Psychiatry*, 160, 1453–1460.
- Hager E, Quigg A, Black MM, Coleman S, Heeren T, Rose-Jacobs R, Cook JT, Ettinger De Cuba SA, Casey PH, Chilton M, Cutts DB, Meyers AF, Frank D. (2010). Development and validity of a brief 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126(1), e26–e32.
- 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.
- Holmes TH, Rahe RH. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11(2), 213–218.
- Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. (2013). *Monitoring the Future national survey results on drug use, 1975–2012: 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.
- Maroto ME, Snelling A, Linck H. (2015). Food insecurity among community college students: Prevalence and association with grade point average. *Community College Journal of Research and Practice*, 39(6), 515–526.
- McLaughlin KA, Greif Green J, Alegria M, Costello EJ, Gruber MJ, Sampson NA, Kessler RC. (2012). Food insecurity and mental disorders in a national sample of U.S. adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(12), 1293–1303.
- Minnesota Department of Health. (2013). *Adverse childhood experiences in Minnesota: Findings & recommendations based on the 2011 Minnesota Behavioral Risk Factor Surveillance System*. Retrieved May 13, 2015, from <http://www.health.state.mn.us/divs/cfh/program/ace/>.
- 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.

- Patton-Lopez MM, Lopez-Cevallos DF, Cancel-Tirado DI, Vazquez L. (2014). Prevalence and correlates of food insecurity among students attending a midsize rural university in Oregon. *Journal of Nutrition Education and Behavior*, 46(3), 209–214.
- 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.
- Schiller JS, Ward BW, Freeman G. (2014). *Early release of selected estimates based on data from the 2013 National Health Interview Survey*. Retrieved May 4, 2015, from <http://www.cdc.gov/nchs/nhis.htm>.
- Sharkey JR, Johnson CM, Dean WR. (2011). Relationship of household food insecurity to health-related quality of life (HRQOL) in a large sample of rural and urban women. *Women & Health*, 51(5), 442–460.
- Sinozich S, Langton L. (2014). *Rape and sexual assault victimization among college-age females, 1995-2013*. (Report NCJ248471). Washington, DC: US Department of Justice. Bureau of Justice Statistics.
- Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013 National Survey on Drug Use and Health: summary of national findings* (NSDUH Series H-48, HHS Publication No. (SMA) 14-4863). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 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, National Center for Education Statistics. (2013). *Release of selected 2012 digest tables*. In U.S. Department of Education, National Center for Education Statistics (Ed.), *Digest of Education Statistics* (2013 ed.). Retrieved May 4, 2015, [http://nces.ed.gov/programs/digest/current\\_tables.asp](http://nces.ed.gov/programs/digest/current_tables.asp).
- U.S. Department of Health and Human Services. (2014). *Reproductive and sexual health*. Retrieved May 4, 2015, from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Reproductive-and-Sexual-Health>



## 2015 Boynton Health Service Survey Team

### Principal Investigator

Katherine Lust, Ph.D., M.P.H., R.D.  
612-624-6214 • [klust@bhs.umn.edu](mailto:klust@bhs.umn.edu)

### Co-Investigator

David Golden


### Survey Team

Amy Bartkus  
Kate Elwell, M.P.H.  
Anne Hodgson  
Cheryl Hoffman  
Jolene Johnson  
Kirk Marshall  
Julia Sanem, M.P.H.  
Amy Westberg

Published October 2015

The University of Minnesota is an equal opportunity educator and employer.

This publication is available in alternative formats upon request.

 Contains a minimum of 10% post-consumer waste.

For more information or additional copies, contact the Boynton Health Service Marketing Department at 612-625-6410 or [ahodgson@bhs.umn.edu](mailto:ahodgson@bhs.umn.edu).

**Boynton Health Service**

UNIVERSITY OF MINNESOTA

**Driven to Discover™**

**[www.bhs.umn.edu](http://www.bhs.umn.edu)**

410 Church Street S.E., Minneapolis, MN 55455  
Phone 612-625-6410 • Fax 612-625-2925

©2015 Regents of the University of Minnesota. All rights reserved.