



STONEHILL COLLEGE HEALTH BEHAVIOR NEEDS ASSESSMENT

*Prepared by Office of Planning and Institutional Research
November, 2009*



METHODOLOGY

Who	<ul style="list-style-type: none">❖ Selected Stonehill students, 30% from class years 2010, 2011, 2012, and 2013. Representative sample for Gender, 60/40 split.
When	<ul style="list-style-type: none">❖ Data collected from October 5 through October 19, 2009.
How	<ul style="list-style-type: none">❖ Survey administered online❖ Maximum of three reminder emails sent out to sample during the data collection period.
What	<ul style="list-style-type: none">❖ Survey questions focused on the following areas:<ul style="list-style-type: none">✓ Nutrition✓ Alcohol✓ Smoking✓ Stress✓ Sexual Health✓ Physical Activity✓ Spiritual Health✓ Source of Health Information and Related Information✓ Demographics❖ Incentives: Ability to enter email address for a drawing (several \$25 prizes offered to encourage participation).



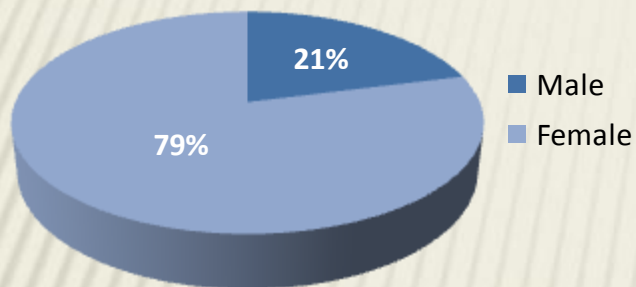
RESPONSE RATE ACTIVITY

Date	Activity
October 5, 2009	Invitation emailed to 732 students. By 2 p.m., of day one, 126 or 18% of the selected students responded to the survey.
October 6, 2009	168 or 23% responded.
October 7, 2009	185 or 25% responded.
October 8, 2009	Reminder 1
October 13, 2009	252 or 34% responded.
October 13, 2009	Reminder 2
October 14, 2009	309 or 42% responded.
October 15, 2009	Reminder 3
October 19, 2009	359 or 49% responded.
October 20, 2009	Closed survey at 4 p.m. Response rate remained at 49% .

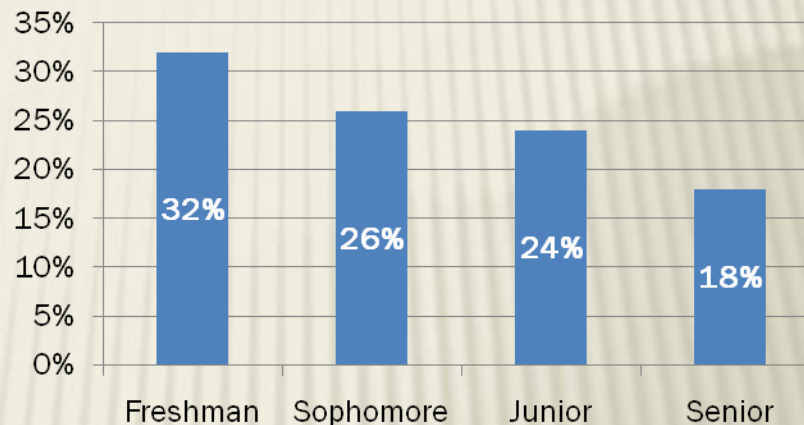


DEMOGRAPHICS

What is your gender?



What is your classification?



What is your age?

<17	4%
18-21	92%
22-24	3%
>25	1%

*Body Mass Index

Underweight	3%
Normal	70%
Overweight	20%
Obese	7%

n=359

Please note: *BMI formula – (weight in pounds/height in inches x height in inches)) x 703. Underweight (<18.5), Normal (18.5-24.9), Overweight (25-29.9) and Obese (>30).



NUTRITION



HOW MANY SERVINGS OF....

Food Category	0 servings per day	1-2 servings per day	3-4 servings per day	5 or more servings per day
Vegetables	11%	69%	19%	1%
Fruits	11%	65%	23%	1%
Dairy	4%	53%	39%	0%
Protein	2%	51%	39%	8%
Grains	1%	24%	54%	20%

How often do you choose whole grain products?	
1-2 X a day	59%
1-2 X a week	29%
1-2 X a month	7%
Less than once a month	6%

Please note: Variable base size – Q1- vegetables, n=358; Q2 – fruits, n=357; Q3 – dairy, n=355; Q4 – protein, n=357; Q5 – grains, n=357; Q6 – choose whole grain, n=358



DO YOU TAKE...

A multivitamin or other dietary vitamin supplements?

- 49% - YES
- 51% - NO

You said you take a multivitamin or other dietary supplement. How often do you use dietary supplements?

- Daily – 60%
- A few times a week – 31%
- Monthly – 2%
- Less than monthly – 8%

Do you believe that taking a multivitamin can make up for a poor diet?

- 89% - NO
- 11% - YES



DO YOU USE...

Sports enhancement supplements?

- 90% - NO
- 10% - YES

You said you use sports enhancement supplements. How often do you use them?

- Daily – 28%
- A few times a week – 50%
- Monthly – 17%
- Less than monthly – 6%

Do you believe that taking sports enhancement supplements will improve athletic performance?

- 42% - NO
- 58% - YES



DO YOU FEEL.....

	Never	Rarely	Sometimes	Most of the time	Always
The majority of your peers are satisfied with their current weight?	2%	28%	44%	24%	2%
Satisfied with your current weight?	7%	17%	30%	36%	11%
The majority of your peers are trying to lose weight?	1%	20%	40%	33%	5%

Are you currently trying to lose weight?	
YES	52%
NO	48%



TRYING TO LOSE WEIGHT?

Within the past 30 days have you done any of the following to try to lose weight?	
Restricted one or more meals per day	39%
Exercised two or more times a day	43%
Taken a laxative or vomited	0%
Taken diet pills	0%
Other (see statements below)	18%

Other ways to lose weight:

Make healthier food choices

Exercise daily

Slimfast/Weight Watchers



Of those who identified other ways to lose weight, “making healthier food choices” and/or “exercising daily” was selected by 35% of the respondents; 18% selected both items and 24% indicated that they would “do nothing.” Less than 1% identified weight loss products.



CONCERNED ABOUT GAINING WEIGHT?

How concerned are you about gaining weight this year at college?	
Concerned	21%
Somewhat concerned	44%
Neither concerned nor unconcerned	14%
Somewhat unconcerned	8%
Unconcerned	13%

How easy is it to find healthy menu choices at the dining halls on campus?	
Easy	7%
Somewhat easy	29%
Neither easy nor difficult	16%
Somewhat difficult	35%
Difficult	13%

Please note: Variable base size - Q1 – gaining weight, n=358; Q2 – healthy menu choices, n=354



WHAT PROHIBITS HEALTHY EATING?

What prohibits you from being able to eat healthy?	
Nothing prohibits me from eating healthy	39%
Lack of availability of health foods	30%
Lack of time	14%
Lack of money	7%
Lack of nutritional knowledge	6%
Other (see statements below)	4%

Other constraints to eating healthy:

Sodexo limitations, i.e., options, cost, taste preference, hours of operation, etc.

Vegetarian life-style

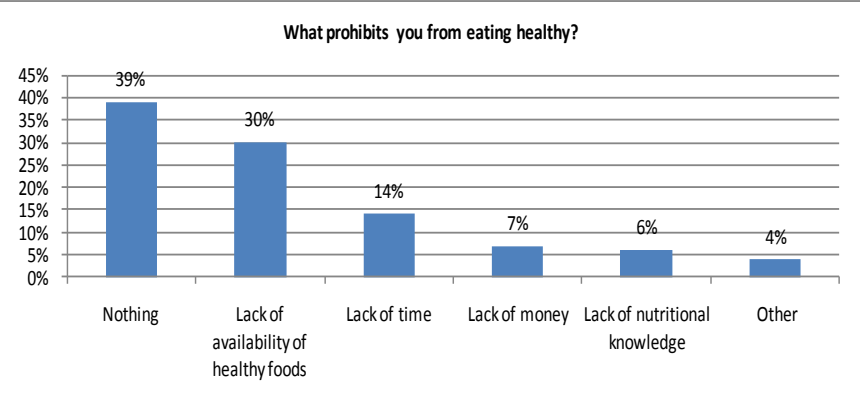
Inability to cook own food

Too much junk food/temptations



Of those who identified other constraints to eating healthy, 44% mentioned limitations with Sodexo; 8% would like to cook their own food and 8% stated they were vegetarian. 11% mentioned unhealthy food choices.

INSERT FOR EXECUTIVE SUMMARY



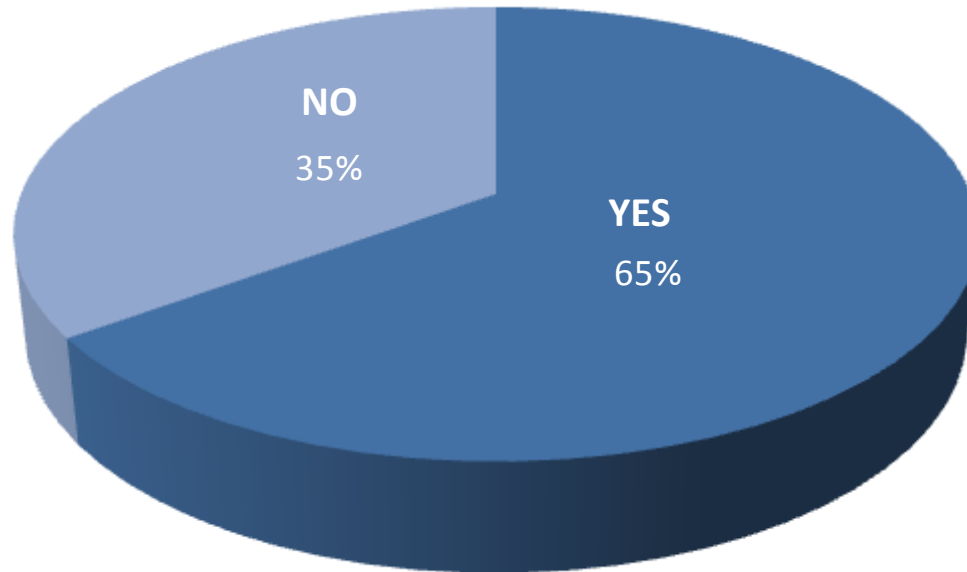


ALCOHOL



ALCOHOL USE ON CAMPUS

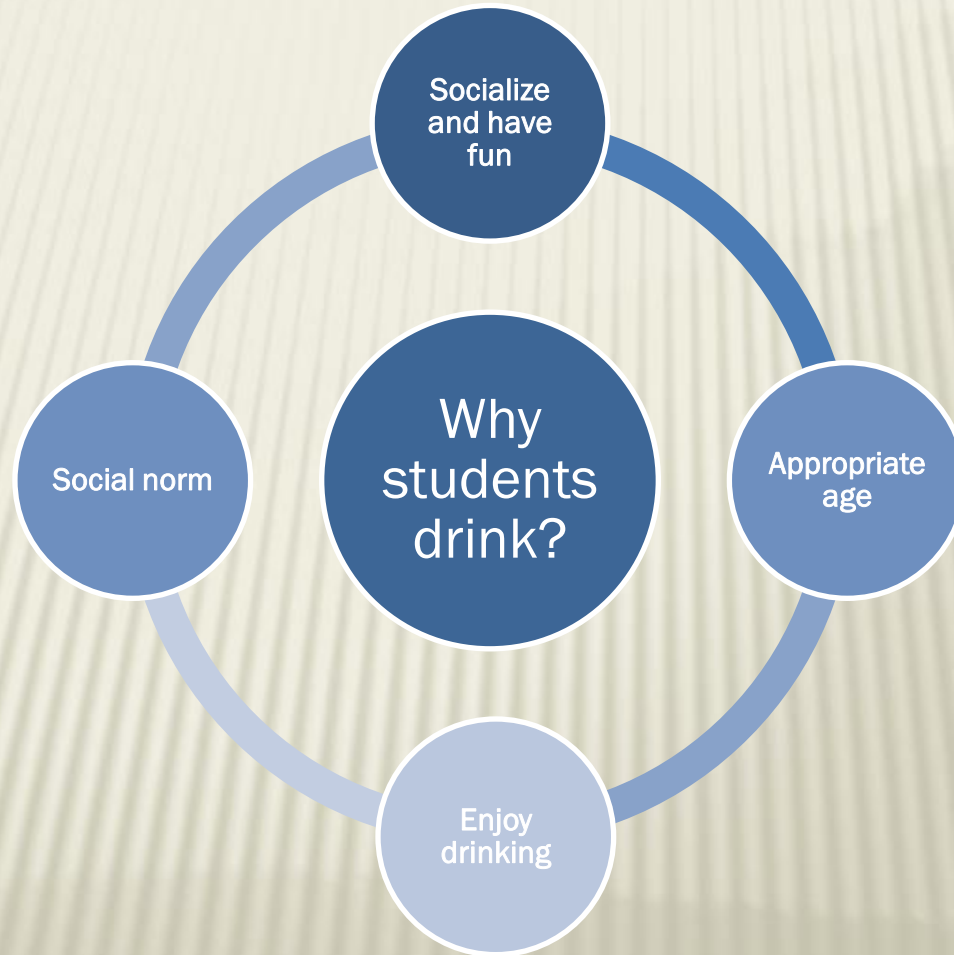
Do you drink alcohol?



Please note: Variable base size, n=358

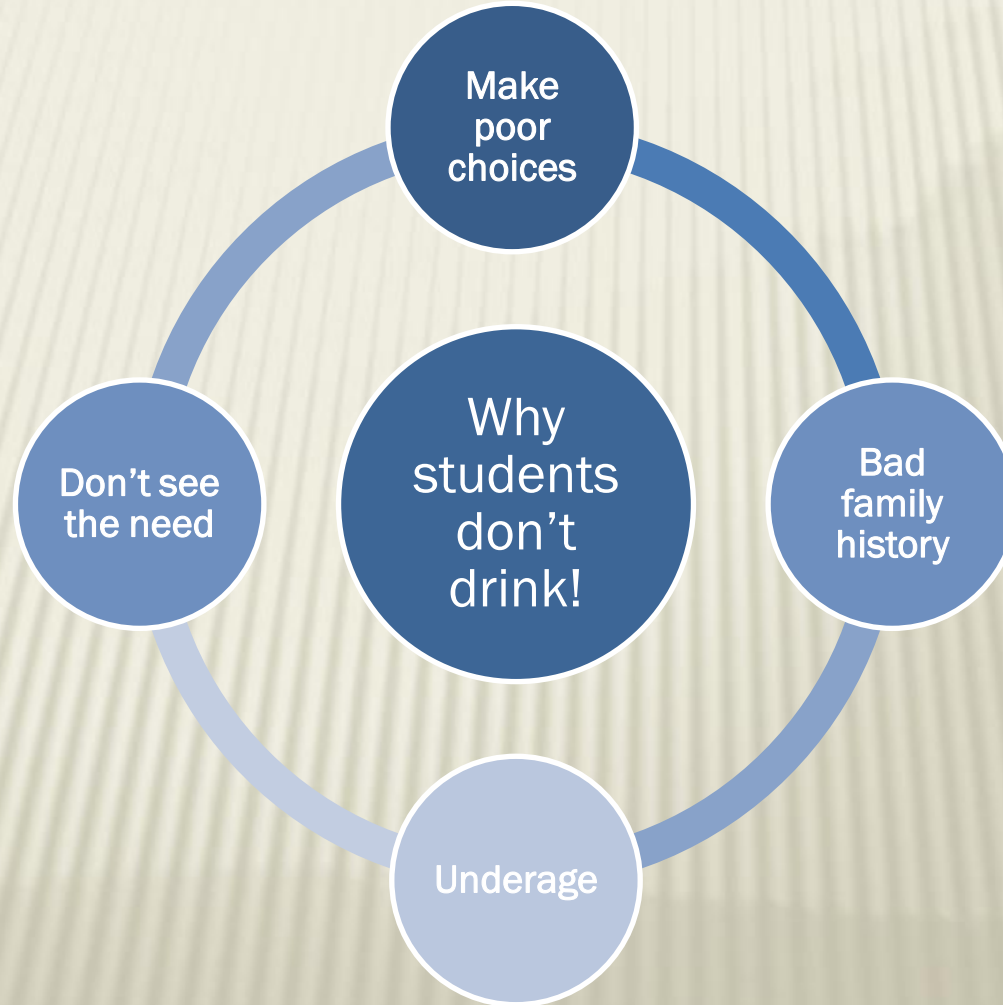


REASONS FOR DRINKING





REASONS FOR NOT DRINKING?



SATISFACTION WITH NON-ALCOHOLIC ACTIVITIES ON CAMPUS



How satisfied are you with finding fun, non-alcoholic activities on campus? 1=not satisfied at all; 5=extremely satisfied

Extremely Satisfied/Satisfied (5 or 4 rating)	35%
Neither Satisfied Nor Dissatisfied (3 rating)	40%
Dissatisfied/Not Satisfied At All (1 or 2 rating)	25%

Would you participate in alcohol free late night weekend activities such as: Karaoke night, video game tournament, board game tournaments, movie marathons, etc.?

Yes	39%
No	14%
Maybe	47%



ALCOHOL USE

	Yes	No	Maybe
Are you concerned with your alcohol use?	1%	97%	2%
Do you think your alcohol use negatively impacts your health?	13%	76%	11%
Do you think your alcohol use negatively impacts your academics?	6%	89%	4%
Would you like to cut down on your alcohol use?	4%	85%	11%

Please note: Variable base size - Q1 – concerned, n=357; Q2 – negatively impacts health, n=353; Q3 – negatively impacts academics, n=349; Q4 – cut down, n=349



SMOKING



SMOKING CIGARETTES

	No	Yes
Do you smoke cigarettes?	97%	3%
Have you smoked cigarettes within the last 30 days?	95%	5%

You said that you have smoked cigarettes within the last 30 days. How many cigarettes do you typically smoke per week?

1-5	77%
6-10	6%
11-15	6%
16+	12%

Do you plan to quit smoking?

Yes within the next 30 days	61%
Yes within the next 6 months	11%
Yes by the time I graduate	11%
No I don't plan to quit anytime soon	17%



SMOKELESS TOBACCO

	No	Yes
Within the past 30 days have you used smokeless tobacco (ex. Dip, snuff, or chewing tobacco)?	99%	1%

You said within the past 30 days, you have used smokeless tobacco. How often do you use smokeless tobacco?	
<once a week	40%
1-2 x per week	20%
3 or more x per week	40%

Do you plan to quit using smokeless tobacco?	
Yes within the next 30 days	20%
Yes by the time I graduate	40%
No I don't plan to quit anytime soon	40%

Please note: Variable base size - Q1 – past 30 days, n=358; Q2 – how often, n=5; Q3 - plan to quit, n=5



CIGARS

	No	Yes
Do you smoke cigars?	91%	9%

You said you smoke cigars. How often do you smoke cigars?	
<once per month	74%
1 x per month	23%
2 x per week	3%

Do you plan to quit smoking cigars?	
No I don't plan to quit anytime soon	87%
Yes within the next 30 days	6%
Yes within the next 6 months	3%
Yes by the time I graduate	3%



PRESCRIPTION DRUGS



PRESCRIPTION DRUG USE

	Yes	No
Do you currently use prescription drugs (ex. Adderall, Prozac, etc.)?	14%	86%
Have you ever used prescription drugs for a use other than their intended purpose (ex. to help study, to get high, etc.)?	4%	96%



STRESS



STRESS

Within the past 30 days, how would you rate your stress level?

Always stressed	9%
Most of the time stressed	34%
Sometimes stressed	49%
Rarely stressed	7%
Never stressed	1%

How often do you manage your stress WELL?

Always	4%
Most of the time	42%
Sometimes	42%
Rarely	11%
Never	1%



STRESS

Within the past year, has stress caused you to experience any of the following? (Check all that apply)

Unable to eat or sleep	53%
Cancelled plans or skipped class or work	43%
Felt depressed for 30 days or more	4%

What types of things do you do to help relieve stress? (Select all that apply)

Exercise	29%
Listen to music	27%
Talk to a friend	14%
Deep Breathing Techniques	14%
Other	14%

Other stress relievers: Watch TV or play video game; some type of physical activity (Ex. Outdoor sport, dance, walk, etc.); Eat or drink; Smoke or consume alcohol; Sleep; Call home; Take a time out; Cry.



Of those who provided other types of stress relievers, the top 3 selections included some type of mental activity like playing a video game or watching TV (3%); a physical activity like dancing or playing basketball (2%), and Sleeping (2%).

Would you be interested in learning stress management techniques?

Yes	63%
No	37%



SEXUAL HEALTH



SEXUAL HEALTH

	Yes	No	
Have you ever had sexual intercourse?	52%	48%	
	Yes	No	Maybe
Would you be interested in learning about how to protect yourself from contracting Sexually Transmitted Infections?	25%	49%	26%



PHYSICAL ACTIVITY



EXERCISING

	<1x per week	1-2 x per week	3-4 x per week	>5 x per week
How often do you exercise aerobically (ex. Running, Stairmaster, swimming, etc.)?	17%	35%	28%	21%
How often do you exercise (i.e., strength training, lift weights, etc.)?	44%	31%	18%	7%

Which of the following barriers to physical activity prevent you from working out? (select all that apply)	
Lack of time	28%
School work	28%
Sports team commitments	19%
Too tired	16%
Don't like to work out	6%
Other	3%

Other barriers to physical activity:

Health related (i.e., knee injury, etc.); Personal preferences (ex. Better things to do); Negative perception of others (ex. "don't like to work out with my peers who could judge me."); Dissatisfaction with on-campus facilities (i.e., Cardio Gym); and Lack of motivation (i.e., lazy).

For those who provided other barriers to physical activity, health related issues were mentioned most often (1.5%).



Would you be interested in learning more about how to exercise in your residence hall room?	
Yes	72%
No	28%

Please note: Variable base size - Q1 – exercise aerobically, n=356; Q2 – how often, n=357; Q3 – barriers, n=32; Q4 – interested in learning, n=351



ATHLETICS/RECREATIONAL SPORTS

	Yes	No
Do you participate in athletics and/or recreational sports at Stonehill College?	52%	48%

How often do you utilize the fitness center in the Sports Complex (weight room, cardio room, or fitness class)?	
Daily	19%
Weekly	44%
Monthly	11%
Less than monthly	11%
Never	16%



SPIRITUAL HEALTH



SPIRITUAL HEALTH

	Yes	No	Maybe
Do you engage in forms of meditation or prayer?	43%	45%	13%

You said that you engage in meditation or prayer. How often do you typically engage in meditation or prayer?	
Daily	37%
Weekly	48%
Monthly	11%
Less than monthly	5%

	Yes	No	Maybe
Do you feel that your spirituality has a positive impact on your health and wellbeing?	74%	3%	23%

Please note: Variable base size - Q1 – engage, n=358; Q2 – how often, n=198; Q3 – positive impact, n=198



SOURCES OF HEALTH INFORMATION



HEALTH SERVICES UTILIZATION

Which of the following services have you utilized within the past year?
(Check all that apply)

Campus Health Center (i.e., Doctor, nurse)	25%
Family (i.e., Parents, siblings, etc.)	13%
Health and Wellness Educator	13%
Family Physician	25%
Friends	25%

Service options not selected by respondents: *Reliable/unreliable internet services, My Student Body Website, Health Fairs, Religious leaders.*



Other services identified by respondents: *Counseling and Testing Center, and therapist.*

Where do you receive your health information from? (Check all that apply)

Family Physician	59%
Family (i.e., Parents, siblings, etc.)	20%
Reliable internet service (ex. WebMD, CDC)	7%
Campus Health Center (i.e., Doctor, nurse)	5%
Friends	5%
Health and Wellness Educator	2%

Additional health information received from: *Classes, trainer, mens health, News.*



OTHER



LIVING HEALTHIER LIFESTYLES

What do you think is the number one thing that prevents you from living a healthier lifestyle?

Lack of time	31%
Too much school work/extracurricular activities	13%
Lack of motivation	6%
Stress	6%
Laziness	6%
Unhealthy selections in cafeteria	5%
Finances	4%
Lack of available resources	3%
Health issues	3%



HEALTH ISSUES

Have you ever been diagnosed with any of the following health issues? (Check all that apply)

Depression	33%
Overweight or Obesity	17%
Underweight	15%
High Cholesterol	15%
ADD or ADHD	14%
High blood pressure	3%
Eating disorder	1%
Illegal drug dependency	1%
Sexually transmitted infection	1%

Please note: Variable base size - Q1 – diagnosed, n=79



LEARNING ABOUT HEALTH

What areas of health would you like to learn more about? (Check all that apply)

Nutrition	24%
Sports nutrition	21%
Weight loss/maintenance	14%
Stress reduction	14%
Cooking/meal planning	10%
Physical activity	7%
Managing finances	3%
Sexual health	3%
Alcohol free activities	3%

Other health areas identified:

Effective exercise plan, time management

QUESTIONS?

For information on specific data points, please feel to contact Jean R. Hamler, Office of Planning and Institutional Research, x1334.