Health and Health-Related Behaviors
University of Minnesota–Duluth Students
# Health and Health-Related Behaviors

University of Minnesota–Duluth Students

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>iii</td>
</tr>
<tr>
<td>Survey</td>
<td>v</td>
</tr>
<tr>
<td>Methodology</td>
<td>v</td>
</tr>
<tr>
<td>Analysis Summary</td>
<td>vi</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>1</td>
</tr>
<tr>
<td>Health Insurance and Health Care Utilization</td>
<td>1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>5</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>13</td>
</tr>
<tr>
<td>Alcohol Use and Other Drug Use</td>
<td>17</td>
</tr>
<tr>
<td>Personal Safety and Financial Health</td>
<td>25</td>
</tr>
<tr>
<td>Nutrition and Physical Activity</td>
<td>31</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>37</td>
</tr>
<tr>
<td><strong>Implications</strong></td>
<td>41</td>
</tr>
<tr>
<td><strong>Appendices</strong></td>
<td>43</td>
</tr>
<tr>
<td>Appendix 1: Colleges and Universities Participating in the 2015 College Student Health Survey</td>
<td>43</td>
</tr>
<tr>
<td>Appendix 2: University of Minnesota–Duluth Students Survey Demographics Based on Student Response</td>
<td>44</td>
</tr>
<tr>
<td><strong>Glossary</strong></td>
<td>45</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>47</td>
</tr>
</tbody>
</table>
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

University of Minnesota–Duluth Methodology Highlights

- 2,800 students from University of Minnesota–Duluth were randomly selected to participate in this survey and were sent an invitation via email.
- 924 students completed the survey.
- 33.0% of the students who opened the invitation email responded.
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 attending the University of Minnesota–Duluth report an overall uninsured rate of 1.1%. Females have a higher uninsured rate than males (1.5% vs. 0.6%, respectively). International students attending the University of Minnesota–Duluth report an overall uninsured rate of 0.0%.

University of Minnesota–Duluth students ages 27–34 report the highest uninsured rate. The lowest uninsured rate is among UMD students ages 25–26.

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

UMD students without health insurance report on average 2.1 fewer sick days in the past 30 days than UMD students with health insurance.
Female students attending the University of Minnesota–Duluth report obtaining routine medical exams and dental exams and cleanings at higher rates than male students attending the university.

Among University of Minnesota–Duluth students who obtained non-emergency mental health service, 30.1% received that care at the college.

UMD students with health insurance obtain meningitis, influenza, and human papillomavirus (HPV) vaccinations at higher rates than students at the university without health insurance. Additionally, among UMD students, 35.4% of males and 63.2% of females report obtaining HPV vaccination.

Currently, these immunizations are not required for students enrolled in postsecondary institutions.
Compared to male students at the University of Minnesota–Duluth, female students at the university report more days of poor physical health, more days of poor mental health, and more days when poor physical and/or mental health affected daily activities.

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

The acute condition diagnosed most frequently within students’ lifetimes was strep throat, with 49.3% of UMD students reporting having this diagnosis. The acute condition diagnosed most frequently within the past 12 months was urinary tract infection, with 7.6% of students reporting having this diagnosis. Overall, 61.3% of UMD students report being diagnosed with at least one acute condition within their lifetime, and 16.1% report being diagnosed with at least one acute condition within the past 12 months.

Chronic conditions are ongoing health concerns for students. Surveillance of these conditions provides a picture of longer term health care needs for students at the University of Minnesota–Duluth.

The two most common chronic conditions diagnosed in UMD students are allergies (40.3% lifetime) and asthma (18.4% lifetime). More than one-half (54.9%) of students report being diagnosed with at least one chronic condition within their lifetime, and approximately one in seven (13.9%) report being diagnosed with at least one chronic condition within the 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 University of Minnesota–Duluth students, anxiety and depression are the two most frequently reported mental health diagnoses for both lifetime and the past 12 months.

Among UMD students, 20.6% report being diagnosed with depression within their lifetime, and 6.2% report being diagnosed with depression within the past 12 months. Females report being diagnosed with depression at higher rates than males.

University of Minnesota–Duluth students ages 30–39 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.
Among UMD students, 0.9% of males and 6.6% of females report being diagnosed with anorexia and/or bulimia within their lifetime.

Among University of Minnesota–Duluth students, 34.0% report being diagnosed with at least one mental health condition within their lifetime, and 15.5% 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 21.6% of students report being diagnosed with two or more mental health conditions within their lifetime.

Overall, 13.2% of UMD students 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 UMD students, 2.5% report contacting a mental health crisis line within the past 12 months. Among the 2.5% of students who report they contacted a crisis line, the majority (88.2%) report they contacted a crisis line one or two times within the past 12 months.

The most commonly experienced stressors among University of Minnesota–Duluth students are roommate/housemate conflict and the termination of a personal relationship. A total of 38.1% of students report experiencing one or two stressors within the past 12 months, and 20.1% report experiencing three or more stressors over that same time period.
An association appears to exist between reported number of stressors experienced within the past 12 months and various types of risk-taking behavior. Over the same 12-month period, UMD students who experienced three or more stressors tend to have higher rates of current tobacco use, high-risk drinking, current marijuana use, and high credit card debt compared to students who experienced two or fewer stressors.

About one-third (33.0%) of UMD students report they are unable to manage their stress level. Additional analysis shows that among these students, 10.9% report they were diagnosed with depression within the past 12 months. About two in three (67.0%) UMD students report they are able to manage their level of stress. Only 3.9% of these students report they were diagnosed with depression within the past 12 months.

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, 13.8% of UMD students with unmanaged stress levels report being diagnosed with anxiety within the past year compared to only 6.3% of students with managed stress levels reporting the same diagnosis.
In response to a question that asked UMD students on how many of the past seven days they got enough sleep so they felt rested when they woke up in the morning, more than one-half (50.6%) of students report they received adequate sleep three or fewer days over the previous seven days.

Receiving adequate sleep in the past seven days appears to have an impact on students’ ability to manage their stress level. Only 43.0% of UMD students who report receiving zero to one day per week of adequate sleep report the ability to manage their stress, whereas 87.2% of students who report six to seven days per week of adequate sleep report the ability to manage their stress.
The four most commonly reported issues among UMD students are stress (67.6%), excessive computer/internet use (47.6%), financial difficulties (35.5%), and concern for family member or friend (31.2%). Among students who reported a particular issue, the issues with the greatest impact on academic performance reported by students are being homeless (75.0%), any disability (63.4%), sleep difficulties (57.8%), and mental health issues (55.4%).

### 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

<table>
<thead>
<tr>
<th>Health or Personal Issue</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>27.6</td>
</tr>
<tr>
<td>Any Disability (Learning, ADD/ADHA, Physical, etc.)</td>
<td>10.0</td>
</tr>
<tr>
<td>Chronic Health Condition</td>
<td>9.4</td>
</tr>
<tr>
<td>Concern for Family Member or Friend</td>
<td>31.2</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>5.3</td>
</tr>
<tr>
<td>Excessive Computer/Internet Use</td>
<td>47.6</td>
</tr>
<tr>
<td>Financial Difficulties</td>
<td>35.5</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>8.5</td>
</tr>
<tr>
<td>Homeless</td>
<td>0.5</td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>12.3</td>
</tr>
<tr>
<td>Mental Health Issue (Depression, Anxiety, etc.)</td>
<td>29.2</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>1.1</td>
</tr>
<tr>
<td>Relationship Issue with Roommate/Housemate</td>
<td>22.8</td>
</tr>
<tr>
<td>Relationship Issue with Someone Other Than Roommate/Housemate</td>
<td>21.8</td>
</tr>
<tr>
<td>Serious Injury</td>
<td>2.7</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>1.6</td>
</tr>
<tr>
<td>Sexually Transmitted Infection</td>
<td>1.0</td>
</tr>
<tr>
<td>Sleep Difficulties</td>
<td>41.4</td>
</tr>
<tr>
<td>Stress</td>
<td>67.6</td>
</tr>
<tr>
<td>Upper Respiratory Infection (Cold/Flu, Sinus, Strep, etc.)</td>
<td>31.1</td>
</tr>
</tbody>
</table>

**Note:** Items found in this table are based on the Holmes and Rahe Stress Adapted to College Students.
Among UMD students, 39.5% report a parent or adult in their home swore at them, insulted them, or put them down before they were age 18, and 29.9% report they lived with someone who was depressed, mentally ill, or suicidal before they were age 18.

More than two in three (68.5%) UMD students report experiencing at least one adverse childhood experience.
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 at the University of Minnesota–Duluth is **18.3%**, with a daily tobacco-use rate of **2.8%**. 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.

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

The highest daily tobacco-use rate is found among UMD students age 24 and older (**12.2%**).
Overall, 6.2% of UMD students report using smokeless tobacco, 8.8% report using a hookah, and 9.2% 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.

Among students at UMD who report using smoking tobacco in the past 30 days, 79.6% do not consider themselves to be smokers. Among the students who do consider themselves to be smokers, 63.3% made at least one attempt to quit smoking over the past 12 months. These students made an average of 3.6 quit attempts during that same 12-month period.

The average number of cigarettes smoked per week over the past 30 days by UMD students is 11.1 among current smokers and 66.7 among daily smokers.
For UMD students, 18.3% of nonsmokers and 15.6% of smokers report being exposed to secondhand smoke on campus (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 University of Minnesota–Duluth students, 84.7% report using alcohol in the past 12 months and 65.7% report using alcohol in the past 30 days. Male students report slightly higher rates of past 12-month alcohol use and current alcohol use.

---

Approximately two in three (68.1%) UMD students ages 18–20 report consuming alcohol in the past 30 days. Nearly nine in ten (89.5%) UMD students ages 23–24 report consuming alcohol in the past 30 days.

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

---

**Definition:**

**Past 12-Month Alcohol Use**

Any alcohol use within the past year.

**Current Alcohol Use**

Any alcohol use within the past 30 days.
Male students at University of Minnesota–Duluth report a higher rate of high-risk drinking compared to female students (51.9% vs. 33.0%, respectively).

Among University of Minnesota–Duluth students, the peak years for engaging in high-risk drinking are ages 21–22.

Students attending UMD overestimate the high-risk drinking rate on their campus. The estimate from all students is 47.6%, and the actual high-risk drinking rate at the university is 35.1%. Those who have engaged in high-risk drinking estimate a high-risk drinking rate of 52.4%, while those who have not engaged in high-risk drinking estimate a rate of 44.3%.
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.

For male and female students attending University of Minnesota—Duluth, the average estimated blood alcohol content, based on the last time the student partied/socialized, is 0.09.

The average estimated BAC levels for University of Minnesota–Duluth students range from 0.04 to 0.10, with the estimated BAC for all survey respondents averaging 0.09. Students ages 18–20, 21–22, and 23–24 report average estimated BAC levels that exceed the legal driving limit of 0.08 for individuals of legal drinking age.
About one in twelve (8.3%) UMD students report having driven a car while under the influence of alcohol or drugs. Among University of Minnesota–Duluth students, 16.6% report missing a class and 10.2% report performing poorly on a test or project as a result of alcohol use.

A strong association exists between the average number of drinks UMD 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 two or more times higher among UMD 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.

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, 63.6% of all UMD students report they would be “very likely” to call for emergency assistance.

The rate for any marijuana use within the past 12 months is 34.0% for all UMD students, while the current marijuana-use rate is 19.5% for all UMD students. Past 12-month and current marijuana-use rates are higher for males than for females.

**Definition:**
- **Past 12-Month Marijuana Use**: Any marijuana use within the past year.
- **Current Marijuana Use**: Any marijuana use within the past 30 days.
Approximately one in thirteen (7.5%) UMD students report having driven a car while under the influence of marijuana. Among University of Minnesota–Duluth students, 1.7% report missing a class, and 1.5% report thinking they might have a drug problem.

The illicit drug most commonly used by University of Minnesota–Duluth students is hallucinogens (3.8%). Further analysis shows that among University of Minnesota–Duluth students, 7.7% report having used at least one of the eight listed illicit drugs. In addition, 10.1% of students report using another person’s ADHD medication and 3.8% 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).
Nearly one in three (29.7%) female students at University of Minnesota–Duluth report experiencing a sexual assault within their lifetime, with 9.8% reporting having been assaulted within the past 12 months. Male students at the university have experienced sexual assault at lower rates, with 10.0% reporting an assault within their lifetime and 2.3% reporting an assault within the past 12 months.

Of University of Minnesota–Duluth students who indicate they have experienced a sexual assault within their lifetime (21.5%), about one-half (50.6%) state they reported the incident. Of students who chose to report the incident, 12.8% reported it to a health care provider and 7.7% reported it to the police.
Among female students at the University of Minnesota–Duluth, nearly one in four (23.6%) report experiencing domestic violence within their lifetime. About one in eight (13.2%) male students report having had the experience.

Of University of Minnesota–Duluth students who indicate they have experienced domestic violence within their lifetime (18.6%), approximately one-half (49.6%) state they reported the incident. Of students who chose to report the incident, 16.7% reported it to a health care provider, 12.1% reported it to the police, and 3.0% reported it to a campus authority.

For students who report being victims of sexual assault, 45.5% say they have been diagnosed with depression within their lifetime; 39.1% 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 (12.8%) reported among UMD students who have not experienced sexual assault or domestic violence within their lifetime.
Among University of Minnesota–Duluth students, 1.3% of males report being a perpetrator of sexual assault within the past 12 months. More than one in fourteen (7.6%) female students at the university report they have been a perpetrator of domestic violence within that same time period.

Further examination of data shows that 10.5% of students at the university report either sexually assaulting or inflicting domestic violence on another person within their lifetime. Of those who report being a perpetrator of sexual assault or domestic violence, 46.8% indicate they have been a victim of a sexual assault within their lifetime.

Male students at University of Minnesota–Duluth are more likely to report having engaged in a physical fight over the past 12 months compared to female students at the university (8.0% vs. 2.3%, respectively).

Among students at UMD who rode a bicycle, about one in five (20.0%) report wearing a helmet always or most of the time while riding the bicycle. Approximately three-fourths (73.6%) of UMD students report texting, emailing, or using the internet sometimes, most of the time, or always while driving.

Additionally, almost one in five (18.0%) UMD students report they rode in a vehicle with a driver who was impaired due to alcohol consumption within the past 12 months.
More than one in seven (14.8%) UMD students report carrying some level of credit card debt over the past month. Of those who carry a monthly credit card balance, 18.4% 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.

The rate of monthly credit card debt of $3,000 or more among UMD students is highest among undergraduates enrolled five or more years (25.0%).

Definition:
Credit Card Debt
A monthly debt of $3,000 or more.

The percentage of UMD students who report a student loan balance of more than $25,000 increases from 3.0% among first-year undergraduate students to 55.6% among undergraduate students enrolled five or more years. More than three in five (61.7%) UMD students enrolled in a master’s, graduate, or professional program report a student loan balance of more than $25,000.

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/m²). This table presents weight categories based on BMI ranges.

Nearly two in five (37.0%) students at the University of Minnesota–Duluth fall within the overweight or obese/extremely obese category. This is based on self-reported height and weight.

Data analysis shows that the average body mass index for male UMD students is 24.9, and the average BMI for female UMD students is 24.4. For both male and female students, these averages fall within the normal category. More than two in five (42.6%) males and approximately one-third (31.8%) of females fall within the overweight or obese/extremely obese category.

More than two in five (44.9%) UMD students report they were attempting to lose weight. In an attempt to control their weight, 88.2% of students report engaging in exercise and 53.8% of students report restricting their diet.
About one in five (20.0%) UMD students report they engaged in binge eating over the past 12 months.

Almost one in three (30.1%) UMD students reported using a multi-vitamin or multi-mineral supplement, and nearly one in six (16.2%) report using a select vitamin or mineral supplement on a regular basis.

Underweight UMD students report the highest rate of never eating breakfast within the past seven days. Obese/Extremely obese students report the highest rate of fast-food consumption once per week or more within the past 12 months.
A majority of UMD students consume fruits and vegetables one to four times per day. Only 15.3% of all students consume fruits and vegetables five or more times per day. Based on the reported number of times per day fruits and vegetables are consumed, an average number of times per day can be calculated. Male and female students at the university consume fruits and vegetables on average 3.0 times per day.

More than one in seven (14.9%) UMD students reported experiencing a food shortage and lacking money to get more within the past 12 months. Nearly one-fourth (23.3%) report worrying about whether their food would run out before they had money to buy more.

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).

<table>
<thead>
<tr>
<th>Question</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the past 12 months, I worried whether my food would run out before I got money to buy more.</td>
<td>3.7</td>
</tr>
<tr>
<td>19.6</td>
<td>74.2</td>
</tr>
<tr>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Within the past 12 months, the food I bought just didn’t last and I didn’t have money to get more.</td>
<td>2.3</td>
</tr>
<tr>
<td>12.6</td>
<td>82.2</td>
</tr>
<tr>
<td>2.9</td>
<td></td>
</tr>
</tbody>
</table>
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).
- 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).
- Engage in an equivalent mix of moderate- and vigorous-intensity aerobic activity and muscle-strengthening activities two or more days a week (CDC, 2014b).

Students were asked to report their consumption of sweetened beverages. Coffee drinks with sugar is the sweetened beverage consumed daily at the highest rate (10.3%) by UMD students.

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 three-fifths (62.1%) of UMD students report levels of physical activity that place them in the high classification, meeting the CDC’s recommendations.
Body mass index is lowest among female students who engage a high level of physical activity and among males who engage in a limited level of physical activity.

Among all students, 46.7% 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.
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 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 attending the University of Minnesota–Duluth report higher rates of sexual activity within their lifetime and within the past 12 months compared to male students.

More than three in four (76.6%) students report that they had zero or one partner within the past 12 months. On average, UMD students who were sexually active in the past 12 months had 1.9 sexual partners over the past 12-month period.

Among University of Minnesota–Duluth students who were sexually active within the past 12 months, almost three in four (72.9%) report that their most recent sexual partner was either a fiancé(e)/spouse or an exclusive dating partner.
Among UMD students sexually active within their lifetime, 55.9% used a condom the last time they engaged in vaginal intercourse, 27.9% used a condom during the last time they had anal intercourse, and 11.3% 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 77.6% of UMD students who report being sexually active within their lifetime, 93.7% engaged in oral sex, 92.1% engaged in vaginal intercourse, and 25.2% engaged in anal intercourse.

The two methods that UMD students report using most commonly to prevent pregnancy the last time they engaged in vaginal intercourse are birth control pills (51.2%) and condoms (49.8%). Use of the withdrawal method is reported by 21.6% of University of Minnesota–Duluth students.

A total of 1.3% of University of Minnesota–Duluth students has been involved in a pregnancy within the past 12 months. Of those involved in a pregnancy, 58.3% state it was unintentional. Among the unintentional pregnancies, 42.9% resulted in abortion, 14.3% resulted in birth and parenting, and 14.3% resulted in miscarriage.
Analysis shows that within the past 12 months, 23.4% of sexually active female students at University of Minnesota–Duluth have used emergency contraception. Among those who used emergency contraception, 56.0% have used it once, 17.3% have used it twice, and 17.0% used it three or more times.

Among UMD students who have been sexually active within their lifetime, 7.0% 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.
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

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

*Includes full-time and part-time students.

### Appendix 1 References

## Appendix 2

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

<table>
<thead>
<tr>
<th>Category</th>
<th>All Students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Age (Years)</strong></td>
<td>21.4</td>
</tr>
<tr>
<td><strong>Age Range (Years)</strong></td>
<td>18–69</td>
</tr>
<tr>
<td>18–24 Years</td>
<td>90.4%</td>
</tr>
<tr>
<td>25 Years or Older</td>
<td>9.6%</td>
</tr>
<tr>
<td><strong>Average GPA</strong></td>
<td>3.26</td>
</tr>
<tr>
<td><strong>Class Status</strong></td>
<td></td>
</tr>
<tr>
<td>Undergraduate—Enrolled One Year</td>
<td>22.1%</td>
</tr>
<tr>
<td>Undergraduate—Enrolled Two Years</td>
<td>15.3%</td>
</tr>
<tr>
<td>Undergraduate—Enrolled Three Years</td>
<td>16.1%</td>
</tr>
<tr>
<td>Undergraduate—Enrolled Four Years</td>
<td>14.4%</td>
</tr>
<tr>
<td>Undergraduate—Enrolled Five or More Years</td>
<td>5.3%</td>
</tr>
<tr>
<td>Master’s, Graduate, or Professional Program</td>
<td>9.2%</td>
</tr>
<tr>
<td>Non-Degree Seeking</td>
<td>0.1%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>17.5%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>36.7%</td>
</tr>
<tr>
<td>Female</td>
<td>46.2%</td>
</tr>
<tr>
<td>TransMale, TransFemale, Genderqueer, Preferred Another Descriptor (Write-in)</td>
<td>0.8%</td>
</tr>
<tr>
<td>Preferred to Not Answer</td>
<td>16.3%</td>
</tr>
<tr>
<td><strong>Racial Identity</strong></td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2.3%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>5.0%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1.8%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>0.3%</td>
</tr>
<tr>
<td>White (Includes Middle Eastern)</td>
<td>73.8%</td>
</tr>
<tr>
<td>Preferred Another Descriptor (Write-in)</td>
<td>1.2%</td>
</tr>
<tr>
<td>Preferred to Not Answer</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>Ethnic Identity</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2.6%</td>
</tr>
<tr>
<td>Hmong</td>
<td>1.3%</td>
</tr>
<tr>
<td>Somali</td>
<td>0.2%</td>
</tr>
<tr>
<td>None of the Above</td>
<td>77.1%</td>
</tr>
<tr>
<td>Preferred to Not Answer</td>
<td>2.2%</td>
</tr>
<tr>
<td><strong>Current Residence</strong></td>
<td></td>
</tr>
<tr>
<td>Residence Hall or Fraternity/Sorority</td>
<td>34.5%</td>
</tr>
<tr>
<td>Other</td>
<td>65.5%</td>
</tr>
<tr>
<td><strong>Enrollment in Online Classes This Term</strong></td>
<td></td>
</tr>
<tr>
<td>No Online Classes</td>
<td>79.8%</td>
</tr>
<tr>
<td>Some Online Classes</td>
<td>18.4%</td>
</tr>
<tr>
<td>All Online Classes</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Other Status</strong></td>
<td></td>
</tr>
<tr>
<td>International Student</td>
<td>2.0%</td>
</tr>
<tr>
<td>Veteran of United States Armed Forces</td>
<td>2.1%</td>
</tr>
<tr>
<td>Reported at Least One Disability</td>
<td>13.0%</td>
</tr>
</tbody>
</table>
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


2015 Boynton Health Service Survey Team

Principal Investigator
Katherine Lust, Ph.D., M.P.H., R.D.
612-624-6214 • 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