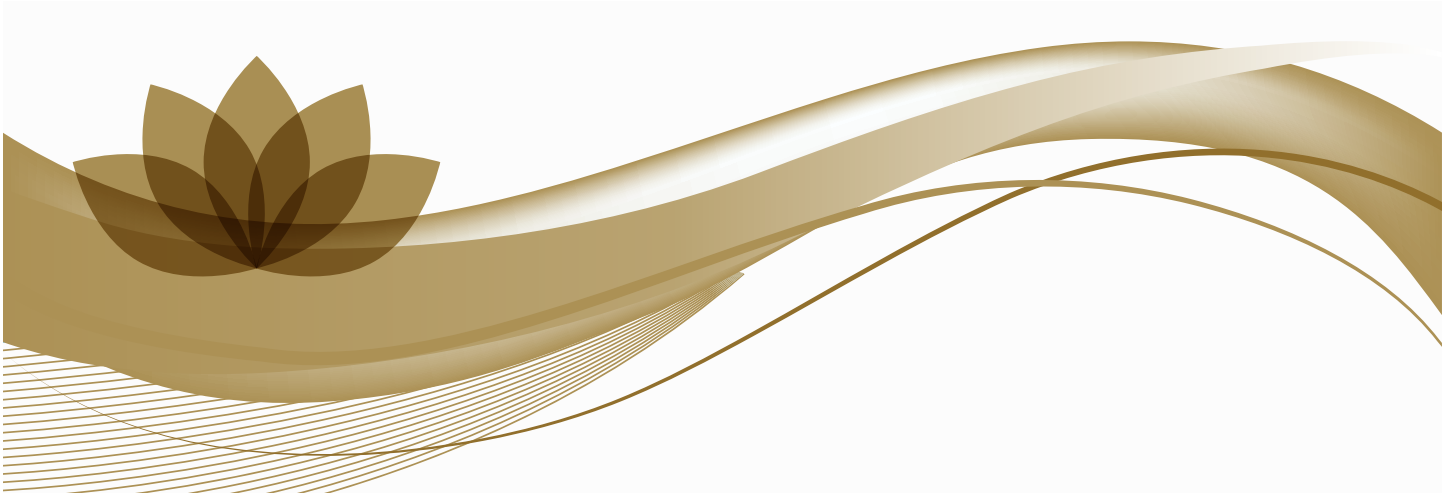

Texas State University Student Health and Well-Being Task Force

Final Report
June 2023

TEXAS STATE UNIVERSITY

MEMBER **THE TEXAS STATE UNIVERSITY SYSTEM**

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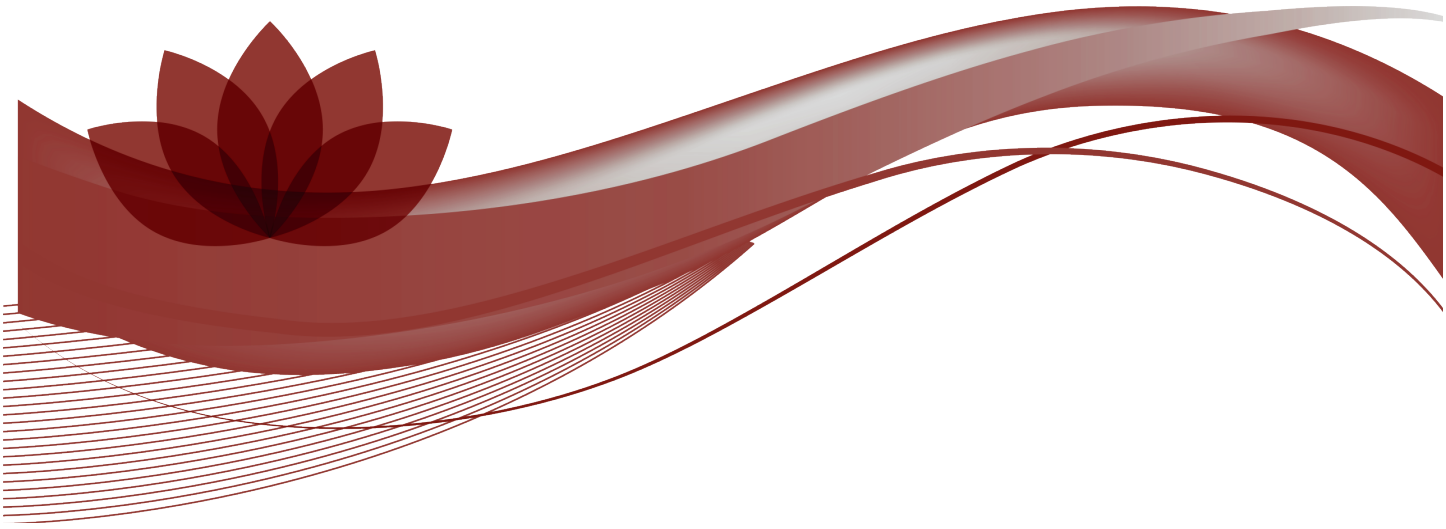


Executive Summary

Executive Summary

Supporting student success is a major goal for Texas State University. A growing body of research shows that health and well-being are important contributors to student success. At the same time, the U.S. is experiencing a mental health crisis which has had a significant impact on college students. During the 2020–2021 school year, the Healthy Minds Study revealed that more than 60% of college students met the criteria for at least one mental health problem.[1] In the Fall 2022 American College Health Association National College Health Assessment (NCHA), 72.4% of students reported moderate or severe psychological distress and 43% reported having been diagnosed with a mental health disorder.[2] Mental health problems are associated with lower retention and graduation rates and often negatively impact academic and personal success.

Texas State students are dealing with a higher mental health burden than their peers nationally. Recent surveys of student health have revealed that our students are experiencing higher levels of stress, anxiety, depression, and thoughts of suicide than their peers nationally.[3,4,5] Additionally, students report that poor finances, heavy course loads, having to work too many hours, mental health problems, lack of sleep, relationship issues, and stress are impediments to academic performance. Many students feel they are academically unprepared and have poor coping and self-advocacy skills. Student engagement is also problematic with 32% of students feeling they do not belong and 55% reporting loneliness, and food insecurity is a growing problem with 57% of students endorsing low or very low food security.

In addition to these concerns, students are not consistently engaging in behaviors that can improve their health and well-being. Only 38% of Texas State students meet criteria for "active adults." Seventy-five percent of students do not consume the recommended daily servings of fruits and vegetables, and 47% of students are classified as overweight with 22% meeting the criteria for obesity. Many students are sleep-deprived with 43% reporting sleeping less than seven hours per night. While alcohol use has not changed significantly during the past several years, the use of marijuana has increased with 32% of students reporting smoking marijuana during the past three months.

- Texas State students are experiencing higher levels of stress, anxiety, depression, and thoughts of suicide than their peers nationally.
- Student engagement is difficult for some students with 32% of students feeling they do not belong and 55% reporting loneliness.
- Many students are sleep-deprived with 43% reporting sleeping less than seven hours per night.
- While student drinking has remained relatively stable, the use of marijuana has increased with 32% of students smoking marijuana during the last 3 months.

Research has also revealed that students from underrepresented groups tend to experience higher levels of stress and mental health problems. This is a growing concern as Texas State University enrolls an increasingly diverse student population. For Fall 2022, 43% of students were first-generation and 57% were members of ethnic or racial minorities. Thirty-six percent of students were Pell Grant recipients indicating high financial need. Indeed, the 2019 Freshman Survey (CIRP) showed that students attending Texas State were experiencing higher levels of distress and mental health problems than their peers nationally.[5]

National surveys have shown a steady deterioration in the health and well-being of American teenagers and young adults during the past decade. The 2019

National College Health Assessment raised significant concerns about the health and well-being of Texas State students. When compared to the previous NCHA in 2014, substantial worsening of stress, anxiety, depression, suicidal ideation, sleep deprivation, nutrition, obesity, and marijuana use were noted. The concerning trends were discussed with university leadership and then President Denise Trauth approved the creation of a Student Health and Well-being Task Force in February 2020. However, the Task Force did not begin its work until June 2022 due to the COVID-19 Pandemic.

The Student Health and Well-being Task Force was charged with developing a comprehensive, campus-wide approach to improving the health and well-being of students. To achieve this goal, a comprehensive review of the Texas State undergraduate and graduate student experience was necessary to assess how university programs, policies, and practices affect student health, wellness, and success. Priorities for the Task Force included:

1. Identifying significant factors in the Texas State student experience that contribute to students' challenges in achieving physical and mental health and a sense of well-being.
2. Utilizing national and institutional data to inform the review and assessment process. Working with the Office of Institutional Research and other university offices, departments, or committees to collect existing information on the student experience and identify new student information that is needed.
3. Formulating three short-term and three long-term recommendations to address the issues and challenges that significantly affect students' ability to achieve optimum physical and mental health.
4. Creating a new model for academic engagement, university culture, and university community that acknowledges a shared responsibility for creating an environment that is safe and nurturing and recognizes the importance of individual well-being for personal and academic success.

The Task Force was co-chaired by Dr. Vedaraman Sriraman, Associate Vice President for Academic Affairs, and Dr. Emilio Carranco, Assistant Vice President for Student Success and Director of the Student Health Center. The Task Force included faculty, staff, and student representatives from across the campus community. The Social Ecological Model proposed by Bronfenbrenner and adapted by McLeroy and colleagues and the Eight Dimensions of Wellness developed by Swarbrick were used to create a framework for evaluating the data and formulating recommendations for action.[6,7]

The Task Force collected external (to the institution) and internal data to be broadly informed about general health and wellness issues that are impactful for students across the nation and those that are specific to our population of students. Details pertaining to the kinds of data may be found in the section titled "Data Collection, Review and Limitations". These data assisted the Task Force in identifying key stressors for student health and wellness issues. These stressors in turn enabled the creation of fishbone diagrams that helped the Task Force engage in an analysis of likely causes and their potential resolutions. These diagrams may be found in Appendix C.

Findings

After review of the data collected and fishbone diagram analysis, the Task Force identified the following major findings:

- Stress has the largest impact on academic success. Texas State students are experiencing higher levels of stress than their peers nationally. There are academic, financial, and social factors contributing to the stress.
- A significant percentage of Texas State students have been diagnosed with a mental health disorder before attending Texas State and many more will experience an initial episode of a mental health problem

while in college. While anxiety and depression are the most common mental health problems diagnosed and treated, attention-deficit hyperactivity disorder (ADHD) has increased significantly in prevalence.

- Financial challenges are major contributors to stress and have a significant impact on academic success. A significant percentage of Texas State students are classified as "Pell Grant eligible" and "low income".
- Most students work while attending Texas State. Fifty percent of students work more than 10 hours per week and 25% work more than 20 hours per week. Students complain they are working too many hours and it is impacting their academic performance.
- Engagement and belonging are challenges for many students. More than half of Texas State students report feeling lonely and 32% report not feeling like they belong.
- Many Texas State students are struggling with sleep problems. Almost half of students are sleep-deprived and do not get the recommended 7-9 hours of sleep per night. Chronic sleep deprivation can lead to physical and mental health problems and negatively impact academic performance.
- Most Texas State students do not meet national guidelines for good nutrition or exercise. The percentage of students meeting criteria for obesity is increasing. Obesity is associated with developing a variety of other health problems and a lower quality of life.
- Alcohol and marijuana are the two most used substances by college students. Texas State student data show a decrease in severe binge-drinking. However, marijuana use has increased.

To gain greater insight regarding specific drivers of Texas State student stress, focus groups were conducted. The focus groups included first-generation, underrepresented, graduate, and international students. While each group had some unique contributors to stress, the following contributors were common to all groups: faculty/course expectations/pedagogy/advising, work-life balance, social issues, finances, transition to and from Texas State, food insecurity, the cost of food and housing, cultural issues, and safety concerns.

Recommendations

Short-term Recommendations (December 2022):

1. Additional Texas State student information is needed to assist the university in further clarifying the unique characteristics and needs of our students. Resources were requested to expand the National College Health Assessment scheduled for February 2023 so that it could be distributed to all enrolled students rather than a representative sample and additional questions could be included to better identify issues that were specific to our students. Resources were also requested to conduct focus groups in March 2023 to collect qualitative information regarding stressors that impact student health and wellness. (Accomplished with university funding in the amount of $13,000).
2. Continue to increase Counseling Center staffing levels and provide resources necessary for the Counseling Center to expand mental health education, prevention, and skills training for students, faculty, and staff. (Accomplished. The Counseling Center added two embedded counselor positions—one serving Athletics through joint funding and one serving Round Rock through a grant awarded to the Social Work Program. The Texas State University System (TSUS) signed a contract with TimelyCare to provide virtual counseling services to all member institutions. The services are available 24/7 and complement on-campus services. Texas State also will have virtual psychiatry services as part of the contract. The university is paying for TimelyCare and the approximate cost is $450,000-$500,000 annually. TimelyCare is set for a summer 2023 launch.)
3. Sleep education campaigns should be pursued to educate students about the behavioral and environmental factors that promote sleep, as well as the importance of sleep to good health and academic performance. (A campus-wide sleep campaign is being developed for implementation during the fall 2023

semester.)

Long-term Recommendations:

1. Awareness and Training
   The Student Health and Well-being Task Force determined that education and training for faculty, staff, and students is necessary to address several of the issues identified in this review. Understanding the challenges that Texas State students face both inside and outside the classroom is important for developing effective pedagogy. Recognizing when students are in distress and connecting them with the appropriate resources can have profound effects on student success. Good health and well-being support academic and personal success. Educating students about the importance of behaviors that support good health and well-being and reduce harm will help them enhance their opportunities for success.

   - Since academic stressors have such a significant impact on student health and well-being, the university should develop a Center for Teaching and Learning that includes pedagogy instruction for faculty, training on the challenges current students face, and strategies for providing appropriate support and flexibility. Elements of such training could include a primer on "Understanding the Texas State student profile", inclusive course and syllabus design, active learning and inclusive pedagogies, student course expectation that is informed by a good understanding of our student profile, holistic testing, and evaluation that is flexible and avoids undue stress (high stakes), and the adoption of zero or low-cost learning materials. The following are good reference sources in this regard: TEXAS WELL*BEING - Promoting Well-Being in UT Learning Environments, University of Montana Faculty Toolkit - Supporting Student Learning & Success Through Improved Well-Being, and Coun-cil of Graduate Schools Report on Supporting Graduate Student Health and Well-Being.[8,9,10] The Center for Teaching and Learning could pull from resources and expertise across campus to provide training and support. *(medium investment, high return)*
   - Expand training for graduate advisors to improve degree planning, research, and job opportunities for students. *(low investment, high return)*
   - Expand training for students on self-advocacy and utilization of campus and community resources. *(low investment, high return)*
   - Develop an online Health & Wellness Hub that addresses the eight dimensions of wellness. This centralized hub would provide one access point where faculty, staff and students could find information on campus and community resources. *(low investment, high return)*
   - Facilitate a campus culture of physical fitness and exercise. Creating such a culture would require coordinated efforts to create spaces across campus that promote healthy movement and engagement, integrating movement into programs and activities, and promoting healthy behaviors through campus marketing campaigns. *(medium investment, medium return)*
   - Develop educational campaigns around social norms and impacts of substance use and expand training to empower students to help peers. *(low investment, medium return)*
   - Expand training for faculty, staff, and students on recognizing and assisting students in distress. *(low investment, high return)*
   - Develop a campus campaign on awareness of sexual violence and expand support services and funding for these initiatives. *(low investment, high return)*
   - Develop awareness campaigns and programming for identifying normal levels of stress/anxiety and managing mental health issues. Provide education for parents and family members on the challenges their student is facing in college and how to be supportive. *(low investment, medium return)*
   - Develop a campus campaign addressing the negative impacts of sleep deprivation and strategies for

addressing contributing factors to support healthy sleep. *(low investment, low return)*
- Develop a campus campaign on healthy nutrition and its benefits to overall health. *(low investment, high return)*

2. Services and Support

   While Texas State University provides a broad network of support services, additional efforts are needed in specific areas to enhance student success.

   - Develop new strategies and support services to address transition issues for transfer students, new students who transfer as sophomores or juniors due to college credit while in high school, graduate students, and international students. *(medium investment, high return)*
   - Develop a pre-professional advising center. *(low investment, high return)*
   - Increase pay for assistantships and student worker positions. *(high investment, medium return)*
   - Open a university-supported grocery store on campus or expand the food pantry. These initiatives could also provide opportunities for community and academic partnerships, student employment, and student service. *(medium/high investment, medium return)*
   - Work with dining services to offer healthier food options on campus and a monthly meal plan. Consider expanding financial resources to fund emergency grocery cards that could be provided to students facing severe financial hardship. *(low/medium investment, medium return)*
   - Provide training for graduate students with instructional roles and faculty who supervise graduate assistants. *(low investment, medium return)*
   - Increase support for student organizations, their leadership, and advisors. *(low investment, medium return)*
   - Expand peer mentor programs and provide the necessary training for peer mentors to identify students in distress and connect them with appropriate campus resources. *(medium investment, high return)*

3. Institutionalization of policies, protocols and procedures

   While many of the above-mentioned recommendations target interventions at the individual, social, and environmental levels, the Task Force recognizes the need for organizational change as well. More intentional efforts should be pursued to identify students who may be at-risk, to connect them with appropriate resources, and to teach them the skills necessary to manage their health and well-being.

   - Institute a Bobcat Success Check-in six weeks into the semester to identify at-risk students and assess their level of engagement. Appropriate interventions should be made based on the results of the check-in. *(low investment, high return)*
   - US 1100 should be restructured as a "College and Life Success" course which would include education about the eight dimensions of wellness, identifying unhealthy stress and behaviors, coping and self-advocacy skills, and effective use of campus and community resources. *(low investment, high return)*
   - Utilize Canvas to share important resource information regarding health and wellness. This would be a separate but connected resource to the online hub mentioned earlier. *(low investment, high return)*
   - Create a University Health and Well-being Committee to address the ongoing needs of faculty, staff, and students, develop strategies and recommendations, and assess outcomes. *(low investment, high return)*

Acknowledgments

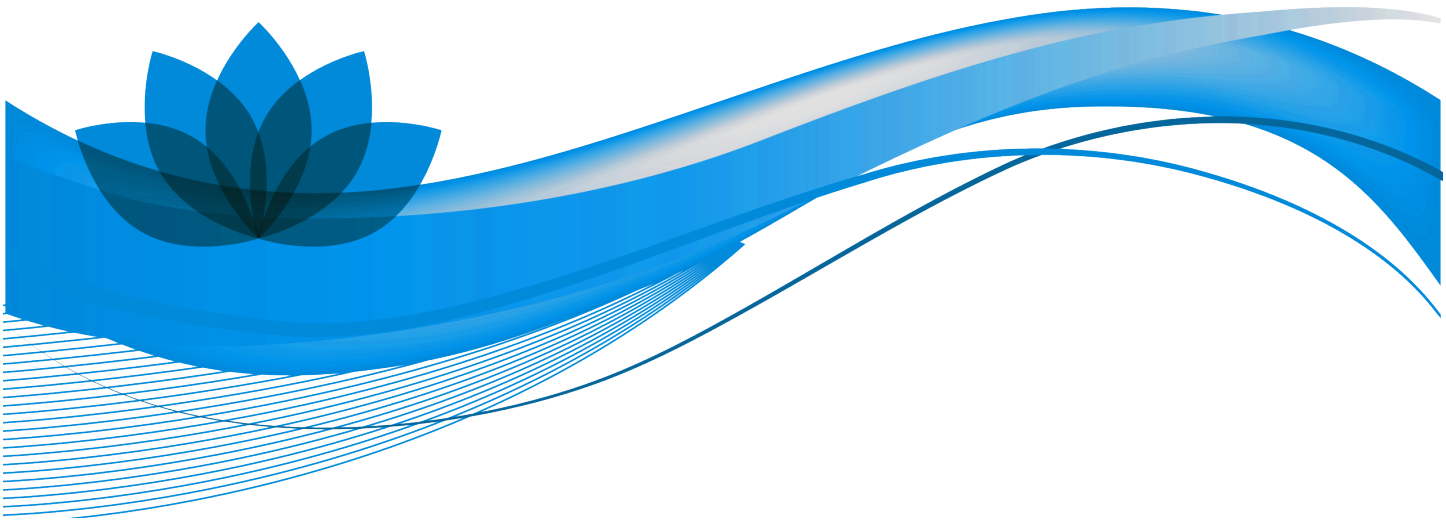
The Student Health and Well-being Task Force Report is the result of a year-long effort to assess the needs of Texas State students and develop recommendations to enhance their health, well-being, and academic and personal success. We gratefully acknowledge Presidents Denise M. Trauth and Kelly Damphousse for their support and vision.

We thank the members of the Task Force for their dedication. The knowledge and experience represented on the Task Force was exceptional. The diversity of ideas and perspectives contributed to thoughtful discussions.

We also thank Drs. Janet Bezner, Jeff Housman, Andrea Golato, Kevin Fall and Ms. Julie Eckert for their leadership. They led Task Force subgroups that collected and analyzed the data, developed recommendations, and assisted with writing the report.

Mr. Dana Willett, Assistant Vice President, Office of Distance and Extended Learning is recognized for assistance with the production of the final report.

And finally, we want to thank Ms. Holly Tipton, Academic Services Coordinator, for her assistance with scheduling meetings, scribing the discussions of the Task Force, writing meeting minutes, and editing the report. She helped to organize our work and made the entire process more efficient and productive.



Introduction

Introduction

Student success is a top priority for Texas State University. Increasingly, health and well-being are being recognized as important contributors to student success. At the same time, the U.S. is experiencing a mental health crisis which has had a significant impact on college students. During the 2020–2021 school year, more than 60% of college students met the criteria for at least one mental health problem according to the Healthy Minds Study.[1] In another national survey conducted by the American College Health Association, the National College Health Assessment, 72% of students reported moderate or severe psychological distress (Fall 2022 NCHA).[2] Forty-three percent of students in the Fall 2022 NCHA survey reported having been diagnosed with a mental health disorder. Mental health problems are associated with lower retention and graduation rates and often negatively impact academic and personal success.

Recent surveys of student health (2019, 2023 NCHA, 2019 CIRP Freshman Survey) revealed that Texas State students are experiencing higher levels of stress, anxiety, depression, and thoughts of suicide than their peers nationally.[3,4,5] Problems with nutrition, exercise, obesity, poor sleep, substance use, and intimate relationships were also identified.[3,4] Texas State student results on these health issues were worse when compared to their peers nationally. Academic, financial, and social stressors are impediments to their academic success. Students are not consistently engaging in behaviors that can improve health and well-being, and their coping skills, resiliency, and self-advocacy skills are often not well-developed.

After reviewing the 2019 NCHA survey and CIRP Freshman Survey data, the concerning trends were discussed with university leadership. Then, President Denise Trauth approved the creation of a Student Health and Well-being Task Force in February 2020. However, the Task Force did not begin its work until June 2022 due to the COVID-19 Pandemic.

- During the 2020–2021 school year, more than 60% of college students met the criteria for at least one mental health problem according to the Healthy Minds Study.
- Forty-three percent of students in the Fall 2022 NCHA survey reported having been diagnosed with a mental health disorder.
- Texas State students are experiencing higher levels of stress, anxiety, depression, and thoughts of suicide than their peers nationally.

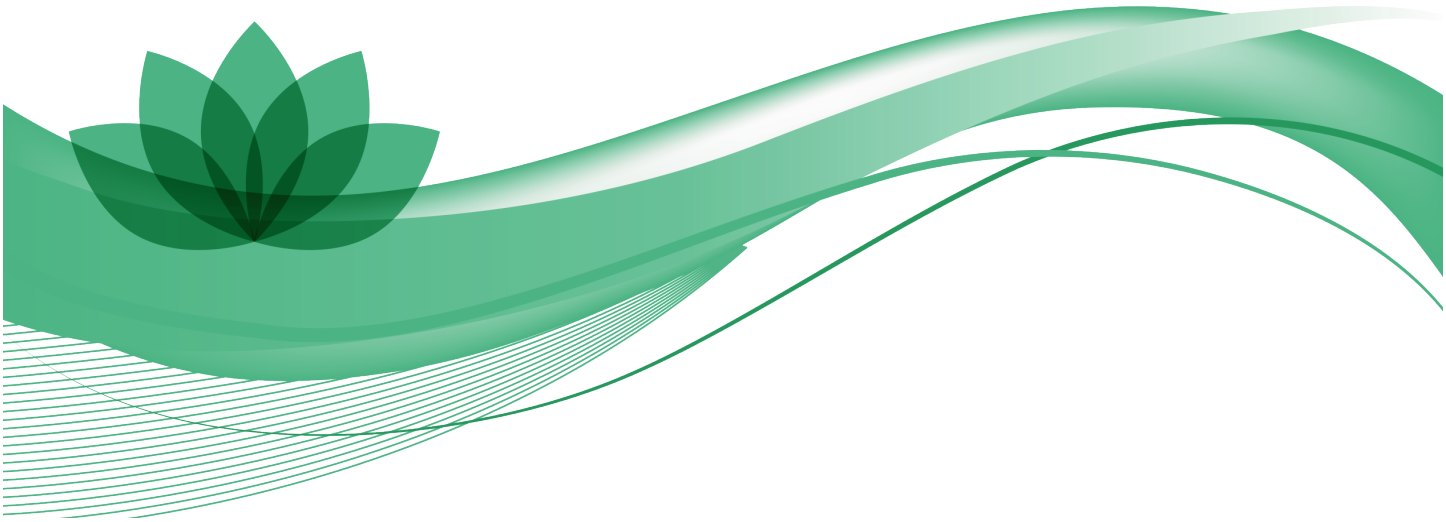
The Task Force was charged with conducting a comprehensive review of the Texas State undergraduate and graduate student experience to assess how university programs, policies, and practices affect the student experience related to health, wellness, and success. Task Force priorities included (details of the charge may be found in Appendix A):

1. Identifying significant factors in the Texas State student experience that contribute to students' challenges in achieving physical and mental health and a sense of well-being.
2. Utilizing national and institutional data to inform the review and assessment process. Working with the Office of Institutional Research and other university offices, departments, or committees to collect existing information on the student experience and identify new student information that is needed.
3. Formulating three short-term and three long-term recommendations to address the

issues and challenges that significantly affect students' ability to achieve optimum physical and mental health.

4. Creating a new model for academic engagement, university culture, and university community that acknowledges a shared responsibility for creating an environment that is safe and nurturing and recognizes the importance of individual well-being for personal and academic success.

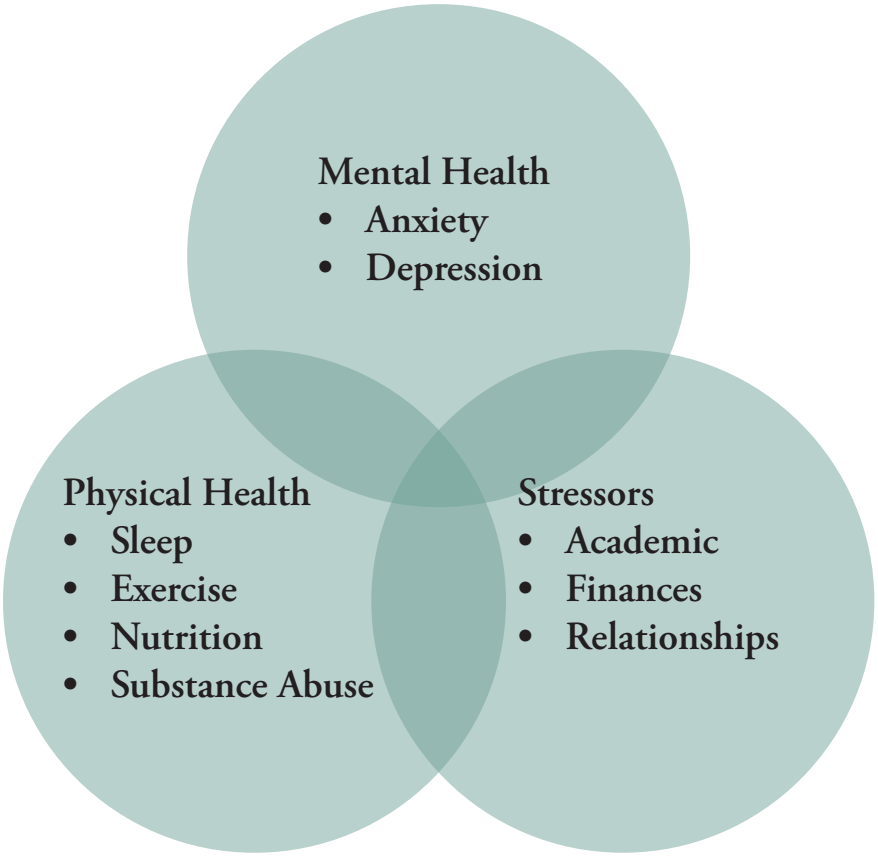
The Task Force included representatives from across the campus including: Student Health Center, Campus Recreation, School of Family and Consumer Sciences, Graduate House (Student Representative), Institutional Inclusive Excellence-Student Initiatives, Department of Health and Human Performance, The Graduate College, Facilities Planning, Design and Construction, Residence Hall Association (Student Representative), Department of Physical Therapy, College of Science and Engineering, Institutional Research, PACE Academic Advising, Black Health Professions Organization (Student Representative), Counseling, Leadership, Adult Education and School Psychology, Dean of Students, School of Social Work, Counseling Center, Department of Housing and Residential Life, Student Government (Student Representative), Athletics Department, and Student Health Center Advisory Committee (Student Representative). Please see appendix B for a list of representatives.



Framework for Data Analysis and Recommendations

Framework for Data Analysis and Recommendations

To more easily conceptualize the challenges our students are facing with health and wellness, the diagram below shows the challenges can be grouped into three major domains—mental health, physical health, and stressors. There is significant interplay between the domains with elements in one domain often contributing to elements in the other domains.

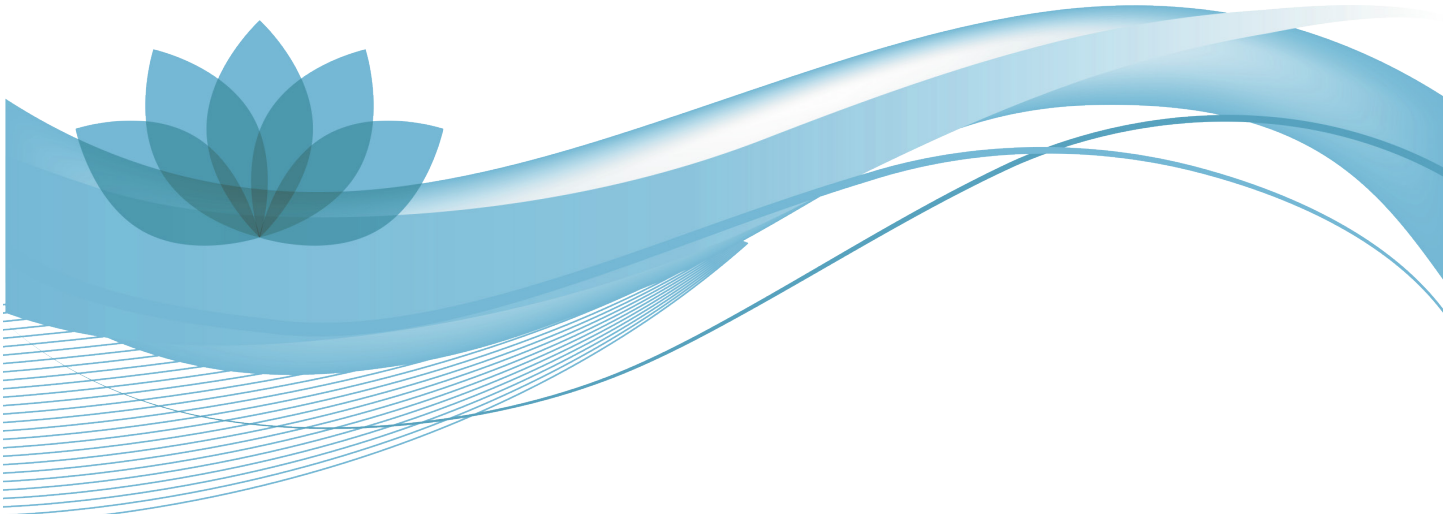


To explore the complexity of contributors to college student health and wellness, this report utilizes the Social Ecological Model (SEM). The Social Ecological Model (SEM) has been used as a basis for the conceptual framework of health promotion programs since its conception in 1988.[11,12] The SEM is an ecological model, as proposed by Urie Bronfenbrenner, and can be combined with models that focus on individual behavior to gain a more comprehensive look at the influences on an individual's behavior.[11,12] The SEM allows for an understanding of how different factors affect and are affected by behavior while also acting as a guideline for the development of programs trying to exact change.[11,12] The SEM as adapted by McLeroy and colleagues in 1988 emphasizes five levels of influence. The individual, defined as the characteristics of the singular person. These characteristics include knowledge, attitudes, skills, beliefs, behaviors, and self-concept. Interpersonal, defined as the primary social networks and close support systems of the individual that can be used to define one's social identity. These can be formal or informal and include family, friends, and work networks. Organizational, defined as social institutions with policies, rules, and regulations on how they operate. These can include work, school, religious or other groups. Community, defined as the relationships and social networks between institutions, organizations, and other informal networks. Public Policy, defined as the laws and policies at the local, state, and federal level.

Wellness can be defined as a holistic approach to well-being that involves actively addressing all the dimensions of health. Dr. Peggy Swarbrick is recognized for her development of the Eight Dimensions of Wellness.[7] This model provides a framework for pursuing holistic wellness. It describes wellness as multi-dimensional and interdependent. The Eight Dimensions of Wellness model was used by the Task Force to explore the contribution of various factors to student health issues and to develop recommendations that address more than physical and mental health.

The Social Ecological Model, McLeroy, et al (1988)

Eight Dimensions of Wellness, Swarbrick, M. (2006)



Data Collection, Review, and Limitations

Data Collection, Review, and Limitations

The Texas State Student Health and Well-being Task Force reviewed research on the contributing factors to college students' mental health, sleep, exercise, nutrition behavior, and risk for sexual violence. Consistent with practice in student health and wellness task forces and in accordance with the findings of the American Council on Education (ACE), the Task Force began its work by collecting and reviewing internal and external data. Internal data were drawn from the Texas State population, and therefore likely unique to our student population, while external data were from sources outside the university and presented generalized information that was not specific to Texas State students. Both kinds of data were deemed necessary to conduct a comprehensive review of student health and wellness at Texas State. The following tables provide an overview of the types of data collected.

Internal Data

Texas State Health and Wellness Data	Utilization Data
• American College Health Association- National College Health Assessment, Texas State data (ACHA-NCHA 2019, 2023) • Student Focus Groups • CIRP Freshman Survey (2019)	• Dean of Students • Office of Financial Aid and Scholarships • Office of International Affairs • Campus Recreation • Student Health Center • Bobcat Bounty

External Data

National Data	Other Information
• American College Health Association-National College Health Assessment (ACHA-NCHA 2019, 2023) • The Health Minds Survey • Association of University College Counseling Directors Survey • Monitoring the Future Study (NIDA)	• Peer-reviewed research papers on student health and wellness

This review provided information that was integrated into the development of "fishbone diagrams" for analysis of major drivers of health and well-being issues including anxiety, depression, physical activity, sexual violence, and academic, financial, and social stressors. These diagrams may be found in Appendix C.

The 2019 (Appendix D) and 2023 (Appendix E) National College Health Assessments (NCHA) provided important information about the health and well-being of Texas State students.[3,4] The NCHA is a national survey that provides the most comprehensive data on student health and wellness. The 2019 NCHA survey showed that Texas State students were experiencing higher levels of stress and mental health problems than their peers nationally. Additionally, this survey revealed that students were not pursuing healthy behaviors such as regular exercise, good nutrition, adequate sleep, and avoiding the use of alcohol and marijuana. The 2023 NCHA survey revealed that the health and well-being issues identified in the previous survey continued to be problematic, and in some cases, had worsened.

The 2019 CIRP Freshman Survey (Appendix F) is a national study of entering first-year students' high school ex-

periences and college expectations. It revealed that Texas State students were feeling overwhelmed and depressed at significantly higher levels than their peers nationally. These findings, along with those of the National College Health Assessments, show that Texas State students are dealing with a higher mental health burden than their peers nationally.

The Task Force also identified several Texas State University data sets that shed light on stressors related to student health and well-being and resources to alleviate those stressors. To supplement the Texas State data, the Task Force recommended additional clarifying questions in the 2023 NCHA survey and conducting focus groups with first-generation, underrepresented, graduate, and international students. The following Texas State data sets were provided by student support services on campus:

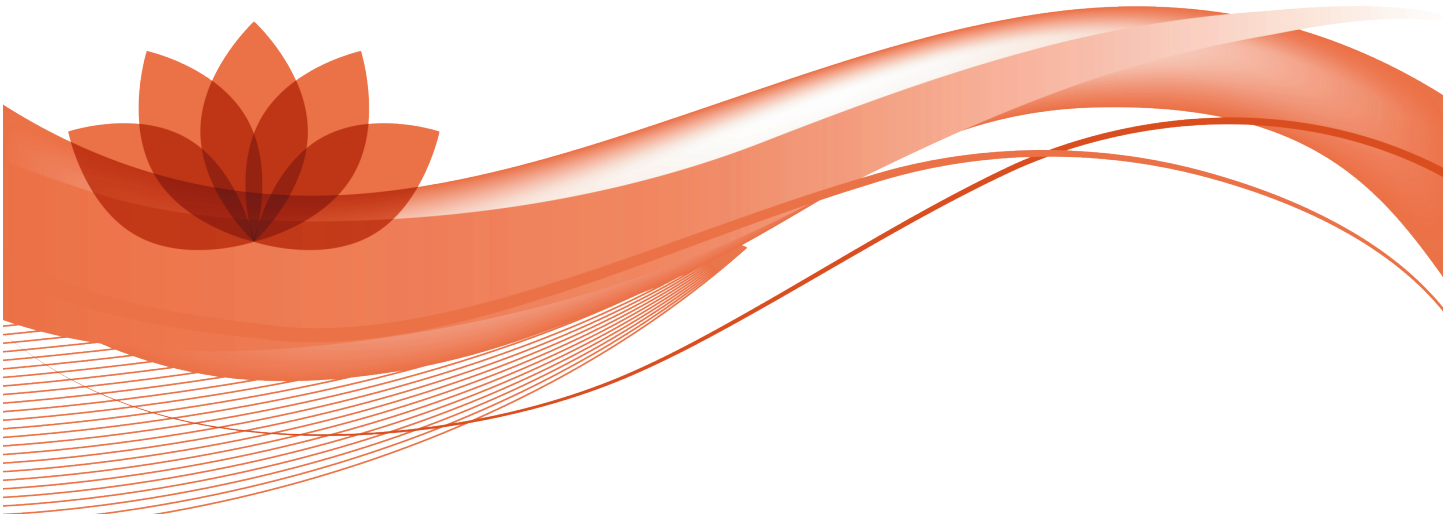
- The Dean of Students Office provided information on 2021 and 2022 student conduct code violations. The information included the nature of the violation, the number of instances, and findings related to the concern or alleged misconduct.
- The Dean of Students Office also provided information related to emergency funding available from their office, the number of requests received, the number of funded requests, and the overall dollar amount disbursed.
- The Financial Aid and Scholarships Office provided information on student loans and student debt of undergraduate and graduate students over a five-year period. They also provided results from student financial wellness surveys conducted in 2018 and 2020, which asked questions concerning student (and family) worries about finances, housing and food insecurity, family contributions, debt level, and the stress created by these issues.
- Bobcat Bounty, the student-run food pantry on campus, provided results from a food security assessment conducted at Texas State in 2017 and 2018.
- The Counseling and Wellness Clinic of the Department of Counseling, Leadership, Adult Education and School Psychology provided information regarding the number of students seen at their Round Rock and San Marcos Clinics and the number of counseling hours associated with these visits.
- The International Student and Scholar Services Office provided mental health statistics for F1 and J1 International Students based on approved reduced course loads for 2017- 2022.
- The Campus Recreation Department provided information regarding the use of San Marcos and Round Rock Campus facilities in 2020-2021 and 2021-2022. The information was broken down by gender, class level, and usage by hour and day. The San Marcos facility also included information regarding pool usage.
- The Student Health Center shared information for 2019 (pre-pandemic base data) and 2021 and 2022 about the number of student appointments, as well as the top 10 reasons for appointments.
- The Annual Security and Fire Safety Report for 2021 was obtained to review crime statistics for the San Marcos and Round Rock Campuses.

Based on existing research literature, first-generation, underrepresented, graduate, and international students tend to have more significant challenges with stress and mental health while in college. To gain a better understanding of the contributing factors to Texas State student stress, three student focus groups were conducted in March 2023 including first-generation/underrepresented, graduate, and international. The focus groups were conducted at the Student Health Center in the evening from 5:30pm-7:30pm:

- First-Generation/Underrepresented Group—12 students
- Graduate Group—13 students
- International Group—8 students

Limitations

While the ACHA-NCHA surveys represent the most comprehensive health and student behavior data sets available, it should be noted that only 576 Texas State students responded to the 2019 ACHA-NCHA survey, representing less than 2% of the student body. Graduate students were overrepresented in the sample accounting for 19% of respondents compared to being less than 12% of the student population at the time. Males were underrepresented making up only 24% of the respondents but 41% of all students enrolled that semester. The 2023 ACHA-NCHA survey was completed by 1,651 Texas State students representing only about 5% of the student population at the time. Women are overrepresented in the sample accounting for 68.9% of respondents compared to being 60% of the student population. White students account for 56% of respondents compared to being 41% of the student population. Hispanic students are underrepresented and account for 32.6% of respondents while being 41% of the student population. Despite the small sample sizes, findings trend similarly to the NCHA national data set and are consistent with data from other national surveys such as the Healthy Minds Study, the Center for Collegiate Mental Health Annual Report, and the Monitoring the Future Study.



Data Analysis

Data Analysis

The most significant issues that impact academic performance identified in the 2019 and 2023 NCHA surveys include stress, anxiety, depression, sleep, finances, and work. The Task Force investigated each of these issues further, using specific data collected from the university, the NCHA survey data, student focus groups, and the research literature.

- The top issues that impact academic performance include stress, anxiety, depression, sleep, finances, and work.
- Texas State students indicate that stress has had the most impact on their academic performance.
- The main stressors for students are academic, financial, and social relationships.
- Anxiety and depression are the two most common mental health problems reported by Texas State students.
- The percentage of students presenting in crisis to the Counseling Center has steadily increased since 2019.
- Many students are sleep-deprived with 43% reporting sleeping less than the recommended 7-9 hours per night.
- Almost 20% of Texas State students report that work negatively impacts their academic performance.
- Twenty-four percent of students work more than 20 hours per week.
- Almost half of Texas State students report being overweight or obese.
- Only 37.5% of Texas State students meet national guidelines for an "active adult".
- Marijuana use is increasing with 32.5% of Texas State students reporting use during the last 3 months.

Stress

Of the five key factors affecting individual academic performance in the last 12 months, Texas State student respondents to the 2019 NCHA survey indicated that stress is the most influential factor. Almost 37% indicated stress impacted their academic performance, compared to 34.2% of student respondents nationally. Over 57% of student respondents reported higher than average stress. Fifty percent of respondents also indicated they have felt overwhelmed by all they had to do in the last two weeks and 20.7% in the last 30 days. The 2023 NCHA survey student respondents indicated that 77.1% had experienced moderate to severe stress during the last 30 days. Texas State Counseling Center data from June 2018 to May 2019 show that stress was the primary presenting concern for 41% of students and the fourth most common presenting concern.

Academics

The major stressors for students are academic, financial, and social stressors. The 2023 NCHA survey revealed that 47% of student respondents felt academics was a challenge and 87% of these students reported that academics caused moderate to high distress. Stress can impact academic performance in a variety of ways as the 2019 NCHA survey showed with 22.6% of respondents reporting receiving a lower grade on an exam because of stress in the last 12 months, 10.6% indicate receiving a lower grade in a course, 1.6% receiving an incomplete or dropping a course, and 1.9% experiencing significant thesis disruption. When asked what factors were contributing to their academic stress, students in the 2023 NCHA survey indicated that course load, feeling academically unprepared, and low grades contributed the most. While students in the focus groups endorsed similar

contributing factors, they also mentioned instructors not providing good guidance on what to study for tests, lack of instructor knowledge about their stressors outside of class, tests that count too much towards the final grade, difficulty in getting help from instructors, strict attendance policies, lack of instructor flexibility in responding to personal challenges, and poor academic advising.

Finances

Financial issues are a second major driver of stress. In the 2019 NCHA survey, 47.3% of Texas State student respondents reported difficulty handling finances during the past 12 months, compared to 36.9% of students from the national survey database. Concerns regarding finances were reported to impact academic performance by 11.8% of the Texas State student respondents as compared to 7.9% of student respondents from the national survey database. Six percent indicated that concerns regarding finances resulted in receiving a lower grade on an exam and 4.0% receiving a lower grade in a course. Financial impacts increased with the 2023 NCHA survey showing 58% of student respondents reporting difficulty handling finances during the past 12 months and 21% citing finances as an impediment to academic performance. Personal financial crisis and not having enough financial aid were reported as contributing to financial distress in the survey. When asked what factors were contributing to their financial stress, students in focus groups reported that the cost of school and textbooks, lack of financial aid, and having to work more hours or multiple jobs contributed most to their financial stress.

Social

Social stress is a third major driver of student stress. Social factors, including competition among peers, inclusivity/equity issues, microaggressions from faculty and employers, feelings of isolation, and poor family and peer support contribute to student stress. While social support has been shown to mitigate stress in numerous situations, it can also be a contributor to stress. The 2023 NCHA survey revealed that 55% of students feel lonely and 32% do not feel they belong at Texas State. Students in the focus groups reported social stress because they did not have the time or money to socialize, found it difficult to make friends, felt isolated or like they did not fit in, and experienced poor cultural or family support.

Anxiety

Anxiety is the most common mental health problem reported by Texas State students. Anxiety can be the result of a variety of factors including neurobiological, genetic, environmental, and life experiences, and is a symptom of underlying distress. The 2019 NCHA survey revealed that 47.6% of student respondents had felt overwhelming anxiety in the previous 30 days and 73.6% had experienced overwhelming anxiety in the previous year. This rate is higher than the national average from the sample where 65.6% reported overwhelming anxiety in the previous year. At the same time, only 20% had received treatment for anxiety with another 8% having been diagnosed but not treated. Despite these experiences, only 32% indicated anxiety had a negative impact on their academic performance. The 2023 NCHA survey data revealed that 76.5% of student respondents were experiencing moderate to serious psychological distress, and 37% reported having been diagnosed with anxiety in the past. Counseling Center data from June 2018 to May 2019 show that anxiety was the primary presenting problem in 77% of students seeking help.

It is unclear if students fully understand the ways in which anxiety can impact their success. It is difficult to know from the data how the use of tobacco, alcohol, and other drugs could be attributed to trying to cope with anxiety; however, existing literature notes a connection between anxiety and substance use. It is important to emphasize

the impact anxiety can have on academic performance, for example through disruption of sleep patterns and unhealthy coping behaviors, since there appears to be a disconnect between the anxiety reported by students and the perceived impact it is having on their performance.

Depression

Depression is the second most common mental health problem for which Texas State students seek help. Counseling Center data from June 2018 to May 2019 shows that depression was the second most common presenting problem for 67% of students seeking help. The 2019 NCHA survey revealed that 28.4% of student respondents had been diagnosed with depression during the past year; furthermore, 48% of students felt so depressed it was difficult to function at some point during the last 12 months and 16.5% seriously considered suicide. The 2023 NCHA survey data show that 30.8% of student respondents have been diagnosed with depression, 32.2% had a positive screen for suicidal ideation, and 2.5% attempted suicide. Of students diagnosed with anxiety or depression, 70% had received care from a healthcare or mental health professional within the last 12 months.

Additional data reviewed suggest that mental health issues such as anxiety and depression impact a greater number of students and have more significant impact than in the past. From 2018 to 2021, mental health was the second most common reason for seeking care at the Student Health Center. In 2022, mental health became the most common reason for a visit. For the Counseling Center, the percentage of students presenting in crisis has steadily increased since 2019.

International Student and Scholar Services data show a significant increase in the need to reduce course loads for international students during the COVID-19 Pandemic because of mental health issues.
Texas State University, like other universities across the nation, is finding it difficult to meet the growing mental health needs of its students. In 2021-2022, the Texas State Counseling Center's counselor ratio was one to 2,912 students (1:2912). According to the International Association of Counseling Services, Inc, (IACS), the recommended counselor-to-student ratio is 1:1500. The Center for Collegiate Mental Health (CCMH) developed another measure of counseling staff resource, Clinical Load Index (CLI), which was 184 for the Counseling Center with a CLI > 147 considered high. These benchmarks support the need to expand counseling resources on our campus.

Sleep

In the 2019 NCHA survey, 27.4% of student respondents reported sleep difficulties impacting academic performance compared to 22.4% of student respondents from the national survey database. Eighteen percent of students (n=102, 25 males, 74 females) indicated that sleep difficulties resulted in receiving a lower grade on an exam, 7.6% (n=43) indicated sleep difficulties resulted in receiving a lower grade in a course, 0.4% (n=2) indicated sleep difficulties resulting in earning an incomplete or dropping a course, and 1.4% (n=8) indicated that sleep difficulties disrupted their thesis.

Student respondents to the 2019 NCHA survey were asked how much of a problem sleepiness is during their daytime activities. Eight percent (n = 44) indicated sleepiness is a very big problem, 12.8% (n = 73) indicated it was a big problem, and 24.6% (n = 140) indicated it is more than a little problem. Additionally, 35.6% (n=203) of student respondents had an extremely hard time falling asleep for 3-7 days during the last 7 days. Fifty-three percent of student respondents indicated they felt exhausted within the previous 2 weeks (n=305, 62 males, 231 females) and 15.9% indicated they felt exhausted in the past 30 days. Only 33.3% of students reported getting

enough sleep to feel rested for four or more days during the past week.

The 2023 NCHA survey revealed that 43% of student respondents sleep less than the recommended 7-9 hours per night, and 34% have difficulty falling asleep. Seventy-five percent felt tired or sleepy more than half the days of the week, and 9% of students have been diagnosed with insomnia. Students cite worry/anxiety, schoolwork, and noise as the biggest contributors to their sleep problems.

Researchers have found that most college students are sleep deprived.[13] Poor-quality sleepers are documented to report significantly more problems with physical and psychological health compared to good-quality sleepers and researchers have found that tension and stress significantly influence standardized sleep quality scores in college students.[14] Further, a significant association between stress and sleep or insomnia has been identified in a systematic review and meta-analysis.[15]

Work

Texas State students have reported that work negatively impacts their academic performance. In the 2019 NCHA survey, time spent working was reported to impact academic performance by 18.4% of student respondents as compared to 15.3% of student respondents from the national survey database. Twelve percent of students (9.6% nationally) indicated that the time spent working resulted in receiving a lower grade on an exam and 5.3% (3.9% nationally) receiving a lower grade in a course. Review of reported work hours revealed that 37.6% of student respondents worked 20 or more hours per week compared to 27% of students from the national survey database. The 2023 NCHA survey revealed that having to work too much is a significant problem for many students. Twenty-four percent of student respondents indicated they worked more than 20 hours per week. Concern regarding number of hours worked and personal finances is not surprising considering that approximately 36% of Texas State undergraduate students were Pell eligible in Fall 2022 and 35% were from lower income families.

Exercise and Nutrition

Regular exercise has both physical and mental health benefits; however, both Texas State and national data indicate that less than half of students meet exercise recommendations. The 2019 NCHA survey showed that only 40.4% of Texas State student respondents met national guidelines for exercise compared with 45.6% of students in the national data set. In the 2023 NCHA survey, only 37.5% of Texas State student respondents met the U.S. Department of Health and Human Services exercise guidelines for an "active adult."

Healthy nutrition also continues to be a challenge for most college students. The 2019 NCHA survey showed that 95.3% of Texas State student respondents did not eat the recommended daily servings of fruits or vegetables, similar to the national survey data rate of 95.6%. Additionally, the 2023 NCHA survey revealed that only 15% of Texas State student respondents eat the recommended servings of fruits and 25% eat the recommended servings of vegetables. While poor nutrition is a significant contributor to unhealthy weight, stress, depression, sleep deprivation, and lack of exercise all contribute as well. Poor nutrition is an ongoing problem and food insecurity is a growing problem. The 2023 NCHA survey data show that 56.8% of student respondents report low or very low food security.

Since 2015, nearly 50% of college students have reported experiencing food insecurity during college.[16] College students have a higher rate of food insecurity when compared to the general population.[17] Despite this, college students have been routinely excluded from receiving food assistance from both federal and regional pro-

grams.[17,18] Many food assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP) and some regional food banks, routinely exclude college students from their services.[17,18] College students are restricted from participating in SNAP if they are enrolled in more than half the hours to be considered a part- time college student.[19] As food insecurity negatively impacts college students by lowering nutritional intake, decreasing academic performance, and negatively impacting short- and long-term health outcomes, it is important that more is done to address college student food security.[20,21]

Substance Use

Alcohol and marijuana are the most used substances by college students according to data from the Monitoring the Future Study conducted by the National Institute on Drug Abuse (NIDA). Alcohol use by Texas State students has not changed significantly during the past several years. In the 2019 NCHA survey, 65.7% of Texas State student respondents reported that they had consumed alcohol during the last 30 days. This was slightly higher than the national data set that showed 58.4% of students consumed alcohol during the previous 30 days. The 2023 NCHA survey revealed that 67% of Texas State respondents had consumed alcohol during the past 3 months; however, the data also showed the level of severe binge drinking decreased from 2019 to 2023. In 2023, 9.3% of Texas State student respondents reported drinking 7 or more drinks during a social gathering compared with 17.4% in 2019.

Marijuana is used by a significant percentage of college students. According to the 2021 Monitoring the Future Study, marijuana use reached the highest levels recorded in 2021 when 43% of young adults reported past-year marijuana use, a significant increase from 34% in 2016 and 29% in 2011. Marijuana use in the past month was reported by 29% of young adults in 2021, compared to 21% in 2016 and 17% in 2011.

The 2019 NCHA survey revealed that 26.5% of Texas State respondents had used marijuana during the previous 30 days compared to 22.1% of students in the national survey data. In the 2023 NCHA survey, 32.5% of Texas State student respondents reported using marijuana during the previous three months.

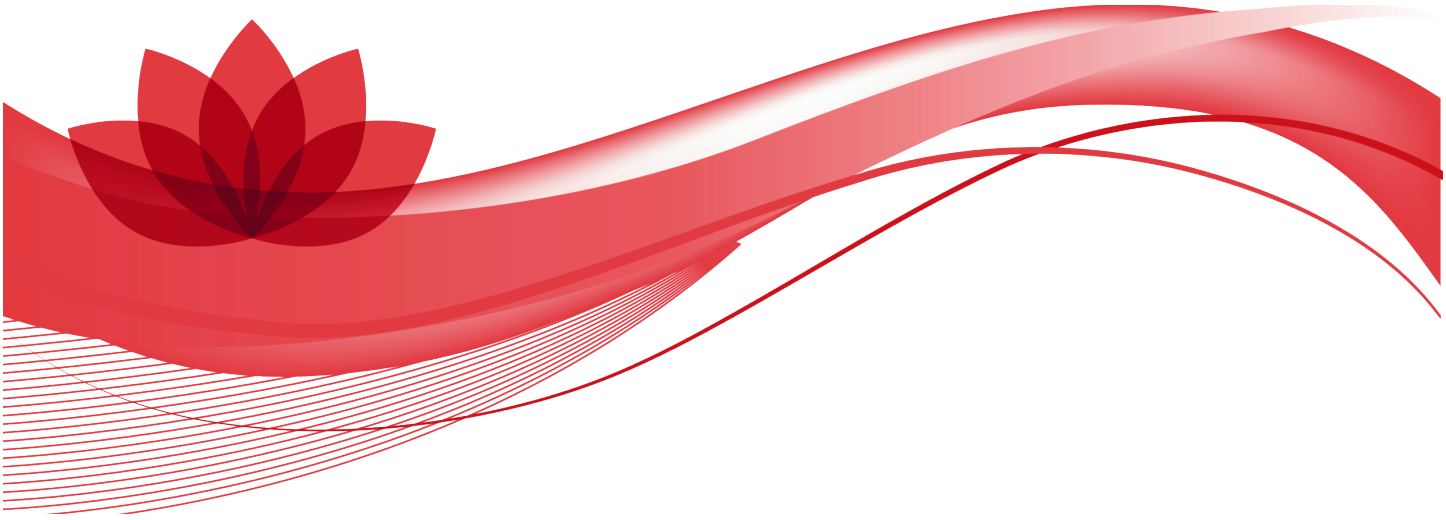
Focus Groups

To gain greater insight regarding specific drivers of Texas State student stress, focus groups were conducted. The focus groups included first-generation, underrepresented, graduate, and international students. The detailed results from the discussions may be found in Appendix G. The following emerged as common themes amongst the different groups of students.

1. Professors/Classes/Academic Program
    a. The workload is too heavy.
    b. There is inflexibility with workload and attendance policies.
    c. Classes are too long and too big.
    d. Group projects cause conflict and inequity in grading.
    e. Teaching methods don't produce learning.
    f. Lack of communication about course expectations.
    g. There are interpersonal conflicts with other students.
    h. Advising is not consistent or done early enough.
2. Work-Life Balance/Social

a. It is hard to balance school, social life, and work.
b. Lack of sleep from balancing school, work, and social life.
c. There is no time or money for socializing, fun, or taking care of your health.
d. Academic stress affects social life.
e. There is a lack of community and belonging.

3. Finances
   a. The cost of tuition, books, and rent is expensive.
   b. There are not enough scholarships or clear communication about scholarships.
   c. Financial Aid staff are inaccessible.
   d. Students must still work even with financial aid.
   e. There are not enough jobs on campus.
   f. The jobs on campus don't pay well.
4. Transitions
   a. Students need guidance exiting the university.
   b. Students need help finding a job after graduation.
   c. The academic expectations are vastly different from previous educational institutions.
   d. Fitting in and finding community is difficult.
   e. Students need more support entering Texas State as a transfer, first-generation, and international student.
5. Food Insecurity
   a. The cost of food is expensive.
   b. Access to Bobcat Bounty is limited. It's only open one day per week.
   c. TXST needs a food store on campus with affordable nutritious options.
6. Housing
   a. Apartments in San Marcos are predatory.
   b. There are safety issues at apartment complexes.
   c. All the costs related to living off-campus are expensive.
7. Cultural
   a. There are stereotypes, misconceptions, and microaggressions in most settings.
   b. There is professor bias (lack of diversity training).
   c. Cultural barriers to fitting in and making friends.
   d. Students are homesick.
   e. There is culture shock for international students.
   f. Adjusting to the U.S. university academic system is difficult.
   g. Working and obtaining visas for international students is stressful.
8. Safety
   a. Theft at apartment complexes is distressing.
   b. There is concern about sexual assault.
   c. The high rates of drugs and crimes off-campus is concerning.
   d. There is a lack of quick response and communication with university police.
   e. Some students must walk and wait in the dark for the bus.

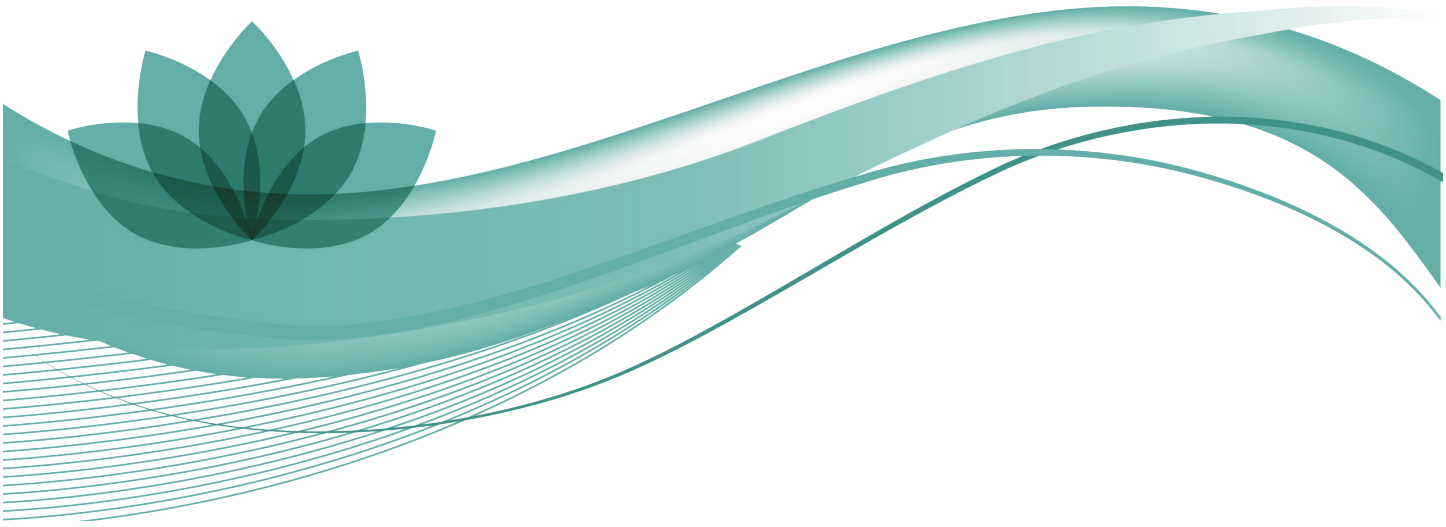


Findings

Findings

After review of the data collected and analysis of the fishbone diagrams, the Task Force identified the following major findings:

- **Stress has the largest impact on academic success. Texas State students are experiencing higher levels of stress than their peers nationally. There are academic, financial, and social factors contributing to the stress.**
- **A significant percentage of Texas State students have been diagnosed with a mental health disorder before attending Texas State and many more will experience an initial episode of a mental health problem while in college. While anxiety and depression are the most common mental health problems diagnosed and treated, attention-deficit hyperactivity disorder (ADHD) has increased significantly in prevalence.**
- **Financial challenges are major contributors to stress and have a significant impact on academic success. Just over one-third of Texas State students are classified as "Pell Grant eligible" or "low income".**
- **Most students work while attending Texas State. Fifty percent of students work more than 10 hours per week and 25% work more than 20 hours per week. Students complain they are working too many hours and it is impacting their academic performance.**
- **Engagement and belonging are challenges for many students. More than half of Texas State students report feeling lonely (55%) and 32% report not feeling like they belong.**
- **Many Texas State students are struggling with sleep problems. Almost half of students (43%) are sleep-deprived and do not get the recommended 7-9 hours of sleep per night. Chronic sleep deprivation can lead to physical and mental health problems and negatively impact academic performance.**
- **Most Texas State students do not meet national guidelines for good nutrition or exercise. The percentage of students meeting criteria for obesity is increasing. Obesity is associated with developing a variety of other health problems and a lower quality of life.**
- **Alcohol and marijuana are the two most used substances by college students. Texas State student data shows a decrease in severe binge-drinking. However, marijuana use has increased.**



Recommendations

Recommendations

Short-term Recommendations (made to the President's Cabinet in December 2022):

1. Additional Texas State student information is needed to assist the university in further clarifying the unique characteristics and needs of our students. Resources were requested to expand the National College Health Assessment scheduled for February 2023 so that it could be distributed to all enrolled students rather than a representative sample and additional questions could be included to better identify issues that were specific to our students. Resources were also requested to conduct focus groups in March 2023 to collect qualitative information regarding stressors that impact student health and wellness. (Accomplished with university funding in the amount of $13,000).

2. Continue to increase Counseling Center staffing levels and provide resources necessary for the Counseling Center to expand mental health education, prevention, and skills training for students, faculty, and staff. (Accomplished. The Counseling Center added two embedded counselor positions—one serving Athletics through joint funding and one serving Round Rock through a grant awarded to the Social Work Program. The Texas State University System signed a contract with TimelyCare to provide virtual counseling services to all member institutions. The services are available 24/7 and complement on- campus services. Texas State also will have virtual psychiatry services as part of the contract. The university is paying for TimelyCare and the approximate cost is $450,000-$500,000 annually. TimelyCare is set for a summer 2023 launch.)

3. Sleep educational campaigns should be pursued to educate students about the behavioral and environmental factors that promote sleep, as well as the importance of sleep to good health and academic performance. (A campus-wide sleep campaign is being developed for implementation during the fall 2023 semester.)

Long-term Recommendations

1. Awareness and Training

   The Texas State Student Health & Well-Being Task Force determined that education and training for faculty, staff, and students is necessary to address several of the issues identified in this review. Understanding the challenges that Texas State students face both inside and outside the classroom is important for developing effective pedagogy. Recognizing when students are in distress and connecting them with the appropriate resources can have profound effects on student success. Good health and well-being support academic and personal success. Educating students about the importance of behaviors that support good health and well-being and reduce harm will help them enhance their opportunities for success.

   - Develop a Center for Teaching and Learning.

     Since academic stressors have such a significant impact on student health and well- being, the university should develop a Center for Teaching and Learning that includes pedagogy instruction for faculty, training on the challenges current students face, and strategies for providing appropriate support and flexibility. Elements of such training could include a primer on "Understanding the Texas State student profile", inclusive course and syllabus design, active learning and inclusive peda-

gogies, student course expectation that is informed by a good understanding of our student profile, holistic testing and evaluation that is flexible and avoids undue stress (high stakes), and the adoption of zero or low-cost learning materials. The following are good reference sources in this regard: TEXAS WELL*BEING - Promoting Well-Being in UT Learning Environments, University of Montana Faculty Toolkit - Supporting Student Learning & Success Through Improved Well-Being, and Council of Graduate Schools Report on Supporting Graduate Student Health and Well-Being.[8,9,10] This center could pull from resources and expertise across campus to provide training and support. Some recommendations that would positively impact student health and wellness in learning environments may be found in Appendix H.

- Expand training for graduate advisors to improve degree planning, research, and job opportunities for students.

  Graduate students in the focus group complained that academic advising was not effective and often provided too late in the academic year. They had trouble finding jobs and identifying research opportunities.

- Expand training for students on self-advocacy and utilization of campus and community resources.

  Students often wait until they are in crisis before seeking help. Many students are not aware of campus resources. Despite self-care information and training which is available through the Counseling Center website, very few students take advantage of these resources. Some US 1100 instructors include skills training in their course, but this is not consistent across all instructors.

- Develop an online Health & Wellness Hub that addresses the eight dimensions of wellness. This centralized hub would provide one access point where faculty, staff, and students could find information on campus and community resources.

  Accessing information on campus resources can be challenging for students. Sometimes, students are not sure which campus office can address their need or whether any resources exist. A centralized site for students seeking help based on the eight dimensions of wellness can both educate and connect students with important campus resources.

- Facilitate a campus culture of physical fitness and exercise. Creating such a culture would require coordinated efforts to create spaces across campus that promote healthy movement and engagement, integrating movement into programs and activities, and promoting healthy behaviors through campus marketing campaigns.

  Exercise has physical and mental health benefits. Less than half of Texas State students meet exercise recommendations. Creating indoor and outdoor venues for exercise across campus that are visible and easily accessible will encourage participation. More intentional efforts to offer programs and activities that include movement can help reinforce its importance and benefits.

- Develop educational campaigns around social norms and impacts of substance use and expand training to empower students to help peers.

  Students who drink alcohol and use marijuana do not perceive any significant harm in these be-

haviors. They often believe that a larger percentage of students engage in these behaviors than is the case. Changing these misperceptions and creating dissonance in these beliefs can be helpful for behavior change. Students want to help other students but are reluctant to do so due to lack of intervention skills and confidence.

- Expand training for staff, faculty, and students on recognizing and assisting students distress. Students in distress often turn to other students, friends, or family for help rather than trained professionals. Many students do not ask for help due to fear, embarrassment, stigma, or cultural norms. A person does not have to be a trained counselor—simply expressing care and concern can change the outcome for a student in crisis. Training faculty, staff, and students to recognize a student in distress and connect them with appropriate campus resources can help avert many crises.

- Develop a campus campaign on awareness of sexual violence and expand support services and funding for these initiatives.

  According to the National Sexual Violence Resource Center, 20%-25% of women and 6%-7% of men and are victims of sexual assault while in college. Nearly half of those sexually assaulted tell no one. According to the Department of Justice, more than half of college sexual assaults occur from August to November. Students are at increased risk for sexual assault during the first few months of their first and second semester in college. Sexual violence is a significant problem and survivors often do not get the support they need. Sexual violence can lead to long-term mental health issues such as anxiety, depression, insomnia, and post-traumatic stress disorder. The university should significantly expand its education and victim support services.

- Develop awareness campaigns and programming for identifying normal levels of stress/anxiety and managing mental health issues. Provide education for parents and family members on the challenges their student is facing in college and how to be supportive.

  Stress is a normal part of life, but when it becomes overwhelming, it can lead to illness and negatively impact academic and personal success. Students need to learn effective coping strategies. Many students, especially those who are first-generation or come from an underrepresented group, complain that their family does not understand their challenges in college and cannot provide emotional support. Family and peer support are important for student success. With education and training, parents, family members, and friends can provide helpful support.

- Develop a campus campaign addressing the negative impacts of sleep deprivation and strategies for addressing contributing factors to support healthy sleep.

  Almost half of Texas State students report sleeping less than the recommended 7-9 hours of sleep per night. Sleep deprivation has enormous impacts on health and academic performance. Sleep deprivation decreases concentration, diminishes the ability to learn information, and weakens the immune system. Conversely, it increases the risk for mental health problems, heart disease, type 2 diabetes, hypertension, and obesity. Students need to learn that sacrificing sleep is counterproductive and increases their risk for other health problems.

- Develop a campus campaign on healthy nutrition and its benefits to overall health.

Cost and lack of time and knowledge are contributing to an epidemic of unhealthy nutrition. Students have grown up with unhealthy eating behaviors and do not understand the long-term consequences of poor nutrition. Obesity continues to increase in our students and its impact on health, the cost of healthcare, and the quality of life will be significant. Students need to develop an appreciation for the benefits of good nutrition to overall health and develop healthier eating behaviors.

2. Services and Support
   While Texas State University provides a broad network of support services, additional efforts are needed in specific areas to enhance student success.

   - Develop new strategies and support services to address transition issues for transfer students, new students who transfer as sophomores or juniors due to college credit high school, graduate students, and international students.

     Transition to college can be particularly stressful for new students. It is important to identify the specific transition needs for each group of students and develop or enhance appropriate support services and programs across divisions. Because academic advising is typically one of the few instances in which a student may meet regularly one-on-one with a staff member, academic advisors are uniquely positioned to play a leading role in helping students transition to Texas State. With sufficient support to develop a caseload model, academic advisors would act as navigators providing personalized support in a student's first semester and beyond.

   - Develop pre-professional advising centers.

     Students pursuing professional careers such as nursing, medical, business, engineering, and law may require more intensive and specialized advising for success. While some academic advisors have knowledge of professional school admission requirements and faculty advisors offer specific support, the development of a central, readily accessible pre-professional advising office could better serve these groups by offering drop-in assistance, exploration opportunities, connections to high-impact practices such as internships, service-learning, co-ops, and undergraduate research, as well as specific referrals to dedicated faculty advisors.

   - Increase pay for assistantships and student worker positions.

     Financial stressors are second only to academic stressors in contributing to student stress. More than 50% of Texas State students must work to help finance their education. Students complain that there are not enough jobs on campus and that they pay less than jobs available in the community. Students also report having to work too many hours which negatively affects their academic performance.

   - Open a university-supported grocery store on campus or expand the food pantry. These initiatives could also provide opportunities for community and academic partnerships, student employment, and student service.

     Students need access to affordable, healthy food. While a food pantry can provide some nutritional support, it rarely can provide for the nutritional needs of a diverse student population. Fifty-seven percent of students report low or very low food security. A partnership with a community grocery

store chain to establish a reduced cost grocery store on campus could increase the effectiveness of university efforts to address food security. Furthermore, a campus grocery store could provide opportunities for academic departments to partner with a community grocery store to provide students with "real world" experience in business, marketing, and other areas. A campus grocery store could also provide student service opportunities and jobs.

- Work with dining services to offer healthier food options on campus and a monthly meal plan. Consider expanding financial resources to fund emergency grocery cards that could be provided to students facing severe financial hardship.

  Students cannot develop healthier eating habits if affordable, healthy food options are not more broadly available on campus. Just over a third of students are classified as "low-income" or "Pell Grant eligible" indicating high financial need. Food is a basic need, and more resources should be allocated to address growing food insecurity. Fund-raising should be considered as a mechanism for increasing the funds available for supporting students with food insecurity.

- Provide training for graduate students with instructional roles and faculty who supervise graduate assistants:

  Graduate students often have significant teaching and instructional roles. Thus, they need proper training and supervision to ensure that they are effective in the classroom and in situations when undergraduate students need support. All graduate assistants are currently required to take a teacher training class in their program, yet the content and training provided varies significantly. The university should consider creating online modules on topics that transcend disciplinary boundaries that are available to all programs. Offices involved in the creation of such units might be Faculty Development, The Graduate College, ODEL, the library, etc. In addition, Faculty Development and The Graduate College in collaboration with relevant other offices should consider providing training for faculty who supervise graduate assistants.

- Increase support for student organizations, their leadership, and advisors.

  Student engagement is important and efforts to increase engagement must be expanded. Fifty-five percent of students feel lonely and 32% do not feel they belong. Expanding the role that student organizations play in providing student engagement could be very helpful. However, student organizations need more help from the university to train effective leaders, improve their marketing efforts, increase inclusiveness, and expand their engagement activities. Advisors are critical for effective student organizations, but many organizations struggle to find advisors. The university should find ways to encourage and reward faculty and staff who are willing to be student organization advisors.

- Expand peer mentor programs and provide the necessary training for peer mentors to identify students in distress and connect them with appropriate campus resources.

  Students often turn to other students first when experiencing distress or a crisis. Student peer mentor programs can help expand the support structure for students. Students are often willing to help other students, but they need training to ensure they maintain proper boundaries and connect those in distress with the appropriate campus resources.

3. **Institutionalization of policies, protocols and procedures**

   While many of the above-mentioned recommendations target interventions at the individual, social, and environmental levels, the Task Force recognizes the need for organizational change as well. More intentional efforts should be pursued to identify students who may be at-risk, to connect them with appropriate resources, and to teach them the skills necessary to manage their health and well-being.

   - **Institute a Bobcat Success Check-in six weeks into the semester to identify at-risk students and assess their level of engagement. Appropriate interventions should be made based on the results of the check-in.**

     Most campus resources rely on students to access their services when the need arises. However, many students do not reach out for help until the problem is serious. Some students never ask for help due to fear, embarrassment, stigma, or cultural factors. The university should pursue a more intentional and pro-active approach to identifying students at risk or who are not engaging with the university.

   - **US 1100 should be restructured as a "College and Life Success" course which would include education about the eight dimensions of wellness, identifying unhealthy stress and behaviors, coping and self-advocacy skills, and effective use of campus and community resources.**

     Since health and well-being are so important to student success, the university should be more intentional about educating students and providing skills for coping and self-advocacy. US 1100 offers a structured opportunity to achieve these goals with first year students. The information and skills learned will benefit students for the rest of their lives and enhance their chances for academic and personal success.

   - **Utilize Canvas to share important resource information regarding health and wellness. This would a separate but connected resource to the online hub mentioned earlier.**

     Important resource information should be easily available to students. Faculty use Canvas to post materials for their courses and they could reinforce the importance of utilizing campus resources before problems become serious.

   - **Create a University Health and Well-being Committee to address the ongoing needs of faculty, staff, and students, develop strategies and recommendations to address those needs, and assess outcomes.**

     This Task Force report provides a foundation for addressing student health and well- being, but it must be followed by action, measurement, and improvement strategies. Faculty, staff, and students can all benefit from intentional efforts to address health and well-being needs. Since good health and well-being contribute so much to success, it is important to establish a university health and well-being committee to acknowledge their importance and to demonstrate the university's commitment to supporting the success of all members of the campus community.

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Appendices

Appendix A: Task Force Charge

Dear Students and Colleagues,

As you well know, student success is central to fulfilling our mission at Texas State University. Supporting our students' health and well-being is a critical aspect of boosting them toward graduation, as effective learning cannot occur without a solid foundation of good health and well-being.

A recent survey of student health reveals that Texas State students are experiencing higher levels of stress, anxiety, depression, and suicidal ideation than their peers nationally. This is much cause for concern, and it is incumbent upon us to respond by developing a university- wide approach to improving the health and well-being of our students.

With this in mind, I have established the Texas State Student Health & Well-being Task Force, and I am appointing you as a member of it. The Task Force will conduct a comprehensive review of the Texas State undergraduate and graduate student experience to assess how university programs, policies, and practices affect the student experience related to health, wellness, and success. Priorities for the Task Force include:

- **Identify significant factors in the Texas State student experience that contribute to students' challenges in achieving physical and mental health and a sense of well-being.**
- **Utilize national and institutional data to inform the review and assessment process. Work with the Office of Institutional Research and other university offices, departments, or committees to collect existing information on the student experience and identify new student information that is needed.**
- **Formulate three short-term and three long-term recommendations to address the issues and challenges that significantly affect students' ability to achieve optimum physical and mental health.**
- **Create a new model for academic engagement, university culture, and university community that acknowledges a shared responsibility for creating an environment that is safe and nurturing and recognizes the importance of individual well-being for personal and academic success.**

I have appointed Dr. Emilio Carranco, Assistant Vice President for Student Affairs and Director of the Student Health Center, and Dr. Vedaraman Sriraman, Associate Vice President for Academic Affairs, to co-chair the Task Force. They will be contacting you soon to set the date for the first meeting. I have asked them to present regular updates from the Task Force to the President's Cabinet throughout the summer and fall 2022 semesters.

Thank you in advance for participating in this process and for being open to finding new ways to serve our students.

Sincerely,

Denise M. Trauth
President

Attachment

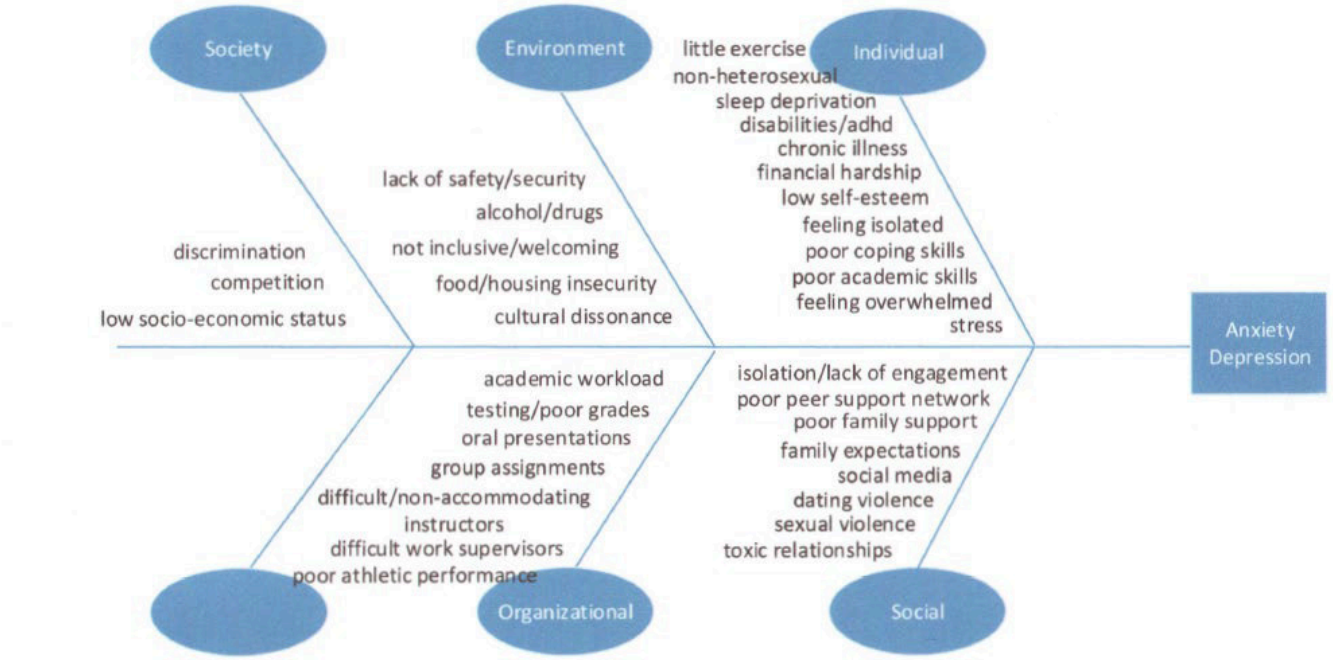
xc: Dr. Emilio Carranco
Dr. Vedaraman Sriraman

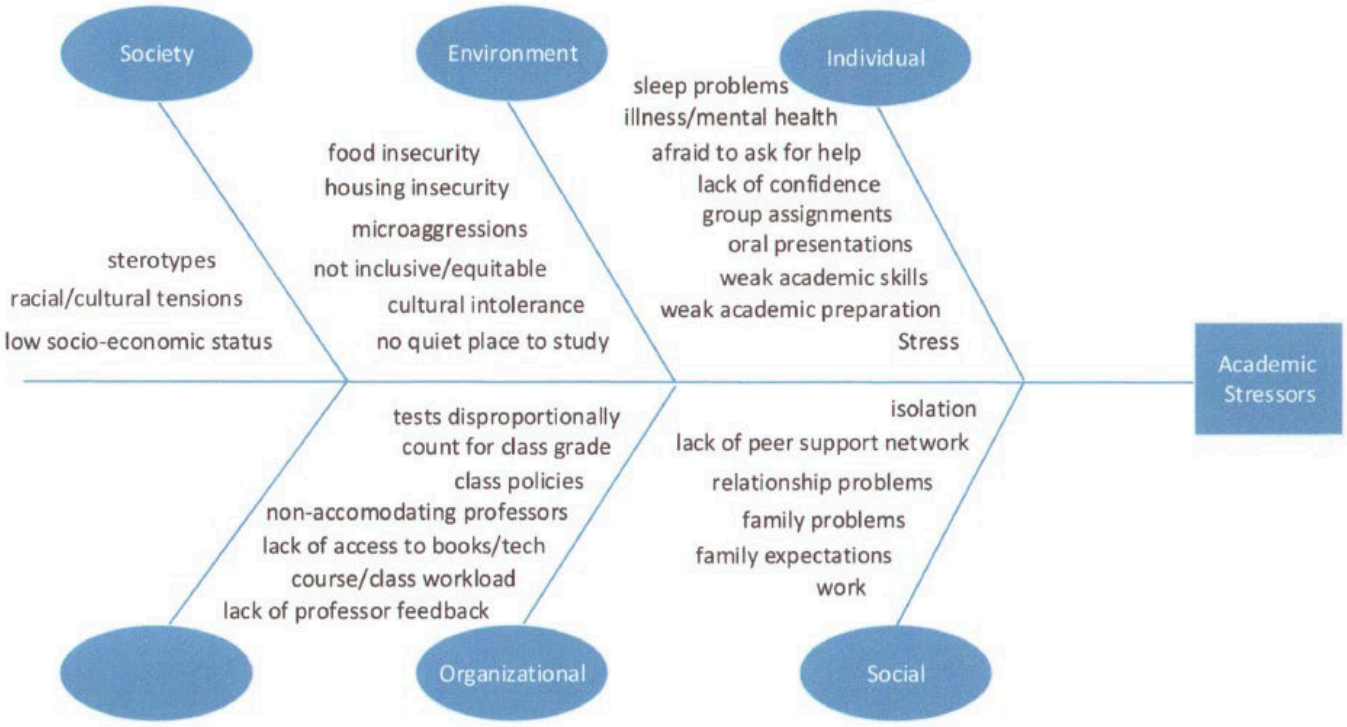
Appendix B: Texas State Student Health and Well-being Task Force

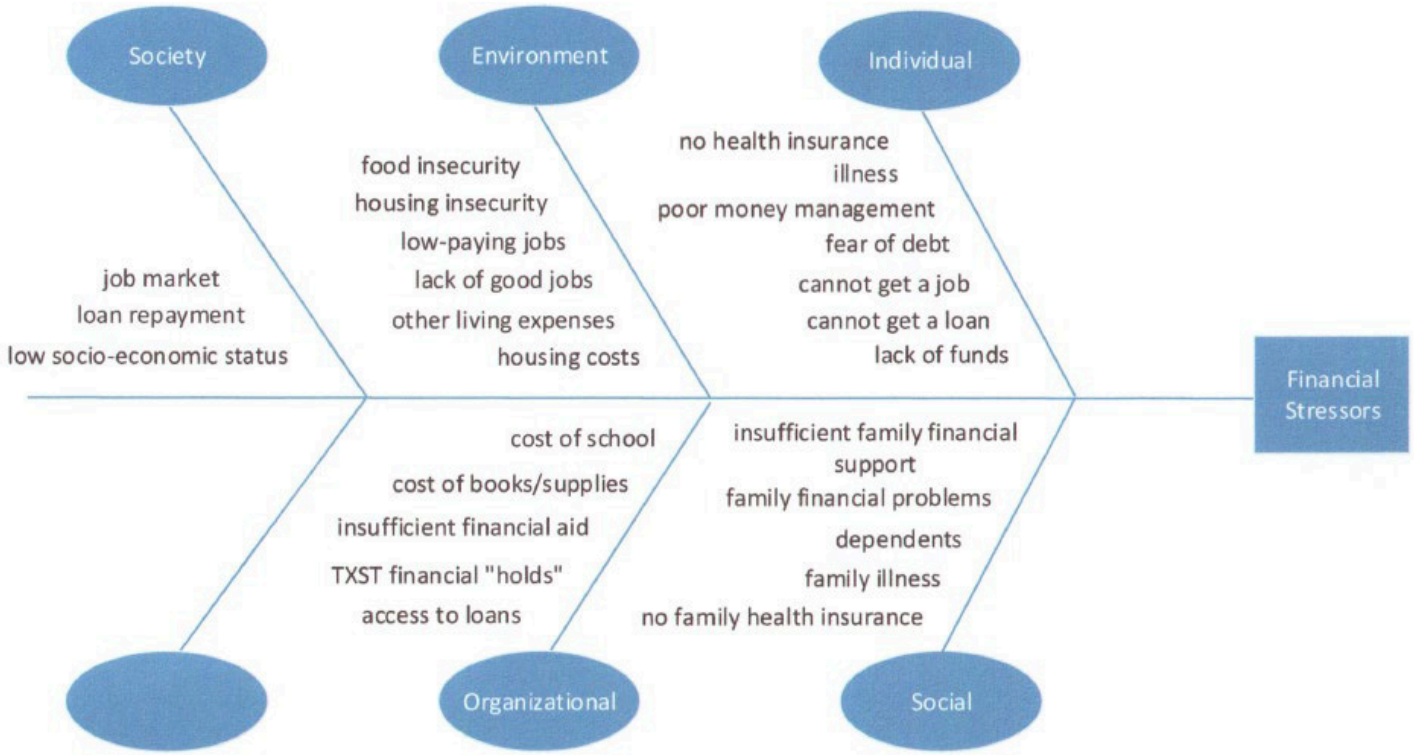
Membership:

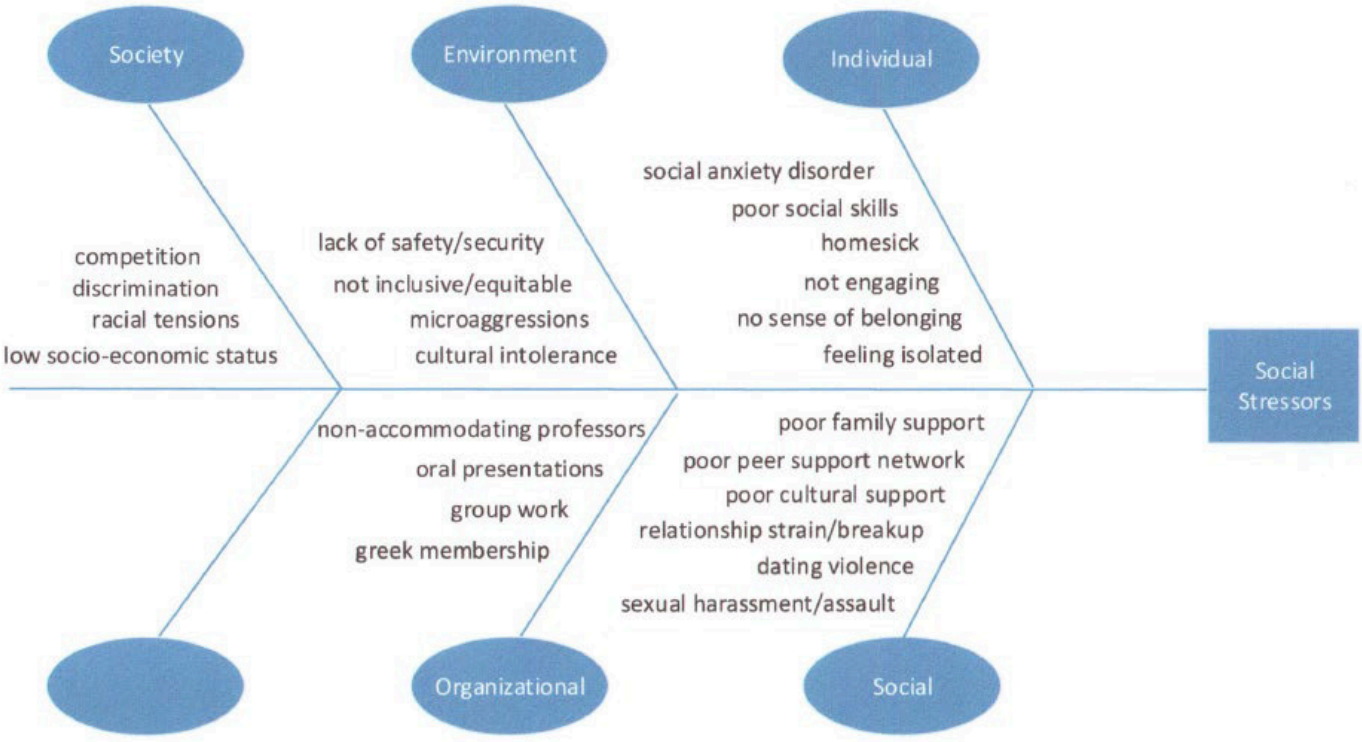
Emilio Carranco	Co-Chair/Assistant Vice President for Student Success and Director, Student Health Center
Vedaraman Sriraman	Co-Chair/Associate Vice President for Academic Affairs
Angela Ausbrooks	Director, School of Social Work
Jennifer Beck	Director, Campus Recreation
Janet Bezner	Interim Vice President, Round Rock Campus and Professor, Department of Physical Therapy
Lesli Biediger-Friedman	Associate Professor, School of Family and Consumer Sciences
Gordon Bohmfalk	Director, Facilities Planning, Design and Construction
Chad Booth	Associate Dean for Academic Affairs, College of Science and Engineering
Kay Davison	Member, Student Health Center Advisory Committee Student Advisory Council (Student Representative)
Katlyn Fritz	Member, Graduate House (Student Representative)
Julie Eckert	Assistant Director, Student Health Center
Kevin Fall	Chair, Counseling, Leadership, Adult Education and School Psychology
Kiersten Florence	Vice President, Student Government (Student Representative)
Andrea Golato	Dean, The Graduate College
Matthew Hand	President, Residence Hall Association (Student Representative)
Jeff Housman	Assistant Vice President for Curriculum and Academic Programs and Professor, Department of Health and Human Performance
Kristopher Infante	Interim Director, PACE Academic Advising
Bill Mattera	Executive Director, Department of Housing and Residential Life
Toni Moreno	Assistant Director, Institutional Inclusive Excellence-Student Initiatives
Vincent Morton	Associate Vice President for Student Success and Dean of Students
Lynne Reeder	Director, Counseling Center
Kelsey Solis	Athletics Representative
Marc Turner	Assistant Vice President, Institutional Research
Samone Williams	Member, Black Health Professions Organization (Student Representative)

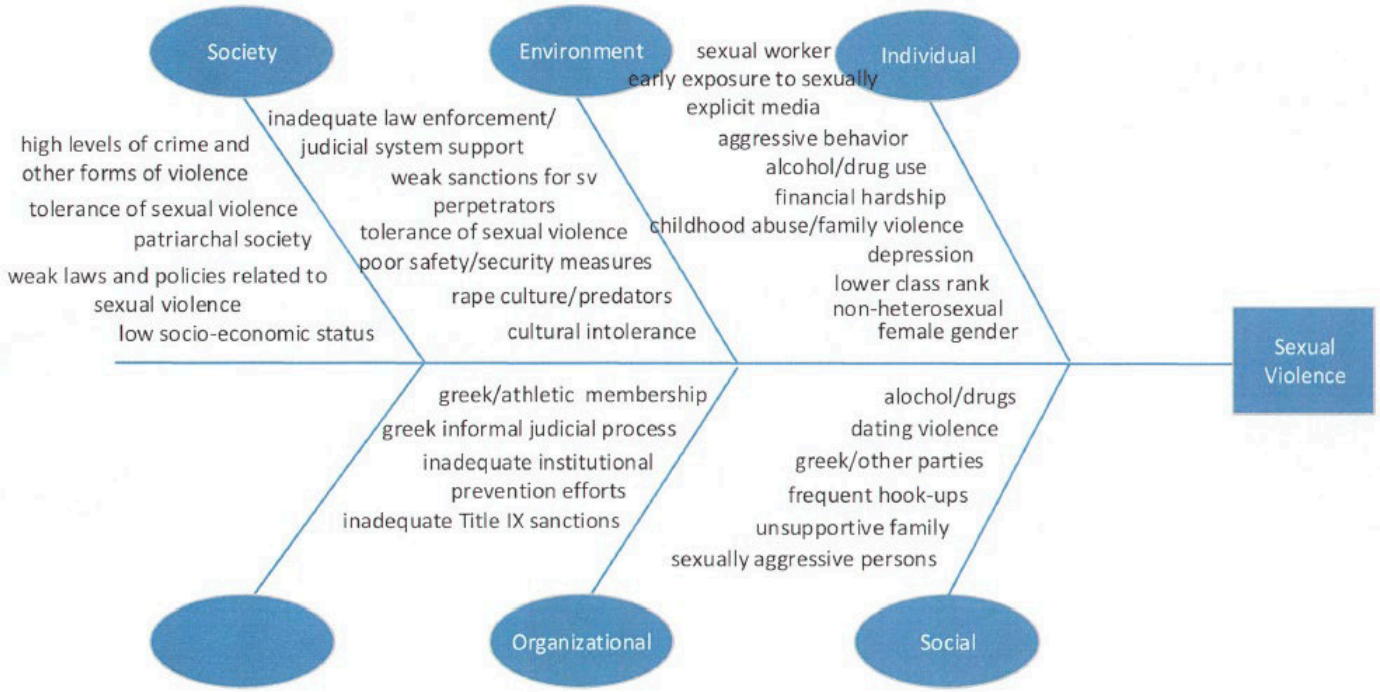
Appendix C: Fishbone Diagrams

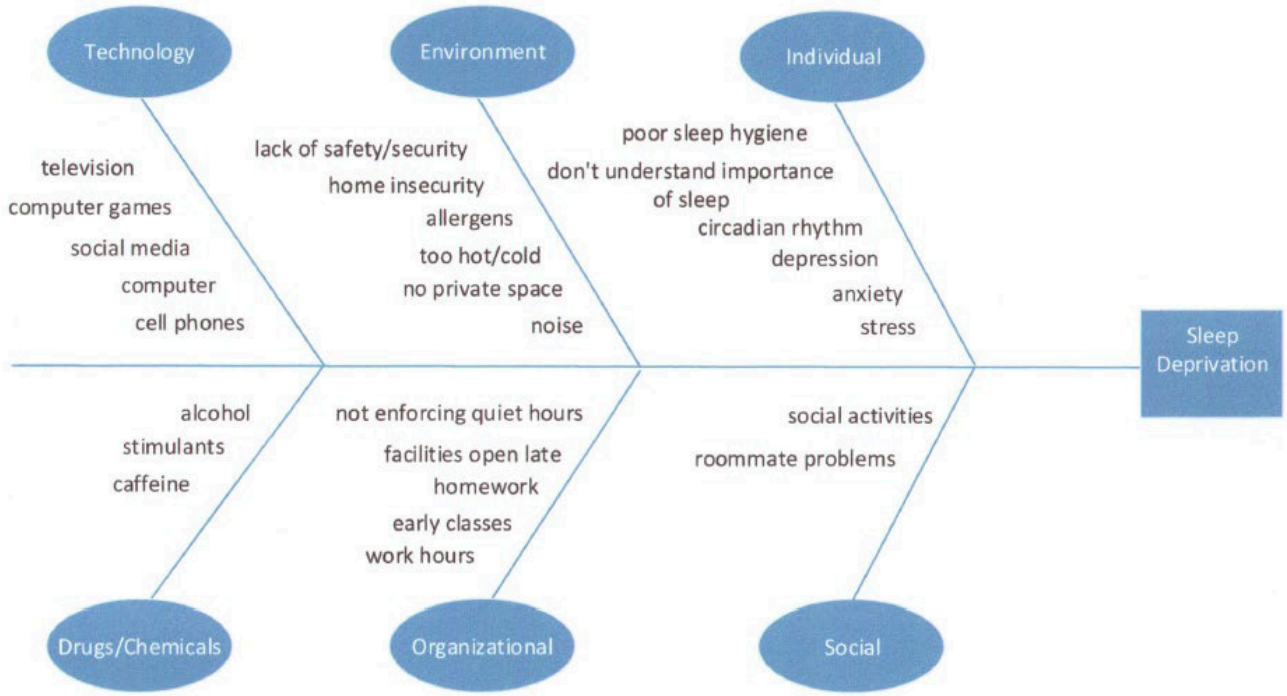


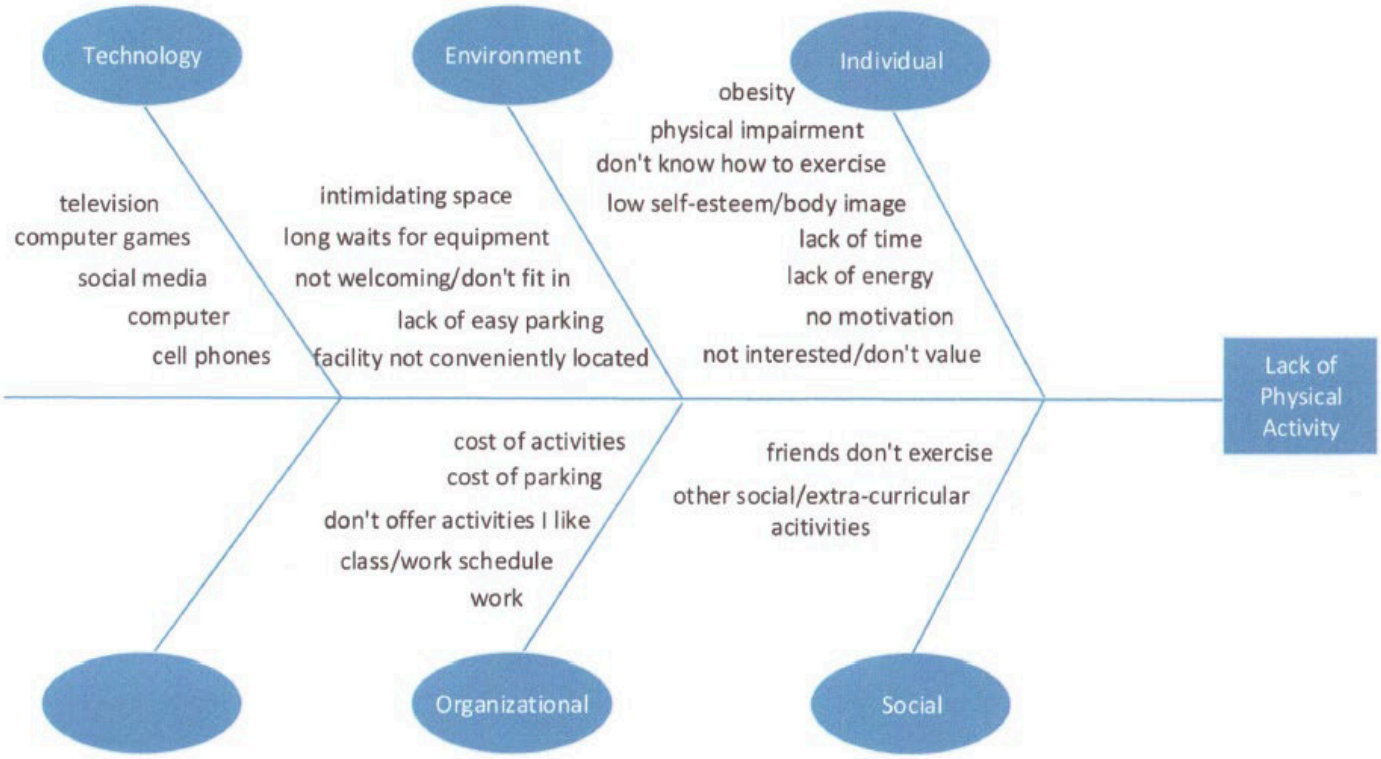


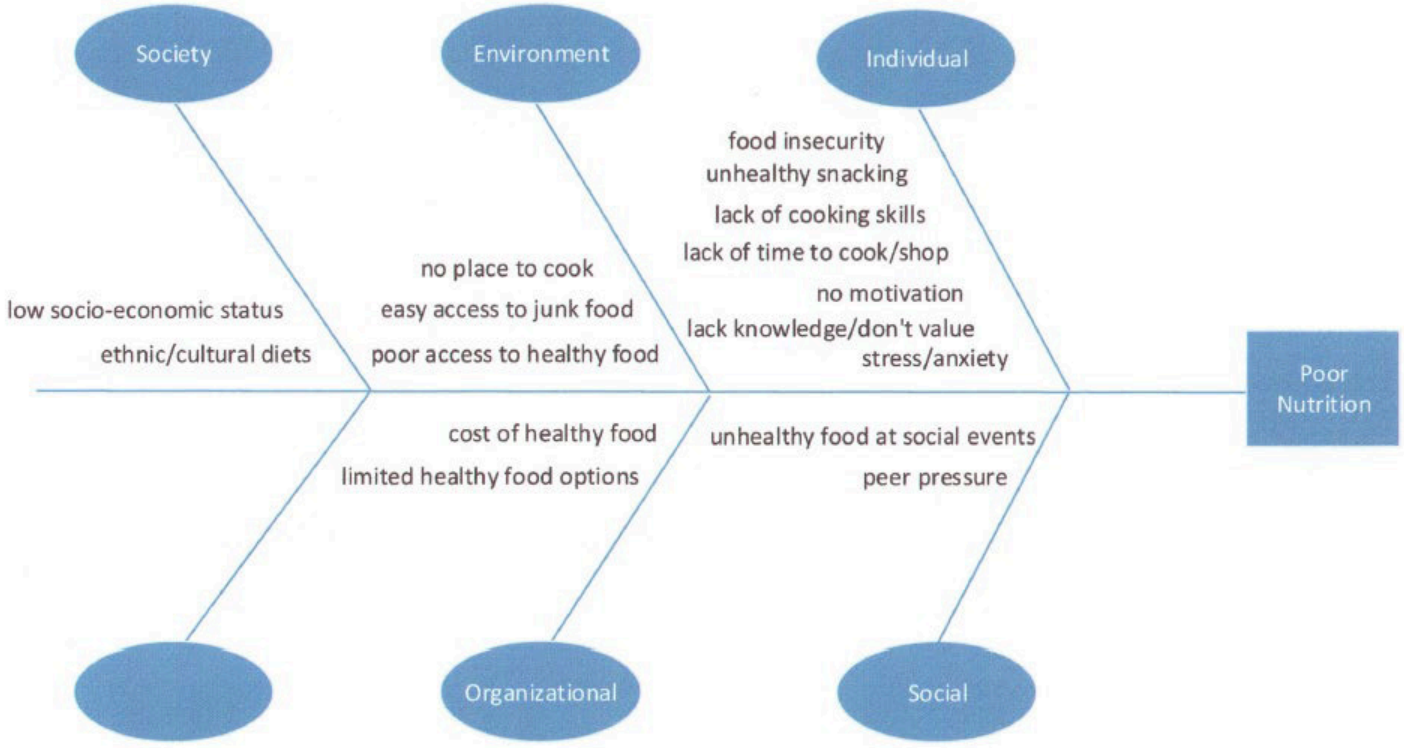

Society
Environment
Individual
job market
loan repayment
low socio-economic status
food insecurity
housing insecurity
low-paying jobs
lack of good jobs
other living expenses
housing costs
no health insurance
illness
poor money management
fear of debt
cannot get a job
cannot get a loan
lack of funds
Financial Stressors
cost of school
cost of books/supplies
insufficient financial aid
TXST financial "holds"
access to loans
insufficient family financial support
family financial problems
dependents
family illness
no family health insurance
Organizational
Social

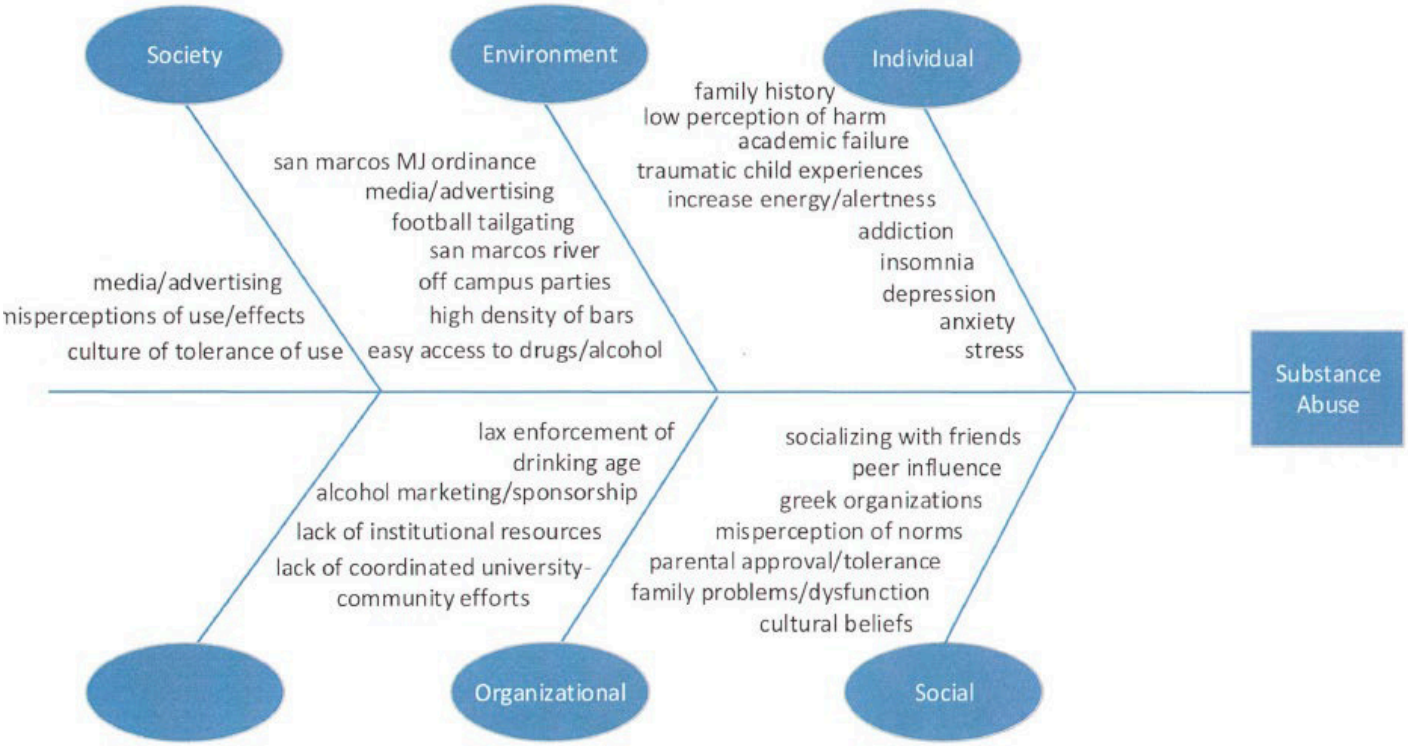

Society
Environment
Individual
competition
discrimination
racial tensions
low socio-economic status
lack of safety/security
not inclusive/equitable
microaggressions
cultural intolerance
social anxiety disorder
poor social skills
homesick
not engaging
no sense of belonging
feeling isolated
Social Stressors
non-accommodating professors
oral presentations
group work
greek membership
poor family support
poor peer support network
poor cultural support
relationship strain/breakup
dating violence
sexual harassment/assault
Organizational
Social


Society
Environment
Individual
sexual worker
early exposure to sexually explicit media
aggressive behavior
alcohol/drug use
financial hardship
childhood abuse/family violence
depression
lower class rank
non-heterosexual
female gender
inadequate law enforcement/ judicial system support
weak sanctions for sv perpetrators
tolerance of sexual violence
poor safety/security measures
rape culture/predators
cultural intolerance
high levels of crime and other forms of violence
tolerance of sexual violence
patriarchal society
weak laws and policies related to sexual violence
low socio-economic status
Sexual Violence
greek/athletic membership
greek informal judicial process
inadequate institutional prevention efforts
inadequate Title IX sanctions
alochol/drugs
dating violence
greek/other parties
frequent hook-ups
unsupportive family
sexually aggressive persons
Organizational
Social


Technology
Environment
Individual
poor sleep hygiene
don't understand importance of sleep
circadian rhythm
depression
anxiety
stress
lack of safety/security
home insecurity
allergens
too hot/cold
no private space
noise
television
computer games
social media
computer
cell phones
Sleep Deprivation
alcohol
stimulants
caffeine
not enforcing quiet hours
facilities open late
homework
early classes
work hours
social activities
roommate problems
Drugs/Chemicals
Organizational
Social


Technology
Environment
Individual
obesity
physical impairment
don't know how to exercise
low self-esteem/body image
lack of time
lack of energy
no motivation
not interested/don't value
television
computer games
social media
computer
cell phones
intimidating space
long waits for equipment
not welcoming/don't fit in
lack of easy parking
facility not conveniently located
Lack of Physical Activity
cost of activities
cost of parking
don't offer activities I like
class/work schedule
work
friends don't exercise
other social/extra-curricular acitivities
Organizational
Social


Society
Environment
Individual
food insecurity
unhealthy snacking
lack of cooking skills
lack of time to cook/shop
no motivation
lack knowledge/don't value
stress/anxiety
low socio-economic status
ethnic/cultural diets
no place to cook
easy access to junk food
poor access to healthy food
Poor Nutrition
cost of healthy food
limited healthy food options
unhealthy food at social events
peer pressure
Organizational
Social


Society
Environment
Individual
family history
low perception of harm
academic failure
traumatic child experiences
increase energy/alertness
addiction
insomnia
depression
anxiety
stress
san marcos MJ ordinance
media/advertising
football tailgating
san marcos river
off campus parties
high density of bars
easy access to drugs/alcohol
media/advertising
misperceptions of use/effects
culture of tolerance of use
Substance Abuse
lax enforcement of drinking age
alcohol marketing/sponsorship
lack of institutional resources
lack of coordinated university-community efforts
socializing with friends
peer influence
greek organizations
misperception of norms
parental approval/tolerance
family problems/dysfunction
cultural beliefs
Organizational
Social

Appendix D: NCHA 2019

Texas State University
Executive Summary
Spring 2019

American College Health Association
National College Health Assessment II

ACHA-NCHA II

The ACHA-NCHA II supports the health of the campus community by fulfilling the academic mission, supporting short- and long-term healthy behaviors, and gaining a current profile of health trends within the campus community.

Table of Contents

ACHA, the nation's principal advocate and leadership organization for college and university health, represents a diverse membership that provides and supports the delivery of health care and prevention and wellness services for the nation's 20 million college students. For more information about the association's programs and services, visit www.acha.org, and www.acha-ncha.org.

Suggested citation for this document:

American College Health Association. American College Health Association-National College Health Assessment II: Texas State University Executive Summary Spring 2019. Silver Spring, MD: American College Health Association; 2019.

Introduction

The ACHA-National College Health Assessment II (ACHA-NCHA II) is a national research survey organized by the American College Health Association (ACHA) to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' habits, behaviors, and perceptions on the most prevalent health topics.

ACHA initiated the original ACHA-NCHA in 2000 and the instrument was used nation wide through the spring 2008 data collection period. The ACHA-NCHA now provides the largest known comprehensive data set on the health of college students, providing the college health and higher education fields with a vast spectrum of information on student health. A revised survey, the ACHA-NCHA-II, has been in use since the fall 2008 data collection period.

Please note the ACHA-NCHA II is not appropriate for trend comparison with items from the original ACHA-NCHA survey. Directly comparing pre- and post-redesign estimates on similar data points, without taking into account the impact of the survey's redesign, can lead to an erroneous conclusion.

Notes about this report:

1. Missing values have been excluded from analysis and only valid percents are included in this document.

2. Students responding "not applicable" were excluded from several analyses, which are specifically noted throughout this document. This will often explain differences observed between this document and the full data report.

3. ***A note about the use of sex and gender in this report:*** Survey responses are reported by sex based on the responses to questions 47a, 47b, and 47c. For the purpose of the ACHA-NCHA report documents, respondents are reported as male or female only when their responses to these three questions are consistent with one another. If students' gender identity is consistent with their sex at birth AND the student selects "no" for transgender, then respondents are designated as either *male* or *female*. If respondents select "yes" for transgender OR their sex at birth is not consistent with their gender identity, then they are designated as *non-binary*. A respondent that skips any of the three questions is designated as *unknown*. Totals displayed in this report include *non-binary* and *unknown* students.

For additional information about the survey's development, design, and methodology, email Mary T Hoban, PhD, MCHES, (mhoban@acha.org), E. Victor Leino, PhD (vleino@acha.org), or visit www.acha-ncha.org.

This Executive Summary highlights results of the ACHA-NCHA II Spring 2019 survey for Texas State University consisting of 576 respondents.
The overall response proportion was 7.2%.

Findings

A. General Health of College Students

■44.9 % of college students surveyed (51.9 % male and 44.0 % female) described their health as ***very good or excellent***.

■78.2 % of college students surveyed (79.4 % male and 78.5 % female) described their health as ***good, very good or excellent***.

Proportion of college students who reported being diagnosed or treated by a professional for any of the following health problems within the last 12 months:

Allergies:	24.2 %	Hepatitis B or C:	0.2 %
Asthma:	8.0 %	High blood pressure:	4.2 %
Back pain:	11.6 %	High cholesterol:	3.4 %
Broken bone/Fracture/Sprain:	4.4 %	HIV infection:	0.2 %
Bronchitis:	3.9 %	Irritable Bowel Syndrome:	3.7 %
Chlamydia:	2.8 %	Migraine headache:	11.4 %
Diabetes:	0.9 %	Mononucleosis:	1.4 %
Ear infection:	5.7 %	Pelvic Inflammatory Disease:	0.7 %
Endometriosis:	0.7 %	Repetitive stress injury:	0.9 %
Genital herpes:	0.9 %	Sinus infection:	18.0 %
Genital warts/HPV:	1.6 %	Strep throat:	10.9 %
Gonorrhea:	1.4 %	Tuberculosis:	0.4 %
		Urinary tract infection:	11.8 %

■56.6 % of college students (41.2 % male, 63.0 % female) reported being diagnosed or treated by a professional with one or more of the above conditions within the last 12 months.

Proportion of college students who reported any of the following:

Attention Deficit and Hyperactivity Disorder (ADHD)	11.2 %
Chronic illness (e.g., cancer, diabetes, auto-immune disorders)	5.6 %
Deafness/Hearing loss	3.3 %
Learning disability	5.3 %
Mobility/Dexterity disability	2.1 %
Partial sightedness/Blindness	2.1 %
Psychiatric condition	10.2 %
Speech or language disorder	0.9 %
Other disability	3.4 %

B. Disease and Injury Prevention

College students reported receiving the following vaccinations (shots):

- 61.6 % reported receiving vaccination against hepatitis B.
- 52.2 % reported receiving vaccination against Human Papillomavirus/HPV (cervical cancer vaccine).
- 44.4 % reported receiving vaccination against influenza (flu) in the last 12 months (shot or nasal mist).
- 67.5 % reported receiving vaccination against measles, mumps, rubella.
- 70.9 % reported receiving vaccination against meningococcal meningitis.
- 60.2 % reported receiving vaccination against varicella (chicken pox).

Other disease prevention practices reported by college students:

- 62.6 % reported having a dental exam and cleaning in the last 12 months.
- 29.8 % of males reported performing a testicular self exam in the last 30 days.
- 35.0 % of females reported performing a breast self exam in the last 30 days.
- 42.6 % of females reported having a routine gynecological exam in the last 12 months.
- 47.8 % reported using sunscreen regularly with sun exposure.
- 32.3 % reported ever being tested for Human Immunodeficiency Virus (HIV) infection.

College students reported the following behaviors within the last 12 months:

Percent (%)	N/A, did not do this activity within the last 12 months		Never*	Rarely or sometimes*	Mostly or always*
Wear a seatbelt when you rode in a car	0.4		0.2	2.9	97.0
Wear a helmet when you rode a bicycle	64.8		43.7	20.3	36.0
Wear a helmet when you rode a motorcycle	86.2		7.8	2.6	89.6
Wear a helmet when you were inline skating	84.4		46.0	16.1	37.9

** Students responding "N/A, did not do this activity within the last 12 months" were excluded.*

C. Academic Impacts

Within the last 12 months, students reported the following factors affecting their individual academic performance, defined as: received a lower grade on an exam, or an important project; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research, or practicum work; (listed alphabetically):

Alcohol use:	3.5 %	Gambling:	0.5 %
Allergies:	7.1 %	Homesickness:	7.2 %
Anxiety:	32.0 %	Injury:	2.5 %
Assault (physical):	0.2 %	Internet use/computer games:	10.0 %
Assault (sexual):	2.5 %	Learning disability:	4.4 %
Attention Deficit/Hyperactivity Disorder:	7.9 %	Participation in extracurricular activities:	6.9 %
Cold/Flu/Sore throat:	18.0 %	Pregnancy (yours or partner's):	1.4 %
Concern for a troubled friend or family member:	13.9 %	Relationship difficulties:	10.4 %
Chronic health problem or serious illness:	4.0 %	Roommate difficulties:	7.1 %
Chronic pain:	3.7 %	Sexually transmitted disease/ infection (STD/I):	0.9 %
Death of a friend or family member:	6.7 %	Sinus infection/Ear infection/ Bronchitis/Strep throat:	7.9 %
Depression:	22.3 %	Sleep difficulties:	27.4 %
Discrimination:	2.5 %	Stress:	36.7 %
Drug use:	3.7 %	Work:	18.4 %
Eating disorder/problem:	2.5 %	Other:	2.1 %
Finances:	11.8 %		

D. Violence, Abusive Relationships and Personal Safety

Within the last 12 months, college students reported experiencing:

Percent (%)	Male	Female	Total
A physical fight	14.3	2.0	5.2
A physical assault (not sexual assault)	6.0	2.7	3.6
A verbal threat	21.8	18.0	19.5
Sexual touching without their consent	7.5	13.8	12.3
Sexual penetration attempt without their consent	0.8	5.7	4.7
Sexual penetration without their consent	0.8	4.0	3.4
Stalking	3.0	7.4	6.6
An emotionally abusive intimate relationship	7.6	16.3	13.8
A physically abusive intimate relationship	3.0	3.0	3.0
A sexually abusive intimate relationship	3.8	4.2	4.1

College students reported feeling ***very safe*** :

Percent (%)	Male	Female	Total
On their campus (daytime)	80.2	70.6	71.5
On their campus (nighttime)	25.2	9.7	13.3
In the community surrounding their school (daytime)	61.8	48.6	50.4
In the community surrounding their school (nighttime)	19.1	8.0	10.7

E. Tobacco, Alcohol and Marijuana Use

Reported use versus perceived use - reported use for all students within the past 30 days compared with how often students perceived the typical student on campus used substances within the same time period. The last line of each table combines all categories of any use in the last 30 days.

Cigarette	**Actual Use**			**Perceived Use**		
Percent (%)	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Never used	64.4	74.5	71.7	11.0	7.5	8.2
Used, but not in the last 30 days	24.4	17.6	18.8	16.2	8.2	10.3
Used 1-9 days	5.9	4.8	5.4	39.7	43.9	42.7
Used 10-29 days	3.7	1.2	1.9	17.6	19.3	19.0
Used all 30 days	1.5	1.9	2.1	15.4	21.2	19.9
Any use within the last 30 days	11.1	8.0	9.4	72.8	84.3	81.5

E-Cigarette	**Actual Use**			**Perceived Use**		
Percent (%)	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Never used	66.7	73.7	72.2	8.8	7.3	7.7
Used, but not in the last 30 days	14.8	10.4	11.5	6.6	3.4	4.2
Used 1-9 days	8.1	8.0	8.0	27.2	26.8	26.8
Used 10-29 days	3.7	2.7	2.8	24.3	22.4	22.8
Used all 30 days	6.7	5.3	5.4	33.1	40.1	38.4
Any use within the last 30 days	18.5	15.9	16.3	84.6	89.3	88.1

Tobacco from a water pipe (hookah)	**Actual Use**			**Perceived Use**		
Percent (%)	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Never used	71.9	79.0	77.0	16.2	12.9	14.0
Used, but not in the last 30 days	25.2	17.3	19.5	15.4	9.5	10.7
Used 1-9 days	3.0	3.4	3.3	52.9	53.2	53.4
Used 10-29 days	0.0	0.0	0.0	8.8	15.3	13.3
Used all 30 days	0.0	0.2	0.2	6.6	9.2	8.6
Any use within the last 30 days	3.0	3.6	3.5	68.4	77.7	75.3

Alcohol	**Actual Use**			**Perceived Use**		
Percent (%)	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Never used	11.8	13.7	13.7	3.7	3.1	3.3
Used, but not in the last 30 days	16.9	20.9	20.5	2.2	1.2	1.6
Used 1-9 days	45.6	53.4	50.4	28.7	29.8	29.7
Used 10-29 days	23.5	11.8	14.4	44.1	40.9	41.6
Used all 30 days	2.2	0.2	0.9	21.3	25.0	23.8
Any use within the last 30 days	71.3	65.4	65.7	94.1	95.7	95.1

Marijuana	**Actual Use**			**Perceived Use**		
Percent (%)	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Never used	47.4	51.7	50.9	8.1	5.6	6.3
Used, but not in the last 30 days	23.7	23.1	22.6	4.4	1.4	2.1
Used 1-9 days	13.3	12.5	13.1	31.6	29.7	30.5
Used 10-29 days	8.1	7.7	7.7	34.6	32.6	32.8
Used all 30 days	7.4	5.0	5.7	21.3	30.7	28.3
Any use within the last 30 days	28.9	25.2	26.5	87.5	93.0	91.6

Drinking and Driving

- 2.1 % of college students reported driving after having ***5 or more drinks*** in the last 30 days.*
- 30.9 % of college students reported driving after having ***any alcohol*** in the last 30 days.*

**Students responding "N/A, don't drive" and "N/A don't drink" were excluded from this analysis.*

Estimated Blood Alcohol Concentration (or eBAC) of college students reporting 1 or more drinks the last time they "partied" or socialized. **Students reporting 0 drinks were excluded from the analysis**. Due to the improbability of a student surviving a drinking episode resulting in an extremely high eBAC, all students with an eBAC of 0.50 or higher are also omitted from these eBAC figures. eBAC is an estimated figure based on the reported number of drinks consumed during the last time they "partied" or socialized, their approximate time of consumption, sex, weight, and the average rate of ethanol metabolism.

Estimated BAC ***Percent (%)***	**Male**	**Female**	**Total**
< .08	62.8	74.1	71.6
< .10	75.5	81.9	80.5
Mean	0.07	0.06	0.06
Median	0.05	0.04	0.04
Std Dev	0.08	0.06	0.07

Reported number of drinks consumed the last time students "partied" or socialized. Only students reporting one or more drinks were included.

Number of drinks* *Percent (%)*	**Male**	**Female**	**Total**
4 or fewer	44.2	72.0	66.1
5	10.5	9.2	9.5
6	10.5	6.2	7.0
7 or more	34.7	12.6	17.4
Mean	6.19	3.72	4.25
Median	5.00	3.00	3.00
Std Dev	4.55	2.47	3.21

** Students reporting 0 drinks were excluded.*

Reported number of times college students consumed five or more drinks in a sitting within the last two weeks:

Percent (%)	**Male**	**Female**	**Total**
N/A don't drink	19.9	20.5	20.9
None	44.9	54.7	52.1
1-2 times	19.1	19.0	18.8
3-5 times	9.6	5.8	6.7
6 or more times	6.6	0.0	1.6

Percent of college students who reported using prescription drugs that were not prescribed to them within the last 12 months:

Percent (%)	**Male**	**Female**	**Total**
Antidepressants	7.4	5.5	6.0
Erectile dysfunction drugs	0.7	1.0	0.9
Pain killers	6.7	5.8	6.5
Sedatives	3.0	4.1	4.2
Stimulants	17.0	10.8	12.3
Used 1 or more of the above	20.7	17.5	18.8

Findings continued

College students reported doing the following ***most of the time*** or ***always*** when they "partied" or socialized during the last 12 months:*

Percent (%)	Male	Female	Total
Alternate non-alcoholic with alcoholic beverages	31.2	40.7	38.3
Avoid drinking games	32.7	42.0	40.0
Choose not to drink alcohol	20.2	27.0	25.3
Determine in advance not to exceed a set number of drinks	38.4	49.3	46.1
Eat before and/or during drinking	74.8	83.3	81.0
Have a friend let you know when you have had enough	25.9	51.4	45.0
Keep track of how many drinks being consumed	65.5	70.2	68.7
Pace drinks to one or fewer an hour	22.7	42.6	37.4
Stay with the same group of friends the entire time drinking	81.8	93.4	90.1
Stick with only one kind of alcohol when drinking	40.9	59.6	55.0
Use a designated driver	74.3	89.8	85.9
Reported one or more of the above	96.5	98.0	97.3

**Students responding "N/A, don't drink" were excluded from this analysis.*

College students who drank alcohol reported experiencing the following in the last 12 months when drinking alcohol:*

Percent (%)	Male	Female	Total
Did something you later regretted	32.4	32.3	32.2
Forgot where you were or what you did	28.8	26.6	27.1
Got in trouble with the police	3.6	2.1	2.6
Someone had sex with me without my consent	3.6	3.3	3.5
Had sex with someone without their consent	1.8	0.6	0.9
Had unprotected sex	28.6	28.4	28.3
Physically injured yourself	12.4	15.5	15.2
Physically injured another person	1.8	0.0	0.4
Seriously considered suicide	5.3	5.4	5.7
Reported one or more of the above	54.9	53.1	53.5

**Students responding "N/A, don't drink" were excluded from this analysis.*

F. Sexual Behavior

College students reported having the following number of sexual partners (oral sex, vaginal or anal intercourse) within the last 12 months:

Percent (%)	Male	Female	Total
None	35.1	22.7	26.0
1	35.9	47.4	44.0
2	8.4	12.5	11.5
3	5.3	6.2	6.2
4 or more	15.3	11.2	12.4

Number of partners among students reporting to have at least one sexual partner within the last 12 months:*

	Male	Female	Total
Mean	2.98	2.16	2.46
Median	1.00	1.00	1.00
Std Dev	3.77	2.96	3.94

**Students reporting 0 sexual partners within the last 12 months were excluded.*

College students reported having oral, vaginal or anal sex in the last 30 days:

Oral sex within the past 30 days

Percent (%)	Male	Female	Total
No, have never done this sexual activity	26.3	20.5	22.6
No, have done this sexual activity but not in the last 30 days	27.8	27.3	27.0
Yes	45.9	52.2	50.4

Vaginal sex within the past 30 days

Percent (%)	Male	Female	Total
No, have never done this sexual activity	35.8	23.3	26.9
No, have done this sexual activity but not in the last 30 days	20.1	16.6	17.4
Yes	44.0	60.1	55.7

Anal sex within the past 30 days

Percent (%)	Male	Female	Total
No, have never done this sexual activity	67.2	70.9	70.0
No, have done this sexual activity but not in the last 30 days	20.1	22.5	21.9
Yes	12.7	6.5	8.1

Using a condom or other protective barrier within the last 30 days (***mostly or always***):

Percent (%)	Male	Female	Total
*Sexually active students reported**			
Oral sex	4.3	3.7	3.7
Vaginal intercourse	38.8	35.7	37.0
Anal intercourse	24.1	29.9	29.6

**Students responding "Never did this sexual activity" or "Have not done this during the last thirty days" were excluded from the analysis.*

Contraceptive use reported by students or their partner the last time they had vaginal intercourse:

Percent (%)	Male	Female	Total
Yes, used a method of contraception	**43.7**	**54.2**	**51.3**
Not applicable/Didn't use a method/Don't know	56.3	45.8	48.7

If YES to contraceptive use the last time student had vaginal intercourse, reported means of birth control used among college students or their partner to prevent pregnancy:

Percent (%)	Male	Female	Total
Birth control pills (monthly or extended cycle)	54.2	52.2	52.2
Birth control shots	8.5	4.9	5.8
Birth control implants	22.0	11.6	13.4
Birth control patch	5.2	0.4	1.4
Vaginal ring	3.5	5.0	4.5
Intrauterine device	18.6	11.6	13.0
Male condom	64.4	53.3	56.2
Female condom	0.0	0.4	0.3
Diaphragm or cervical cap	0.0	0.4	0.3
Contraceptive sponge	0.0	0.5	0.3
Spermicide (foam, jelly, cream)	3.4	3.1	3.1
Fertility awareness (calendar, mucous, basal body temperature)	3.4	8.0	6.9
Withdrawal	30.5	34.7	33.2
Sterilization (hysterectomy, tubes tied, vasectomy)	1.7	2.7	2.7
Other method	1.7	3.6	3.1
Male condom use plus another method	55.9	43.1	45.9
Any two or more methods (excluding male condoms)	35.6	35.6	35.3

■ 21.5 % of sexually active college students reported using (or reported their partner used) emergency contraception ("morning after pill") within the last 12 months.
(male: 28.0 %; female: 19.9 %).*

**Students responding "Not sexually active" were excluded from the analysis.*

■ 1.7 % of college students who had vaginal intercourse within the last 12 months reported experiencing an unintentional pregnancy or got someone pregnant within the last 12 months.
(male: 1.2 %; female: 1.9 %).**

***Students responding "Have not had vaginal intercourse within the last 12 months" were excluded from the analysis.*

G. Nutrition and Exercise

College students reported usually eating the following number of servings of fruits and vegetables per day:

Percent (%)	Male	Female	Total
0 servings per day	22.1	13.2	15.2
1-2 per day	62.5	66.3	65.6
3-4 per day	12.5	15.1	14.5
5 or more per day	2.9	5.3	4.7

College students reported the following behaviors within the past 7 days:

Do moderate-intensity cardio or aerobic exercise for at least 30 minutes:

Percent (%)	Male	Female	Total
0 days	14.7	22.1	20.1
1-4 days	61.8	59.4	60.1
5-7 days	23.5	18.5	19.8

Do vigorous-intensity cardio or aerobic exercise for at least 20 minutes:

Percent (%)	Male	Female	Total
0 days	37.0	49.8	46.9
1-2 days	37.0	30.5	31.5
3-7 days	25.9	19.7	21.5

Physical Activity and Public Health: Updated Recommendations for Adults. From the American College of Sports Medicine and the American Heart Association (2007): Moderate-intensity cardio or aerobic exercise for at least 30 minutes on 5 or more days per week, or vigorous-intensity cardio or aerobic exercise for at least 20 minutes on 3 or more days per week.

Students meeting the Recommendations for moderate-intensity exercise, vigorous-intensity exercise, or a combination of the two (2 moderate-intensity exercise periods = 1 vigorous-intensity exercise period).

Percent (%)	Male	Female	Total
Guidelines met	46.3	38.5	40.4

Estimated average Body Mass Index (BMI): This figure incorporates reported height, and weight to form a general indicator of physical health. Categories defined by The World Health Organization (WHO) 2000, reprinted 2004. Obesity: Preventing and Managing the Global Epidemic. WHO Tech Report Series: 894.

BMI *Percent (%)*	**Male**	**Female**	**Total**
<18.5 Underweight	3.8	4.4	4.1
18.5-24.9 Healthy Weight	50.4	54.4	53.3
25-29.9 Overweight	31.6	22.0	24.1
30-34.9 Class I Obesity	9.0	10.5	10.5
35-39.9 Class II Obesity	1.5	4.4	3.6
≥40 Class III Obesity	3.8	4.4	4.5
Mean	26.78	25.58	25.95
Median	24.41	23.65	24.07
Std Dev	16.92	6.40	10.05

H. Mental Health

Students reported experiencing the following within the last 12 months:

Felt things were hopeless

Percent (%)	**Male**	**Female**	**Total**
No, never	27.4	21.6	22.4
No, not last 12 months	14.8	17.8	17.5
Yes, last 2 weeks	23.7	21.6	22.1
Yes, last 30 days	10.4	10.3	11.2
Yes, in last 12 months	23.7	28.6	26.8
Any time within the last 12 months	57.8	60.6	60.1

Felt overwhelmed by all you had to do

Percent (%)	**Male**	**Female**	**Total**
No, never	11.9	4.1	6.0
No, not last 12 months	9.7	4.1	5.6
Yes, last 2 weeks	39.6	52.5	49.4
Yes, last 30 days	18.7	21.0	20.7
Yes, in last 12 months	20.1	18.3	18.3
Any time within the last 12 months	78.4	91.8	88.4

Felt exhausted (not from physical activity)

Percent (%)	**Male**	**Female**	**Total**
No, never	19.3	6.3	9.5
No, not last 12 months	5.9	5.0	5.3
Yes, last 2 weeks	45.9	55.5	53.4
Yes, last 30 days	14.1	16.3	15.9
Yes, in last 12 months	14.8	16.8	15.9
Any time within the last 12 months	74.8	88.7	85.3

Felt very lonely

Percent (%)	**Male**	**Female**	**Total**
No, never	21.5	14.2	15.6
No, not last 12 months	13.3	16.1	15.4
Yes, last 2 weeks	33.3	28.8	30.3
Yes, last 30 days	8.9	12.3	11.6
Yes, in last 12 months	23.0	28.6	27.1
Any time within the last 12 months	65.2	69.7	69.0

Felt very sad

Percent (%)	Male	Female	Total
No, never	20.7	9.9	12.3
No, not last 12 months	15.6	14.2	14.5
Yes, last 2 weeks	28.1	31.0	30.8
Yes, last 30 days	16.3	14.7	15.4
Yes, in last 12 months	19.3	30.3	27.0
Any time within the last 12 months	63.7	76.0	73.2

Felt so depressed that it was difficult to function

Percent (%)	Male	Female	Total
No, never	37.8	28.4	29.9
No, not last 12 months	20.7	22.1	22.1
Yes, last 2 weeks	15.6	17.5	17.7
Yes, last 30 days	6.7	9.9	8.9
Yes, in last 12 months	19.3	22.1	21.4
Any time within the last 12 months	41.5	49.5	48.0

Felt overwhelming anxiety

Percent (%)	Male	Female	Total
No, never	30.4	13.0	17.0
No, not last 12 months	12.6	8.2	9.5
Yes, last 2 weeks	22.2	35.3	32.4
Yes, last 30 days	12.6	16.1	15.2
Yes, in last 12 months	22.2	27.4	25.9
Any time within the last 12 months	57.0	78.8	73.6

Felt overwhelming anger

Percent (%)	Male	Female	Total
No, never	35.6	29.3	30.5
No, not last 12 months	20.7	24.3	23.6
Yes, last 2 weeks	10.4	16.6	15.4
Yes, last 30 days	11.1	9.9	10.0
Yes, in last 12 months	22.2	20.0	20.5
Any time within the last 12 months	43.7	46.4	45.9

Seriously considered suicide

Percent (%)	Male	Female	Total
No, never	66.4	64.7	64.0
No, not last 12 months	20.9	18.8	19.5
Yes, last 2 weeks	2.2	2.9	2.6
Yes, last 30 days	2.2	2.9	3.2
Yes, in last 12 months	8.2	10.8	10.7
Any time within the last 12 months	12.7	16.6	16.5

Attempted suicide

Percent (%)	Male	Female	Total
No, never	89.6	81.2	82.8
No, not last 12 months	10.4	16.9	15.6
Yes, last 2 weeks	0.0	0.7	0.5
Yes, last 30 days	0.0	0.2	0.2
Yes, in last 12 months	0.0	1.0	0.9
Any time within the last 12 months	0.0	1.9	1.6

Intentionally cut, burned, bruised, or otherwise injured yourself

Percent (%)	Male	Female	Total
No, never	77.6	68.0	69.8
No, not last 12 months	14.9	23.3	21.6
Yes, last 2 weeks	3.0	2.4	2.5
Yes, last 30 days	0.7	1.4	1.4
Yes, in last 12 months	3.7	4.8	4.7
Any time within the last 12 months	7.5	8.7	8.6

Within the last 12 months, diagnosed or treated by a professional for the following:

Percent (%)	Male	Female	Total
Anorexia	0.0	1.4	1.2
Anxiety	16.5	31.4	28.4
Attention Deficit and Hyperactivity Disorder	6.0	9.4	8.4
Bipolar Disorder	2.3	3.1	3.0
Bulimia	0.0	1.0	0.9
Depression	14.4	24.6	22.5
Insomnia	3.8	8.9	7.8
Other sleep disorder	2.3	1.9	1.9
Obsessive Compulsive Disorder	1.5	2.6	2.5
Panic attacks	7.6	16.1	14.1
Phobia	0.7	1.4	1.2
Schizophrenia	0.8	0.0	0.2
Substance abuse or addiction	2.2	1.7	1.8
Other addiction	0.7	1.9	1.6
Other mental health condition	3.7	5.8	5.4
Students reporting none of the above	72.4	59.4	62.3
Students reporting only one of the above	11.9	11.8	11.4
Students reporting both Depression and Anxiety	11.2	22.1	19.8
Students reporting any two or more of the above excluding the combination of Depression and Anxiety	6.7	13.0	11.8

Within the last 12 months, any of the following been traumatic or very difficult to handle:

Percent (%)	Male	Female	Total
Academics	40.2	57.8	53.3
Career-related issue	32.1	38.8	36.9
Death of family member or friend	16.5	18.5	18.3
Family problems	20.9	36.0	32.4
Intimate relationships	31.3	40.6	37.5
Other social relationships	28.4	35.1	33.3
Finances	40.3	48.9	47.3
Health problem of family member or partner	18.8	21.6	21.0
Personal appearance	25.4	40.0	36.4
Personal health issue	22.4	33.1	30.6
Sleep difficulties	35.8	44.0	42.5
Other	13.6	9.5	10.5
Students reporting none of the above	29.1	15.9	18.9
Students reporting only one of the above	14.9	7.9	9.6
Students reporting 2 of the above	6.0	9.1	8.6
Students reporting 3 or more of the above	50.0	67.1	62.8

Within the last 12 months, how would you rate the overall level of stress experienced:

Percent (%)	Male	Female	Total
No stress	3.7	0.5	1.6
Less than average stress	11.2	3.4	5.1
Average stress	35.1	35.6	35.6
More than average stress	38.8	45.0	42.9
Tremendous stress	11.2	15.6	14.9

I. Sleep

Past 7 days, getting enough sleep to feel rested in the morning:

Percent (%)	Male	Female	Total
0 days	10.4	14.9	14.6
1-2 days	31.3	34.6	34.0
3-5 days	44.0	45.0	43.7
6+ days	14.2	5.5	7.7

Past 7 days, how often felt tired, dragged out, or sleepy during the day:

Percent (%)	Male	Female	Total
0 days	16.4	5.3	7.9
1-2 days	26.1	20.0	21.8
3-5 days	39.6	51.7	47.9
6+ days	17.9	23.1	22.5

Past 7 days, how much of a problem with sleepiness during daytime activities:

Percent (%)	Male	Female	Total
No problem	17.2	6.0	8.8
A little problem	47.8	46.3	46.0
More than a little problem	18.7	26.0	24.6
A big problem	10.4	13.7	12.8
A very big problem	6.0	8.0	7.7

Demographics and Student Characteristics

Age:

18 - 20 years:	41.7 %
21 - 24 years:	36.6 %
25 - 29 years:	11.6 %
30+ years:	10.2 %

Gender*

Female:	73.1 %
Male:	23.9 %
Non-binary	3.0 %

Student status:

1st year undergraduate:	17.9 %
2nd year undergraduate:	16.5 %
3rd year undergraduate:	22.3 %
4th year undergraduate:	17.2 %
5th year or more undergraduate:	6.0 %
Graduate or professional:	19.2 %
Not seeking a degree:	0.2 %
Other:	0.7 %
Full-time student:	86.4 %
Part-time student:	12.2 %
Other student:	1.4 %

Relationship status:

Not in a relationship:	48.3 %
In a relationship but not living together:	31.1 %
In a relationship and living together:	20.6 %

Marital status:

Single:	86.9 %
Married/Partnered:	10.5 %
Separated/Divorced/Other:	2.6 %

Primary Source of Health Insurance:

College/university sponsored plan:	3.1 %
Parents' plan:	60.8 %
Another plan:	17.0 %
Don't have health insurance:	16.1 %
Not sure if have plan:	3.0 %

Students describe themselves as:

White:	56.6 %
Black or African American:	8.7 %
Hispanic or Latino/a:	32.6 %
Asian or Pacific Islander:	6.4 %
American Indian, Alaskan Native or Native Hawaiian:	2.6 %
Biracial or Multiracial:	4.0 %
Other:	1.7 %

International Student:

International:	3.5 %

Students describe themselves as:

Asexual:	1.6 %
Bisexual:	11.7 %
Gay:	2.3 %
Lesbian:	2.1 %
Pansexual:	2.1 %
Queer:	1.6 %
Questioning:	2.1 %
Straight/Heterosexual	76.0 %
Another identity:	0.5 %

Housing:

Campus residence hall:	21.4 %
Fraternity or sorority house:	0.4 %
Other university housing:	2.8 %
Parent/guardian home:	9.1 %
Other off-campus housing:	58.7 %
Other:	7.7 %

Participated in organized college athletics:

Varsity:	2.5 %
Club sports:	4.4 %
Intramurals:	10.5 %

Member of a social fraternity or sorority:

Greek member:	5.6 %

* See note on page 2 regarding gender categories

Appendix E: NCHA 2023

TEXAS STATE UNIVERSITY
Executive Summary
Spring 2023

American College Health Association
National College Health Assessment III

ACHA-NCHA III

The ACHA-NCHA III supports the health of the campus community by fulfilling the academic mission, supporting short- and long-term healthy behaviors, and gaining a current profile of health trends within the campus community.

Table of Contents

ACHA, the nation's principal advocate and leadership organization for college and university health, represents a diverse membership that provides and supports the delivery of health care and prevention and wellness services for the nation's 20 million college students. For more information about the association's programs and services, visit www.acha.org, and www.acha.org/NCHA.

Suggested citation for this document:

American College Health Association. American College Health Association-National College Health Assessment III: Texas State University Executive Summary Spring 2023. Silver Spring, MD: American College Health Association; 2023.

Introduction and Notes

The ACHA-National College Health Assessment (ACHA-NCHA) is a national research survey organized by the American College Health Association (ACHA) to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' habits and behaviors on the most prevalent health topics. The ACHA-NCHA now provides the largest known comprehensive data set on the health of college students, providing the college health and higher education fields with a vast spectrum of information on student health.

ACHA initiated the original ACHA-NCHA in 2000 and the instrument was used nationwide through the Spring 2008 data collection period. A revised survey, the ACHA-NCHA-II, was in use from Fall 2008 - Spring 2019 data collection periods. The survey was redesigned again, and data collection with the ACHA-NCHA III began in Fall 2019.

Please note that it is not appropriate to compare trends between versions of the survey. Directly comparing data points between the Original ACHA-NCHA, the ACHA-NCHA II, and the ACHA-NCHA III can lead to an erroneous conclusion and is not recommended.

Notes about this report:

1. Missing values have been excluded from analysis and only valid percents are included in this document, unless otherwise noted.

2. **The ACHA-NCHA III is programmed differently than earlier versions of the survey.** Rather than asking the respondents to answer every question (and offering a "not applicable" option), display logic was used throughout the survey to determine whether, based on their response to an earlier question, the student saw a follow-up question. This makes the valid percents of certain questions impossible to apply to the entire sample, as the denominator used was limited to only the number of students that saw the question. When appropriate, results are also presented using the entire sample as the denominator to show the proportion of the overall sample that experienced a particular issue. These differences in presentation are carefully noted throughout the document and will often explain differences observed between this document and the full data report. Please look carefully at descriptions of the data presented in each table, as well as any footnotes included.

3. **About the use of sex and gender in this report:** Survey results are reported by sex based on the responses to questions 67A, 67B, and 67C. The responses to these questions are used to create a new variable called RSEX. RSEX is used for organizing results in the ACHA-NCHA report documents. Respondents are reported as cis men or cis women only when their responses to 67A, 67B, and 67C are consistent with one another. If gender identity is consistent with sex at birth AND "no" is selected for transgender, then respondents are designated as either cis men or cis women in RSEX. If respondents select "yes" for transgender OR their sex at birth is not consistent with their gender identity, then they are designated as transgender/gender non-conforming in RSEX. A respondent that selects "intersex" for sex at birth, "no" for transgender, and man or woman for gender identity are designated as cis men or cis women in RSEX. A respondent that selects "intersex" for sex at birth, "yes" for transgender, or selects a gender identity other than man or woman are designated as transgender/gender non-conforming in RSEX. A respondent that selects “another identity” on 67C is designated missing in RSEX. A respondent that skips any of the three questions is designated as missing in RSEX. Totals displayed in this report include missing responses. Please see the ACHA-NCHA III survey codebook for more information about how data on sex and gender are coded.

For additional information about the survey’s development, design, and methodology, email Mary T Hoban, PhD, MCHES, (mhoban@acha.org), Christine Kukich, MS (ckukich@acha.org), or visit www.acha-ncha.org.

We need to draw your attention to an important change in your ACHA-NCHA Report documents. Beginning in Spring 2021, responses for transgender and gender-nonconforming students are readily available directly in the report documents. This represents an important change in the way we have been reporting ACHA-NCHA results. We've prepared the following information to better explain the specific changes, our reasoning for doing so, and tips for using these redesigned report documents.

I. What we've done to date

- The ACHA-NCHA has asked respondents about their gender identity for 12 years.
- Data on transgender and gender-nonconforming (TGNC) students was available in the data file, but not displayed explicitly in the report documents documents in an effort to protect the privacy of TGNC students, particularly those students in smaller campus environments and at schools that publicly shared their ACHA-NCHA report documents.
- We have been trying to find the right balance between protecting students' privacy and making the results accessible to campus surveyors who may not use the statistical software that would be required to extract this information directly from the data files. Until now, we've erred on the side of protecting student privacy.

II. Why change?

- The number of TGNC students in our samples has been increasing over the years. Between 2008 and 2015, the number of students identifying as TGNC was very small (less than 0.05%). We've learned over the years that gender identity is complex and fluid. To better capture this complexity, we began asking separate questions about sex at birth and gender identity in Fall 2015. Now TGNC students tend to represent 3-4% of the overall sample.
- With greater number of students identifying as TGNC on the ACHA-NCHA in recent years, we have a better opportunity to understand their needs and behaviors than we have in years past.
- A number of health disparities between TGNC students and their cisgender peers have been well documented[1], and schools need readily available access to this data in order to better address the needs of TGNC students.

III. What's different about the way we are reporting?

- First – a note about how we have been reporting ACHA-NCHA results to date. RSEX is a variable we create based on the responses to the questions on sex at birth, whether or not a student identifies as transgender, and their gender identity. The RSEX variable had allowed us to sort respondents into 4 groups for reporting purposes: male, female, non-binary, and missing. (Details about this variable can be found in all report documents.)

- The value labels for RSEX have been revised to better represent gender identity rather than sex. A value of "1" has been changed from "Male" to "Cis Men[2]." A "2" has been changed from "Female" to "Cis Women[3]." The value "3" has been changed from "non-binary" to "Transgender and Gender-Nonconforming" (TGNC), as it's a more accurate and inclusive term. The value "4" on RSEX remains "missing/unknown" and is used for students who do not answer all three questions.
- The "missing/unknown" column in the Data Report document has been replaced with a "Trans/Gender-Nonconforming" column. Because space limitations in the report prevent us from displaying all 4 categories plus a total column in the same document, it's now the "missing/unknown" column that is not displayed. Now when the Total of any given row is higher than the sum of the cis men, cis women, and TGNC respondents, the difference can be attributed to "missing/unknown" respondents that selected the response option presented in that row
- A column for "Trans/Gender-Nonconforming" has been added the Executive Summary Report document.

IV. Important considerations with this new format

- Percentages in the Executive Summary may represent a very small number of TGNC students and can limit the generalizability of a particular finding. To assist with the interpretation of the percentages displayed in the Executive Summary, the total sample size for each group has been added to every page.
- We encourage ACHA-NCHA surveyors to carefully review their report documents, particularly among the student demographic variables, and consider students who may be inadvertently identified in the results based on a unique combination of the demographic characteristics before sharing the documents widely or publicly. This is especially true for very small schools, as well as schools that lack diversity in the student population.
- Think about the implication of working with and documenting very small samples – from the perspective of making meaningful interpretations, as well as the privacy of respondents. This is true of all demographic variables, and not limited to gender identity. You may consider a minimum cell size or another threshold by which you make decisions about making your Institutional Data Report publicly available. It is less of a concern in your Institutional Executive Summary as we only display the percentages with the overall sample size.

[1] Greathouse M, BrckaLorenz A, Hoban M, Huseman R, Rankin S, Stolzenberg EB. (2018). Queer-spectrum and trans-spectrum student experiences in American higher education: The analysis of national survey findings. New Brunswick, NJ: Tyler Clementi Center, Rutgers University.
[2] Cisgender refers to people whose gender identity matches their sex assigned at birth. Cis men is short for "cisgender men" and is a term used to describe persons who identify as men and were assigned male at birth.
[3] Cis women is short for "cisgender women" and is a term used to describe persons who identify as women and were assigned female at birth.

This Executive Summary highlights results of the ACHA-NCHA III Spring 2023 survey for Texas State University consisting of 1651 respondents. The response rate was 4.9%.

Findings

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

A. General Health and Campus Climate

- 46.2 % of college students surveyed (59.6 % cis men, 43.4 % cis women, and 23.7 % transgender/gender non-conforming) described their health as ***very good or excellent.***
- 85.3 % of college students surveyed (90.9 % cis men, 84.5 % cis women, and 71.0 % transgender/gender non-conforming) described their health as ***good, very good or excellent***.

Proportion of college students who reported they *agree* or *strongly agree* that: *Percent (%)*	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**
I feel that I belong at my college/university	68.6	69.3	50.0	68.0
I feel that students' health and well-being is a priority at my college/university	50.5	52.2	30.0	50.3
At my college/university, I feel that the campus climate encourages free and open discussion of students' health and well-being.	58.0	60.4	55.0	59.5
At my college/university, we are a campus where we look out for each other	42.4	49.1	33.3	46.5

B. Nutrition, BMI, Physical Activity, and Food Security

College students reported: *Percent (%)*	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**
Drinking 0 sugar-sweetened beverages (per day), on average, in the last 7 days	34.5	22.2	18.2	25.1
Drinking 1 or more sugar-sweetened beverages (per day), on average, in the last 7 days	65.5	77.8	81.8	74.9
Drinking energy drinks or shots on 0 of the past 30 days	61.6	70.3	65.7	68.1
Drinking energy drinks or shots on 1-4 of the past 30 days	19.7	16.0	18.2	16.9
Drinking energy drinks or shots on 5 or more of the past 30 days	18.7	13.6	16.2	15.0
Eating 3 or more servings of fruits (per day), on average, in the last 7 days	16.9	13.5	19.2	14.8
Eating 3 or more servings of vegetables (per day), on average, in the last 7 days	29.2	23.5	21.2	24.7

Estimated Body Mass Index (BMI): This figure incorporates reported height and weight to form a general indicator of physical health. Categories defined by The World Health Organization (WHO) 2000, reprinted 2004. Obesity: Preventing and Managing the Global Epidemic. WHO Tech Report Series: 894.

BMI *Percent (%)*	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**
<18.5 Underweight	3.1	4.5	6.1	4.4
18.5-24.9 Healthy Weight	42.1	50.3	50.5	48.3
25-29.9 Overweight	34.0	23.6	16.2	25.6
30-34.9 Class I Obesity	14.4	12.1	11.1	12.7
35-39.9 Class II Obesity	4.5	6.4	7.1	5.9
≥40 Class III Obesity	1.8	3.1	9.1	3.1

Mean	26.14	25.88	26.60	25.97
Median	25.58	24.21	24.03	24.55
Std Dev	5.45	6.29	7.43	6.18

Students meeting the recommended guidelines for physical activity

Based on: US Dept of Health and Human Services. *Physical Activities Guidelines for Americans* , 2nd edition. Washington, DC: US Dept of Health and Human Services; 2018

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

Definitions:

- Recommendation for **aerobic activity**: 150 minutes or more of moderate-intensity physical activity per week or 75 minutes of vigorous-intensity physical activity or the equivalent combination
- Recommendation for **strength training**: 2 or more days a week of moderate or greater intensity activities that involve all major muscle groups
- ***Active Adults*** meet the recommendation for strength training **AND** aerobic activity
- ***Highly Active Adults*** meet the recommendation for strength training and **TWICE** the recommendation for aerobic activity (300 minutes or more of moderate-intensity physical activity per week or 150 minutes of vigorous-intensity physical activity or the equivalent combination)

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Guidelines met for **aerobic exercise only**	75.5	63.9	57.7	66.4
Guidelines met for **Active Adults**	52.5	34.3	15.5	37.5
Guidelines met for **Highly Active Adults**	43.2	25.0	8.2	28.2

Food Security

Based on responses to the *US Household Food Security Survey Module: Six-Item Short Form (2012)* from the USDA Economic Research Service.

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
High or marginal food security (score 0-1)	50.1	41.7	32.0	43.2
Low food security (score 2-4)	27.7	27.8	28.0	27.8
Very low food security (score 5-6)	22.2	30.6	40.0	29.0
Any food insecurity (low or very low food security)	49.9	58.3	68.0	56.8

C. Health Care Utilization

College students reported: *Percent (%)*	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Receiving psychological or mental health services within the last 12 months	21.2	36.1	60.0	34.1
*The services were provided by:				
My current campus health and/or counseling center	27.2	27.2	27.6	27.3
A mental health provider in the local community near my campus	12.5	19.1	18.6	18.1
A mental health provider in my home town	56.8	49.1	47.4	49.9
A mental health provider not described above	19.4	23.9	38.8	25.1

**Only students who reported receiving care in the last 12 months were asked these questions*

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Visiting a medical provider within the last 12 months	52.9	71.0	74.0	66.8
*The services were provided by:				
My current campus health center	25.6	29.7	36.1	29.3
A medical service provider in the local community near my campus	30.1	24.6	31.9	26.3
A medical service provider in my home town	67.8	72.3	67.1	71.1
A medical service provider not described above	7.1	5.9	5.1	6.3

**Only students who reported receiving care in the last 12 months were asked these questions*

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

College students reported: *Percent (%)*	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Flu vaccine within the last 12 month	37.9	42.0	46.0	41.4
Not starting the HPV vaccine series	29.9	21.8	19.0	23.8
Starting, but not completing HPV vaccine series	2.6	4.5	3.0	4.0
Completing HPV vaccine series	28.6	46.8	44.0	42.1
Not knowing their HPV vaccine status	38.9	26.9	34.0	30.1
Ever having a GYN visit or exam (females only)		51.7	29.0	
Having a dental exam in the last 12 months	54.5	62.1	59.0	60.2
Being tested for HIV within the last 12 months	12.1	11.8	10.0	11.8
Being tested for HIV more than 12 months ago	11.3	11.4	15.0	11.5
Wearing sunscreen usually or always when outdoors	17.6	38.8	31.0	33.3
Spending time outdoors with the intention of tanning at least once in the last 12 months	33.2	49.9	22.9	44.1

D. Impediments to Academic Performance

Respondents are asked in numerous places throughout the survey about issues that might have negatively impacted their academic performance within the last 12 months. This is defined as negatively impacting their performance in a class or delaying progress towards their degree. Both types of negative impacts are represented in the figures below. Please refer to the corresponding Data Report for specific figures on each type of impact. Figures in the **left** columns use all students in the sample as the denominator. Figures in the **right** columns use only the students that experienced that issue (e.g. students who used cannabis, reported a problem or challenge with finances, or experienced a particular health issue) in the denominator.
(items are listed in the order in which they appear in the survey)

	Negatively impacted academic performance among all students in the sample				Negatively impacted academic performance among only students that experienced the issue			
Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Alcohol use	2.0	1.2	4.0	1.6	2.7	1.6	5.6	2.1
Cannabis/marijuana use	3.3	1.8	8.0	2.5	9.6	4.6	15.4	6.7
Problems or challenges in the last 12 months								
Career	13.6	14.2	23.0	14.5	37.6	38.2	50.0	38.9
Finances	17.4	21.4	34.0	21.1	35.6	35.6	47.2	36.6
Procrastination	41.7	47.1	64.0	46.6	61.0	60.6	77.1	61.7
Faculty	6.6	4.6	9.0	5.3	61.9	54.7	45.0	54.7
Family	7.9	12.4	20.0	11.8	27.9	28.1	37.0	28.7
Intimate Relationships	12.8	13.4	12.0	13.1	32.9	32.0	26.7	31.9
Roommate/housemate	4.1	6.9	11.0	6.4	21.3	21.4	31.4	22.2
Peers	2.6	4.0	4.0	3.6	16.9	18.5	13.3	17.6
Personal appearance	6.1	9.3	11.0	8.5	14.4	15.1	14.9	14.8
Health of someone close to me	8.7	9.9	16.0	9.9	23.1	23.9	33.3	24.3
Death of a family member, friend, or someone close to me	7.9	10.0	11.0	9.4	36.9	39.9	52.4	39.8
Bullying	1.5	1.3	0.0	1.3	42.9	24.2	0.0	24.4
Cyberbullying	1.3	0.7	1.0	0.8	41.7	27.6	33.3	31.8
Hazing	0.8	0.3	1.0	0.4	75.0	30.0	100.0	46.7
Microaggression	1.0	2.4	8.0	2.4	8.0	14.8	24.2	14.6
Sexual Harassment	0.8	1.7	5.0	1.6	30.0	13.3	27.8	15.8
Discrimination	3.3	2.3	2.0	2.5	31.0	21.5	12.5	23.2

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

Percent (%)	Negatively impacted academic performance among all students in the sample				Negatively impacted academic performance among only students that experienced the issue			
	Cis Men	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**
Acute Diagnoses in the last 12 months								
Bronchitis	1.5	1.6	5.0	1.8	50.0	48.6	83.3	52.7
Chlamydia	0.3	0.3	1.0	0.3	20.0	16.7	33.3	19.2
Chicken Pox (Varicella)	0.5	0.0	0.0	0.1	50.0	0.0	0.0	16.7
Cold/Virus or other respiratory illness	7.4	15.5	24.0	14.2	32.6	42.7	49.0	42.1
Concussion	1.0	1.4	1.0	1.3	66.7	76.2	25.0	67.7
Gonorrhea	0.3	0.1	1.0	0.2	25.0	33.3	50.0	33.3
Flu (influenza or flu-like illness)	4.9	8.6	10.0	7.7	42.2	65.3	66.7	60.5
Mumps	0.0	0.0	1.0	0.1	0.0	0.0	50.0	33.3
Mononucleosis (mono)	0.3	0.4	0.0	0.3	33.3	57.1	0.0	41.7
Orthopedic injury	1.8	2.0	3.0	2.0	18.4	27.7	37.5	25.4
Pelvic Inflammatory Disease	0.3	0.1	0.0	0.1	50.0	25.0	0.0	25.0
Pneumonia	1.0	0.4	1.0	0.6	66.7	50.0	33.3	52.6
Shingles	0.5	0.1	0.0	0.2	40.0	33.3	0.0	33.3
Stomach or GI virus or bug, food poisoning or gastritis	3.1	4.1	7.0	4.0	48.0	44.8	43.8	44.9
Urinary tract infection	0.5	2.4	4.0	2.0	50.0	18.2	33.3	20.1

Percent (%)	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**
Any ongoing or chronic medical conditions diagnosed or treated in the last 12 months	17.4	31.0	61.0	29.4	26.4	39.4	66.3	38.7
Other impediments to academic performance								
Assault (physical)	0.0	0.8	2.0	0.7	0.0	26.5	28.6	18.6
Assault (sexual)	0.5	2.1	7.0	2.0	22.2	25.5	63.6	28.9
Allergies	5.9	4.5	4.0	4.7	14.7	9.7	7.5	10.5
Anxiety	21.5	36.9	60.0	34.4	37.8	48.6	65.2	47.8
ADHD or ADD	10.0	13.1	40.0	13.9	48.1	59.6	80.0	59.7
Concussion or TBI	0.8	1.7	2.0	1.5	30.0	51.4	66.7	48.0
Depression	15.1	27.9	53.0	26.1	44.0	57.4	76.8	56.6
Eating disorder/problem	2.0	5.2	5.0	4.5	24.2	25.1	17.9	24.7
Headaches/migraines	5.1	15.3	14.0	12.7	19.8	36.9	37.8	34.1
Influenza or influenza-like illness (the flu)	3.8	5.9	10.0	5.6	37.5	39.9	55.6	41.0
Injury	1.0	2.6	5.0	2.4	9.8	30.0	29.4	24.8
PMS	0.3	14.5	15.0	11.0	33.3	31.9	36.6	32.2
PTSD	2.0	4.7	13.0	4.5	34.8	44.9	50.0	44.4
Short-term illness	2.8	4.4	11.0	4.4	33.3	31.6	47.8	33.6
Upper respiratory illness	3.6	7.7	12.0	7.1	22.6	27.5	33.3	27.8
Sleep difficulties	19.4	26.2	35.0	25.0	38.0	46.1	50.0	44.7
Stress	23.8	42.0	59.0	38.5	36.9	51.5	65.6	49.6

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

E. Violence, Abusive Relationships, and Personal Safety

Within the last 12 months, college students reported experiencing: *Percent (%)*	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**
A physical fight	4.9	1.1	5.2	2.3
A physical assault (not sexual assault)	2.3	1.9	6.1	2.3
A verbal threat	11.3	9.0	21.4	10.3
Sexual touching without their consent	2.8	6.6	15.3	6.3
Sexual penetration attempt without their consent	0.8	2.3	7.1	2.3
Sexual penetration without their consent	0.5	1.9	5.1	1.8
Being a victim of stalking	2.3	5.0	11.1	4.8
A partner called me names, insulted me, or put me down to make me feel bad	13.4	13.3	17.2	13.6
A partner often insisted on knowing who I was with and where I was or tried to limit my contact with family or friends	8.3	6.4	10.1	7.1
A partner pushed, grabbed, shoved, slapped, kicked, bit, choked or hit me without my consent	1.8	2.9	11.1	3.2
A partner forced me into unwanted sexual contact by holding me down or hurting me in some way	1.3	1.2	5.1	1.6
A partner pressured me into unwanted sexual contact by threatening me, coercing me, or using alcohol or other drugs	1.3	4.0	9.1	3.8

College students reported feeling ***very safe*** :

Percent (%)	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**
On their campus (daytime)	79.0	64.5	59.0	67.4
On their campus (nighttime)	41.0	10.6	12.1	18.1
In the community surrounding their campus (daytime)	53.7	39.3	33.0	42.3
In the community surrounding their campus (nighttime)	28.5	8.0	6.0	12.9

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

F. Tobacco, Alcohol, and Other Drug Use

Percent (%)	Ever Used: Cis Men	Ever Used: Cis Women	Ever Used: Trans/ Gender Non-conforming	Ever Used: Total	*Used in the last 3 months: Cis Men	*Used in the last 3 months: Cis Women	*Used in the last 3 months: Trans/ Gender Non-conforming	*Used in the last 3 months: Total
Tobacco or nicotine delivery products (cigarettes, e-cigarettes, Juul or other vape products, water pipe or hookah, chewing tobacco, cigars, etc.)	45.5	38.5	41.0	40.1	31.5	25.3	27.0	26.7
Alcoholic beverages (beer, wine, liquor, etc.)	72.8	73.6	67.7	73.0	67.3	67.8	63.0	67.0
Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) ***[Please report nonmedical use only.]***	47.8	47.4	58.2	48.1	28.1	33.1	45.0	32.5
Cocaine (coke, crack, etc.)	12.9	6.7	8.2	8.2	4.1	1.6	2.0	2.2
Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) ***[Please report nonmedical use only.]***	14.1	9.4	15.2	10.8	3.8	3.4	3.0	3.5
Methamphetamine (speed, crystal meth, ice, etc.)	3.4	0.5	3.1	1.4	0.8	0.0	0.0	0.2
Inhalants (poppers, nitrous, glue, gas, paint thinner, etc.)	7.7	2.8	10.1	4.4	2.8	0.6	5.0	1.4
Sedatives or Sleeping Pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) ***[Please report nonmedical use only.]***	9.8	6.6	12.1	7.8	1.8	1.8	5.0	2.1
Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.)	18.3	11.0	25.3	13.6	7.4	3.8	12.0	5.1
Heroin	0.8	0.5	1.0	0.6	0.3	0.1	0.0	0.1
Prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) ***[Please report nonmedical use only.]***	8.5	3.6	7.0	5.0	1.5	0.5	2.0	0.8

**These figures use all students in the sample as the denominator, rather than just those students who reported lifetime use.*

Substance Specific Involvement Scores (SSIS) from the ASSIST

Percent (%)	*Moderate risk use of the substance: Cis Men	*Moderate risk use of the substance: Cis Women	*Moderate risk use of the substance: Trans/ Gender Non-conforming	*Moderate risk use of the substance: Total	*High risk use of the substance: Cis Men	*High risk use of the substance: Cis Women	*High risk use of the substance: Trans/ Gender Non-conforming	*High risk use of the substance: Total
Tobacco or nicotine delivery products	22.0	16.7	23.0	18.2	1.8	1.4	1.0	1.5
Alcoholic beverages	13.0	13.2	16.0	13.2	2.0	1.6	2.0	1.7
Cannabis (nonmedical use)	18.7	23.4	31.0	22.5	2.0	1.6	5.0	1.9
Cocaine	2.6	0.9	3.0	1.4	0.3	0.1	0.0	0.1
Prescription stimulants (nonmedical use)	1.8	2.1	2.0	2.0	0.3	0.0	0.0	0.1
Methamphetamine	0.0	0.2	1.0	0.2	0.5	0.0	0.0	0.1
Inhalants	1.3	0.4	3.0	0.7	0.5	0.0	0.0	0.1
Sedatives or Sleeping Pills (nonmedical use)	0.8	1.0	5.0	1.2	0.3	0.0	0.0	0.1
Hallucinogens	3.1	1.7	7.0	2.3	0.3	0.1	0.0	0.1
Heroin	0.0	0.3	0.0	0.2	0.3	0.0	0.0	0.1
Prescription opioids (nonmedical use)	0.3	0.5	2.0	0.5	0.3	0.0	0.0	0.1

**These figures use all students in the sample as the denominator, rather than just those students who reported lifetime use.*

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

***Proportion of students who were prescribed a medication and used more than prescribed or more often than prescribed in the past 3 months**

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Prescription stimulants	2.6	2.1	2.0	2.2
Prescription sedatives or sleeping pills	1.8	1.4	4.0	1.8
Prescription opioids	1.0	0.4	2.0	0.6

**These figures use all students in the sample as the denominator, rather than just those students who reported having a prescription. Note that the title of this table was changed in Fall 2022, but the figures remain the same.*

***Tobacco or nicotine delivery products used in the last 3 months**

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Cigarettes	12.8	6.5	17.0	8.5
E-cigarettes or other vape products (for example: Juul, etc.)	22.8	21.4	23.0	21.7
Water pipe or hookah	3.3	2.6	5.0	2.9
Chewing or smokeless tobacco	4.1	0.4	0.0	1.2
Cigars or little cigars	10.0	0.6	0.0	2.8
Other	1.0	0.4	1.0	0.5

**These figures use all students in the sample as the denominator, rather than just those students who reported tobacco or nicotine delivery product use in the last 3 months.*

Students in Recovery

■ 3.0 % of college students surveyed (2.6 % cis men, 2.6 % cis women, and 9.1 % transgender/gender non-conforming) indicated they were in recovery from alcohol or other drug use.

When, if ever, was the last time you:

	Drank Alcohol				*Used Cannabis/Marijuana			
Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Never	19.4	18.5	23.0	19.1	47.1	47.4	39.0	46.8
Within the last 2 weeks	49.4	47.5	38.0	47.1	18.2	20.5	33.0	20.6
More than 2 weeks ago but within the last 30 days	10.0	11.0	17.0	11.2	2.6	4.9	5.0	4.3
More than 30 days ago but within the last 3 months	9.2	12.5	12.0	11.7	6.4	6.2	4.0	6.1
More than 3 months ago but within the last 12 months	7.4	6.2	5.0	6.4	8.7	7.9	11.0	8.3
More than 12 months ago	4.6	4.3	5.0	4.5	17.1	13.0	8.0	13.7

**Students were instructed to include medical and non-medical use of cannabis.*

Driving under the influence

- 21.2 % of college students reported driving after having ***any alcohol*** in the last 30 days.*
  **Only students who reported driving in the last 30 days and drinking alcohol in the last 30 days were asked this question.*
- 39.5 % of college students reported driving within 6 hours of using cannabis/marijuana in the last 30 days.*
  **Only students who reported driving in the last 30 days and using cannabis in the last 30 days were asked this question.*

Estimated Blood Alcohol Concentration (or eBAC) of college students. Due to the improbability of a student surviving a drinking episode resulting in an extremely high eBAC, all students with an eBAC of 0.50 or higher are also omitted from these eBAC figures. eBAC is an estimated figure based on the reported number of drinks consumed during the last time they drank alcohol in a social setting, their approximate time of consumption, sex, weight, and the average rate of ethanol metabolism. Only students who reported drinking alcohol within the last 3 months answered these questions.

Estimated BAC *Percent (%)*	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
< .08	84.5	80.1	82.1	81.2
< .10	87.5	85.2	88.1	86.0
Mean	0.04	0.05	0.04	0.04
Median	0.01	0.02	0.02	0.02
Std Dev	0.05	0.06	0.05	0.06

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

***Reported number of drinks consumed the last time students drank alcohol in a social setting.**

Number of drinks *Percent (%)*	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
4 or fewer	70.3	79.2	86.6	77.7
5	7.5	8.3	3.0	7.8
6	6.0	5.1	4.5	5.2
7 or more	16.2	7.4	6.0	9.3
Mean	4.0	3.2	2.9	3.3
Median	3.0	2.0	2.0	3.0
Std Dev	3.0	3.2	2.2	3.1

**Only students who reported drinking alcohol in the last three months were asked this question.*

Reported number of times college students consumed five or more drinks in a sitting within the last two weeks:

	Among all students surveyed				*Among those who reported drinking alcohol within the last two weeks			
Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Did not drink alcohol in the last two weeks (includes non-drinkers)	50.8	52.5	62.0	52.9				
None	23.8	24.6	19.0	24.0	48.4	51.9	50.0	50.9
1-2 times	19.5	17.9	17.0	18.2	39.6	37.8	44.7	38.6
3-5 times	4.6	4.0	1.0	3.9	9.4	8.3	2.6	8.3
6 or more times	1.3	1.0	1.0	1.0	2.6	2.0	2.6	2.2

**Only students who reported drinking alcohol in the last two weeks were asked this question.*

***College students who drank alcohol reported experiencing the following in the last 12 months when drinking alcohol:**

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Did something I later regretted	15.7	17.5	21.1	17.1
Blackout (forgot where I was or what I did for a **large period of time and cannot remember,** even when someone reminds me)	6.5	11.7	9.7	10.5
Brownout (forgot where I was or what I did for **short periods of time, but can remember** once someone reminds me)	16.6	20.4	26.4	19.9
Got in trouble with the police	0.0	0.3	0.0	0.2
Got in trouble with college/university authorities	0.0	0.1	2.9	0.3
Someone had sex with me **without my** consent	0.0	2.1	4.2	1.8
Had sex with someone **without their** consent	0.0	0.3	0.0	0.2
Had unprotected sex	13.2	13.0	20.8	13.5
Physically injured myself	2.4	7.6	15.3	6.8
Physically injured another person	0.3	0.8	2.8	0.8
Seriously considered suicide	2.7	2.5	12.7	3.2
Needed medical help	0.7	1.0	0.0	0.9
Reported two or more of the above	18.6	23.7	30.2	23.0

**Only students who reported drinking alcohol in the last 12 months were asked these questions.*

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

G. Sexual Behavior

When, if ever, was the last time you had:

Percent (%)	Oral sex: Cis Men	Oral sex: Cis Women	Oral sex: Trans/ Gender Non-conforming	Oral sex: Total	Vaginal intercourse: Cis Men	Vaginal intercourse: Cis Women	Vaginal intercourse: Trans/ Gender Non-conforming	Vaginal intercourse: Total
Never	30.2	30.9	34.3	31.0	33.1	31.7	42.4	32.9
Within the last 2 weeks	34.5	33.9	34.3	33.8	33.9	38.9	25.3	36.7
More than 2 weeks ago but within the last 30 days	8.0	8.6	4.0	8.3	6.5	7.0	5.1	6.8
More than 30 days ago but within the last 3 months	8.0	9.0	7.1	8.7	8.8	7.5	6.1	7.7
More than 3 months ago but within the last 12 months	7.7	8.9	10.1	8.7	7.0	7.4	8.1	7.3
More than 12 months ago	11.6	8.6	10.1	9.5	10.9	7.5	13.1	8.7

Percent (%)	Anal intercourse: Cis Men	Anal intercourse: Cis Women	Anal intercourse: Trans/ Gender Non-conforming	Anal intercourse: Total
Never	71.4	80.6	72.7	78.0
Within the last 2 weeks	4.4	1.9	5.1	2.7
More than 2 weeks ago but within the last 30 days	2.9	0.8	1.0	1.3
More than 30 days ago but within the last 3 months	3.4	1.9	3.0	2.3
More than 3 months ago but within the last 12 months	4.4	4.4	6.1	4.5
More than 12 months ago	13.5	10.4	12.1	11.2

***College students who reported having oral sex, or vaginal or anal intercourse within the last 12 months reported having the following number of sexual partners:**

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
None	1.2	0.4	0.0	0.7
1	66.4	73.1	68.4	71.3
2	9.8	9.8	10.5	9.8
3	8.2	7.0	3.5	7.0
4 or more	14.3	9.7	17.5	11.2
Mean	2.6	1.9	2.1	2.1
Median	1.0	1.0	1.0	1.0
Std Dev	4.4	3.4	2.0	3.6

**Only students who reported having oral sex, or vaginal or anal intercourse in the last 12 months were asked this question.*

College students who reported having oral sex, or vaginal or anal intercourse within the last 30 days who reported using a condom or another protective barrier *most of the time* or *always:*

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Oral sex	3.6	5.9	0.0	5.0
Vaginal intercourse	37.9	37.9	30.0	37.6
Anal intercourse	32.1	30.0	0.0	28.1

**Only students who reported having oral sex, or vaginal or anal intercourse in the last 30 days were asked these questions.*

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they or their partner used any method to prevent pregnancy the last time they had vaginal intercourse:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Yes, used a method of contraception	77.9	82.4	75.0	80.8
No, did not want to prevent pregnancy	4.1	1.0	0.0	1.7
No, did not use any method	15.7	15.3	22.7	15.9
Don't know	2.3	1.3	2.3	1.6

**Only students who reported having oral sex, or vaginal or anal intercourse in the last 12 months were asked this question.*

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

***Those students who reported using a contraceptive use the last time they had vaginal intercourse, reported they (or their partner) used the following methods:**

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Birth control pills (monthly or extended cycle)	43.2	42.6	18.2	41.6
Birth control shots	2.4	2.0	6.1	2.2
Birth control implants	10.7	9.3	6.1	9.4
Birth control patch	0.0	0.9	0.0	0.7
The ring	4.1	3.2	6.1	3.5
Emergency contraception ("morning after pill" or "Plan B")	11.8	8.6	3.0	9.0
Intrauterine device	7.7	11.6	27.3	11.5
Male (external) condom	49.1	46.7	42.4	47.1
Female (internal) condom	0.0	0.2	0.0	0.1
Diaphragm or cervical cap	0.0	0.0	0.0	0.0
Contraceptive sponge	0.0	0.0	0.0	0.0
Withdrawal	16.6	25.0	24.2	23.0
Fertility awareness (calendar, mucous, basal body temperature)	5.9	7.1	24.2	7.6
Sterilization (hysterectomy, tubes tied, vasectomy)	3.6	2.9	3.0	3.0
Other method	1.2	0.5	9.1	1.0
Male condom use plus another method	30.2	31.6	33.3	31.2
Any two or more methods (excluding male condoms)	18.3	24.6	30.3	23.4

**Only students who reported they or their partner used a method the last time they had vaginal intercourse were asked these questions.*

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they or their partner used emergency contraception ("morning after pill" or "Plan B") in the last 12 months:

Yes (25.7 % cis men, 25.7 % cis women, 27.3 % trans/gender non-conforming)

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they experienced an unintentional pregnancy or got someone pregnant within the last 12 months:

Yes (1.4 % cis men, 1 % cis women, 2.3 % trans/gender non-conforming)

H. Mental Health and Wellbeing

Kessler 6 (K6) Non-Specific Psychological Distress Score (Range is 0-24)

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
No or low psychological distress (0-4)	32.0	22.0	8.2	23.5
Moderate psychological distress (5-12)	51.5	56.1	48.0	54.5
Serious psychological distress (13-24)	16.5	21.9	43.9	22.0
Mean	7.66	8.87	11.79	8.76
Median	7.00	8.00	12.00	8.00
Std Dev	5.27	5.18	5.26	5.29

UCLA Loneliness Scale (ULS3) Score (Range is 3-9)

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Negative for loneliness (3-5)	45.4	45.9	35.0	45.1
Positive for loneliness (6-9)	54.6	54.1	65.0	54.9
Mean	5.56	5.66	6.38	5.68
Median	6.00	6.00	6.00	6.00
Std Dev	1.88	1.89	2.01	1.91

Diener Flourishing Scale – Psychological Well-Being (PWB) Score (Range is 8-56)
(higher scores reflect a higher level of psychological well-being)

	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Mean	45.03	45.17	40.63	44.84
Median	47.00	47.00	42.00	47.00
Std Dev	8.46	8.30	10.76	8.57

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

The Connor-Davison Resilience Scale (CD-RISC2) Score (Range is 0-8)
(higher scores reflect greater resilience)

	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Mean	6.42	5.96	5.26	6.03
Median	6.00	6.00	5.00	6.00
Std Dev	1.43	1.57	1.62	1.56

Self injury

- 13.3 % of college students surveyed (7.7 % cis men, 13.4 % cis women, and 32.0 % trans/gender non-conforming) indicated they had intentionally cut, burned, bruised, or otherwise injured themselves within the last 12 months.

Within the last 12 months, have you had problems or challenges with any of the following:

***Of those reporting this issue, it caused moderate or high distress**

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Academics	39.1	48.5	56.0	46.7	82.4	88.1	85.7	86.8
Career	36.1	37.4	46.0	37.7	69.5	78.3	67.4	75.5
Finances	49.4	60.3	72.0	58.3	75.9	81.1	87.5	80.3
Procrastination	69.1	78.1	83.0	76.3	60.2	68.3	70.7	66.7
Faculty	11.3	8.5	21.2	10.0	50.0	52.1	38.1	49.1
Family	29.0	44.7	54.0	41.6	53.6	68.2	72.2	66.0
Intimate relationships	39.2	42.3	45.5	41.7	64.9	64.8	59.1	64.5
Roommate/housemate	19.3	32.4	35.0	29.3	57.3	59.8	54.3	59.2
Peers	15.4	21.7	31.6	20.8	36.7	48.0	56.7	46.9
Personal appearance	42.9	62.5	74.0	58.4	50.0	65.6	55.4	62.0
Health of someone close to me	38.1	42.0	48.5	41.5	60.1	65.8	64.6	64.3
Death of a family member, friend, or someone close to me	21.7	25.3	22.2	24.2	63.5	76.9	72.7	73.9
Bullying	3.6	5.6	10.0	5.3	35.7	50.8	60.0	49.4
Cyberbullying	3.1	2.6	3.0	2.7	41.7	48.3	33.3	45.5
Hazing	1.0	0.9	1.0	0.9	75.0	60.0	100.0	66.7
Microaggression	12.8	16.3	33.0	16.4	30.0	40.0	48.5	39.0
Sexual Harassment	2.6	12.6	18.0	10.4	50.0	52.4	55.6	52.6
Discrimination	10.7	10.7	16.0	11.0	40.5	52.1	56.3	50.3

**Only students who reported a problem or challenge in the last 12 months were asked about level of distress.*

Students reporting none of the above	9.0	4.7	0.0	5.4
Students reporting only one of the above	9.7	5.5	2.0	6.4
Students reporting 2 of the above	13.8	7.4	6.0	8.8
Students reporting 3 or more of the above	67.5	82.4	92.0	79.4

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

Suicide Behavior Questionnaire-Revised (SBQR) Screening Score (Range is 3-18)

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Negative suicidal screening (3-6)	75.4	68.2	34.3	67.8
Positive suicidal screening (7-18)	24.6	31.8	65.7	32.2

Mean	5.11	5.56	8.52	5.63
Median	4.00	4.00	9.00	4.00
Std Dev	2.95	3.11	3.68	3.20

Suicide attempt

- 2.5 % of college students surveyed (2.1 % cis men, 2.1 % cis women, and 9.2 % trans/gender non-conforming) indicated they had attempted suicide within the last 12 months.

Within the last 30 days, how would you rate the overall level of stress experienced:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
No stress	1.8	0.6	1.0	0.9
Low	31.2	19.3	15.0	21.9
Moderate	47.3	51.7	43.0	50.1
High	19.7	28.3	41.0	27.0

I. Acute Conditions

College students reported being diagnosed by a healthcare professional within the last 12 months with:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Bronchitis	3.1	3.3	6.0	3.4
Chlamydia	1.3	1.7	3.0	1.7
Chicken Pox (Varicella)	1.0	0.6	1.0	0.7
Cold/virus or other respiratory illness (for example: sinus infection, ear infection, strep throat, tonsillitis, pharyngitis, or laryngitis)	22.8	36.9	49.0	34.3
Concussion	1.8	1.9	5.0	2.0
Gonorrhea	1.0	0.4	2.0	0.6
Flu (influenza) or flu-like illness	12.0	13.4	15.0	13.1
Mumps	0.3	0.0	2.0	0.2
Mononucleosis (mono)	0.8	0.6	2.0	0.7
Orthopedic injury (for example: broken bone, fracture, sprain, bursitis, tendinitis, or ligament injury)	9.7	7.3	8.0	8.0
Pelvic Inflammatory Disease	0.5	0.4	2.0	0.5
Pneumonia	1.6	0.9	3.0	1.2
Shingles	1.3	0.4	1.0	0.6
Stomach or GI virus or bug, food poisoning or gastritis	6.4	9.4	16.0	9.1
Urinary tract infection	1.0	13.6	12.0	10.4

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

J. Ongoing or Chronic Conditions

The questions for the *ongoing or chronic conditions* are presented differently in this report than the order they appear in the survey. In the survey, all items appear ir a single list, ordered alphabetically. In this report, the conditions are presented in groups to ease burden on the reader. The findings are divided into mental health conditions, STIs and other chronic infections, and other ongoing or chronic conditions in this report.

Mental Health	**College students reported ever being diagnosed with the following:**				***Of those ever diagnosed, those reporting contact with healthcare or MH professional within last 12 months**			
Percent (%)	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**
ADD/ADHD - Attention Deficit/Hyperactivity Disorder	17.7	15.5	42.4	17.7	55.1	73.1	66.7	68.1
Alcohol or Other Drug-Related Abuse or Addiction	1.8	1.2	4.0	1.5	14.3	57.1	50.0	44.0
Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia)	19.8	40.5	67.0	37.1	66.2	73.5	71.6	72.4
Autism Spectrum	2.6	2.0	12.0	2.8	60.0	43.5	50.0	50.0
Bipolar and Related Conditions (for example: Bipolar I, II, Hypomanic Episode)	1.3	3.9	8.0	3.5	60.0	77.3	75.0	75.4
Borderline Personality Disorder (BPD), Avoidant Personality, Dependent Personality, or another personality disorder	0.8	2.1	7.0	2.1	0.0	70.8	71.4	65.7
Depression (for example: Major depression, persistent depressive disorder, disruptive mood disorder)	18.0	32.8	58.0	30.8	60.0	73.0	69.0	70.7
Eating Disorders (for example: Anorexia Nervosa, Bulimia Nervosa, Binge-Eating)	1.0	8.0	19.0	6.9	25.0	47.8	57.9	48.7
Gambling Disorder	0.5	0.1	1.0	0.2	0.0	0.0	0.0	0.0
Insomnia	5.1	9.7	19.0	9.1	50.0	61.7	47.4	58.5
Obsessive-Compulsive and Related Conditions (for example: OCD, Body Dysmorphia, Hoarding, Trichotillomania and other body-focused repetitive behavior disorders)	2.8	6.6	19.0	6.5	63.6	68.0	61.1	66.7
PTSD (Posttraumatic Stress Disorder), Acute Stress Disorder, Adjustment Disorder, or another trauma- or stressor- related condition	4.6	10.1	28.0	9.8	61.1	70.8	71.4	69.4
Schizophrenia and Other Psychotic Conditions (for example: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder)	0.5	0.2	2.0	0.4	50.0	50.0	100.0	66.7
Tourette's or other neurodevelopmental condition not already listed	1.0	0.5	3.0	0.9	25.0	50.0	66.7	42.9
Traumatic brain injury (TBI)	1.0	0.5	1.0	0.7	75.0	50.0	100.0	63.6

**Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.*

Percent (%)	**Cis Men**	**Cis Women**	**Trans/ Gender Non-conforming**	**Total**
Students reporting none of the above	63.4	49.6	20.0	51.1
Students reporting only one of the above	16.9	15.0	12.0	15.3
Students reporting both Depression and Anxiety	12.5	28.2	51.0	25.8
Students reporting any two or more of the above (excluding the combination of Depression and Anxiety)	7.2	7.1	17.0	7.8

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

STI's/Other chronic infections

Percent (%)	College students reported ever being diagnosed with the following: Cis Men	Cis Women	Trans/ Gender Non-conforming	Total	*Of those ever diagnosed, had contact with healthcare or MH professional within last 12 months: Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Genital herpes	0.8	2.2	0.0	1.7	33.3	50.0	0.0	48.1
Hepatitis B or C	0.8	0.1	1.0	0.3	66.7	0.0	0.0	40.0
HIV or AIDS	0.5	0.1	1.0	0.2	50.0	100.0	0.0	50.0
Human papillomavirus (HPV) or genital warts	1.3	3.4	2.0	2.8	20.0	47.4	100.0	45.7

**Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.*

Other Chronic /Ongoing Medical Conditions

Percent (%)	College students reported ever being diagnosed with the following: Cis Men	Cis Women	Trans/ Gender Non-conforming	Total	*Of those ever diagnosed, had contact with healthcare or MH professional within last 12 months: Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Acne	18.9	28.6	30.0	26.2	21.9	36.8	30.0	33.6
Allergies - food allergy	10.3	11.1	23.0	11.6	27.5	24.4	21.7	24.5
Allergies - animals/pets	8.2	13.8	13.3	12.5	15.6	22.1	15.4	20.3
Allergies - environmental (for example: pollen, grass, dust, mold)	23.9	33.2	39.0	31.2	26.9	33.6	17.9	31.0
Asthma	13.9	15.1	17.0	15.0	24.1	34.7	11.8	30.3
Cancer	1.0	0.9	1.0	0.9	25.0	60.0	0.0	46.7
Celiac disease	0.3	0.3	1.0	0.3	0.0	66.7	0.0	40.0
Chronic pain (for example: back or joint pain, arthritis, nerve pain)	6.9	8.1	16.2	8.3	59.3	73.3	68.8	70.4
Diabetes or pre-diabetes/insulin resistance	3.3	3.4	3.0	3.4	53.8	69.4	100.0	66.0
Endometriosis	0.3	2.7	5.1	2.3	0.0	71.0	40.0	64.9
Gastroesophageal Reflux Disease (GERD) or acid reflux	3.8	5.4	6.0	5.1	46.7	39.3	40.0	41.5
Heart & vascular disorders (for example: atrial fibrillation or other cardiac arrhythmia, mitral valve prolapse or other valvular heart disease, congenital heart condition)	2.6	2.9	3.0	2.8	70.0	48.5	66.7	54.3
High blood pressure (hypertension)	5.7	3.4	4.0	3.9	54.5	64.9	75.0	61.9
High cholesterol (hyperlipidemia)	6.9	4.2	1.0	4.7	66.7	68.1	0.0	66.7
Irritable bowel syndrome (spastic colon or spastic bowel)	3.1	5.0	6.0	4.7	33.3	57.9	83.3	55.3
Migraine headaches	6.0	15.9	19.0	13.7	52.2	47.1	42.1	47.7
Polycystic Ovarian Syndrome (PCOS)	0.3	5.9	6.0	4.6	0.0	62.1	50.0	58.7
Sleep Apnea	2.8	1.6	2.0	1.9	63.6	41.2	50.0	50.0
Thyroid condition or disorder	3.3	5.1	3.0	4.5	46.2	78.9	66.7	72.6
Urinary system disorder (for example: bladder or kidney disease, urinary reflux, interstitial cystitis)	0.3	1.5	3.0	1.3	100.0	41.2	100.0	54.5

**Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.*

Cis Men n =	391
Cis Women n =	1138
Trans/GNC n =	100

Students who reported being diagnosed with diabetes or pre-diabetes/insulin resistance, indicated they had:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Type I Diabetes	27.3	4.0	33.3	12.5
Type II Diabetes	18.2	22.2	0.0	19.0
Pre-diabetes or insulin resistance	81.8	85.7	66.7	84.0
Gestational Diabetes	10.0	15.4	0.0	12.5

K. Sleep

Reported amount of time to usually fall asleep at night (sleep onset latency):

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Less than 15 minutes	40.8	36.6	27.0	36.8
16 to 30 minutes	29.0	28.9	35.0	29.3
31 minutes or more	30.3	34.5	38.0	33.9

Over the last 2 weeks, students reported the following average amount of sleep (excluding naps):

	On weeknights				On weekend nights			
Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Less than 7 hours	43.3	42.2	53.0	43.3	20.3	22.8	22.0	22.3
7 to 9 hours	55.9	56.1	45.0	55.1	69.7	64.6	69.0	65.9
10 or more hours	0.8	1.8	2.0	1.6	10.0	12.6	9.0	11.9

Students reported the following on 3 or more of the last 7 days:

	Felt tired or sleepy during the day				Got enough sleep so that they felt rested			
Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
0 days	7.4	3.0	2.0	4.1	13.6	21.2	21.0	19.2
1-2 days	29.4	19.2	9.0	21.0	35.1	40.1	44.0	39.2
3-5 days	38.9	44.7	40.0	42.9	37.4	30.9	30.0	32.6
6-7 days	24.3	33.1	49.0	31.9	13.8	7.7	5.0	8.9

Demographics and Sample Characteristics

Age

18 - 20 years:		43.0 %
21 - 24 years:		32.3 %
25 - 29 years:		13.0 %
30+ years:		11.7 %
Mean age:	23.4 years	
Median age:	21.0 years	

Gender*

Cis Women:	68.9 %
Cis Men:	23.7 %
Transgender/Gender Non-conforming:	6.1 %

** See note on page 2 regarding gender categories*

Student status

1st year undergraduate:	22.8 %
2nd year undergraduate:	14.3 %
3rd year undergraduate:	18.3 %
4th year undergraduate:	15.5 %
5th year or more undergraduate:	8.0 %
Master's (MA, MS, MFA, MBA, etc.):	16.2 %
Doctorate (PhD, EdD, MD, JD, etc.):	3.5 %
Not seeking a degree:	0.3 %
Other:	1.1 %
Full-time student:	86.7 %
Part-time student:	12.9 %
Other student:	0.4 %

Visa to work or study in the US: 10.6 %

Relationship status

Not in a relationship:	50.3 %
In a relationship but not married/partnered:	38.2 %
Married/partnered:	11.5 %

Primary Source of Health Insurance

College/university sponsored SHIP plan:	5.4 %
Parent or guardian's plan:	53.8 %
Employer (mine or my spouse/partners):	10.8 %
Medicaid, Medicare, SCHIP, or VA:	9.6 %
Bought a plan on my own:	4.8 %
Don't have health insurance:	11.8 %
Don't know if I have health insurance:	2.4 %
Have insurance, but don't know source:	1.6 %

Student Veteran: 4.0 %

Parent or primary responsibility for someone else's child/children under 18 years old: 6.3 %

Students describe themselves as

Straight/Heterosexual:	67.5 %
Asexual:	1.1 %
Bisexual:	16.0 %
Gay:	1.6 %
Lesbian:	3.0 %
Pansexual:	4.0 %
Queer:	3.2 %
Questioning:	3.1 %
Identity not listed above:	0.5 %

Housing

Campus or university housing:	25.6 %
Fraternity or sorority residence:	0.4 %
Parent/guardian/other family:	11.2 %
Off-campus:	61.3 %
Temporary or "couch surfing":	0.5 %
Don't have a place to live:	0.0 %
Other:	0.9 %

Students describe themselves as

American Indian or Native Alaskan	2.5 %
Asian or Asian American	8.4 %
Black or African American	7.6 %
Hispanic or Latino/a/x	36.1 %
Middle Eastern/North African (MENA) or Arab Origin:	1.3 %
Native Hawaiian or Other Pacific Islander Native:	0.4 %
White:	56.0 %
Biracial or Multiracial:	5.3 %
Identity not listed above:	1.4 %

If Hispanic or Latino/a/x, are you

Mexican, Mexican American, Chicano:	83.4 %
Puerto Rican:	3.5 %
Cuban:	0.8 %
Another Hispanic, Latino/a/x, or Spanish Origin:	16.9 %

If Asian or Asian American, are you

East Asian:	28.3 %
Southeast Asian:	26.8 %
South Asian:	47.8 %
Other Asian:	5.1 %

■ **First generation students** (Proportion of students for whom no parent/guardian have completed a bachelor's degree)	45.7 %

■ **Do you have any of the following?**

Attention Deficit/Hyperactivity Disorder (ADD or ADHD):	20.6 %
Autism Spectrum Disorder:	4.2 %
Deaf/Hearing loss:	2.7 %
Learning disability:	5.6 %
Mobility/Dexterity disability:	2.5 %
Blind/low vision:	3.7 %
Speech or language disorder:	1.4 %

■ **Participated in organized college athletics:**

Varsity:	1.7 %
Club sports:	3.8 %
Intramurals:	5.8 %

■ **Member of a social fraternity or sorority:**

Greek member:	4.6 %

Texas State University-San Marcos
CIRP Freshman Survey
2019 Results

First-time, Full-time Freshmen

Texas State University-San Marcos
N=1,593

Public 4yr Colleges-medium selectivity
N=8,280

Higher Education Research Institute, University of California at Los Angeles

INCOMING FIRST-YEAR STUDENTS

The CIRP Freshman Survey (TFS) collects important information on what your incoming students are like before they experience college. Key sections of the survey examine:

- College admissions decisions
- Financing college
- High school experiences and behaviors
- College Preparation
- Expectations for college-major and career
- Expectations for college life

Table of Contents

A Note about CIRP Constructs

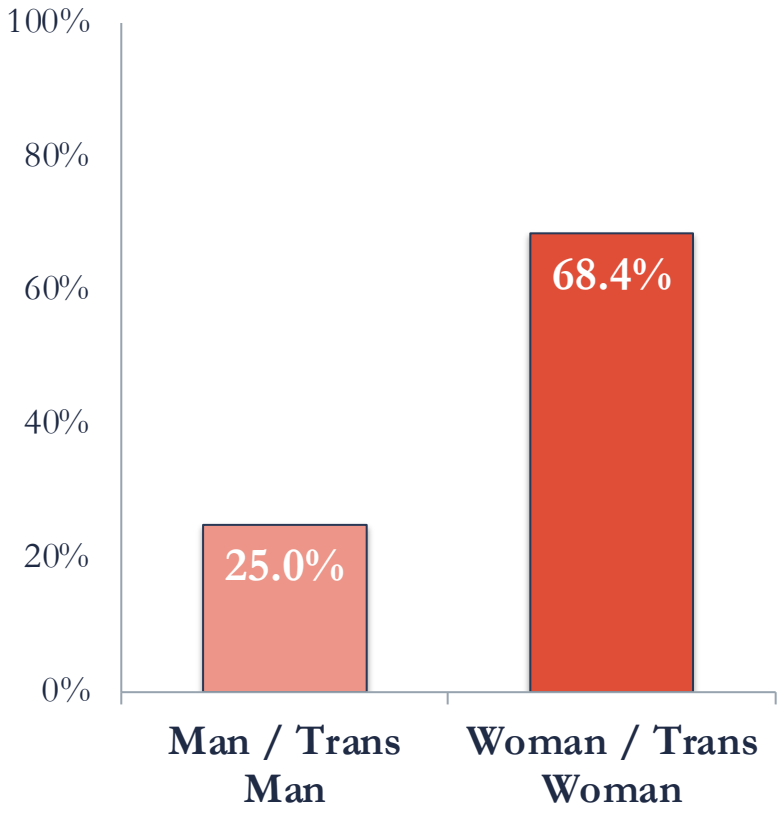
We use the CIRP Constructs throughout this PowerPoint to help summarize important information about your students from the TFS.

Constructs statistically aggregate the results from CIRP questions that tap into key aspects of the college experience. They focus on student traits and institutional practices contributing to students' academic and social development.

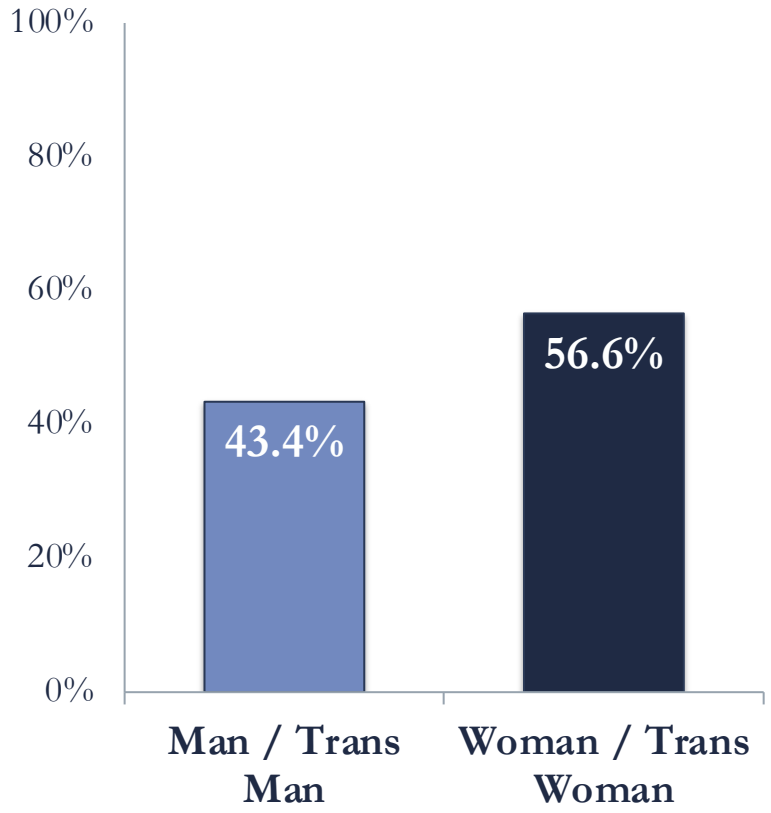
Demographics

Gender Identity

Your Institution

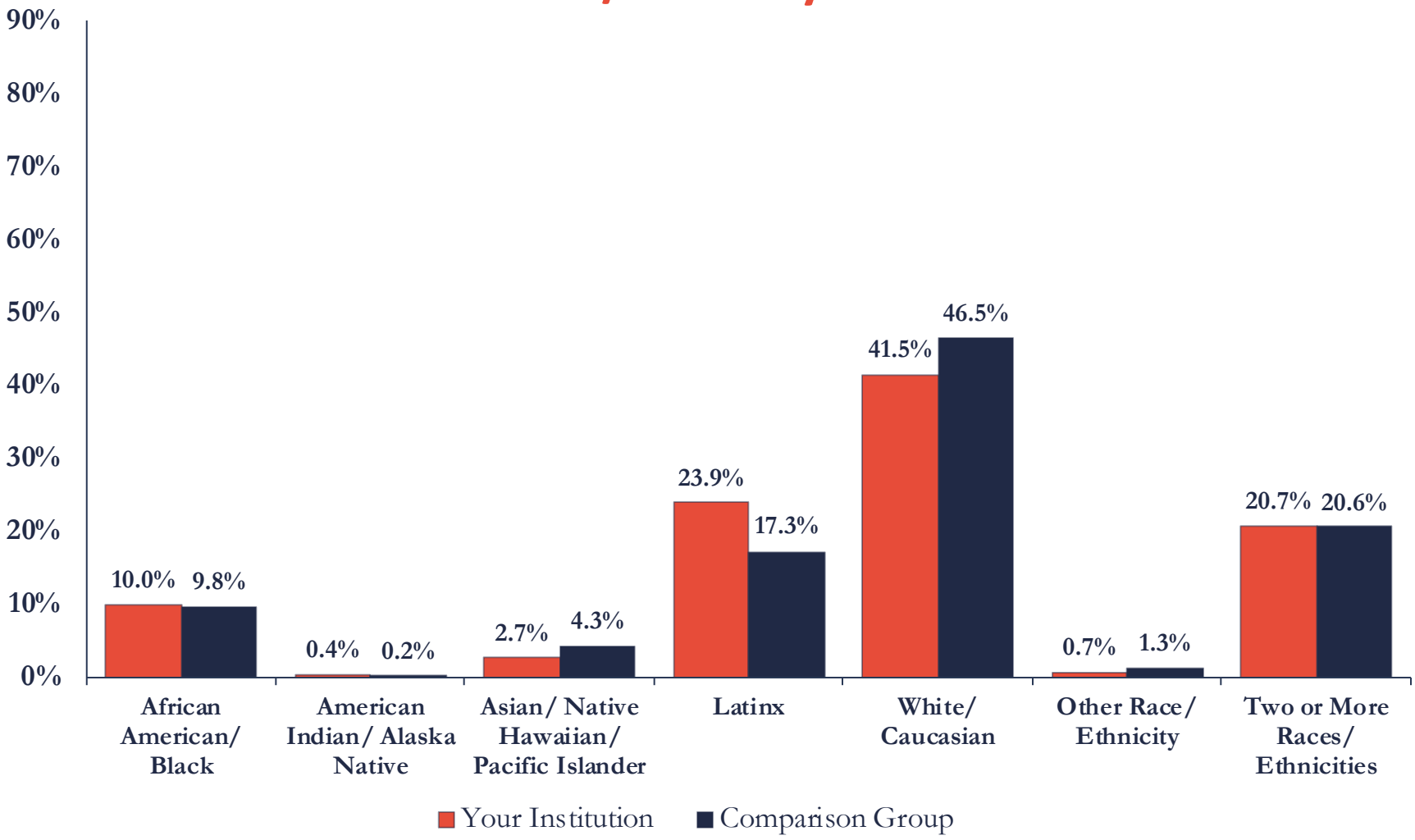


Comparison Group



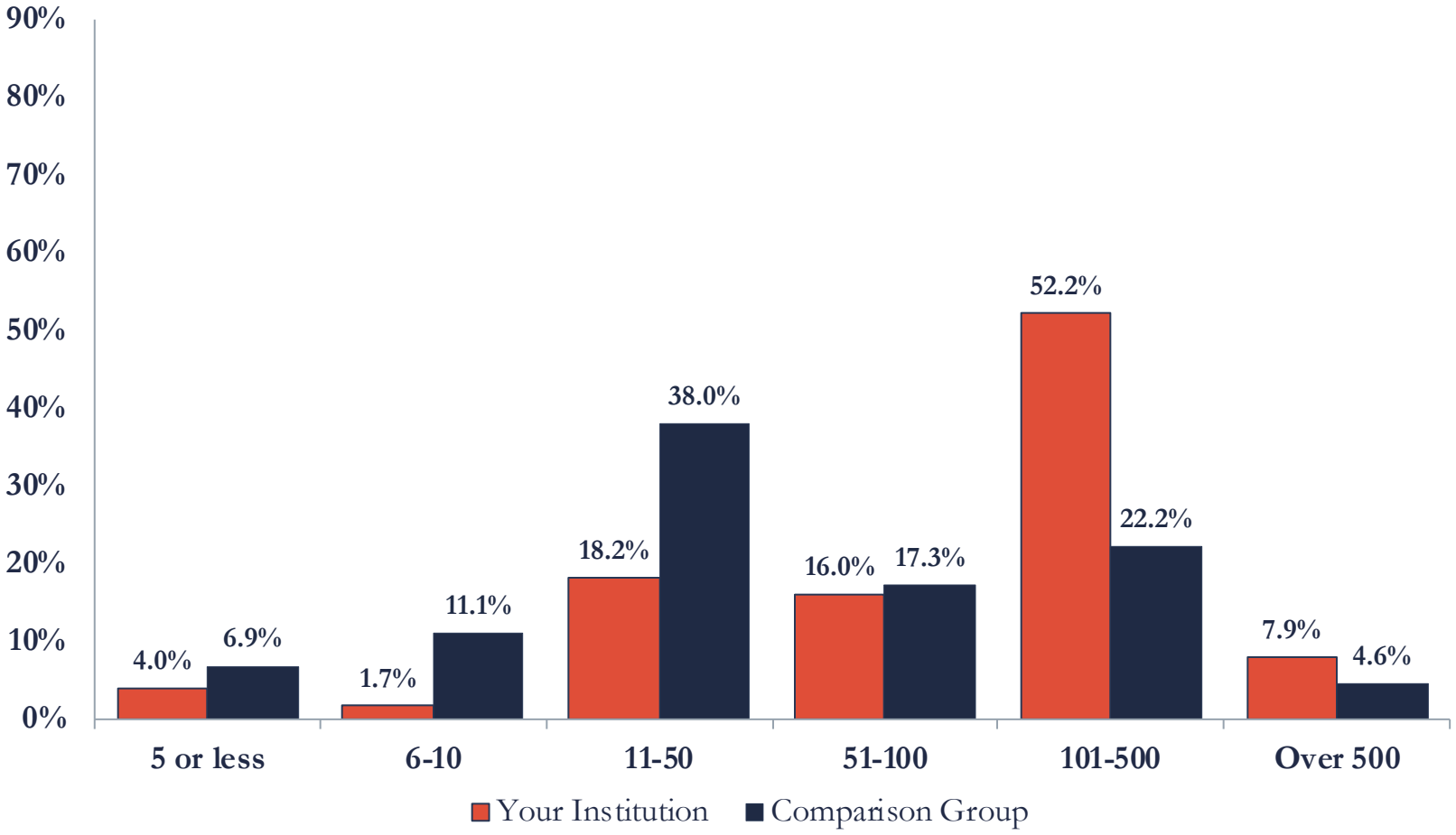
Demographics

Race/Ethnicity



Demographics

How many miles is this college from your permanent home?

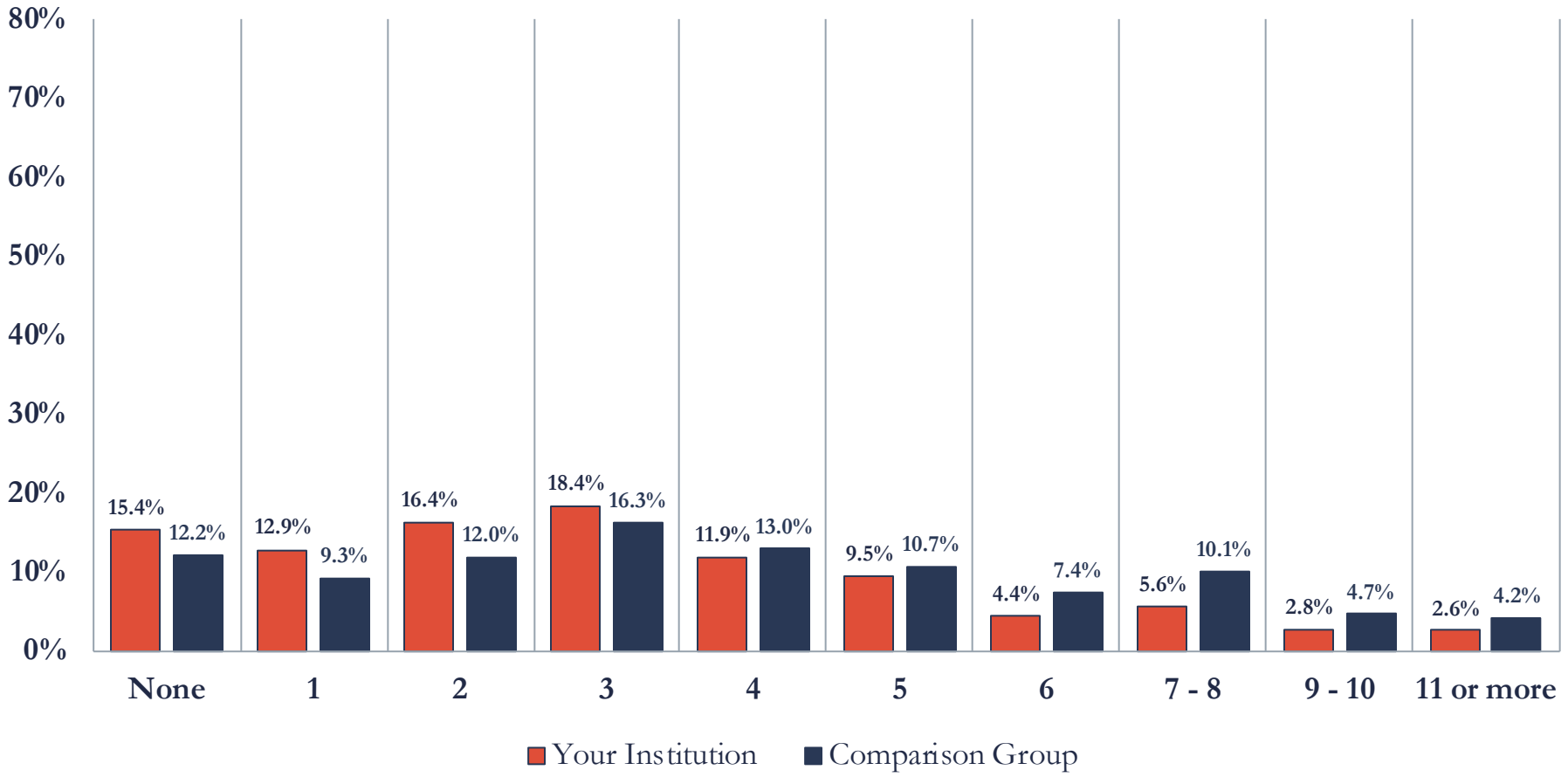


College Admissions Decisions

Many factors impact incoming students' college choice, including the benefits they see in attending college and considerations about which particular college to attend.

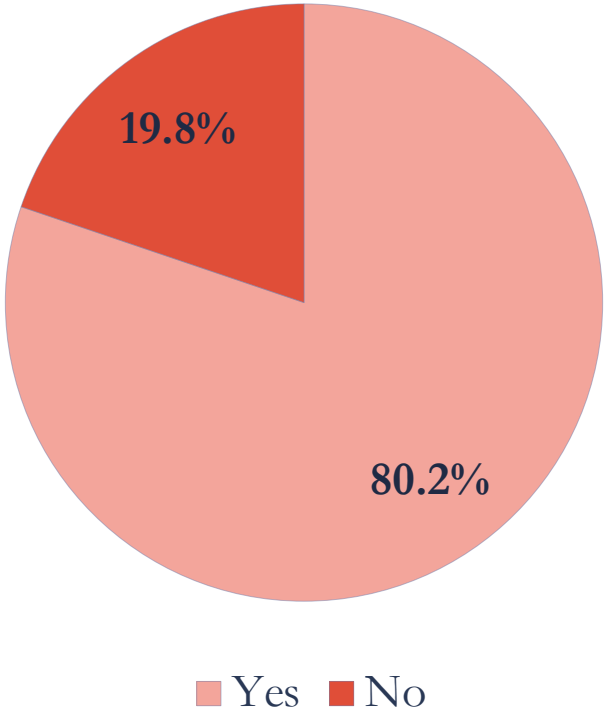
College Admissions Decisions

To how many colleges *other than this one* did you apply for admission this year?

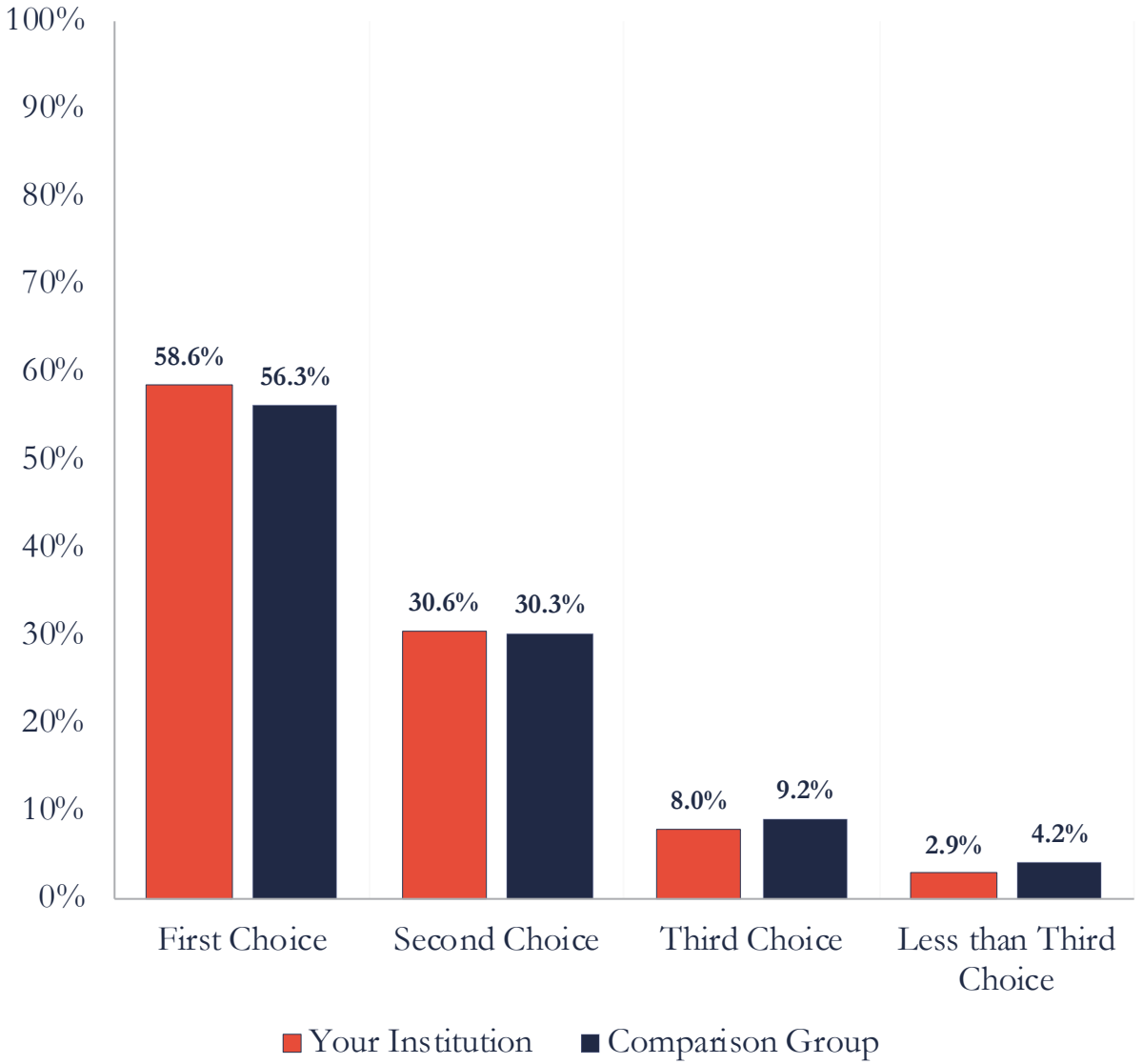


College Acceptance

Were you accepted by your first choice college?

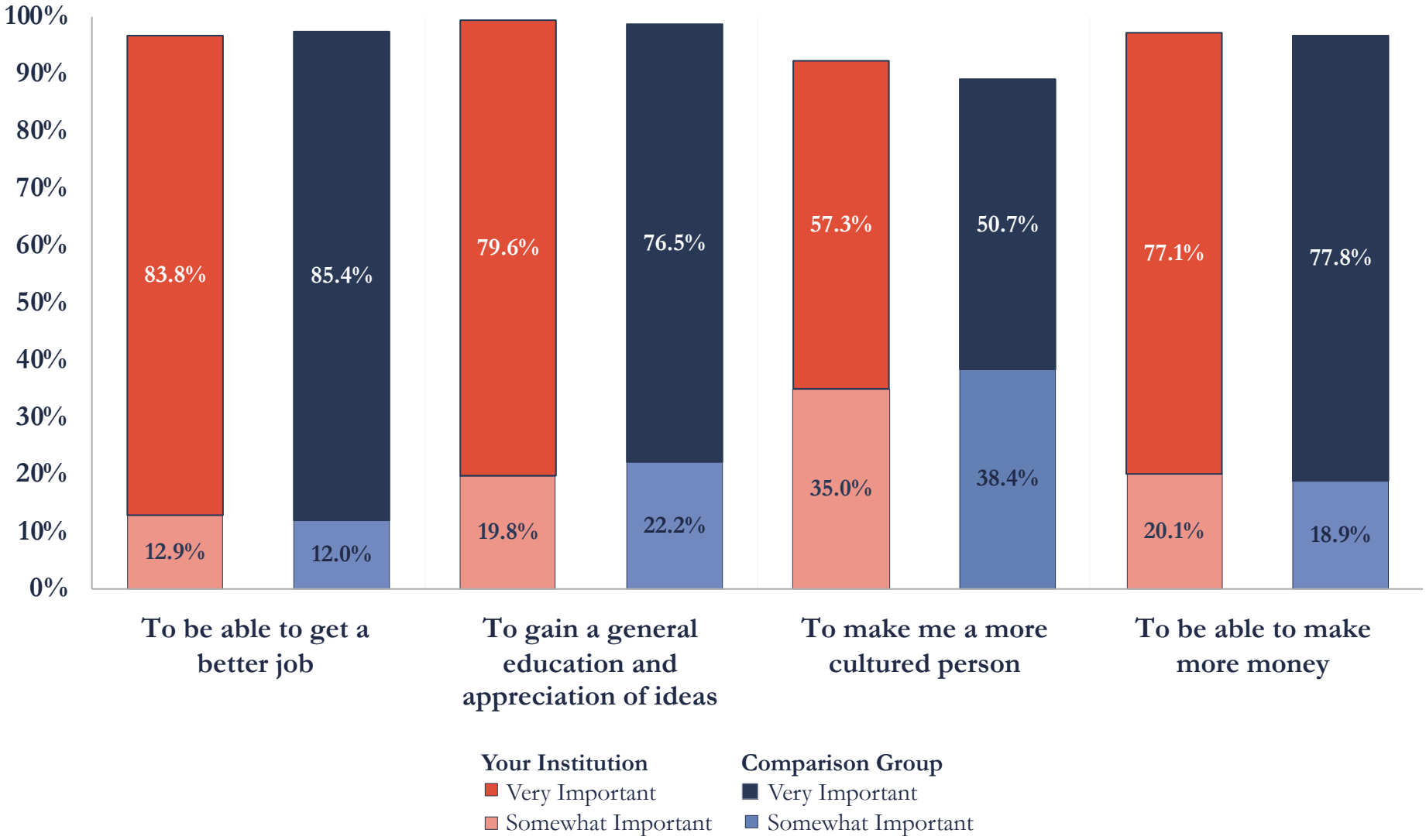


Is this college your...



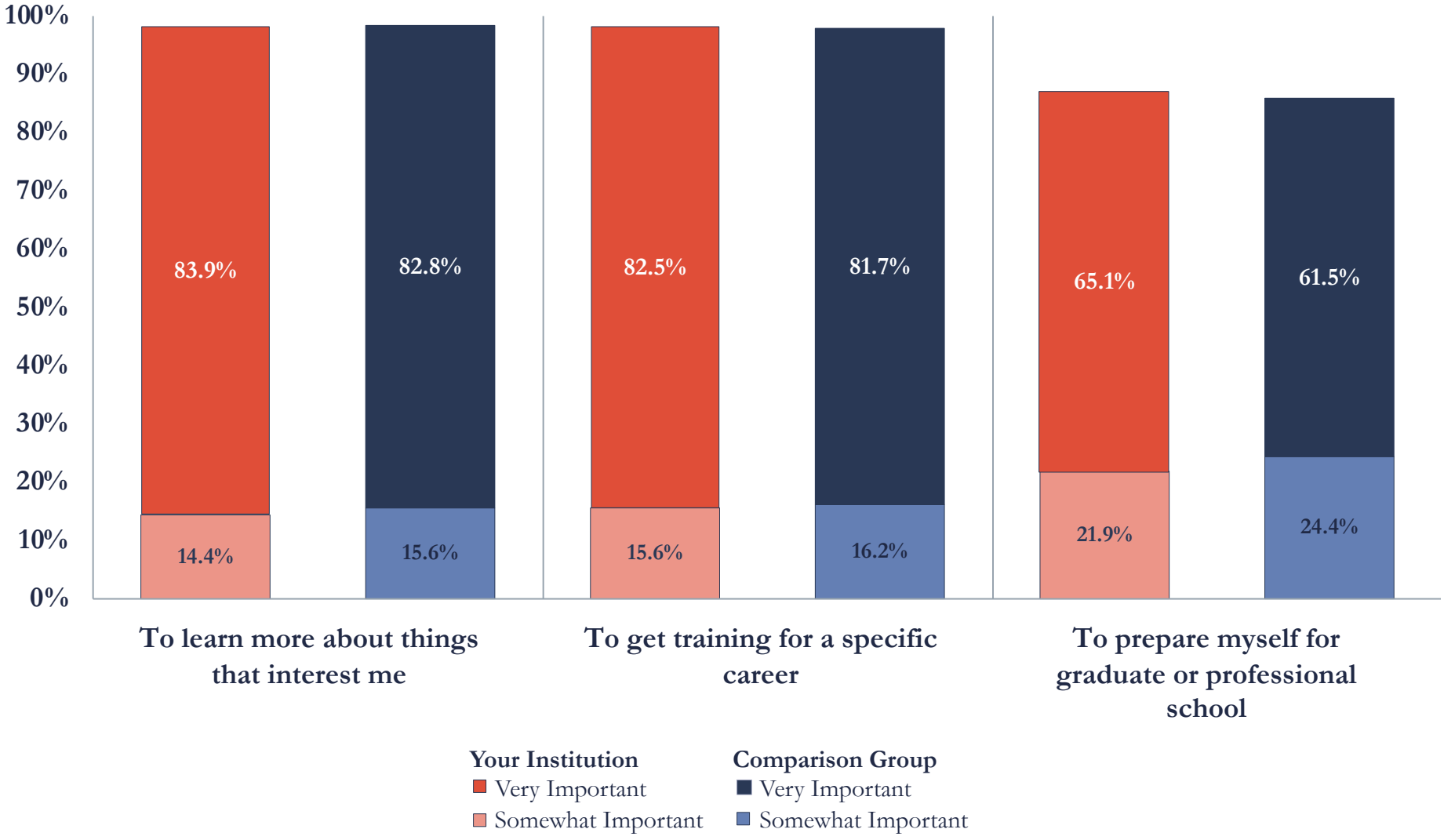
College Choice

In deciding to *go to college*, how important to you was each of the following reasons?



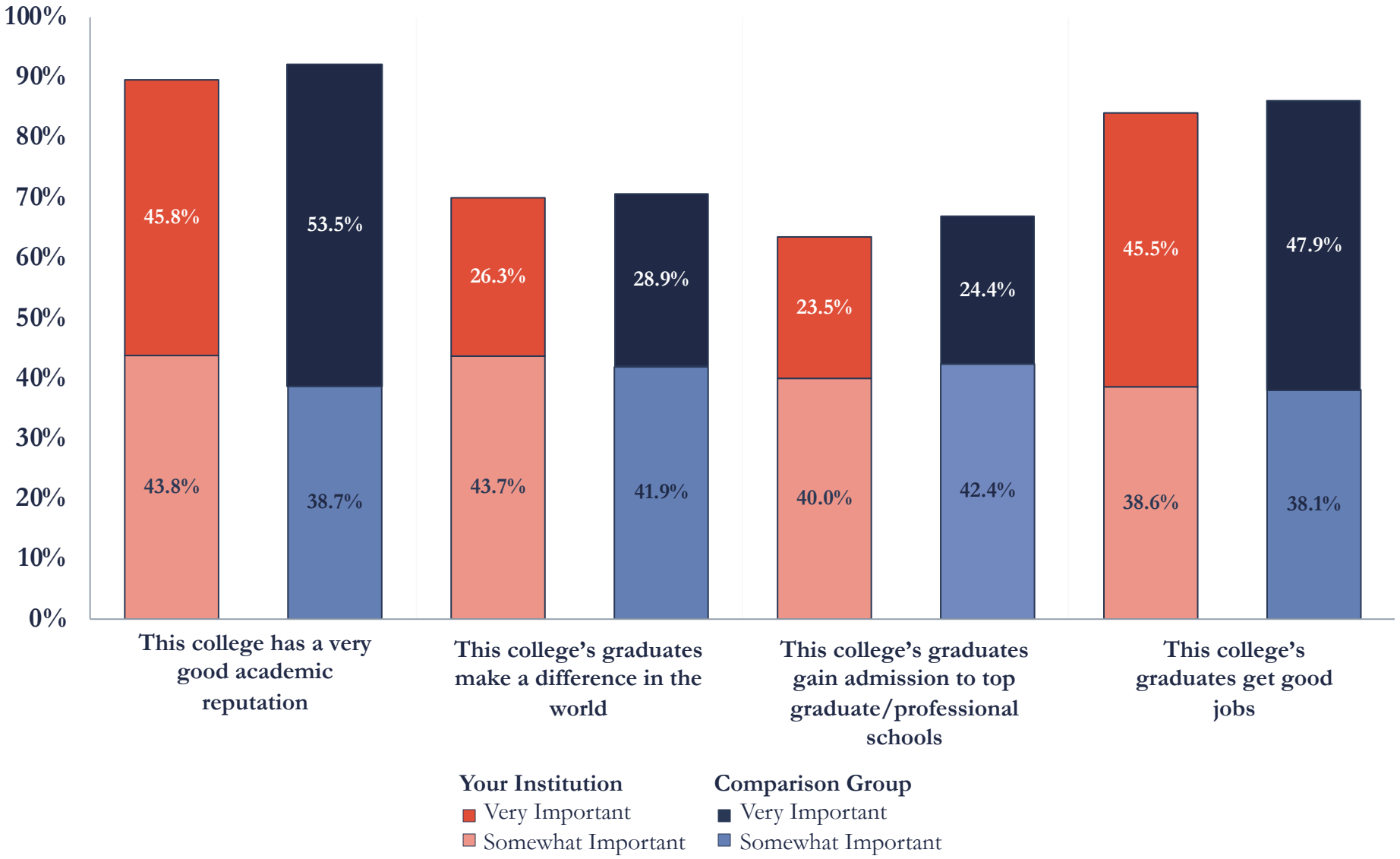
College Choice

In deciding to *go to college*, how important to you was each of the following reasons?



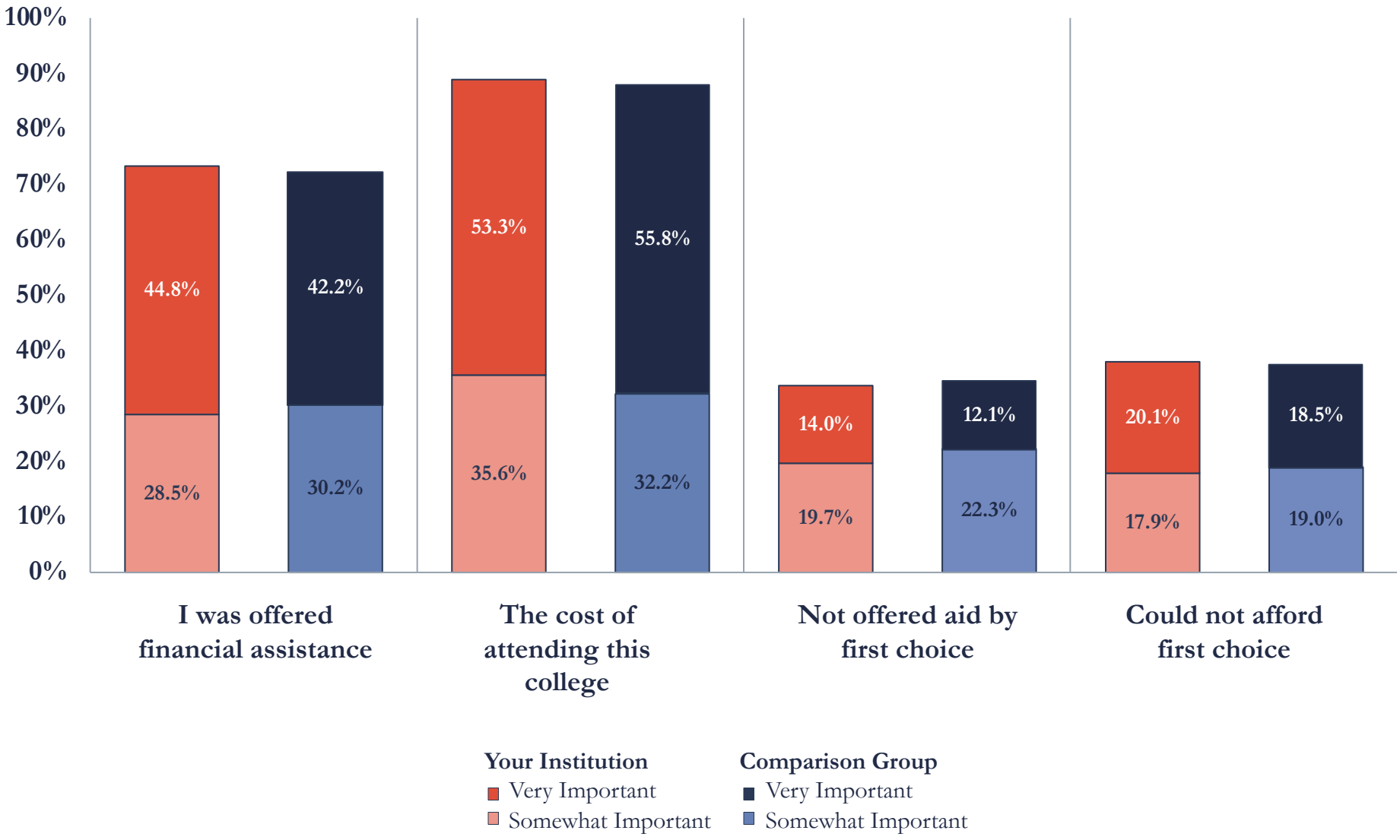
College Choice

How important was each reason in your decision to attend *this college*?



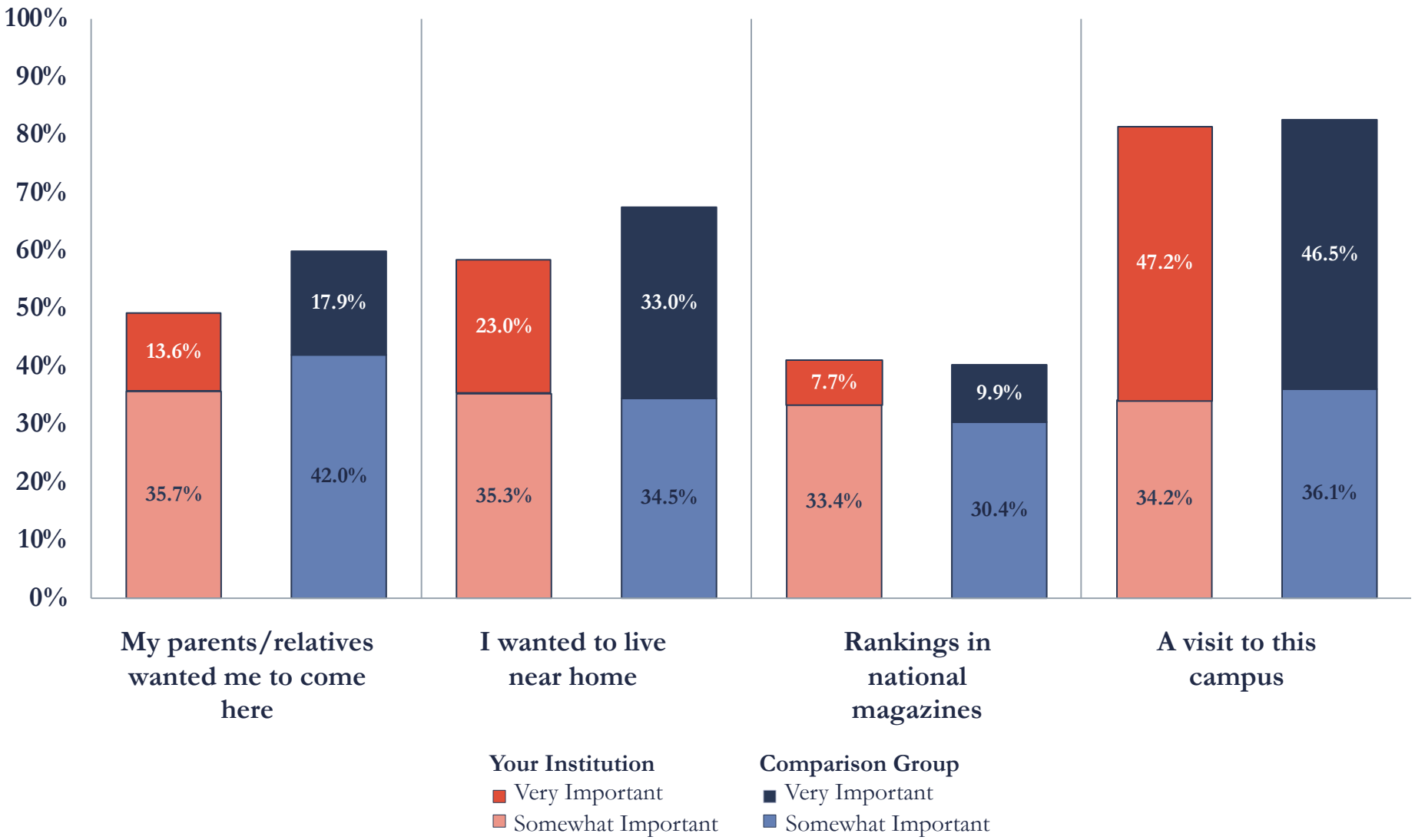
College Choice

How important was each reason in your decision to attend *this college*?



College Choice

How important was each reason in your decision to attend *this college*?

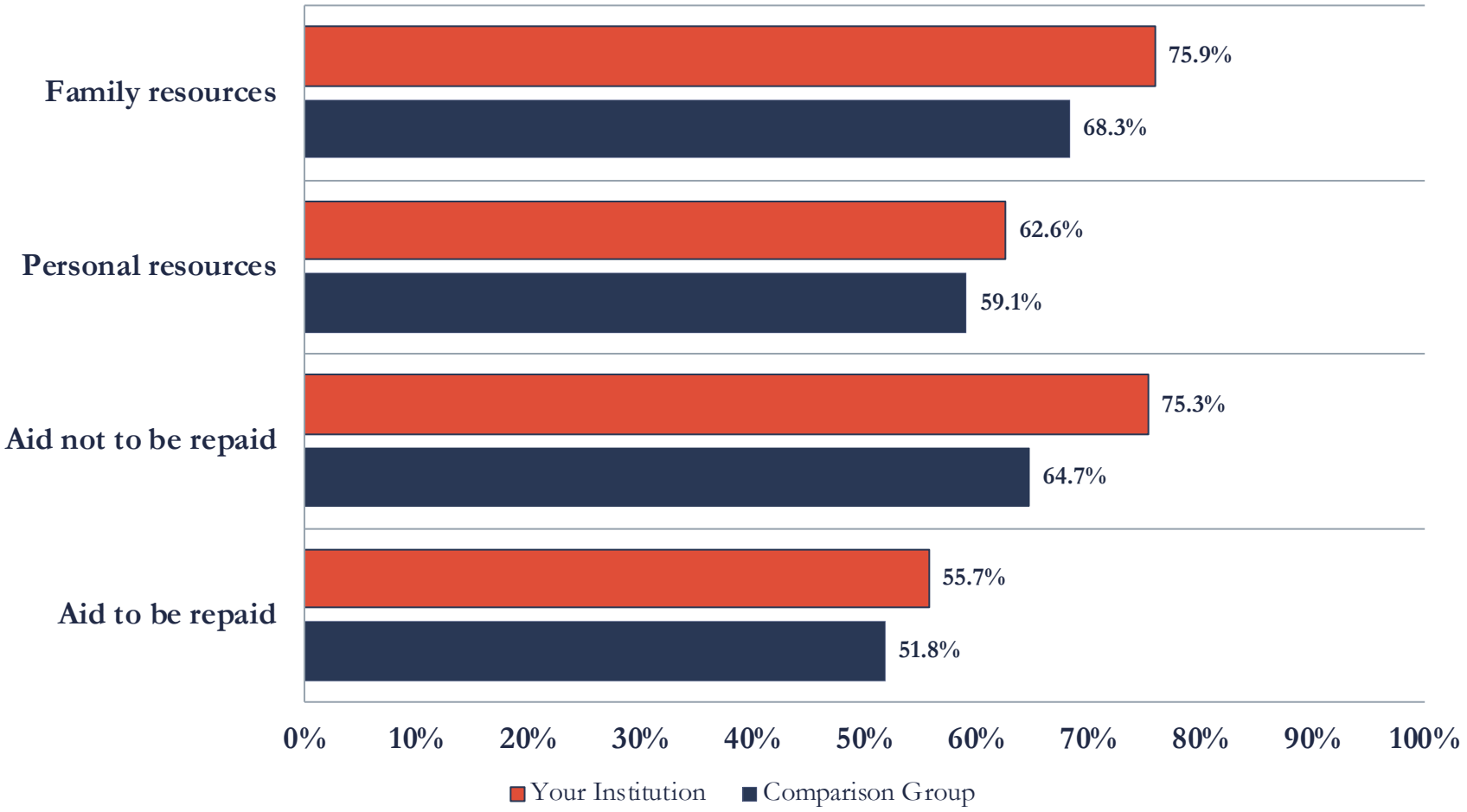


Financing College

Economic factors play an important role in students' decisions about college.

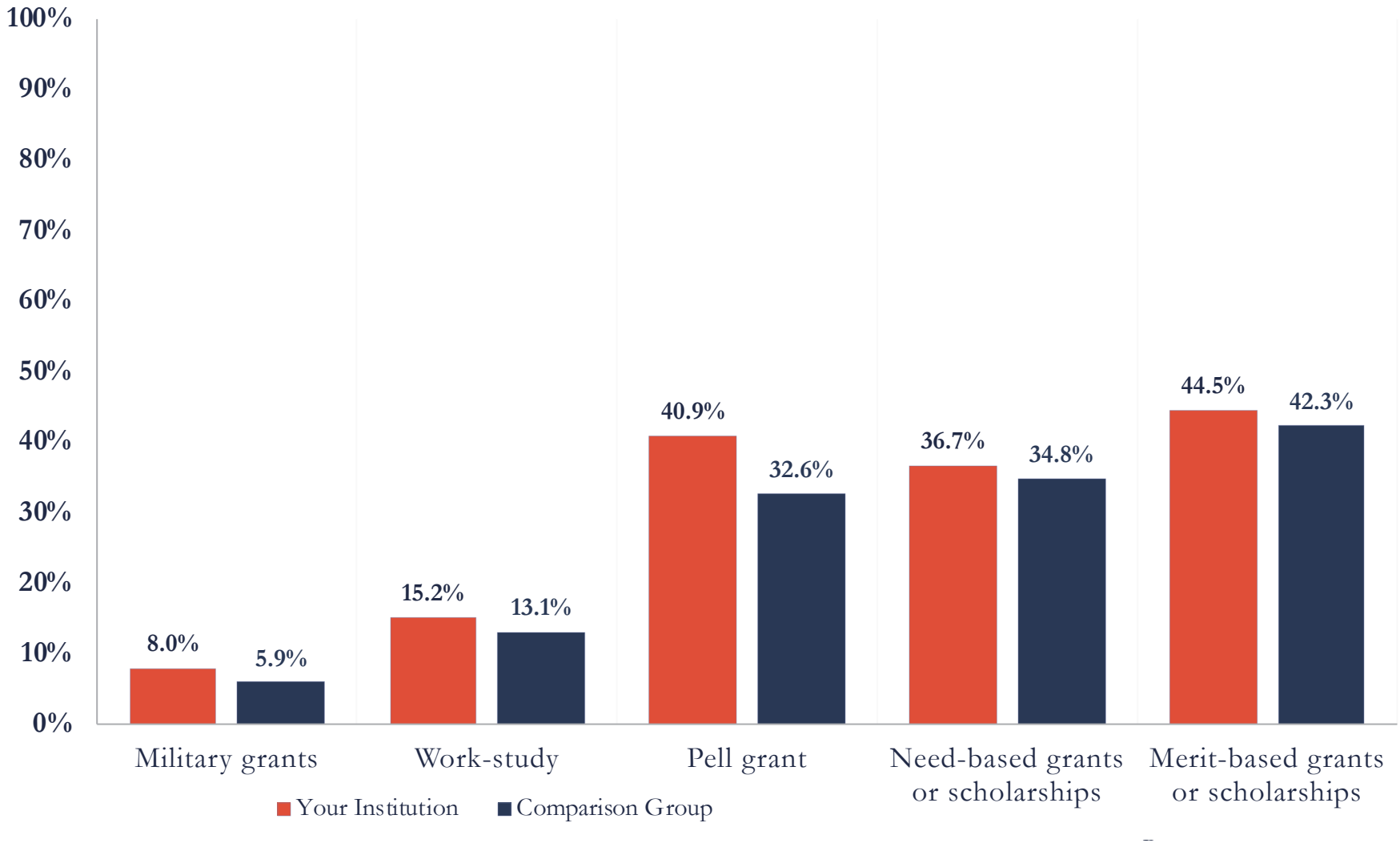
Financing College

Students' first-year funding sources:



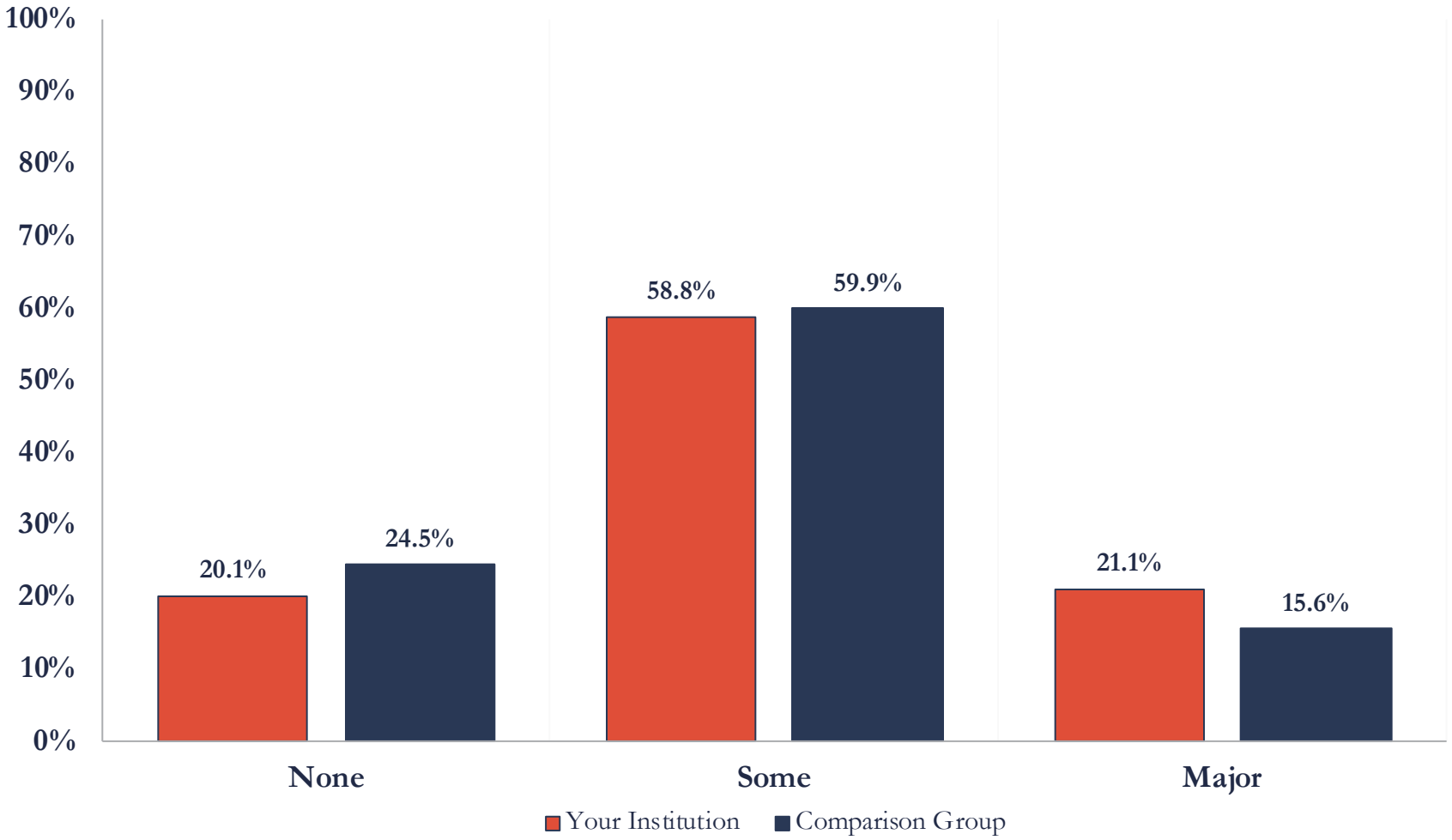
Financing College

Did you receive any of the following forms of financial aid?



Financing College

Do you have any concern about your ability to finance your college education?

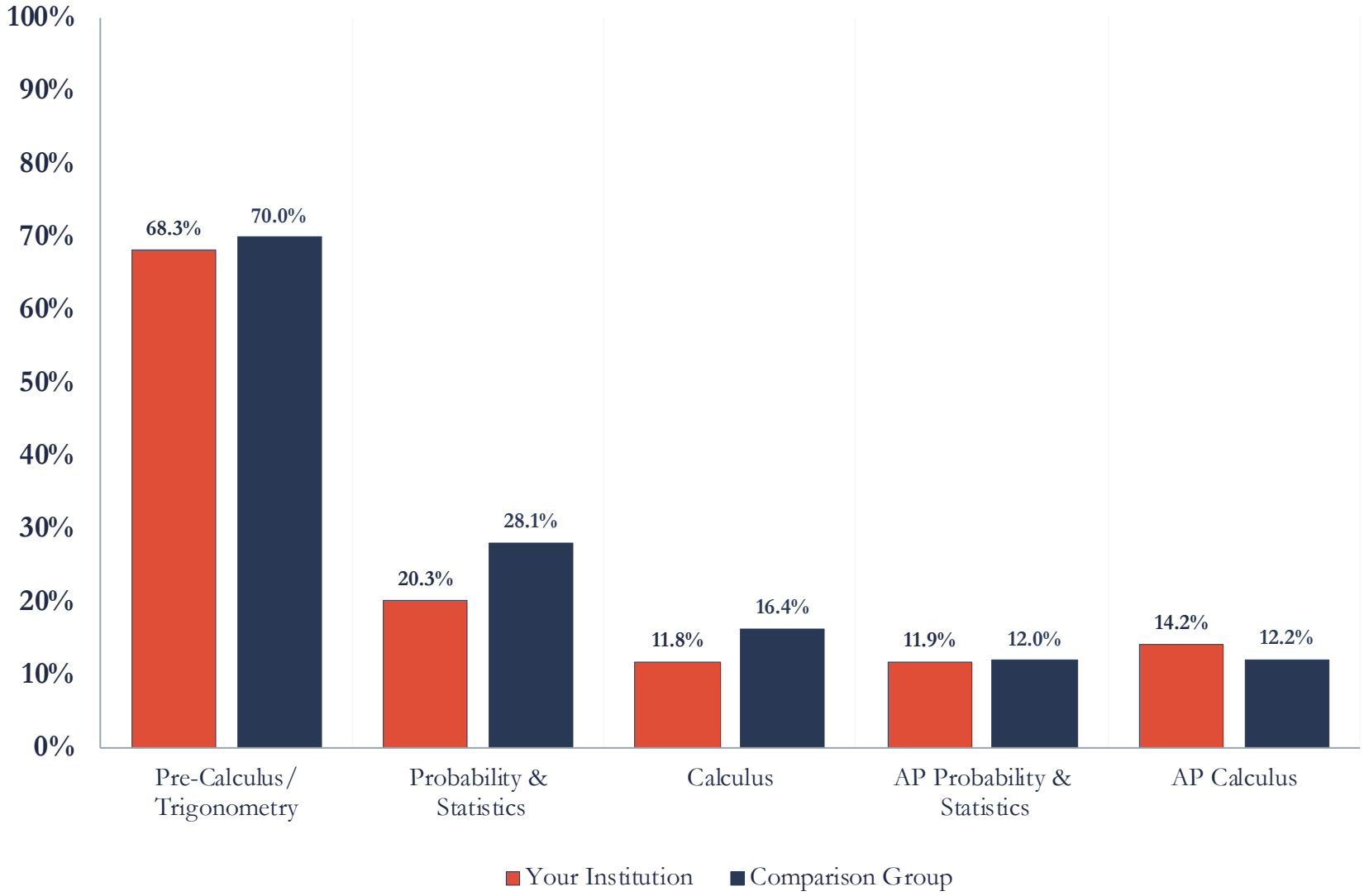


High School Experiences

Understanding students' established behaviors in high school helps foster skills, knowledge, and abilities in the curriculum and co-curriculum.

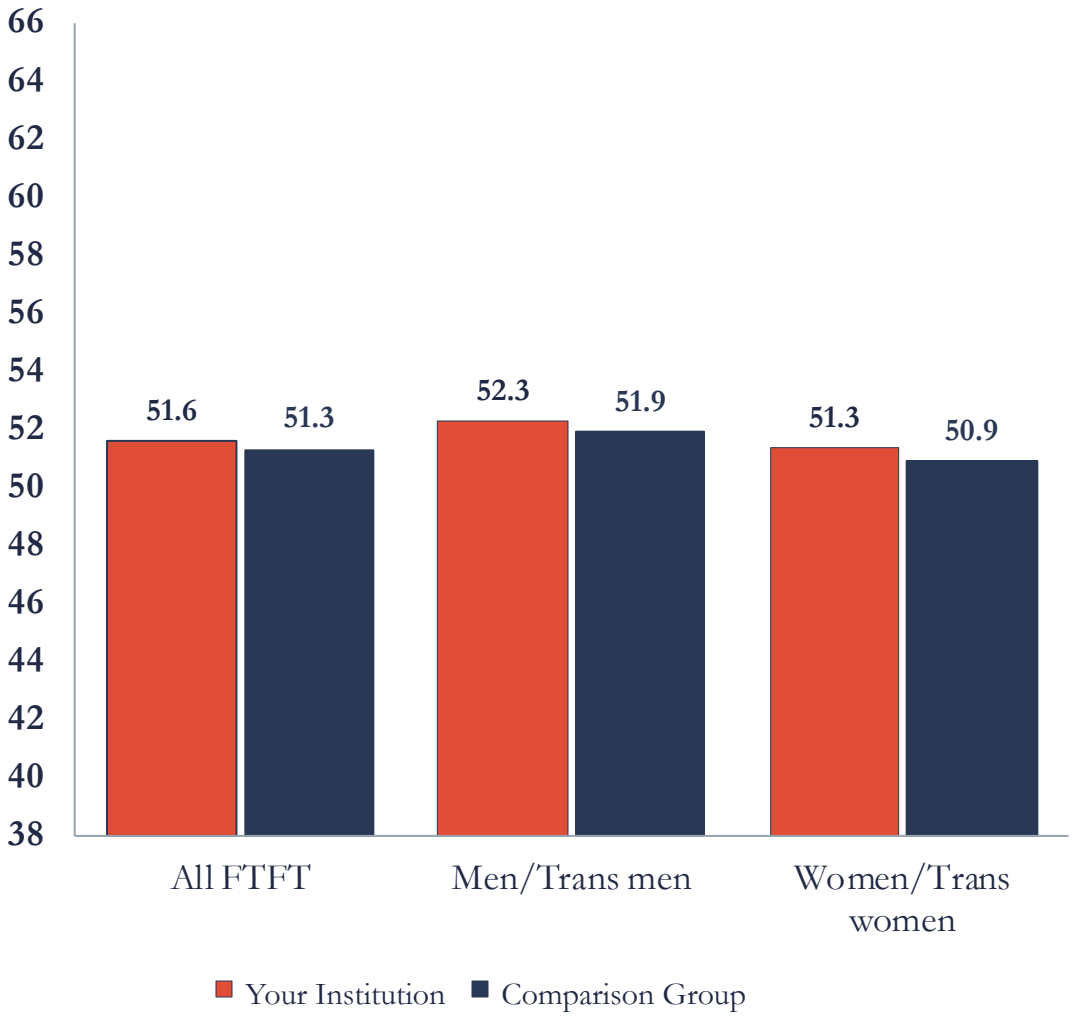
High School Experiences

Please mark which of the following courses you have completed.



Habits of Mind

Habits of Mind **is a unified measure of the behaviors and traits associated with academic success. These learning behaviors are seen as the foundation for lifelong learning.**

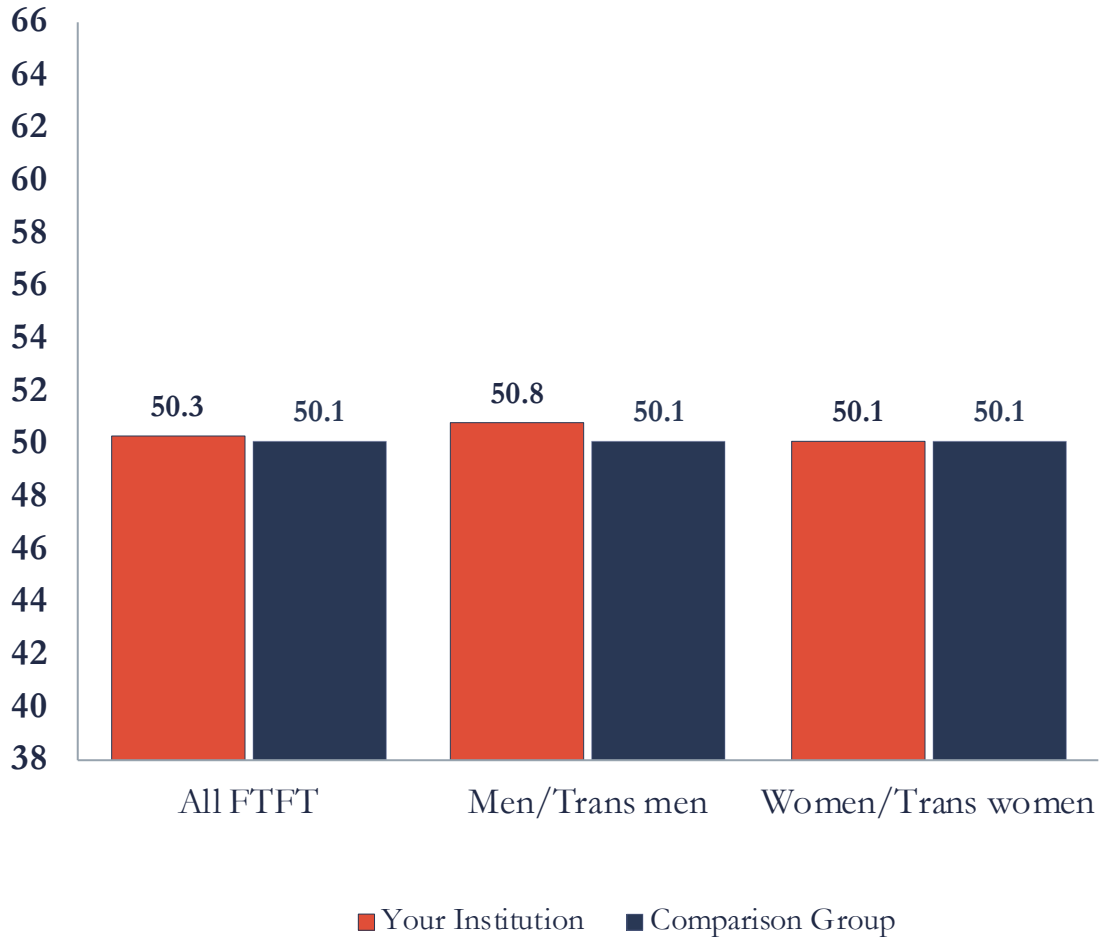


Construct Items

- Seek solutions to problems and explain them to others
- Support your opinions with a logical argument
- Look up scientific research articles and resources
- Take a risk because you felt you had more to gain
- Accept mistakes as part of the learning process
- Take on a challenge that scares you
- Ask questions in class
- Explore topics on your own, even though it was not required for a class
- Evaluate the quality or reliability of information you received
- Seek alternative solutions to a problem
- Analyze multiple sources of information before coming to a conclusion

Pluralistic Orientation

Pluralistic Orientation **measures skills and dispositions appropriate for living and working in a diverse society.**

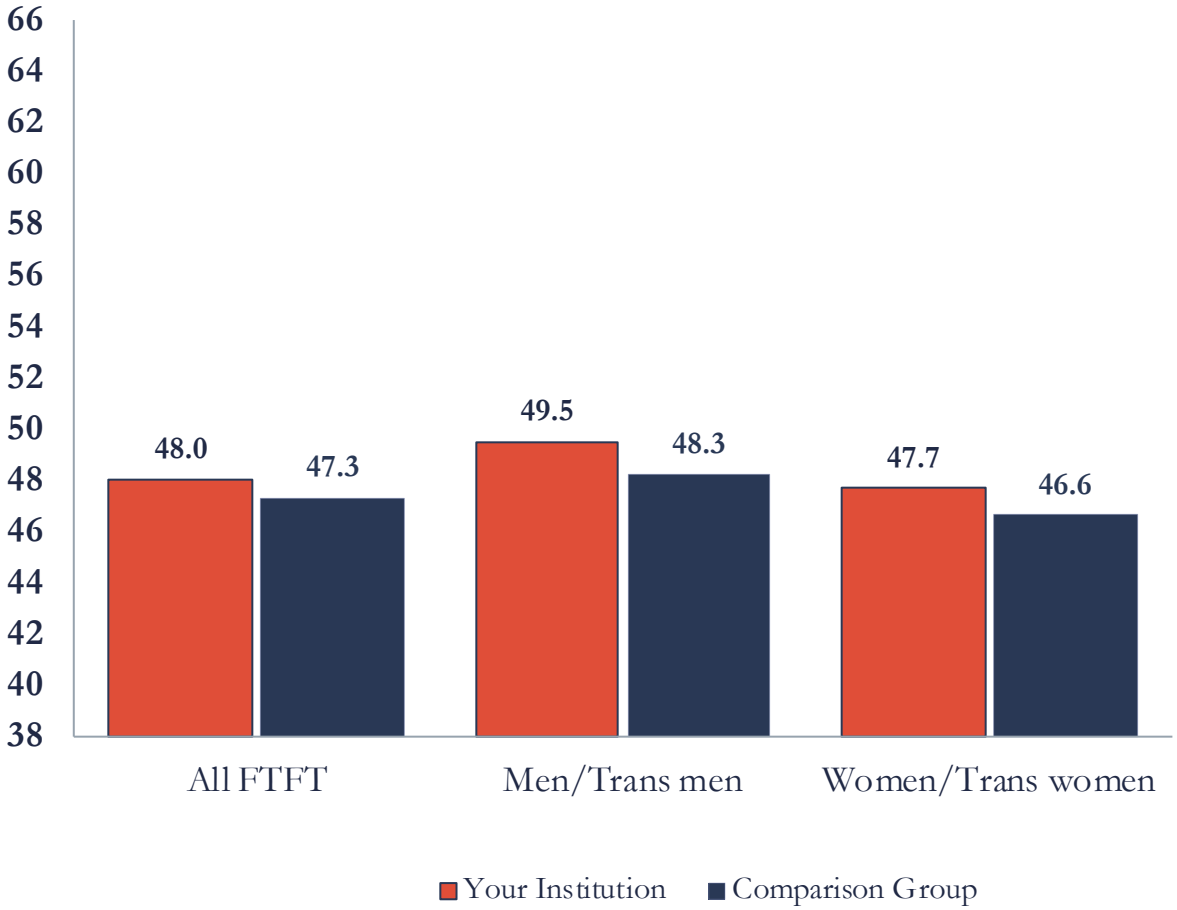


Construct Items

- Ability to see the world from someone else's perspective
- Tolerance of others with different beliefs
- Openness to having my views challenged
- Ability to discuss and negotiate controversial issues
- Ability to work cooperatively with diverse people

Academic Self-Concept

Self-awareness and confidence in academic environments help students learn by encouraging their intellectual inquiry. *Academic Self-Concept* is a unified measure of students' beliefs about their abilities and confidence in academic environments.

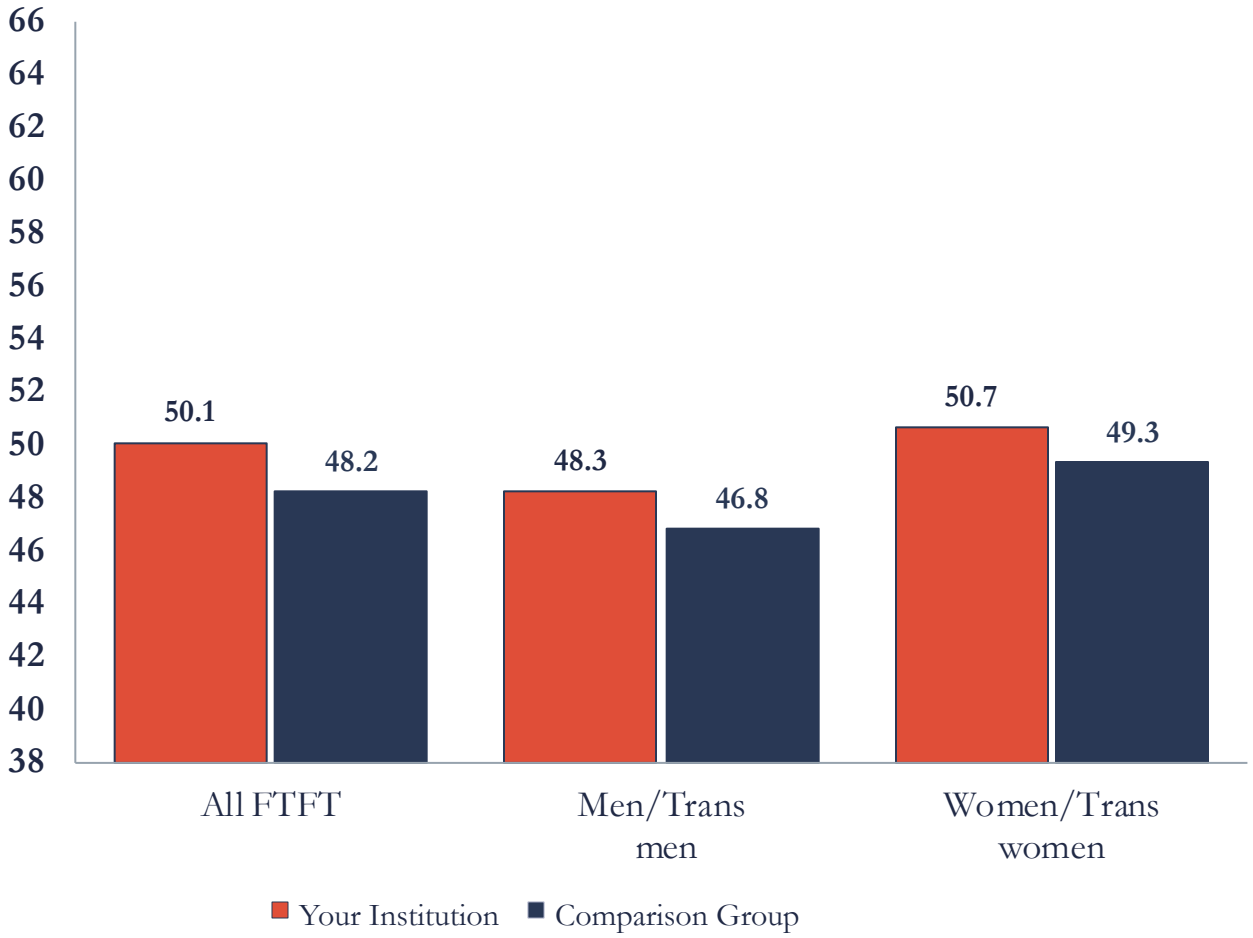


<u>Construct Items</u>

- Self-rated academic ability
- Self-rated mathematical ability
- Self-rated self-confidence (intellectual)
- Self-rated drive to achieve

Civic Engagement

Engaged citizens are a critical element in the functioning of our democratic society. *Civic Engagement* measures the extent to which students are motivated and involved in civic, electoral and political activities.



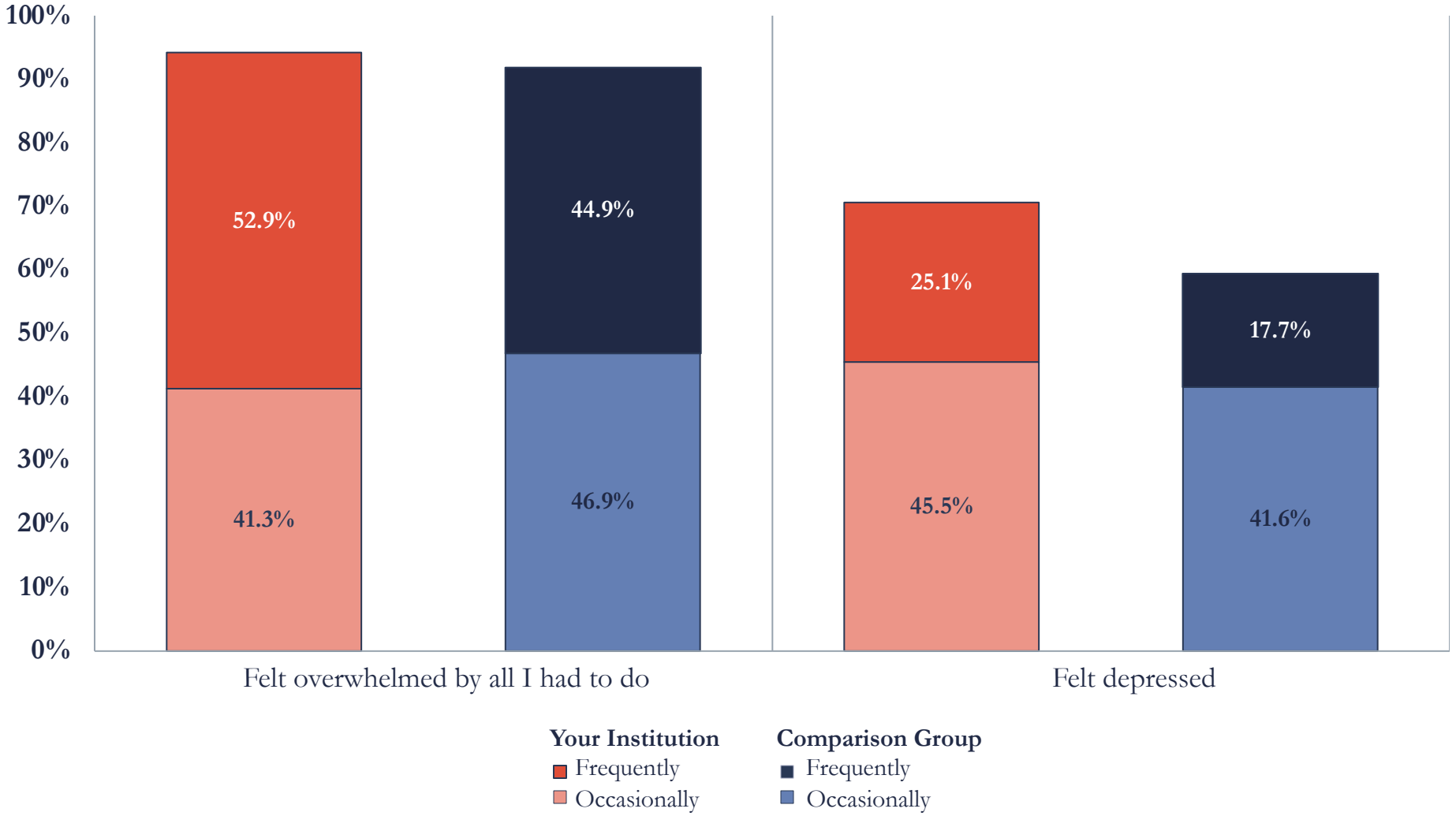
Construct Items

- Demonstrated for a cause
- Performed volunteer work
- Publicly communicated your opinion about a cause
- Helped raise money for a cause or campaign
- Influencing social values
- Keeping up to date with political affairs

Health and Wellness

Students' emotional well-being can affect many important aspects of the student experience including academic performance and persistence.

In the past year, how often have you:

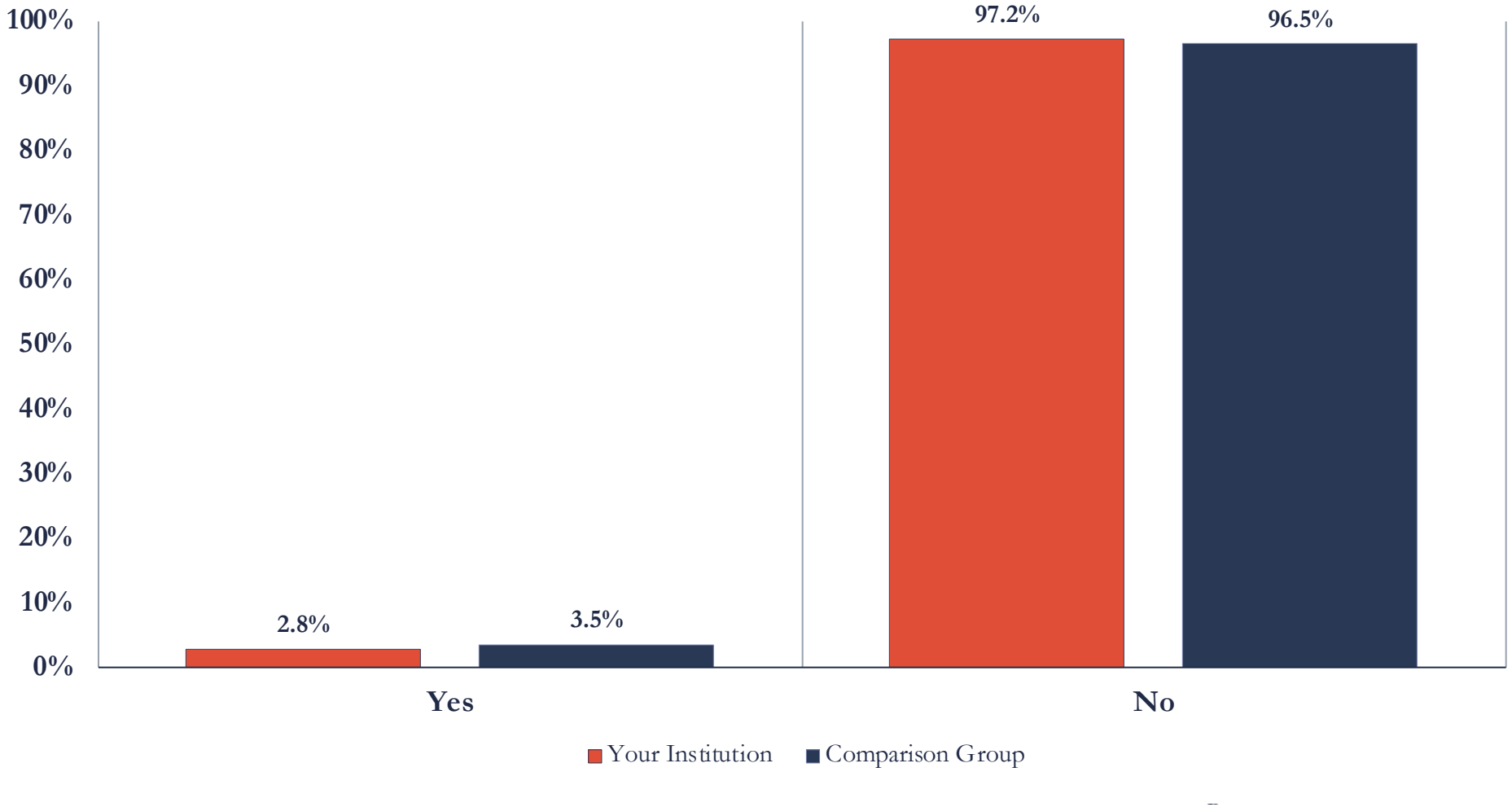


College Preparation

These items illustrate students' academic preparation.

Summer Bridge Program

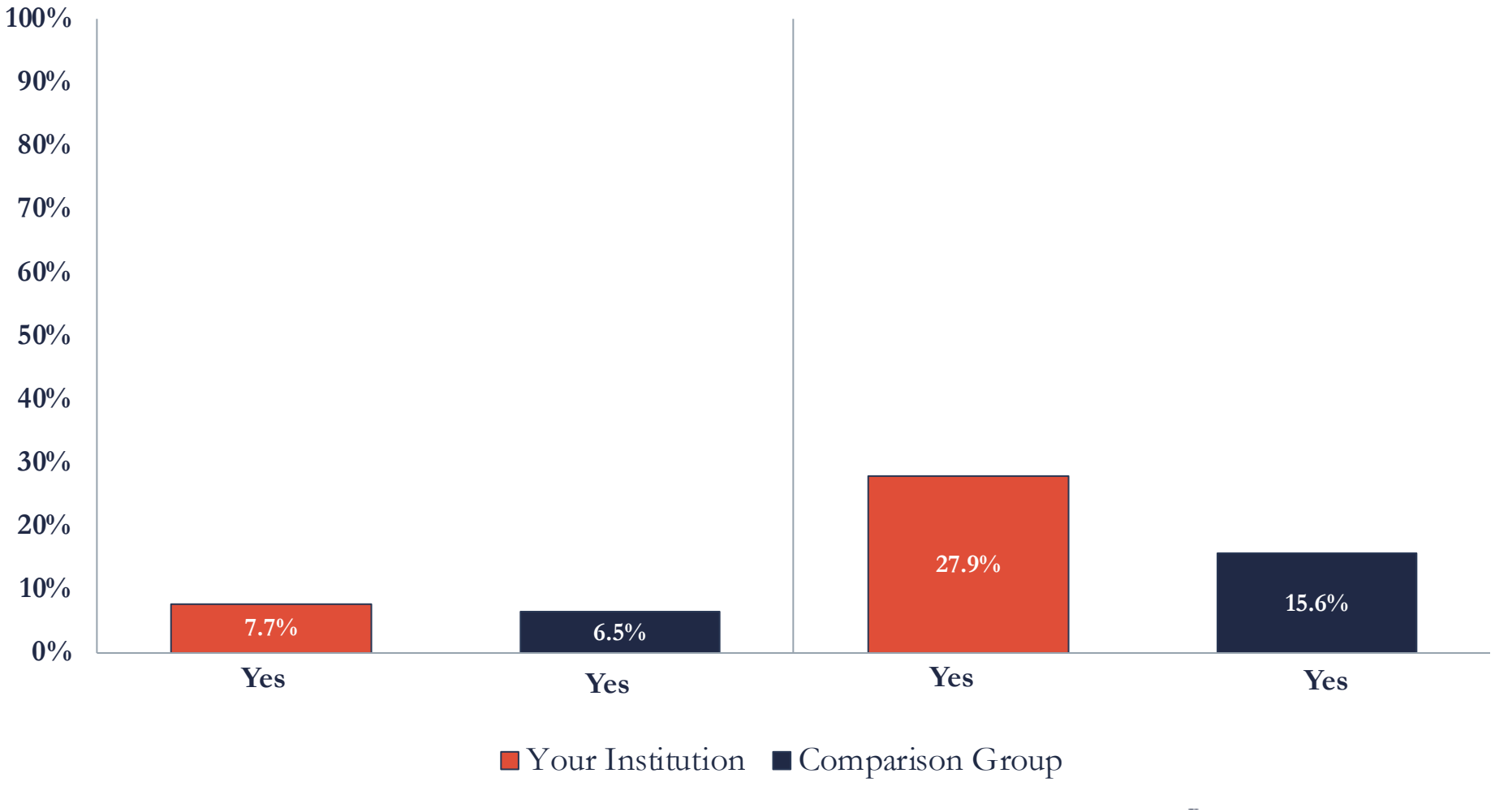
Did you participate in a bridge program at this institution this summer?



Previous College Coursework

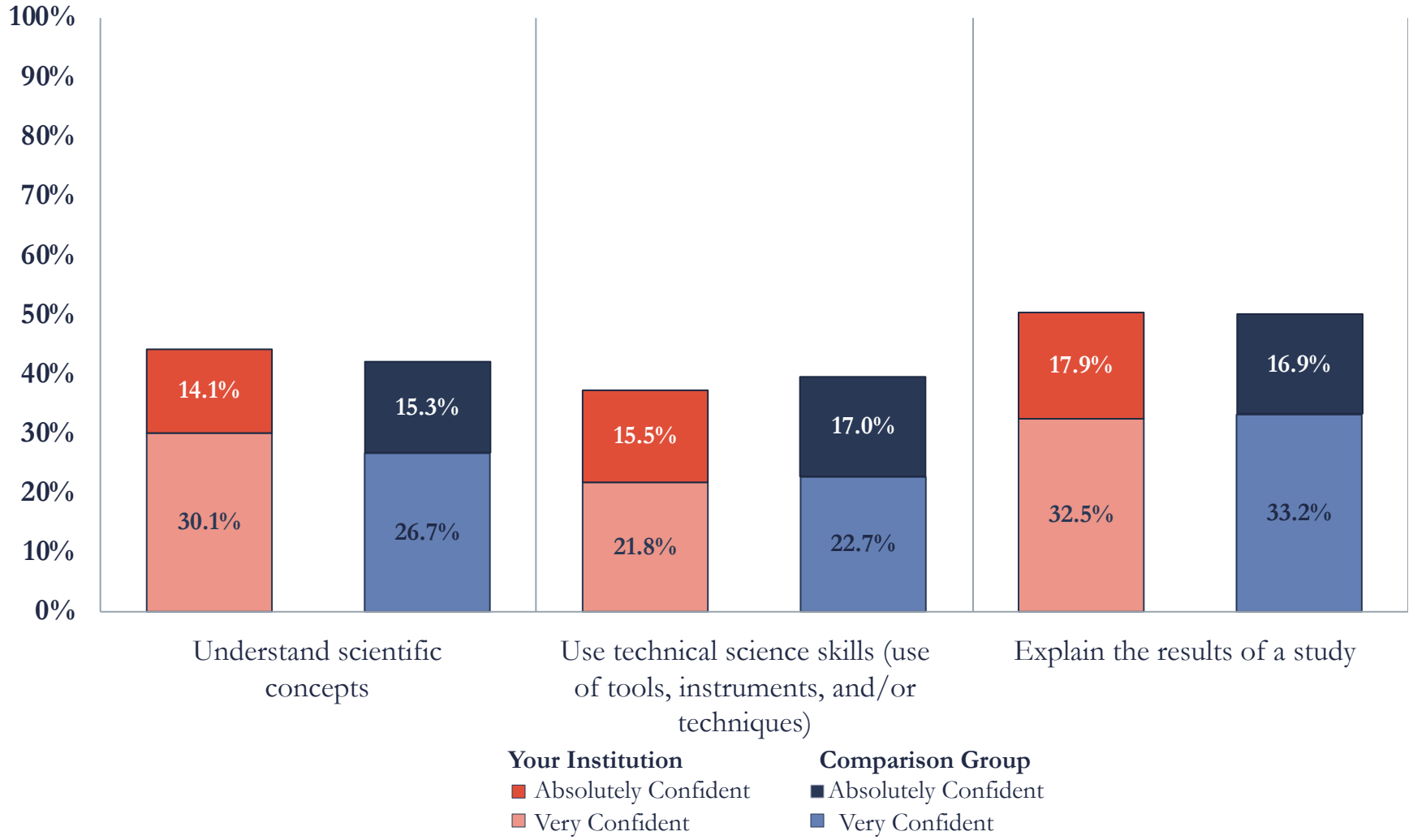
Have taken courses for credit at this institution prior to this term

Have taken courses, whether for credit or not for credit, at any other institution since leaving high school



Science/Research Self-Efficacy

How confident are you that you can do the following?



Expectations for College: Major and Career

Understanding students' intended majors and career aspirations helps them plot an intentional and meaningful course of study.

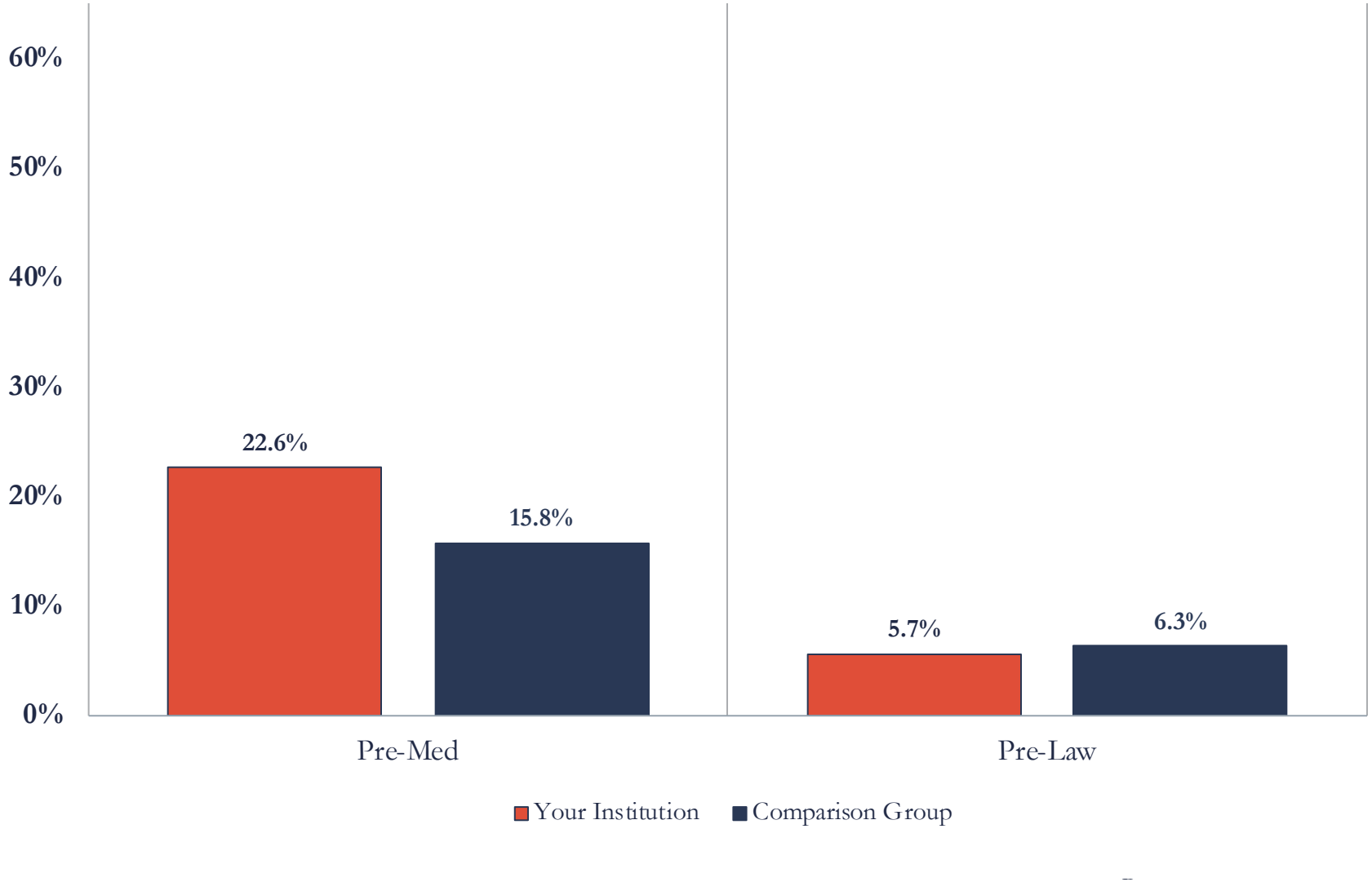
Expectations: Major

Please indicate your intended major.

	Your Inst	Comp Group
Agriculture	0.9%	0.2%
Biological Sciences	13.9%	10.9%
Business	12.8%	14.6%
Education	5.7%	7.3%
Engineering	4.6%	5.0%
English	1.3%	1.3%
Health Professions	22.3%	12.1%
History or Political Science	2.8%	3.1%
Arts & Humanities	5.5%	4.6%
Fine Arts	6.4%	7.2%
Mathematics or Computer Science	3.1%	5.2%
Physical Science	0.8%	1.3%
Social Science	8.9%	10.2%
Justice and Security	4.4%	5.8%
Library Science	0.0%	0.0%
Other Non-technical	4.3%	2.7%
Undecided	2.2%	8.4%

Expectations: Major

Do you consider yourself Pre-Med or Pre-Law?



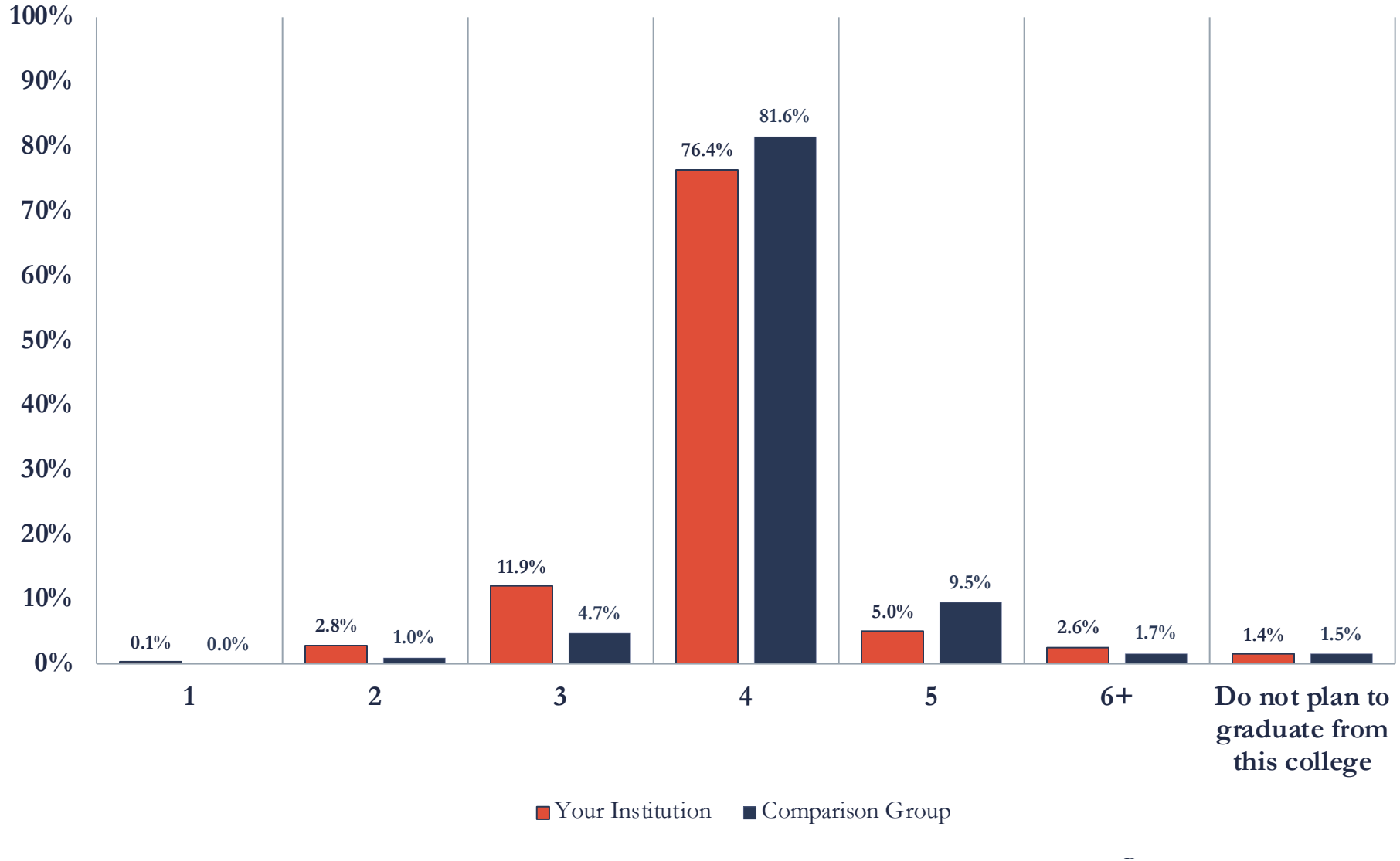
Expectations: Career

Please indicate your intended career.

	Your Inst	Comp Group
Agriculture/Natural Resources	1.0%	0.6%
Artist	8.6%	9.4%
Business	12.7%	14.9%
Business (Admin Assistant)	0.1%	0.1%
Clergy	0.0%	0.1%
College Faculty	0.3%	0.2%
Communications	3.8%	3.0%
Doctor (MD or DDS)	8.7%	6.0%
Education (elementary/secondary)	7.9%	9.8%
Engineer	3.4%	3.9%
Government	1.5%	1.7%
Health Professional	6.2%	6.8%
Homemaker/Stay-at-Home Parent	0.1%	0.1%
Information Technology Professional	2.7%	4.0%
Lawyer	2.5%	2.5%
Military	1.1%	2.1%
Nurse	11.7%	5.6%
Research Scientist	2.0%	2.2%
Service Industry	0.1%	0.2%
Skilled worker	0.1%	0.1%
Social/Non-Profit Services	0.3%	0.2%
Other	20.1%	17.4%

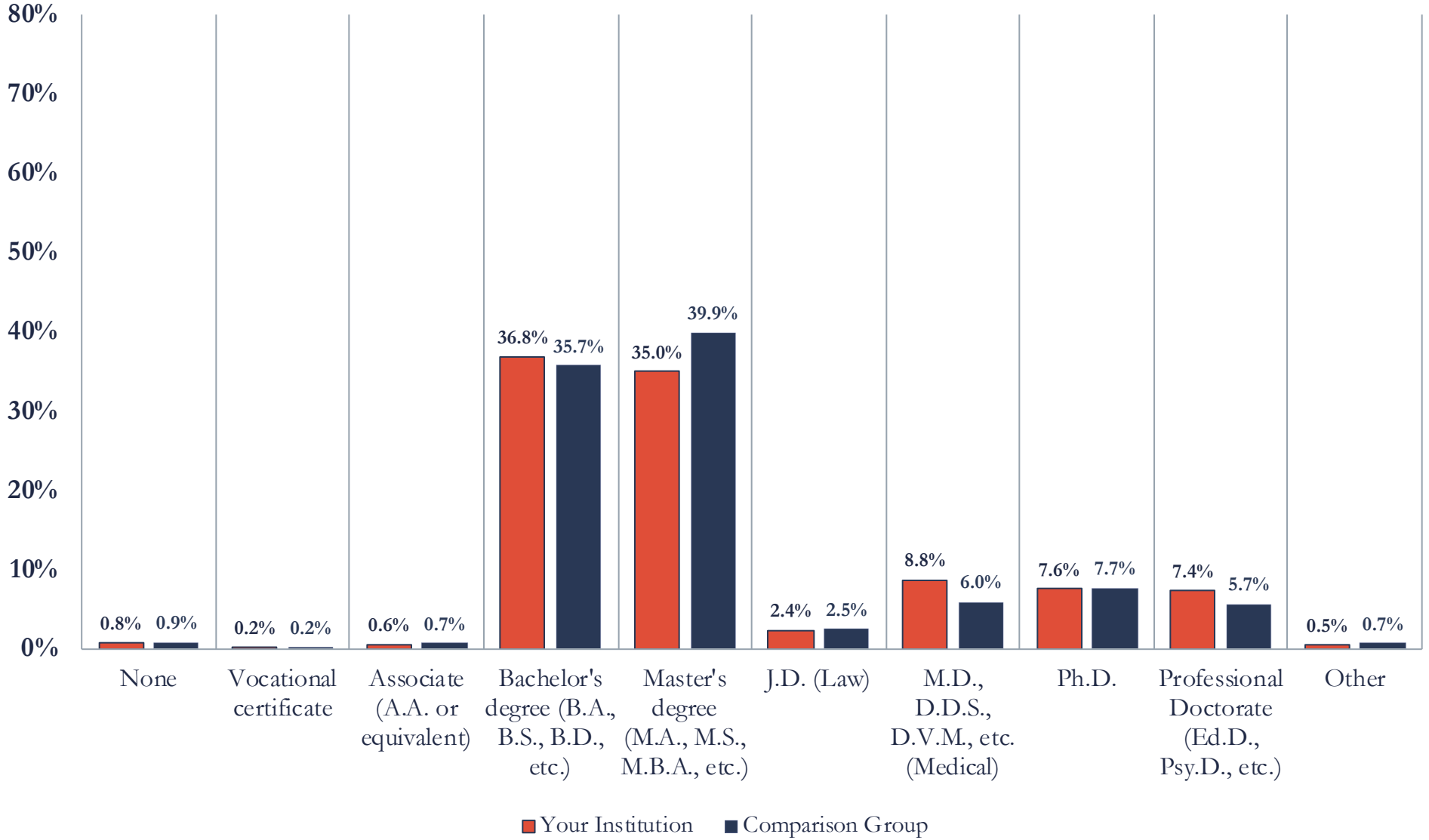
Expectations: Time-to-Degree

How many years do you expect it will take you to graduate from this college?



Expectations: Degree Aspirations

What is the highest academic degree that you intend to attain?

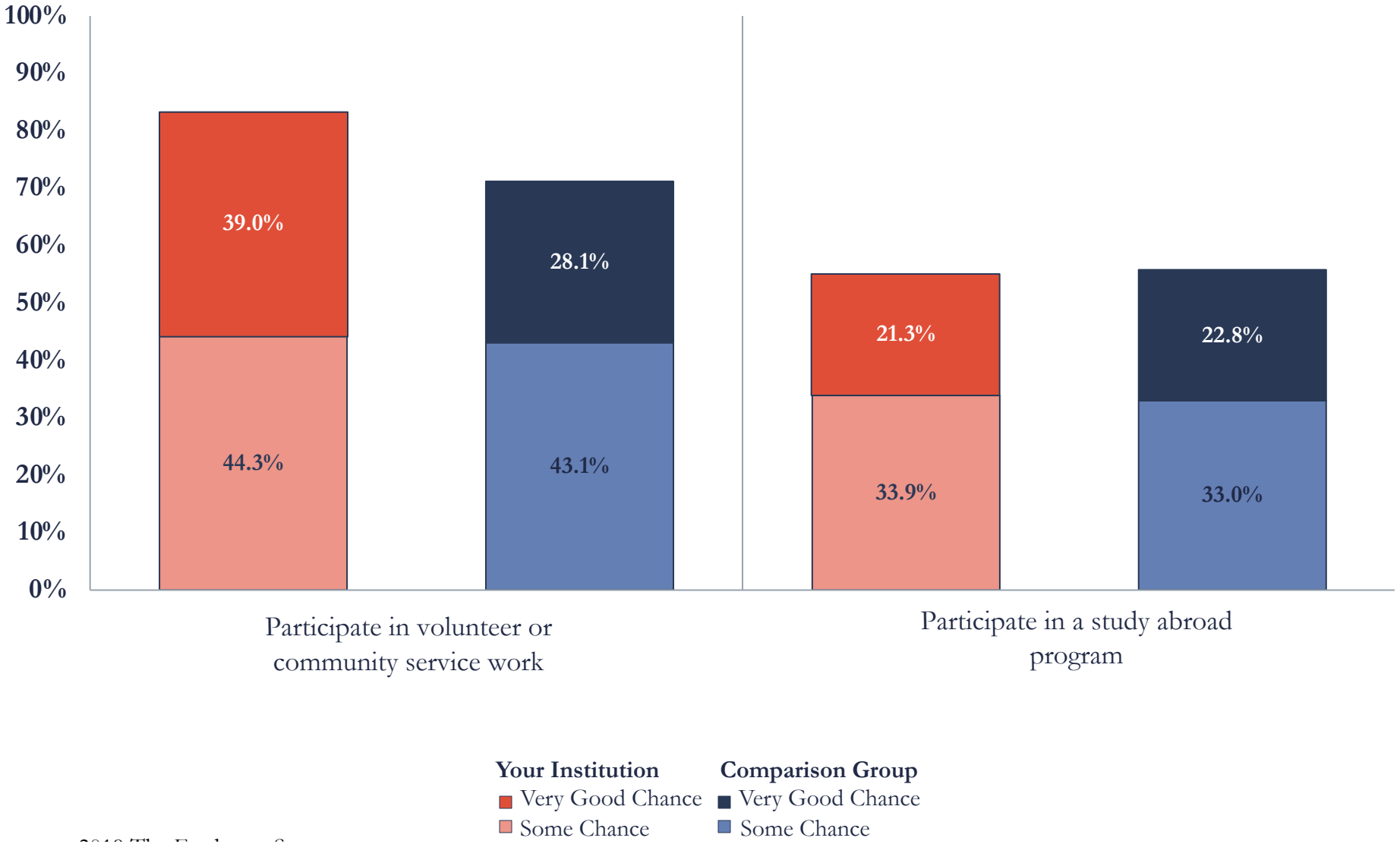


Expectations for College Life

Understanding students' expectations helps provide opportunities for students to grow intellectually, interpersonally, and affectively.

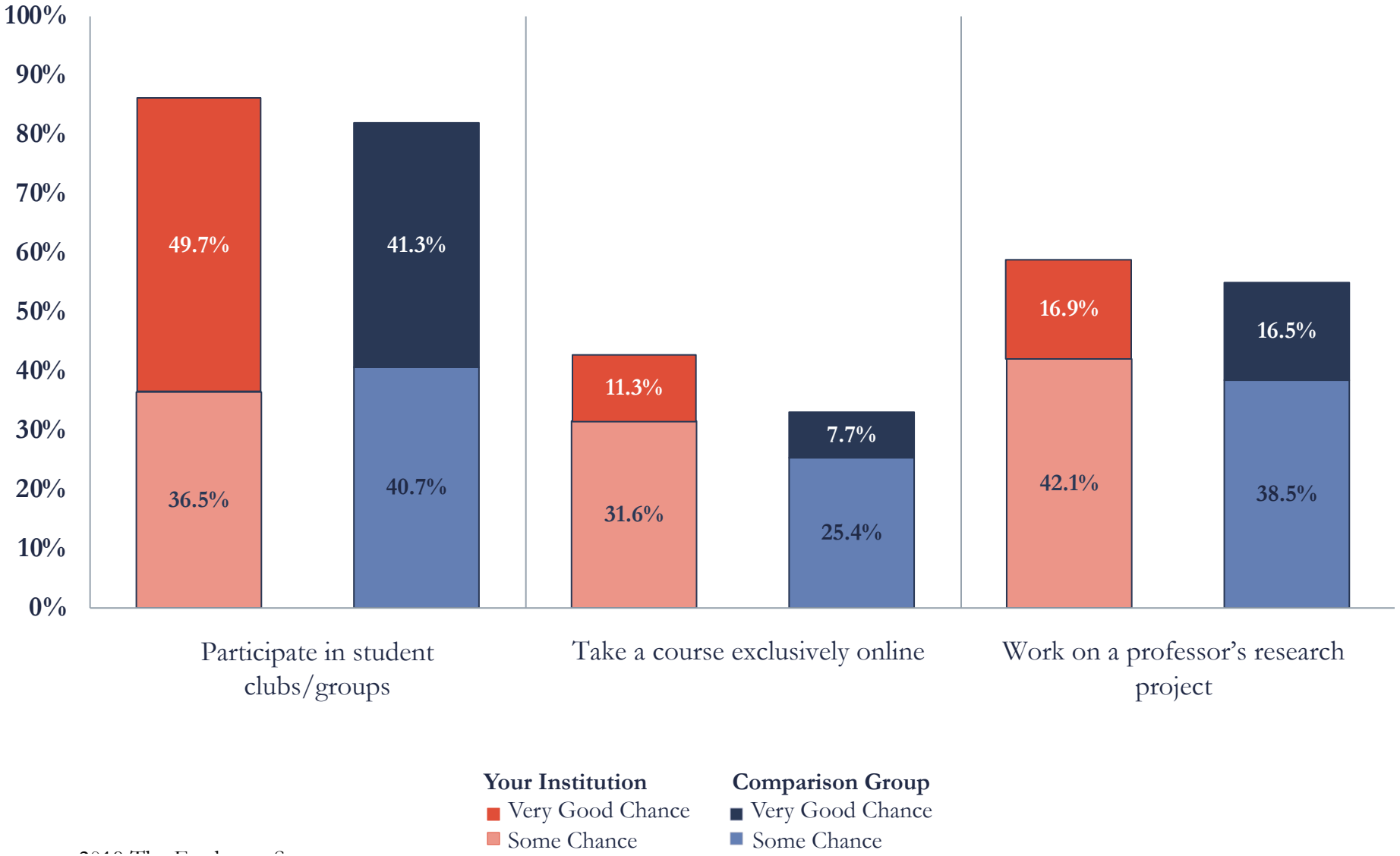
Expectations for College Life

What is your best guess as to the chances that you will:



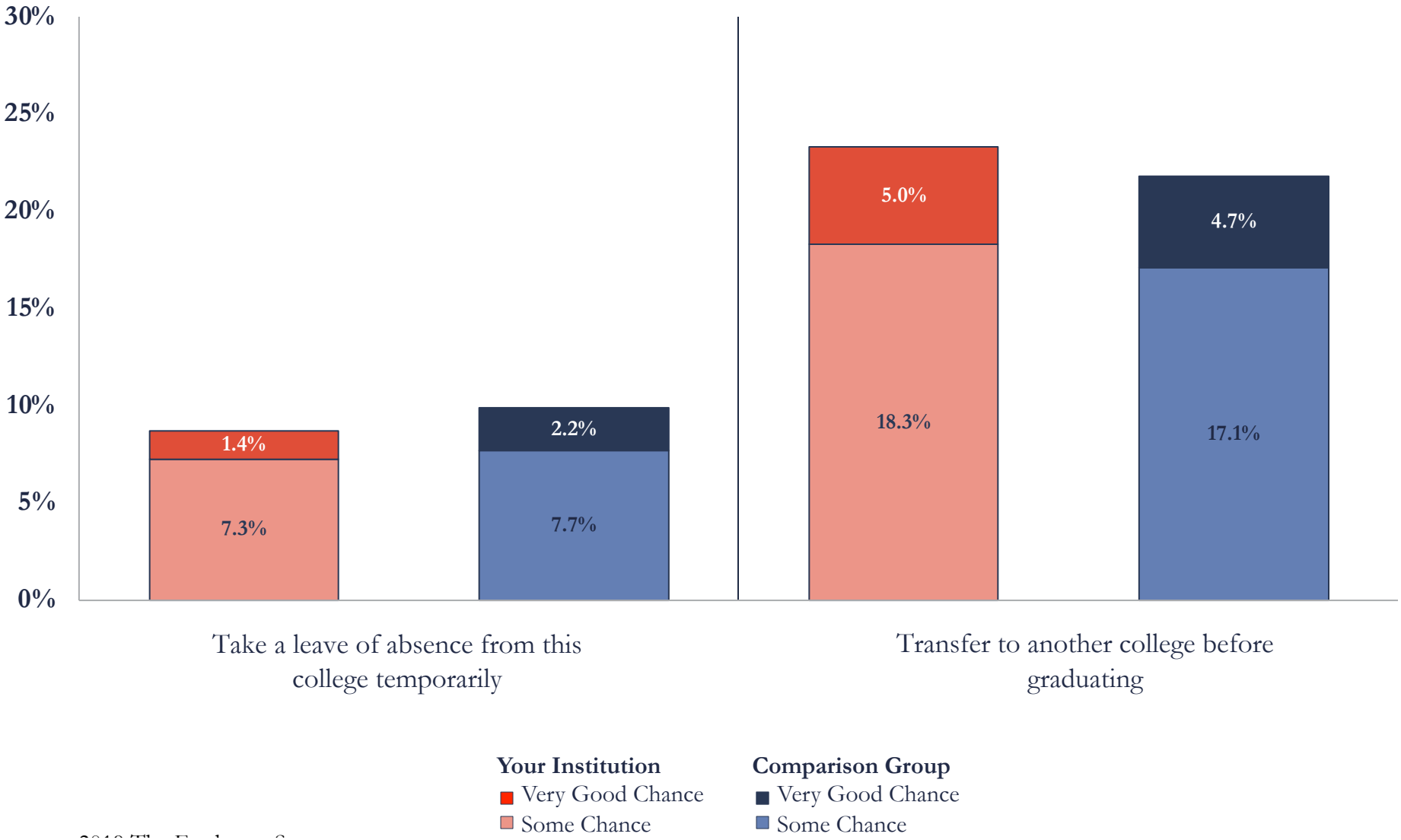
Expectations for College Life

What is your best guess as to the chances that you will:



Expectations for College Life

What is your best guess as to the chances that you will:



The more you get to know your students, the better you can understand their needs.

For more information about HERI/CIRP Surveys

The Freshman Survey
Your First College Year Survey
Diverse Learning Environments Survey
College Senior Survey
Staff Climate Survey
The Faculty Survey

Please contact:

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(310) 825-1925
www.heri.ucla.edu

Appendix G: Focus Groups Survey Results

Health and Wellness Focus Groups Report

Spring 2023

Coordination

Three focus groups were hosted in March at the Student Health Center Conference Room 5:30-7 p.m.

Thursday, 3/2 - 13 Graduate Students

Tuesday, 3/21 - 8 International Students plus Education Abroad Coordinator

Wednesday, 3/22 - 12 Underrepresented and First-Generation Students (combined group)

Focus Group Questions

1. **What are the main contributors to your overall stress at TXST?**
2. **What are the main contributors to stress in your class or academic program?**
3. **What are the main contributors to your financial stress?**
4. **What are the main contributors to stress in your social life?**
5. **Are there any cultural issues that can cause a lot of stress?**
6. **Are there any safety issues that cause a lot of stress for you?**
7. **What else causes you a lot of stress?**

Overall Themes

9. Professors/Classes/Academic Program
    a. The workload is too heavy.
    b. There is inflexibility with workload and attendance policies.
    c. Classes are too long and too big.
    d. Group projects cause conflict and inequity in grading.
    e. Teaching methods don't produce learning.
    f. Lack of communication about course expectations.
    g. There are Interpersonal conflicts with other students.
    h. Advising is not consistent or done early enough.
10. Work Life Balance/Social
    a. It is hard to balance school, social life and work.
    b. Lack of sleep from balancing school, work and social life.
    c. There is no time or money for socializing, fun or taking care of your health.
    d. The adamic stress affects social life.
    e. There is a lack of community and belonging.
11. Finances
    a. The cost of tuition, books, and rent is expensive.
    b. There are not enough scholarships or clear communication about scholarships.
    c. Financial Aid office staff are inaccessible.
    d. Students still must work even with financial aid.
    e. There are not enough jobs on campus.

f. The jobs on campus don't pay well.

12. Transitions
    a. Students need guidance exiting the university.
    b. Students need help finding a job after graduation.
    c. The academic expectations are vastly different from previous educational institutions.
    d. Fitting in and finding community is difficult.
    e. Students need more support entering TXST as a transfer, first gen and international student.
13. Food Insecurity
    a. The cost of food is expensive.
    b. The access to Bobcat Bounty is limited. It's only open one day per week.
    c. TXST needs a food store on campus with affordable nutritious options.
14. Housing
    a. Apartments in San Marcos are predatory.
    b. There are safety issues at apartment complexes.
    c. All the expenses related to living off-campus are expensive.
15. Cultural
    a. There are stereotypes, misconceptions, and microaggressions in most settings.
    b. There is professor bias (lack of diversity training).
    c. Cultural barriers to fitting in and making friends.
    d. Students are homesick.
    e. There is culture shock for international students.
    f. The entire academic system is stressful. Adjusting to the U.S. university system is difficult.
    g. Working, jobs and obtaining visas for international students is stressful.
16. Safety
    a. Theft at apartment complexes is distressing.
    b. There is concern about sexual assault.
    c. The high rates of drugs and crimes off-campus is concerning.
    d. There is a lack of quick response and communication with UPD.
    e. Some students must walk and wait in the dark for the bus.

Focus Group Results

Q1: What are the main contributors to your overall stress at TXST.

Graduate Students

- Professors/Classes
    - Favoritism
    - Don't appreciate or understand GIA or graduate student experiences.
    - Lack of flexibility
    - Don't respect your time.
    - Faculty don't accommodate student needs.
    - Political tensions in classes.

    - Too many classes in the evening.
- Finances
    - Finances are the biggest issue.
    - Lack of financial aid and scholarships
    - Not enough IA jobs.
    - GIA positions (make $14,000) and health insurance – loans don't cover unpaid health insurance.
    - Book costs
    - International and out-of-state tuition
- Work/Life/School Balance
    - It is difficult to balance work, life and school.
    - Lack of free time
    - Not enough to socialize.
    - Poor family support
    - Lack of community
    - Extensive work hours
    - Lack of community building in cohorts.
- Advisors/Academic Program
    - Communication with advisors (lack of direction, lack of communication)
    - Lack of communication through programs
    - Not having a support system in their master's program
    - Interpersonal relationship conflicts within programs (clique, competition, toxicity, gossiping)
    - No community building.

- Mental Health and Disability
    - Limitation of mental health services
    - Social disabilities
    - Physical accessibility (ramps, pertaining to those with disabilities)
    - Lack of sleep

International Students:

- Academics
    - Get good grades!
    - Perform well academically.
    - Having to work while going to school.
    - Competitive majors, stressors in succeeding in the first exam/assignment. Helps either build or break confidence.
    - Non-coding background to coding (computer) background in college.
    - Transition is difficult via the grading system.
    - System of Education is different from for students from diverse backgrounds.
    - The semester system is difficult.
    - International Student Scholar Services are not helpful.
- Transitions
    - What's next after graduation-need internships to move forward.

    - Texas State has not reached out.
    - Culture shock. No support for adjusting.
    - Lack of access to information. No communication with International Students.
- Jobs
    - A lot of stress and still more stressors with applying or finding work.
    - Not getting H1B, must go back home. Legality. Struggle with visa and education. No cooperation.
- Classes
    - Hard to get used to a big environment and big classes, it's difficult to see fresh faces all the time and not being able to make friends.
    - Practice inside classrooms can make a difference.
    - The way of communicating to students in classes is confusing for different backgrounds.

Underrepresented and First-Generation Students:

- Professors
    - Focused on getting homework in on time and disregarding that life happens.
    - Teaching isn't communicative, needs class interaction. Straight lecture isn't effective.
    - Professors are only teaching what they are passionate about, speaking to you. Not going back and forth. Not comprehensive.
    - Lectures are hard because of professors' tone, reading off screen, must relearn class material adds to stress.
    - Lack of direction with grievances towards professors. Want my professor to listen.
    - Workload to graduate in four years, each class is hefty and adds up. Sacrifice other assignments because professors aren't accommodating.
    - Not a focus on teaching students real world things, how to vote, how to get insurance.
    - Professors record lecture and graduate student is teaching the material, they aren't as knowledgeable.
- Finances
    - Overlooked as first gen, comes with no support.
    - Even with financial aid, still must work, and sign a lease.
    - Sacrifice weekends to work to pay rent, in the week must do work study and class. Not a lot of help managing all these issues.
    - Want to move from my current housing but can't be due to cost.
- Work Life School Balance
    - Hard to balance between work, financial, and social.
- Classes
    - 90 minutes for a class is too long.
        - Long classes lead to time management issues and concentration issues.
    - 50-minute classes two days a week versus three days a week
    - School should only be M-T and weekends F-S, Friday off.
    - Class size is too large in teaching theater. Need smaller class size.
    - Loss of study habits due to online classes, hard to transition back to in person classes.
    - Graduate students run classes.
    - People are focused on passing not learning.
    - The McGraw Hill system is ineffective.
    - The chemistry department is insane because there is no teaching during lecture time, all material is online, expected to learn at home.

    - Class selection, not able to get the classes they need.
    - Academic grading system doesn't foster learning environment, students focus on grades skills.
- Housing
    - Off-campus housing is predatory.
    - Only first-year students can live on campus, eliminating the option for cheaper housing if you can't afford it off campus.
    - Safety issues at off-campus apartments-theft, gates don't work, no cameras.
- Transitions
    - Not enough support for graduating seniors for the transition into post graduate life
- Legal issues
    - Criminal charges, immigration, undocumented students experience more stress from lack of resources.

Q2: What are the main contributors to stress in your class or academic program?

Graduate Students:

- Professor/Classes
    - Workload
    - Lack of structure in courses (pertaining to assignments and formatting)
    - Lack of expertise in certain subjects (pertaining to having to take classes outside of their field of interest)
    - Access to classes
    - Rigor of classes
    - Time of classes (night classes)
    - Too many nights classes
    - Lack of empathy (regarding professors and within programs)
    - Conflicting viewpoints (tension)
    - Issues with other students in cohort
- Academic Program
    - Academic integrity in program
    - Lack of flexibility with program
    - Lack of diversity
- Work
    - Wage is too low for GA positions.
    - Lack of access to GA positions
- Housing insecurity
- Lack of sleep

International Students:

- Professors/Classes
    - Didn't understand professor's expectations. Expectation vs. reality. No understanding until the first week of school.
    - Professors communicate in confusing ways. Never consistent in what a student should expect in an exam.
    - Professors do not post schedule of work assignments and tests on canvas.

    - Professors give the impression that they don't care.
    - Inequity in group projects.
    - Assignments are inconsistent. Even distribution and communication for students because it is stressful submitting everything at once.
    - It's difficult to study so much content and turn everything in at once.
    - It's difficult to understand that teachers are here first. Feeling comfortable in the university and not feeling uncomfortable in knowing campus and campus resources.
    - Group assignments and conflict with other students.
    - Limited office hours and access to meetings with the professor.
    - Being afraid to ask for help from professors and classmates.
    - Faculty should reach out and ask about experiences.
- Advisors/Academics
    - Had a different advisor every single time.
    - No consistent academic advising.
    - Need more early-on academic advising.
    - Inconsistency and lack of information from advisors add stressors.
    - A lot of focus is on Graduate student support and not undergraduate student support.
- Work/Jobs
    - Jobs on campus. International students need the money. Applying online with no success.
    - Having to balance work and classes, being afraid to either lose their job or also afraid to fail. The number of hours to work is a lot to ask for also to juggle schoolwork.
    - Not being able to finish the degree on time because of visa.
- Culture
    - A lot of the culture is American and will silence other voices.
    - Isolation and not feeling included.
- Food Insecurity
    - Limited food resources. Not a lot of options (vegetarian, vegan).

Underrepresented and First-Generation:

- Classes/Professors
    - Workload, length of class, not learning, professors not caring about life events.
    - Teachers have questions about content they can't answer themselves and overcomplicate them.
    - Science department compared to other schools, ex) 70-80 at community college versus thirty at Texas State
    - Workload,
    - Group work, students have outside lives, lack of participation from group members.
    - Attendance policies, need days to miss. Burnout from being graded on attendance.
    - Unfair that grades drop a letter grade for missing school. Attendance shouldn't be so weighted.
    - Lower-level classes, harsher professors are on attendance and outside resources.
    - Classes counting off the most for absences are the classes that are easier versus classes you need to be there; professors are more lenient.
    - University seminars are ineffective, busy work. More into a life skills class
    - Tests disproportionally affect class grades.
    - Teaching yourself

    - Anger at the way professionalism class is teaching their material.
    - Microaggressions from professors
    - Microaggressions in professionalism field
    - Limited spots in programs like nursing, figure out where to go if not getting into nursing school in Texas state.
- Finances
    - Cost of outside resources, making a book required for classes then not using the book.
    - Pay out of pocket for McGraw Hill, many assignments associated with McGraw Hill
    - Must intern from 8-5, M-F. Unfair to changing world, not able to work.
- Food Insecurity
    - Food insecurity, not available to attend bobcat bounty drive due to once a week. Food is about to expire.
- Mental Health
    - Lack of resources for mental health. The Counseling Center is overrun.
    - Mental illness can affect all areas of likes.
    - Test anxiety
    - Lack of sleep due to stress, academics
    - Go to bed from 11-2
- Housing
    - Sick due to staying in dorms, mold.
    - Stressful to live in a dirty environment and broken fixtures.

Q3 What are the main contributors to your financial stress?

Graduate Students:

- Financial Aid/Scholarships
    - Not enough Scholarships
    - Lack of awareness of financial aid (out-of-state and international)
    - Competition of scholarships
    - Barriers to getting scholarships.
    - Costs of books
    - Lack of communicating with financial opportunities
    - Lack of funds for fun and leisure
- Jobs
    - Policies dictating pay.
    - Lack of funding through programs
    - Not being able to work (international students)
    - Job security
    - Not enough Instructional Assistant jobs
    - Difficulty getting jobs.
- Academics
    - Cost of supplies (Books)
- Food Insecurity
    - Cost of food

International Students:

- Financial Aid/Scholarships
    - Tuition and cost of being in school. International students have limited financial aid and scholarship opportunities.
    - We need undergraduate opportunities that help with tuition.
    - Cost of books
- Jobs
    - Handshake, Job Platforms. Employers. It feels that people aren't getting jobs, knowing if a person got rejected from the job or not.
    - Interstride, like Handshake but for international students. Giving more access to internships or professional opportunities.
    - Finding a job in your degree.
    - Losing GIA job and tuition discount

- Academics
    - Purchasing textbooks that were not needed, just taking the exams was expensive.
- Health Insurance
    - Having to have health insurance because of the law and having to pay for it.
- Technology
    - The technology you need to attend classes is expensive.
- Apartment Complexes
    - Apartment complexes put up extra hurdles for international students to get verified.
- Transportation
    - Public transportation is a big issue.
    - Getting around the community to get basic needs fulfilled is difficult.
    - Cost of off-campus transportation
- Conversion rate in America
    - It's stressful. Pray that Country's currency doesn't get devalued.

Underrepresented and First-Generation Students:

- Financial Aid/Scholarships
    - Want to join organizations, but I have no scholarships to reflect my high school resume.
    - Not enough scholarships, they don't make sense.
    - Scholarships do not represent the student body, do not recognize academic achievements, they are too specific.
    - Financial aid office not communicative, must push to get anything.
    - Must revictimize themselves to keep reapplying for scholarships.
    - Talking to a financial aid is a run around, hard to get them on the phone, get frustrated.
    - Cost of school, work study then extra expenses. Can't keep putting all money towards tuition.
- Jobs
    - Work study jobs are office jobs, not what you want to do.
    - Most jobs on campus are work study. May not qualify for work study.
    - Jobs know they are hiring students but expect to have work be a priority.
    - Supposed to be full time student, hard to not work 2-3 part time jobs even with financial aid.

    - Job in school, sacrifice to work when wanting to study. Main priority is school. Unempathetic employers
    - Resume and cover letter needed for on campus jobs.
- Food Insecurity
    - The only place for first-year students or people who don't have cars to get groceries is target which is too expensive.
    - Groceries are expensive off campus; scholarships do not reflect inflation.
    - Could use a grocery store on campus.
- Health Insurance
    - No health insurance. Texas state health insurance does not cover a lot.
- Apartments
    - External expenses, rent, car insurance, groceries pile up, savings are drained to live.
    - Apartments are expensive.
    - City of San Marcos doesn't regulate utility bills.
- Parking
    - Parking is expensive and there are not enough spots, UPD is aggressive with their ticketing.
- Construction is stressful.

Q4 What are the main contributors to stress in your social life?

Graduate Students:

- Academic
    - Having to complete projects during holidays.
- Work Life Balance
    - Tedious work of interfering with social life
    - Lack of time to hangout
    - No money to socialize.
    - Not seeing loved ones as often
    - Academic stress affects social life.
- Relationships
    - Lack of effort and time to build community.
    - Relationship strains due to school.
    - Distress with other students (gossiping, lack of trust)
    - Lack of family support (not seeing education as important)
    - Relationship strains/ breakups
    - Conflicts in workplace
- Transportation
    - Transportation barriers (commuting from San Antonio, Austin, Bastrop)
    - Restrictions due to commuting.
- Culture
    - Lack of cultural support (lack of representation)

International Students:

- Relationships

    - More than knowing someone than just making friends
    - Fear of being rejected.
    - Difficulty fitting in.
- Culture
    - Making friends, in general, is harder: Language Barrier. If you don't speak English, it's hard to make friends. Slang, and all the words that Americans use.
    - A lot of it is not mutual. Coming to a very communicative and context culture.
    - Makes International students find their own group. It's not easy to get out of a shell when there is no mutual understanding.
    - There is a lot of stereotyping and lack of belonging between two cultures. Expectations of who an individual should be.
    - A lot of misconceptions about International Students. Women of color are put in a box because of not being in the country, only being in it for citizenship. It can put a strain on relationships.
    - Greek Life. Guys were douchebags= unfriendly behavior. Too close to their group of sororities and fraternities and communication is different.
    - Reality check. A lot of people have plenty of expectations coming and a lot of Stereotyping.
- Financial
    - Financial would hit with social life and vice versa.
- Safety
    - Not feeling safe. Not wanting to go out and meet people because of fear of something bad happening.
    - No information to International Students based on safety in American Culture

Underrepresented and First-Generation Students:

- Work Life Balance
    - Can't go out on weekends due to work.
- Relationships
    - Hard to see others doing stuff on social media platforms-Fear of missing out.
    - Being excluded
    - Not fitting in
- Classes/Academics
    - Participation in classes is graded. Expectation to talk in class is stressful as a reserved person.
    - Around high achieving students in business school, sense of competition. Face value saying supporting each other, but not.
    - Oral presentations and group work
    - Social anxiety in class, smaller classes
    - Online classes made it hard to meet people.
    - Competition, overthinking in your head.
- TXST may not contribute to social stress. (Positive Experiences)
    - Helps stress.

    - Joined organizations.

- Cultural
    - Racial tensions, discrimination, stereotypes. Social biases. If someone was assaulted, not going to believe them because of identity.
    - Male dominant spaces, in business classes, microaggressions
- Transition
    - Coming in as a transfer, you lost the socialization from students who lived on campus their first year.

Q5 Are there any cultural issues that can cause a lot of stress?

Graduate Students:

- Representation
    - Lack of representation (race, ethnicity, gender, sexuality) in graduate programs
    - Lack of others with similar cultures
    - Conservative culture on campus
    - Lack of allies for nonbinary students
- Professors/Academics
    - Lack of training for inclusivity for professors
    - Unwelcoming of other cultures (white supremacy)
    - Exploiting of cultures ("token Latina")
    - Lack of cultural support
    - Lack of support within department
    - Lack of compassion of religion (from faculty)
- Student Organizations
    - Toxicity within cultural groups (LGBTQ)

International Students:

- Homesickness
    - Being homesick.
    - Feeling super bad and lonely, wanting to see family.
    - Feeling like it's not addressed.
    - Being homesick is something that causes someone emotional stress.
- Culture
    - Hard to talk to people, social norms, social cues.

Underrepresented and First-Generation Students:

- Racism/Exclusion
    - Heard from other people, exclude minorities from social events like frat parties. Can't come to a frat party if darker than a paper bag.

    - Not wanting to participate in tailgates due to being turn downed from tailgates, makes people not want to go.
- Professors
    - Adult students want to be treated like adults, condescending tone from professors.
    - Putting on a façade to mask Black culture when talking to professors. Code switching. Happens with other students and employers.
- Enjoyed seeing more people like themselves, a lot of minorities. Destressed felt more accepted as there are more people like themselves. (Positive Experience)

Q6 Are there any safety issues that cause a lot of stress for you?

Graduate Students:

- On campus
    - Guns
        - Open carry being legal.
        - School shootings (active shootings)
    - UPD
        - Lack of communication of police department
        - Inconsistencies with UPD (lack of quick responses)
    - Lighting on Campus
        - Lack of lighting at night
        - Lack of blue lights on campus (lack of trust that they work)
    - Bomb threats near final exams.
    - Violence on campus
- Lack of transportation to car (bus issues)
    - Standing outside in the dark waiting for the bus
    - Must walk all the way to the stadium to catch the bus.
- Cultural
    - Conservative culture stress
    - Veterans don't feel safe because of assumptions towards them about politics.
    - Higher U.S crime rate
- Off campus
    - Lack of apartment safety
    - Drug deals

International Students:

- Cultural
    - Some people who just arrived don't expect another culture shock.
    - Roommates bring guests that an individual might not know.
    - Stereotyping

Underrepresented and First-Generation Students:

- On Campus
    - Construction, the way the lanes are, the rocks.
    - Increase in sexual assaults on campus.
    - Stairs on campus, especially when wet, more time to take ramps.
- Off Campus
    - Apartments allow more than students to live there.
    - Apartments do not maintain fire alarms or sprinklers.
    - Safety concerns about apartment but staying due to cost concerns.
    - Apartments aren't closing or fixing gates, sticky notes on cars to sex traffic. Drunk men knocking on doors.
    - Shootings at apartments

Q7 what else causes you a lot of stress?

Graduate Students:

- Food
    - Location of foods (convince of vending machines)
    - Price of food on campus
    - Cost of healthy food
    - Quality of food on campus
    - Lines of food places on campus
    - Not eating because there is no time.
    - Lack of food accessibility
- Health
    - Ignoring health due to school
    - Lack of time and money to be healthy
    - Chronic fatigue
    - Poor sleep due to stress

International Students:

- Transition
    - The transition phase into college could have a more targeted support system.
    - Counseling or advising to help people who may have just graduated.
    - A lot of uncertainty can cause stress and emotions can get in the way.
    - Someone to counsel you and listen to or even give resources.
- Cultural
    - Recognizing diverse backgrounds culturally and socially to make it easier to stand out on a resume.
    - Not wanting to be perceived the same as someone else.

Underrepresented and First-Generation Students:

- Professors
    - Enjoyed covid protocols, now professors aren't accommodating sick students.
    - Professors requiring sickness note for absences.

Appendix H: Recommendations That Positively Impact Student Health and Well-being in Learning Environments

Some recommendations that positively impact student health and well-being in learning environments:

1. Less focus on competition and performance and greater focus on learning and mastery. Specific examples include:
    a. allowing students to retake exams or parts of exams to learn from mistakes,
    b. giving students choices on how they demonstrate knowledge and mastery of content,
    c. offering students, the option of choosing from their best two out of three for assignments and quizzes,
    d. offering opportunities for students to receive feedback on writing assignments before deadline and giving them an opportunity to finalize the assignment based on input receive, and
    e. avoiding "high-stakes", heavily weighted components, such as a final exam weighted at 50% of the course grade.
2. Ensure that students are optimally challenged. This means that while students may be challenged, that they have adequate resources to meet the challenge. Specific examples include:
    a. recognizing that students have commitments outside of their academic commitments and the need to balance their work and life commitments,
    b. acknowledging that more tasks in a course does not always translate into more learning,
    c. making course goals, assignments and other expectations are clearly articulated from the beginning of the semester,
    d. giving students timely and actionable, specific feedback,
    e. participating in early warning systems, and
    f. being prepared to connect students who appear to be struggling to appropriate university resources.
3. Be intentional in ensuring that the course, classroom, and pedagogy design will promote student academic success. Specific examples include:
    a. connecting course content to the real world,
    b. adopting active learning pedagogy,
    c. adopting Open Educational Resources and other no/low-cost learning materials,
    d. offering lecture notes or power point slides ahead of class,
    e. being intentional about setting a welcoming classroom environment and space, and
    f. offering alternate forms of office hours including face to face and virtual interactions, and variety of ways for students the instructor with questions or concerns.

The abovementioned were based on the following sources: https://cmhc.utexas.edu/wellbeing/images/WBLE_Guidebook_OPTI_092020.pdf,

https://www.umt.edu/curry-health-center/wellness/student-wellness-advocate/faculty-toolkit-book-final-oct-2018-v2-linked-small-updated-updated.pdf, and https://cgsnet.org/wp-content/uploads/2022/01/CGS_JED_GradStudentMentalHealthReport.pdf. More information may be found at these references.

Appendix I: Contributing Factors to College Student Mental Health Problems

Contributing Factors to College Student Mental Health Problems

Summary of Factors Associated with, or Contributing to, Mental Health Problems in College Students:

- **Personal/Academic Stress**
- **Financial problems**
- **Poor coping skills**
- **Harmful effects of technology (cell phones, internet, social media)**
- **Alcohol abuse**
- **Inadequate exercise**
- **Insomnia**
- **Family history of mental health disorders**
- **Physical illness**
- **Poor family support**
- **Low GPA**
- **Low parent education level**
- **Gay, lesbian or bi-sexual**
- **Maladaptive perfectionism**
- **Workaholism**
- **Low self-esteem**
- **Intolerant university culture**
- **Poor academic skills**
- **Social isolation**
- **Poor athletic performance (athletes)**
- **Career or vocational concerns (athletes)**

Flatt, A.K. (2013) A Suffering Generation: Six factors contributing to the mental health crisis in North American higher education. *College Quarterly*, Vol. 16, No. 1.

College student mental health needs have increased and they are seeking psychological care in greater numbers than in the past. Research suggests that there are several contributing factors including academic pressure, financial burden, increased access to college for disadvantaged minority students, increased female to male ratio, the harmful effects of technology including the excessive use of cell phones, the internet and social media, and unhealthy lifestyles including alcohol abuse and lack of good nutrition and exercise.[22]

Dawood, E., Mitsu, R., Al Ghadeer, H. & Alrabodh, F. (2017) Assessment of Depression and Its Contributing Factors among Undergraduate Nursing Students. *International Journal of Nursing*, Vol.4, No. 2, pp.69-79.

This study included 149 nursing students and sought to determine the prevalence and severity of depression in the group. Significant relationships were discovered between the development of depression and family history of depression or other mental health disorders, diagnosis of physical illness, poor family support, low GPA, and low parent education level.[23]

Oswalt, S.B., Lederer, A.M., Chestnut-Steich, K., Day, C., Halbritter, A., & Ortiz, D. (2020) Trends in college students' mental health diagnoses and utilization of services, 2009-2015. *Journal of American College Health*, 68:1, pp. 41-51.

Studies indicate that mental health problems are increasing and widespread in the college student population with about one-third of undergraduates having significant symptoms of a mental health problem. Anxiety is the most common problem followed by depression. Counseling center directors cite anxious, over-involved parents, students' dependence on technology, and increased academic pressures as contributing factors for the increase of mental health issues in college students.[24]

Milicev, J., McCann, M., Simpson, S.A., Biello, S.M., & Gardani, M. (2021) Evaluating Mental Health and Wellbeing of Postgraduate Researchers: Prevalence and Contributing Factors. *Current Psychology* (2021).

Reports from the US reveal that three in four doctoral students experience elevated academic stress, one in two report depression, and one in ten consider suicide. Poor sleep is a common mental health complaint. Hyperarousal due to worry and stress is considered to be the main contributor to insomnia.
Factors associated with poorer outcomes were female and non-binary gender, non-heterosexual identity, maladaptive perfectionism, workaholism and being in the 5th year of study or above. Resilience, adaptive perfectionism, higher levels of social support and positive evaluations of progress and preparation, departmental climate, and supervisory relationship were associated with more positive outcomes.[25]

Markoulakis, R. & Kirsch, B. (2013) Difficulties for University Students with Mental Health Problems: A Critical Interpretive Synthesis. *The Review of Higher Education*, Vol. 37, No. 1.
This critical interpretive synthesis of 10 articles focusing on students with mental health problems revealed major themes that mutually contributed to the difficulties students with mental health problems experienced at the university. Major themes included fatigue, poor overall physical health, poor coping skills, low self-esteem, stressors including financial (most prevalent stressor), family life, work, and social anxiety, fear of self-disclosure or stigma, and perception of intolerant university culture. The structure of the learning environment created difficulties for students who had trouble managing timelines for assignments, participating in large or small classroom experiences, or handling several courses at once. Lack of effective student support service coordination both internal and external to the campus resulted in difficulties managing mental health and academic issues. Sometimes university policies intended to assist students with mental health problems actually created barriers to obtaining the assistance needed.[26]

Byrd, D.R., & McKinney, K.J. (2012) Individual, Interpersonal, and Institutional Level Factors Associated with the Mental Health of College Students. *Journal of American College Health*, Vol. 60, Issue 3.

This study investigates the individual, interpersonal, and institutional level factors that are associated with overall mental health among college students. Data were collected from an online cross-sectional survey of 2,203 students currently enrolled at a large public university.

The combined effects of both individual and institutional level measures were associated with student mental health. Limited coping abilities and a perceived racially tense campus climate contributed significantly to the psychological distress of college students. Students with poor academic skills and low self-esteem are more likely to experience higher levels of stress and mental health problems. Undergraduate students experiencing moderate to serious stress cited academic performance and workload as the main sources of stress. College students often report that college life is more stressful than anticipated. Adjusting to college life and the increased academic demands, forming new social relationships, and making changes in lifestyle and housing arrangements can adversely affect students' psychological and physical health. Social support from friends and family can be a protective factor when students are making the transition to college. Individual level measures were stronger contributors to overall mental health than institutional level or interpersonal level characteristics. These individual level characteristics included coping abilities, suicidal tendencies, confidence in communication skills, strong spiritual identity, and heterosexual orientation.

Simultaneously addressing the individual and institutional level influences on mental health offers the most promising help for students.[27]

Santurri, L. & Peters, P. (2013) A Comparison of Lesbian, Bisexual, and Heterosexual College Undergraduate Women on Selected Mental Health Issues. Journal of American College Health, Vol. 61, Issue 4.

Bisexual women reported the worst mental health status in all areas studied including anxiety, anger, depressive symptoms, self-injury, and suicidal ideation and attempts. Both bisexual women and lesbians had a far greater likelihood of having these mental health issues when compared with heterosexual women. Lesbians and bisexual women utilized significantly more mental health services (with the exception of clergy) than heterosexual women. College health professionals should recognize and address the mental health needs of bisexual and lesbian undergraduate college women.[28]

Oswalt, S.B. and Wyatt, T.J. (2011) Sexual Orientation and Differences in Mental Health, Stress, and Academic Performance in a National Sample of U.S. College Students. Journal of Homosexuality, Vol. 58, Issue 9.

This study examined the relationships of mental health issues and sexual orientation in a national sample of college students. Using the Fall 2009 American College Health Association-National College Health Assessment, responses from heterosexual, gay, lesbian, bisexual, and unsure students ($N = 27,454$) relating to mental health issues and impact of these issues on academics were examined. The findings indicate that gay, lesbian, bisexual, and unsure students

consistently reported higher levels of mental health issues and a more frequent impact on academics because of these issues than heterosexual students. Bisexuals frequently reported higher levels than students identifying as gay, lesbian, and unsure.

Sexual orientation itself does not put sexual minorities at greater risk for mental health problems. The environmental responses to their sexual orientation are the factors that increase their risk. Stressors that contribute to more mental health problems include sexual stigma, discrimination, victimization, homophobia, and less family support.[29]

Drysdale, M.T.B., Donnovan, R., & Callaghan, S. (2022) Student Mental Health in Higher Education: Discourse on Reddit Reveals Contributing Factors and Solutions. *International Journal of Health, Wellness & Society*, Vol. 12, Issue 1.

Reddit is an online forum that engages anonymous users in discussion threads on a variety of topics. This study included 994 users at a large Canadian university whose student narratives were qualitatively analyzed. Student narratives about personal struggles and perceptions of mental health were extracted. The analysis identified three barriers to care: stigma, lack of support and resources on campus, and lack of help-seeking due to impacts of the severe mental illness itself. The analysis also discovered that a student's sense of struggling or ability to cope were important factors impacting mental health. Issues contributing to struggling included negative interactions with faculty or staff, perceptions that faculty were deliberately abusive, course policies, toxic relationships, social isolation from peers, lack of support from family and friends, homesickness, parents who dismissed their struggling or did not want to discuss mental health, low levels of self-efficacy, courses with excessive assignments, final exams that accounted for 50% of the grade, difficult to navigate or access on-campus services, lack of windows in buildings or residence halls, not being able to buy good food, and sleep deprivation. Coping was improved by positive interactions with faculty or staff, caring comments from faculty or staff, peer and family support, high level of self-efficacy, feeling empowered or having choice, instructors willing to adjust deadlines, more accessible on-campus and off-campus resources, updated buildings with windows, better self-care, and mental health promotion such as peer-support programs.[30]

Pinkerton, R.S., Hinz, L.D., & Barrow, J.C. (2010) The College Student-Athlete: Psychological Considerations and Interventions. *Journal of American College Health*, Vol. 37, Issue 5, pp. 218-226.

College student-athletes are at particular risk for experiencing various forms of psychological distress. This article reviews the literature dealing with problems brought by student-athletes to college counseling and mental health centers. Among the issues discussed are fear of success; identity conflict; social isolation; poor athletic performance; academic problems; and career or vocational concerns. Psychological burnout, eating disorders, alcohol and drug abuse, and physical injury have also been noted. In addition, although athletes experience as much or more psychological distress as non-athletes, research indicates that athletes use professional services less often than nonathletes. Psychological intervention does not need to be substantially different from other students. Short-term psychotherapy, very brief interventions, cognitive behavioral therapy, and career/vocational counseling can be very helpful.[31]

Yubero, S., Navarro, R., Larranaga, E., Esteban, M., Gutierrez, J., & Elche, M. (2018) Health Contributing Factors in Higher Education Students: The Importance of Family and Friends. *Healthcare*, Vol. 6, Issue 4, 147.

The aim of this study was to determine well-being and its relationship to social support from friends and family communication in university students. A cross-sectional study was conducted with 1679 university students aged 18–25 years from four universities in Spain. Open family communication and social support from friends were the factors that associated the most with better well-being.[32]

Fink, J.E. (2014) Flourishing: Exploring Predictors of Mental Health Within the College Environment. Journal of American College Health, Vol. 62, Issue 6.

The purpose of the study was to explore and identify predictors from students' college experiences and environments that favorably affect their mental health. Multiple regression analysis revealed several predictors of college student mental health, including supportive college environments, students' sense of belonging, self-confidence, and civic engagement. Students' identification as bisexual, gay, or lesbian negatively predicted their mental health.[33]

Appendix J: Contributing Factors to IPV, Sexual Violence, Lack of Exercise, and Poor Nutrition

Contributing Factors to IPV, SV, Lack of Exercise, and Poor Nutrition

Sexual Violence and IPV:

Bhochhibhoya, S., Maness, S., Cheney, M., Larson, D. (2021) Risk Factors for Sexual Violence Among College Students in Dating Relationships: An Ecological Approach. *National Library of Medicine*, 2021 Aug; 36 (15-16): 7722-7746.

*This article cites several other related research articles.
College women reported having experienced significantly higher rates of sexual violence in comparison with college men. On the contrary, this study documents the significant higher prevalence of sexual violence among heterosexual students than among lesbian, gay, bisexual, transgender, queer college students for experiencing at least one type of sexual violence or unwanted sexual contacts in a dating relationship. Sexual victimization is associated with gender, sexual assertiveness, the frequency of hookups, peer deviance, parental involvement, and perceived discrimination. Participants' gender, frequent hookups, and lower sexual assertiveness are positively associated with risk of sexual victimization across all types of sexual violence.[34]

Mellins C, Walsh K, Sarvet A, Wall M, Gilbert L, Santelli J, Thompson M, Wilson P, Khan S, Benson S, Bah K, Kaufman K, Reardon L, Hirsch J. (2017) Sexual Assault Incidents Among College Undergraduates: Prevalence and Factors Associated with Risk. *National Library of Medicine*, 2017; 12(11): e0186471. Published online 2017 Nov 8.

Women and gender nonconforming students reported the highest rates (28% and 38%, respectively), although men also reported sexual assault (12.5%). Across types of assault and gender groups, incapacitation due to alcohol and drug use and/or other factors was the perpetration method reported most frequently (> 50%); physical force (particularly for completed penetration in women) and verbal coercion were also commonly reported. Factors associated with increased risk for sexual assault included non-heterosexual identity, difficulty paying for basic necessities, fraternity/sorority membership, participation in more casual sexual encounters ("hook ups") vs. exclusive/monogamous or no sexual relationships, binge drinking, and experiencing sexual assault before college.[35]

Studeny J. (2020) Risk Factors for Sexual Assault Victimization on a College Campus, *Walden University ScholarWorks, Dissertations and Doctoral Studies Collection*
https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=10724&context=dissertations

Victims of sexual assault can be anyone at any time. Both female and male students can be a victim of sexual assault. However, research confirmed that women are targeted more than males. Out of all the genders, transgender individuals are the most likely to be victimized. Several risk factors increase the chances of college students on a college campus to be a victim of sexual assault. For example, the influence of alcohol and drugs (perpetrators weaponizing it),

class rank, Greek life, and athletics can lead to a higher increase in being a victim of sexual assault.[36]

Moylan C, Javorka M, Bybee D, Stotzer R, Carlson M. (2019) Campus-Level Variation in the Prevalence of Student Experiences of Sexual Assault and Intimate Partner Violence. ***The University of Chicago Press Journals; Journal of the Society for Social Work and Research*****, Vol 10, Number 3.**
https://www.journals.uchicago.edu/doi/full/10.1086/704543

Campus rates of binge drinking (drinking culture) increase the risk of SA.
The proportion of students who identify as sexual minority and who have experienced discrimination are strong predictors of campus SA rates.
Exploring campus-level characteristics: Campuses with more part-time students, older students, and more off-campus students were all associated with higher campus rates of IPV.
The strongest predictors of higher campus SA rates included higher campus rates of binge drinking, higher proportions of sexual minority students, lower student mean age, and higher proportions of students reporting experiences of discrimination. The strongest predictors of higher campus IPV rates included greater average number of sexual partners, lower rates of binge drinking, older students, and lower proportions of full-time students.[37]

Gill M, Haarddörfer **R, Windle M, Berg C. (2020) Risk Factors for Intimate Partner Violence and Relationships to Sexual Risk-Related Behaviors Among College Students.** ***The Open Public Health Journal Volume 13: 559-569***
https://openpublichealthjournal.com/VOLUME/13/PAGE/559/

IPV victimization was associated with being Black, greater depressive symptoms, and substance use. Multivariable regression, including sociodemographic covariates, indicated that alcohol/drug use before the last sex was associated with sexual and physical aggression victimization among men, but with fewer negotiation experiences and more injury experiences among women. Condom less sex at last intercourse was associated with psychological aggression experiences among women, but with no IPV factor among men.[38]

Choi YJ, Rai A, Yun SH, Lee JO, Hong S, Cho H, An S. Risk factors for intimate partner violence perpetration among college students: Impact of childhood adversities. J Am Coll Health. 2022 May 12:1-9.

Peer violence victimization, witnessing parental IPV, experiencing child maltreatment, drug use, and depression were associated with a higher odd of perpetrating IPV.[39]

Exercise:

Eichorn, L., Bruner, K., Short, T., Abraham, S. (2018) Factors That Affect Exercise Habits of College Students. ***ResearchGate; Journal of Education and Development*** **2(1):20 doi: 10.20849/jed.v2i.1.327**
https://www.researchgate.net/publication/323531650_Factors_That_Affect_Exercise_Habits_of_College_Students

Various factors affect the exercise habits of college students. Some of these factors include sleep habits, diet, social life, homework, and other extracurricular activities. Although college students are aware of some of these influencing agents, they do not always take the necessary steps to change their habits.
Based on the health belief model, both positive and negative self-perceptions are motivating factors that causes people to take necessary steps to stay healthy.[40]

Larson G, Larson J, Quast S, Wilkinson T. Factors Influencing Exercise Participation Frequency Among University of Wisconsin River Falls Students
https://minds.wisconsin.edu/bitstream/handle/1793/43785/QuastLarson2.pdf?sequence=1&isAllowed=y

Both exercisers and non-exercisers recognized the health benefits of exercise, both groups cited lack of motivation and lack of time as barriers to exercise.[41]

DiSerio, A.M. (2021) Barriers to Physical Activity in University Students Referred to an Exercise is Medicine on Campus Program. ***Illinois State University ISU ReD: Research and eData, Theses and Dissertations*****.**
1361.https://ir.library.illinoisstate.edu/cgi/viewcontent.cgi?article=2362&context=etd

While additional research is needed across all campuses in order to truly understand PA barriers in student populations, the results of the present study indicate that university students referred to a PA program were found to have more "internal" barriers rather than "external" barriers – specifically Lack of Willpower, Lack of Energy, and Social Influence being the largest obstacles to overcome as opposed to the external barrier of Lack of Time. This study did not find significant differences between groups with regard to barriers to PA. Each individual will demonstrate unique barriers to PA, or a combination of barriers of PA.[42]

Nutrition:

Sogari G, Velez-Argumedo C, Gómez MI, Mora C. College Students and Eating Habits: A Study Using An Ecological Model for Healthy Behavior. Nutrients. 2018 Nov 23;10(12):1823.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6315356/

Common barriers to healthy eating were time constraints, unhealthy snacking, convenience high-calorie food, stress, high prices of healthy food, and easy access to junk food. Conversely, enablers of healthy behavior were improved food knowledge and education, meal planning, involvement in food preparation, and being physically active. Parental food behavior and friends' social pressure were considered to have both positive and negative influences on individual eating habits. The study highlighted the importance of consulting college students when developing healthy eating interventions across the campus (e.g., labeling healthy food options and information campaigns) and considering individual-level factors and socio-ecological aspects in the analysis.[43]

McCoy M, Martinelli S, Reddy S, Don R, Thompson A, Speer M, Bravo R, Yudell M, Darira S. (2022) The Invisible Epidemic. ***Health Affairs Forefront***
10.1377/forefront.20220127.264905
https://www.healthaffairs.org/do/10.1377/forefront.20220127.264905/

The root causes of food insecurity on college campuses are complex, as many of the factors are interrelated. Key contributing factors include financial insecurity, housing insecurity, work or family obligations, and student loan debt. Food insecure students are more likely to be financially independent, of a racial or ethnic minority background, living off campus with roommates, working while attending school, or receiving a Pell grant. First-year college freshmen are particularly susceptible to these factors as they transition from high school to college and explore their newfound autonomy in a college setting.
Furthermore, to make their food dollars stretch, food-insecure students choose cheaper, highly processed, often fast foods that can contribute to the overconsumption of added sugars, refined grains, and added fats. These behaviors are associated with an increased risk of obesity, a health condition that follows them through their lifetime. All these issues compound on one another to promote poorer health and education outcomes in students who experience food insecurity.
The mixture of food insecurity and stress of college contributes to food-insecure students being more likely to fall into a lower GPA category compared to their food-secure counterparts, diminishes students' ability to excel in class, and contributes to lower attendance and completion rates.[44]

Clifford DE, Keeler LA. (2009) Eating and Eating Competence on a College Campus. ***Journal of the Academy of Nutrition and Dietetics,*** **Vol 109, Issue 9, Supplement, A58**
https://www.jandonline.org/article/S0002-8223(09)00955-9/fulltext#relatedArticles

Common barriers to healthy eating were lack of time to prepare healthy foods (54.7%), lack of money to purchase healthy foods (51.4%), easy access to unhealthy foods (43.8%), and emotions (38.8%). Those who were not EC reported significantly more barriers to healthy eating than those who were EC. Motivation to eat healthy food, knowledge to shop for healthy food, knowledge to prepare healthy food, time to prepare healthy food access and stress/boredom/sadness were all significantly related to poor EC. Meal planning and preparation skills and emotional eating concerns may be important topics to address when attempting to influence students' eating competence.[45]

Appendix K: Contributing Factors to Sleep Problems in College Students

Contributing Factors to Sleep Problems in College Students

Summary of Factors Associated with, or Contributing to, Sleep Problems in College Students:

- Personal/Academic Stress
- Anxiety/Worry
- Depression
- Family problems
- Noise
- Caffeine/Energy Drinks
- Computer/Smartphone use in the last hour before bedtime
- In-bed electronic social media
- Video games late in the evening
- Alcohol
- Stimulant medication
- Employment
- Early classes
- Childhood adversity/trauma
- Repetitive negative thinking at bedtime
- Perfectionism
- Strenuous exercise within a few hours of bedtime
- Inconsistent sleep times

Taylor, D.J., Bramoweth, A.D., Grieser, E.A., Tatum, J.I., & Roane, B.M. (2013) Epidemiology of Insomnia in College Students: Relationship with Mental Health, Quality of Life, and Substance Use Difficulties. *Behavior Therapy*, Vol. 44, Issue 3, pp. 339-348.

The purpose of the study was to examine the prevalence and correlates of insomnia in college students. A sample of 1,074 students were included. A significant portion of the sample (9.5%) met DSM criteria for chronic insomnia, but it is likely that insomnia was underreported by many students. The chronic insomnia group reported significantly worse sleep, fatigue, depression, anxiety, stress, and quality of life, and greater hypnotic and stimulant use for sleep problems. Increased healthcare utilization and costs are associated with chronic insomnia. College student health centers should screen for sleep problems and promote the use of cognitive behavior therapy for insomnia.[46]

Altun, I., Cinar, N., & Dede, C. (2012) The contributing factors to poor sleep experiences in according to the university students: A cross-sectional study. *Journal of Research in Medical Sciences*, 17(6): 557-561.

This is a single center study. A descriptive survey was conducted randomly on 256 university students in Turkey. The most frequent self-reported causes for poor sleep experiences included psychological problems (67.2%), stress (64.8%), exposure to tobacco smoke in the sleeping

room (63.7%), pain (62.9%), having family problems (62.5%), being patient (55.1%), air quality of the room (55.1%), strenuous physical activity (53.9%), fatigue (53.5%), sadness (53.1%), noise that caused by other people in the room (52.0%), room scents (sweat, perfume, humidity, naphthalene, etc.) (53.1%), depression (51. 6 %), anxiety, and tension (51.1%).[47]

Hershner, S.D., & Chervin, R.D. (2014) Causes and consequences of sleepiness among college students. *Nature and Science of Sleep*, Vol. 6, pp. 73-84.

Daytime sleepiness, sleep deprivation, and irregular sleep schedules are highly prevalent among college students, as 50% report daytime sleepiness and 70% attain insufficient sleep. Daytime sleepiness is a major problem, exhibited by 50% of college students compared to 36% of adolescents and adults. How much sleep a young adult needs is not clearly known but is thought to be 8 hours. Most college students are sleep deprived, as 70.6% of students report obtaining less than 8 hours of sleep. Physiologically, adolescents and young adults tend to have a delayed circadian preference and are "night owls". This change occurs in association with puberty; more physically mature adolescents have a preference for later bedtimes and may have a lower homeostatic sleep drive, and consequently, are less sleepy at night. Many college students are sleep deprived because they go to sleep late and wake up for classes or employment before adequate sleep is obtained. Sleep deprivation can arise from poor sleep behaviors. Good sleep hygiene includes a regular sleep–wake schedule, quiet sleep environment, and avoidance of caffeine after lunch and stimulating activities before bed. Substances are not the only issues with inadequate sleep hygiene, as the use of technology before bed may also adversely affect sleep. Alcohol shortens sleep latency, but then promotes fragmented sleep in the latter half of the night. One study found that 11.6% of students who drank used alcohol as a sleep aid. The effects of caffeine in coffee and energy drinks can last for 5.5-7.5 hours and interfere with sleep. The use of stimulants, prescribed and non-prescribed, may be as high as 14% in the college population. Stimulants increase sleep latency and suppress REM sleep; subjects who use stimulant medications report worse sleep quality. Computer use in the hour before bed is associated with less restful sleep, higher Epworth Sleepiness Scales, and drowsy driving. Frequent use of cell phones around bedtime is associated with difficulties falling asleep, repeated awakenings, or waking up too early. Most young adults (57%) leave their phone on during sleep, with only 33% turning it to silent or vibrate modes. Playing video games before bed can increase sleep latency, an average of 21.6 minutes.

Interventions that may help address include sleep hygiene education. Good sleep hygiene practice is strongly correlated with good sleep quality. Sleep hygiene does not always translate into good sleep because recommendations like a quiet sleep environment and a bedroom used only for sleeping are difficult challenges in a college dormitory setting. Cognitive behavior therapy for insomnia has been shown to be effective. Later class start times or multiple offerings that include afternoon options may be helpful. Naps of 60-90 minutes can enhance certain cognitive and performance tasks.[48]

Lund, H.G., Reider, B.D, Whiting, A.B., & Prichard, R. (2010) Sleep Patterns and Predictors of Disturbed Sleep in a Large Population of College Students. *Journal of Adolescent Health*, Vol. 46, Issue 2, pp. 124-132.

Insufficient sleep and irregular sleep–wake patterns, which have been extensively documented in younger adolescents, are also present at alarming levels in the college student population. This study included 1,125 students aged 17 to 24 years from an urban Midwestern university. Students reported disturbed sleep; over 60% were categorized as poor-quality sleepers by the Pittsburgh Sleep Quality Index, bedtimes and risetimes were delayed during weekends, and students reported frequently taking prescription, over the counter, and recreational psychoactive drugs to alter sleep/wakefulness. Students classified as poor-quality sleepers reported significantly more problems with physical and psychological health than did good-quality sleepers. Students overwhelmingly stated that emotional and academic stress negatively impacted sleep. Multiple regression analyses revealed that tension and stress accounted for 24% of the variance in the PSQI score, whereas exercise, alcohol and caffeine consumption, and consistency of sleep schedule were not significant predictors of sleep quality.[49]

Gardani, M., Bradford, D.R.R., Russell et al. (2022) A systematic review and meta-analysis of poor sleep, insomnia symptoms and stress in undergraduate students. *Sleep Medicine Reviews*, Vol. 61.

Sleep and stress are closely linked, at multiple levels, with current evidence supporting a bidirectional association between sleep and stress. This review included 34 studies and 14,704 students. The results of the review indicate a significant association between stress and sleep or insomnia. Academic stress may contribute to the experience of insomnia due to increased worry and ruminative thinking when attempting to initiate sleep. Sleep quality over the academic year is subject to the dynamic interplay of personal, academic, and environmental events. Negative family life events and academic stress both predict symptoms of insomnia, and poor sleep quality and stress before exams are associated with poorer academic performance. Students appear to exhibit worse sleep in the 5 weeks before their exams compared to the rest of the semester. More studies are needed to explore specific academic experiences, such as test anxiety, and their effects on sleep.

The prevalence of mental health problems is increasing in the college student population. Better access to on-campus resources is needed. Cognitive behavior therapy for insomnia has been shown to alleviate insomnia symptoms. Many sleep-based interventions have been demonstrated to improve subjective sleep amongst university students, using various methods involving sleep-education and monitoring, mindfulness and relaxation, and text message-based recommendations drawn from the National Sleep Foundation recommendations for good sleep practices.[50]

Gress-Smith, J.L., Roubinov, D.S., Andreotti, C., Compas, B.E., & Luecken, L.J. (2013) Prevalence, Severity and Risk Factors for Depressive Symptoms and Insomnia in College Undergraduates. *Stress & Health*, Vol. 31, Issue 1.

Two studies were conducted; the first evaluated the prevalence and comorbidity of depressive symptoms and insomnia in 1338 students (ages 18–23 years) from a large Southwestern University. Mild depressive symptoms were endorsed by 19% of students and 14.5% reported moderate to severe symptoms. Forty-seven percent of students reported mild insomnia and 22.5% endorsed moderate to severe insomnia severity. A second study investigated perceived stress as a potential mediator of the relation between self-reported childhood adversity and

concurrent depressive symptoms and insomnia. Undergraduates ($N = 447$) from a Southwestern and Southeastern University reported prior childhood adversity, current perceived stress, insomnia and depressive symptoms. Self-reported childhood adversity predicted higher levels of depressive symptoms and insomnia severity, partially mediated by perceived stress. Results support the high prevalence of depressive symptoms and insomnia among undergraduates. The risk for depressive and insomnia symptoms may be increased among students who experienced greater levels of childhood adversity.[51]

Benham, G. (2021) Bedtime repetitive negative thinking moderates the relationship between psychological stress and insomnia. Stress & Health, Vol. 37, Issue 5.

Research suggests that psychological stress is associated with insomnia. Five hundred and forty-six undergraduates from a large university in the southwestern United States participated in the study. A substantial proportion (44%) were classified as insomniacs based on the Insomnia Severity Index for non-clinical populations. A significant positive association was found ($r = 0.47$) between self-perceived stress and insomnia severity. Furthermore, the observed positive correlation between self-perceived stress and insomnia severity is moderated/amplified by the tendency to engage in repetitive negative thinking (RNT) at bedtime.[52]

Bhat, S., Pinto-Zipp, G., Upadhyay, H., & Polos, P.G. (2018) "To sleep, perchance to tweet": in-bed electronic social media use and its associations with insomnia, daytime sleepiness, mood, and sleep duration in adults. Sleep Health, Vol. 4, Issue 2, pp. 166-173.

The purpose of this study was to determine the extent to which in-bed electronic social media (ESM) use is associated with insomnia, daytime sleepiness, mood, and sleep duration in adults. A cross-sectional observational study was conducted among 855 hospital employees and university students (mean age, 43.6 years; 85% female) via an online questionnaire. Nearly 70% of participants indulged in in-bed ESM use, with nearly 15% spending an hour or more a night doing so. Participants with high in-bed ESM use were more likely to have insomnia, anxiety, and short sleep duration on weeknights.[53]

Lindsay, J.A.B., McGowan, N.M., King et al. (2022). Psychological predictors of insomnia, anxiety and depression in university students: potential prevention targets. *BJPsych Open*, Vol. 8, Issue 3.

The purpose of this study was to longitudinally examine associations between perfectionism, low self-esteem, and external locus of control on insomnia, anxiety, and depression in a large representative sample of first-year Canadian university students. External locus of control refers to the tendency to attribute one's life events to luck, fate, or external influences rather than oneself. Compared with healthy sleepers, students screening positive for insomnia had lower self-esteem, higher self-evaluative perfectionism, and increased external locus of control (all $P < 0.001$). Insomnia symptoms at entry were strong predictors of symptoms of depression ($\beta = 0.15$, $P < 0.001$) and anxiety ($\beta = 0.16$, $P < 0.001$) at follow-up, even after controlling for baseline symptoms of those disorders. Sleep may be an important prevention target in university students.[54]

Mbous, Y.P.V., Nili, M., Mohamed, R., & Dwibedi, N. (2022) Psychosocial Correlates of Insomnia Among College Students. *Preventing Chronic Disease*, Vol. 19

The National Sleep Foundation and the American Academy of Sleep Medicine and Sleep Research Society guidelines recommend 7 to 9 hours of sleep for young adults. However, at least 60% of college students have poor quality sleep and get on average 7 hours of sleep per night. Direct consequences of poor sleep among college students include increased tension, irritability, depression, confusion, reduced life satisfaction, or poor academic performance. This study included 330 students from West Virginia and Marshall universities. The prevalence of insomnia in this group was 26.4%. Findings indicated that 78.2% of students with insomnia also experienced depression, and the odds of insomnia were 9.54 times higher among students with depression than students without depression. It is typical of patients with insomnia to exhibit psychological profiles (poor coping skills, poor health status, ruminative traits) that herald the onset of depression. In this sample, 15.8% had ADHD, and the odds of insomnia were 3.48 times higher for students with ADHD than those without ADHD. Employment was significantly associated with sleep problems among college students. Students, most of whom held part-time jobs and thus had less job control yet high job demands, might understandably experience substantial sleep difficulties and reduced sleep quality in general. Also, the competing demands to complete academic requirements and maintain employment may also serve as structural barriers to adequate sleep.[55]

Felix, V.A., Campsen, N.A., White, A., & Buboltz, W.C. (2017) College Students' Prevalence of Sleep Hygiene Awareness and Practices. Advances in Social Sciences Research Journal, Vol. 4, No.4, pp. 91-105.

This study included 174 undergraduate Psychology students at a southern university. The mean sleep length on weeknights was reported as 7 hours and on weekend nights 8.4 hours. Almost 35% of the students reported sleeping only 4-6 hours on weeknights. 33% of students reported poor sleep quality with problems falling asleep, staying asleep and going back to sleep after early awakening. Students were separated into two groups—those with better sleep hygiene awareness and those with poor sleep hygiene awareness. While 74.2% of students had better sleep hygiene awareness, over half of them reported engaging in unhealthy sleep hygiene practices including drinking caffeinated beverages, worrying about sleeping, engaging in strenuous exercise before bed, being disturbed by noise, and going to bed at different times every night. Based on these results, it may be implied that improving or increasing sleep hygiene knowledge is not an intervention that would be effective in improving sleep hygiene practices. Interventions for sleep hygiene practice should focus specifically on implementing and practicing behavioral changes rather than focusing solely on teaching sleep hygiene awareness.[56]