

General Health
Survey Results

**National College Health Assessment
Spring 2003**

* significant to $\leq .05$, ** significant to $\leq .01$, ***significant to $\leq .001$

INTRODUCTION AND METHODOLOGY.....3

FINDINGS.....4

HEALTH INFORMATION RECEIVED.....4

 OSU Compared to National Data.....4

 Gender Differences6

 Undergraduate and Graduate/Professional Student Comparison.....6

 International Student and Resident Comparison7

 Undergraduate Class Rank Comparisons8

 Age Category Comparisons9

 Other Groups..... **Error! Bookmark not defined.**

Source of Health Information and Believability.....9

 Comparison to National10

 Gender Differences12

 Undergraduate and Graduate/Professional Student Comparisons13

 On-Campus and Off-Campus Differences14

 Age Category Differences.....14

 International and Resident Student Differences15

 GLBT Student Differences15

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INTRODUCTION AND METHODOLOGY

The National College Health Assessment (NCHA) survey instrument is a comprehensive survey designed to assess all aspects of students' health including general health, alcohol and drug use, sexual health and activity, exercise habits, and nutrition. This report pertains to items regarding general health, mental health, vehicle safety measures, financial and work situation, and incidents of violence while attending the University.

Reference to the NCHA comparative information refers to the national sample for the spring 2003 survey conducted by the American College Health Association (ACHA), which consists of 19,497 respondents from 33 schools around the country.

Reference to the OSU sample refers to the spring 2003 administration of the survey on the main campus of The Ohio State University. A random sample of 3,000 undergraduate, graduate and professional students were surveyed, 562 responses were collected (18.7%). The sample from The Ohio State University is not exactly comparable to the national sample, primarily in that the OSU sample contains more graduate students, and therefore older students, than the national sample. This is partly accounted for by including analysis by class rank and age, but this difference needs to be considered in interpreting comparisons to the national findings.

In the analysis, various student populations were stratified by gender, age category, class rank, international status and campus residence. Some distinctions were made for ethnicity and sexual orientation; however, caution is recommended in the interpretation of the results given the small sample size.

Some distinctions are made for high-risk drinkers, which are categorized by the definition used in the Spring 2002 CORE Alcohol and Drug survey, an undergraduate study administered by the Core Institute at Southern Illinois University. A high-risk drinker is categorized as someone who drank five or more drinks at one sitting in the past two weeks. Reference to time frames such as, within the last year, within the last month or 30 days, etc. are in relationship to the day the survey was administered in April 2003.

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FINDINGS

Students were asked to respond to questions related to types of health information they had received, sources of health information, and the believability of those sources.

Health Information Received

OSU students (n=562) reported receiving information from the University on topics related to substance abuse, sexually transmitted diseases, violence, etc.

OSU Compared to National Data

While OSU students report higher rates of receiving information regarding Violence Prevention and Injury Prevention and Safety, they report slightly lower percentages for having received information regarding Alcohol and Tobacco use, Sexual Assault, Physical Activity and Fitness, Sexually Transmitted Disease, Dietary Behaviors and Nutrition, and Pregnancy Prevention. It is possible that these differences are a result of having older students in the OSU sample, either graduate students, or students who did not enter as freshmen. (Table 1.11)

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Table 1.11: On which of the following health topics have you ever received information from your college or university? (percentages)

	OSU Total (n=562)	NCHA Total (n=19,497)	Difference
Alcohol and Other Drug Use	44.7	49.9	-5.2
Sexual Assault/ Relationship Violence	41.1	45.5	-4.4
Physical Activity and Fitness	31.1	34.5	-3.4
Violence Prevention	29.9	20.8	9.1
None of the Above	29.7	23.6	6.1
Sexually Transmitted Disease	26.9	39.5	-12.6
AIDS or HIV Infection	24.9	31.5	-6.6
Dietary Behaviors and Nutrition	19.4	30.8	-11.4
Pregnancy Prevention	18.5	27.8	-9.3
Injury Prevention and Safety	17.6	13.0	4.6
Tobacco Use Prevention	14.4	25.9	-11.5
Suicide Prevention	9.8	11.4	-1.6

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Gender Differences

Significant differences were found between OSU men (n=224) and OSU women (n=334) on receiving information regarding injury prevention and safety.

Fourteen percent (14.4%) of OSU women reported receiving information about injury prevention and safety, compared to 21.9% of men, $\chi^2(1) = 5.257^*$.

Regarding dietary behaviors and nutrition, OSU women were more likely to report having received information (22.8%), compared to 13.8% of OSU men, $\chi^2(1) = 6.876^{**}$.

Undergraduate and Graduate/Professional Student Comparison

Undergraduates (n=380) reported significantly greater percentages in the information received from the University as compared to graduate/professional students (n=160) on the topics of alcohol and other drugs, sexual assault/relationship violence, violence prevention and safety, pregnancy prevention, AIDS or HIV Infection, sexually transmitted diseases, dietary behaviors and nutrition, and physical activity and fitness (Table 1.12)

Table 1.12: On which of the following health topics have you ever received information from the University? (percentages)

* significant to $\leq .05$, ** significant to $\leq .01$, ***significant to $\leq .001$

	OSU Under-graduates (n=380)	OSU Graduate/ Professional (n=160)	Difference	χ^2 (df=1)
Alcohol and Other Drug Use	54.5	21.3	33.2***	50.293
Sexual Assault/ Relationship Violence	48.2	25.6	22.6***	23.550
Violence Prevention	36.3	15.6	20.7***	22.873
Physical Activity and Fitness	36.1	20.0	16.1***	13.494
Sexually Transmitted Disease	32.9	14.4	18.5***	19.410
AIDS or HIV Infection	29.5	15.6	13.9***	11.405
Pregnancy Prevention	22.4	8.8	13.6***	11.405
Dietary Behaviors and Nutrition	21.8	12.5	9.3*	6.366
None of the Above	21.3	50.0	-28.7***	44.271
Injury Prevention and Safety	20.0	11.9	8.1*	5.127
Tobacco Use Prevention	16.1	11.3	4.8	
Suicide Prevention	10.0	9.4	0.6	

International Student and Resident Comparison

International students (n=38) reported receiving less information on many health related than resident students (n=514). On alcohol and other drug use with 46.3% of resident students reporting receiving information on sexual assault/relationship violence compared to only 18.4% of International students $\chi^2(1) = 11.144***$.

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Only 15.8% of International students reported receiving information about violence prevention, as compared to 30.9% of resident $\chi^2(1) = 3.873^*$.

Over twenty-five percent (25.7%) of resident students received information about AIDS or HIV infection compared to 10.5% of International students $\chi^2(1) = 4.377^*$.

Significantly fewer International students, 15.8%, reported having received information on dietary behaviors and nutrition as compared to 20.0% of resident students $\chi^2(1) = 5.015^*$.

International students reported 13.2% of students received information about physical activity and fitness, which was significantly fewer than resident students with 32.1% $\chi^2(1) = 5.958^*$

Undergraduate Years on Campus

First-year undergraduates (n=76) reported receiving information from the University at significantly higher percentages than other undergraduates (n=471), including information regarding, alcohol and other drugs, sexual assault/relationship violence, sexually transmitted diseases, violence prevention, physical activity and fitness, injury prevention and safety, and pregnancy prevention (See Table 1.13).

Table 1.13: On which of the following health topics have you ever received information from your college or university? (percentages)

	First Year Undergraduates (n=76)	Second Year Undergraduates (n=88)	Third Year Undergraduates (n=99)	Fourth Year Undergraduates (n=72)	Fifth Year Undergraduates (n=45)	$\chi^2(df=4)$
Alcohol and Other Drug Use	77.6	69.3	48.5	37.5	26.7	48.081***
Sexual Assault/Relationship Violence	61.8	63.6	43.4	34.7	26.7	28.561***
AIDS or HIV Infection	53.9	30.7	20.2	18.1	24.4	31.118***
Sexually Transmitted Disease	51.3	43.2	25.3	18.1	22.2	28.026***
Violence Prevention	51.3	38.6	35.4	27.8	22.2	13.773**
Physical Activity and Fitness	50.0	37.5	32.3	27.8	31.1	9.705*
Injury Prevention and Safety	35.5	15.9	19.2	12.5	15.6	15.498**
Pregnancy Prevention	35.5	33.0	18.2	9.7	8.9	25.595***
None of the Above	2.6	12.5	26.3	34.7	37.8	36.3278**

Student Affairs Assessment

Age Category Comparisons

Significant differences were found between age categories for all listed sources of information with the exception of suicide prevention and injury prevention (See Table 1.14).

No significant differences were found for receiving information from the University between student ethnicities and sexual orientations.

Table 1.14: On which of the following health topics have you ever received information from your college or university? (percentages)

	18-20 Years-Old (n=199)	21-24 Years-Old (n=219)	25-29 Years-Old (n=82)	30-45 Years-Old (n=51)	46+ Years-Old (n=8)	χ^2 (df=4)
Alcohol and Other Drug Use	69.8	39.3	20.7	13.7	12.5	95.728***
Sexual Assault/ Relationship Violence	58.8	38.4	18.3	23.5	25.0	51.318***
Violence Prevention	44.2	24.7	18.3	15.7	25.0	32.638***
Physical Activity and Fitness	43.2	30.6	18.3	9.8	12.5	32.007***
Sexually Transmitted Disease	41.2	25.1	7.3	11.8	12.5	43.911***
AIDS or HIV Infection	36.7	23.3	11.0	7.8	25.0	31.546***
Pregnancy Prevention	32.2	13.2	7.3	5.9	12.5	41.150***
Dietary Behaviors and Nutrition	25.6	19.6	8.5	9.8	25.0	14.340**
None of the Above	11.1	31.1	52.4	56.9	62.5	75.511***

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Source of Health Information and Believability

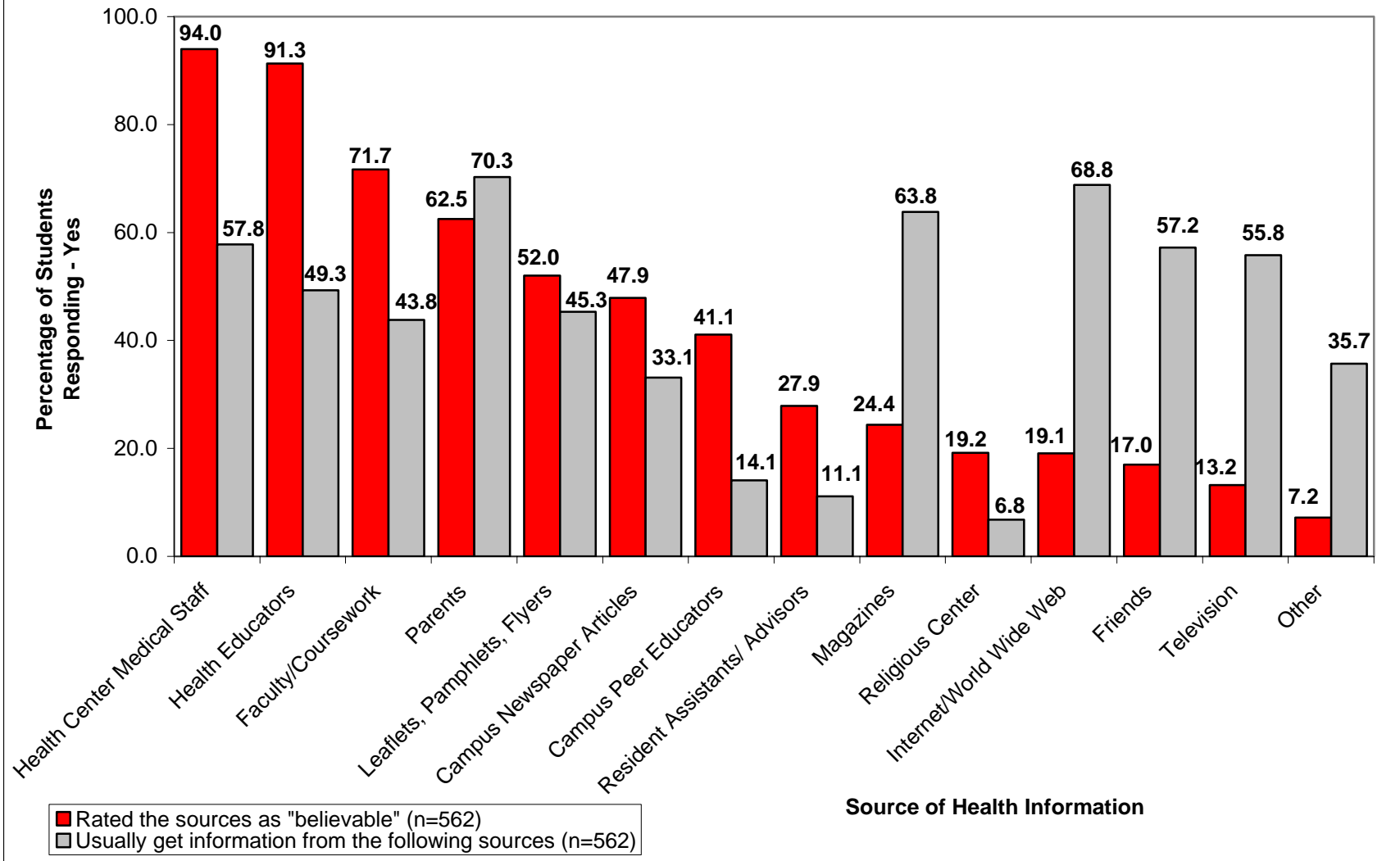
Students were asked to report their most popular sources of health information and the believability of those sources. Sources that were rated as being most believable by students include; the health center medical staff (94.0%), health educators (91.3%), and faculty/coursework (71.7%). Sources that were indicated as the most frequently utilized include the internet/World Wide Web (68.8%), magazines (63.8%), friends (57.2%), and television (55.8%) (Chart 1.1).

Comparison to National

- The larger percentage of OSU students (n=562) rated the health center medical staff (94.1%) and health educators (91.3%) as believable, as compared to the NCHA sample percentages with 88.8% for health center medical staff and 88.9% for health educators rated as believable.
- OSU students (52.0%) rate the believability of leaflets, pamphlets and flyers as sources for health information significantly lower than the NCHA sample with 63.7% $\chi^2(1) = 33.307^{***}$.
- OSU Health Center Medical Staff were rated significantly more believable as sources for health information by OSU students (94.0%), as compared to 88.8% of the NCHA sample rating their health center medical staff as believable $\chi^2(1) = 15.480^{***}$.
- Students from the NCHA sample (23.8%) rated their friends as significantly more believable as sources for health information, as compared to OSU students with 17.0% $\chi^2(1) = 14.017^{***}$.
- Students from the NCHA sample (29.4%) were significantly more likely to indicate religious centers as believable sources of health information, as compared to OSU students with 19.2% rating religious centers as believable $\chi^2(1) = 28.010^{***}$.
- Faculty/coursework at OSU also received a significantly higher percentage of believable ratings (71.7%) than the NCHA sample with 60.3% rating their faculty/coursework as believable $\chi^2(1) = 29.776^{***}$.
- Significantly fewer OSU students (n=558) (45.3%) utilized leaflets, pamphlets and flyers as sources for health information, as compared to 58.7% of the NCHA population (n=19,497) $\chi^2(1) = 41.357^{***}$.
- The campus newspaper was utilized by significantly more OSU students as a source for health information by (33.1%), as compared to 29.0% of the NCHA population using campus newspaper articles as a source $\chi^2(1) = 4.389^*$.
- Significantly fewer students from the NCHA population (38.6%) utilized their friends as sources for health information, than OSU students with 57.2% utilizing their friends for health information $\chi^2(1) = 4.153^*$.

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Chart 1.1: Do you usually get health related information from any of the following sources (and what is the) believability of each source of health information?



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Gender Differences

Believability

In general, OSU women found all sources of health information to be more believable than men found them to be. Differences were significant for leaflets, pamphlets and flyers, campus newspaper articles, health educators, friends, and campus peer educators (See Table 1.15).

Table 1.15: (What is the) Believability of each source of health information? (percentages)

	OSU Women (n=332)	OSU Men (n=223)	Difference	χ^2 (df=1)
Health Educators	94.8	86.0	8.8***	12.733
Leaflets, Pamphlets, Flyers	60.9	38.6	22.3***	26.614
Campus Newspaper Articles	52.6	40.8	11.8**	7.389
Campus Peer Educators	45.9	33.5	12.4**	8.403
Friends	20.4	11.7	8.7**	7.274

Utilization

In utilizing the following health information sources, leaflets, pamphlets and flyers, television, health educators, friends, magazines, and faculty/coursework, OSU women had significantly higher percentages than OSU men (See Table 1.16).

Table 1.16: Do you usually get health-related information from any of the following sources? (percentages)

	OSU Women (n=331)	OSU Men (n=224)	Difference	χ^2 (df=1)
Magazines	69.7	54.5	15.2***	13.230
Friends	63.7	47.5	16.2***	14.203
Television	59.1	50.4	8.7*	4.039
Health Educators	53.2	43.3	9.9*	5.213
Leaflets, Pamphlets, Flyers	51.7	35.7	16.0***	13.715
Faculty/Coursework	48.0	37.1	10.9*	6.410

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Undergraduate and Graduate/Professional Student Comparisons

Undergraduate students (n=375) were significantly more likely to find parents, campus newspaper articles, campus peer educators, resident assistants/advisors, and religious centers to be more believable sources of health information than were graduate/professional students (n=160) (See Table 1.19a).

Table 1.19a: (What is the) Believability of each source of health information? (percentages)

					Table 1.19b: Do you usually get health-related information from any of the following sources? (percentages)			
	OSU Under-graduates (n=378)	OSU Graduate/ Professionals (n=160)	Difference	$\chi^2(df=1)$	OSU Under-graduates (n=378)	OSU Graduate/ Professionals (n=160)	Difference	$\chi^2(df=1)$
Parents	65.3	51.3	14.0**	7.951	75.5	58.1	17.4***	15.016
Internet/World Wide Web					63.7	81.3	-17.6***	15.075
Health Center Medical Staff					53.9	65.0	-11.1*	6.400
Campus Newspaper Articles	51.6	36.9	14.7**	9.565	36.6	21.3	15.3**	11.991
Campus Peer Educators	43.4	33.8	9.6*	4.004				
Resident Assistants/ Advisors	29.5	18.8	10.7*	5.896				
Religious Center	21.8	11.3	10.5**	8.365				

Racial/Ethnic Differences

- Students of Color (n=97) were significantly less likely to rate health educators as believable sources of health information (85.6%), as compared to White/Caucasian students (n=461) with 92.5% $\chi^2(1) = 4.879^*$.
- White/Caucasian students utilized religious centers (5.4%) significantly less than Students of Color (13.5%) utilizing religious centers as sources of health information, $\chi^2(1) = 8.198^{**}$.
- Television was used a source for health information by 53.7% of White/Caucasian students as compared to 66.0% of Students of Color utilizing television as a source, $\chi^2(1) = 4.902^*$.
- Over forty-one percent (41.8%) of White/Caucasian students utilized faculty/ coursework for health information, which was significantly less than the 53.1% of Students of Color utilizing faculty/coursework for health information, $\chi^2(1) = 4.139^*$.
- Significantly fewer White/Caucasian students utilized campus peer educators (12.7%) compared to 20.8% of Students of Color, $\chi^2(1) = 4.379^*$.

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On-Campus and Off-Campus Differences

- On-campus students (n=142) found campus newspaper articles (57.1%) significantly more believable as sources of health information, as compared to off-campus students with 44.8%, $\chi^2(1) = 6.389^*$.
- Resident assistants/advisors were found to be significantly more believable as sources of health related information by on-campus students (42.3%), as compared to off-campus students with 22.9%, $\chi^2(1) = 19.568^{***}$.
- On-campus students (n=142) utilized resident assistants/advisors (23.2%) for health related information significantly more than 6.8% of off-campus students (n=417), $\chi^2(1) = 28.773^{***}$.
- Fifty-six percent of on-campus students reported using magazines as source for health related information, which was significantly less than off-campus students with 66.3% using magazines as a health information source, $\chi^2(1) = 4.580^*$.

Age Category Differences

- Significant differences were found between age categories for believability of parents as sources of health information (See Table 1.20)

Table 1.20: (What is the) Believability of each source of health information? (percentages)

	18-20 Years Old (n=196)	21-24 Years Old (n=218)	25-29 Years Old (n=79)	30-45 Years Old (n=50)	46+ Years Old (n=7)	$\chi^2(df=1)$
Parents	68.4	63.3	54.4	46.0	71.4	11.159*

- Significant differences were also found between age categories for utilization of parents, friends, internet/World Wide Web, and campus newspaper articles as sources of health information (See Table 1.21).

Table 1.21: Do you usually get health-related information from any of the following sources? (percentages)

	18-20 Years Old (n=196)	21-24 Years Old (n=218)	25-29 Years Old (n=79)	30-45 Years Old (n=50)	46+ Years Old (n=7)	$\chi^2(df=1)$
Parents	80.3	72.9	51.9	52.0	57.1	32.076***
Friends	59.8	59.7	42.0	57.1	85.7	11.107*
Internet/World Wide Web	59.6	74.3	71.6	80.0	50.0	15.443**
Campus Newspaper Articles	41.7	30.9	22.2	26.0	14.3	13.767**

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International and Resident Student Differences

- Significantly fewer International students, 26.9%, (n=38) found leaflets, pamphlets and flyers as believable sources of health information than resident students, 53.6%, (n=510) $\chi^2(1) = 8.863^{**}$.
- Health educators (81.6%) were rated believable by significantly fewer international students than resident students, with 90.1% of resident students rating health educators as believable, $\chi^2(1) = 4.928^*$.
- Resident assistants/advisors (42.1%) were rated believable by significantly more international students, as compared to resident students with 26.9% rating resident assistants/advisors as believable, $\chi^2(1) = 4.025^*$.
- International students rated television (23.7%) as significantly more believable than resident students with 12.4% rating television as believable sources for health information, $\chi^2(1) = 3.931^*$.
- Leaflets, pamphlets and flyers were used by international students (23.7%) significantly less than resident students with 46.6% utilizing leaflets, pamphlets and flyers for health related information. $\chi^2(1) = 7.489^{**}$.
- International students used health educators (27.0%) significantly less than resident students, with 50.4% of resident students utilizing health educators for health related information. $\chi^2(1) = 7.537^{**}$.
- Over fifty-two percent (52.6%) of international students utilized parents' significantly less than resident students (71.9%) as sources for health related information. $\chi^2(1) = 6.324^*$.

GLBT Student Differences

Given the small sample for GLBT students, caution must be taken in interpreting the results and should only be used as a reference for further assessment.

- A significantly lower percentage of **GLBT** students (75.0%) (n=24) found health educators as believable sources of health information, as compared to **heterosexual students** (n=519) with 92.0% rating health educators as believable, $\chi^2(1) = 8.334^{**}$.
- GLBT students found religious centers (0.0%) significantly less believable for health information than heterosexual students with 20.4% rating religious centers believable. $\chi^2(1) = 6.091^*$.
- GLBT students found magazines (4.2%) significantly less believable sources for health information than heterosexual students with 25.9%, $\chi^2(1) = 5.795^*$.

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FUTURE RESEARCH

In addition to reports provided by the office of Student Affairs Assessment, additional uses of this data include:

- 1) Identification of specific issues with OSU students that might be improved programmatically by student affairs or other offices on campus. *In addition to referencing this report, programs and offices on campus may review the data files, or request a focused analysis of individual question items by contacting the Office of Student Affairs Assessment or Student Wellness to gain access to the data or obtain more detailed information.*
- 2) The tracking of change over time so that improvements or possible problem areas can be identified. *OSU currently plans to participate in the survey again in the spring of 2006 to enable this tracking.*
- 3) Making comparisons to the national sample so that OSU can identify areas that may need to be researched further in terms of identifying best practices from other institutions. *In addition to comparisons made in this report, a data set containing information from other large, research institutions has been requested from NCHA so that more specific comparisons can be made.*

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