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University of Minnesota Driven to Discover ${ }^{\text {sm }}$

## 2021 College Student Health Survey Report

## Health and Health-Related Behaviors

University of Minnesota-Crookston On-Campus Students

## 2021 College Student Health Survey Report

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## Introduction

## Q: What do the following health conditions and health-related behaviors have in common?

- Health insurance status
- Depression
- Ability to manage stress
- Tobacco use
- Alcohol use
- Engagement in physical activity
- Credit card debt


## A: They all affect the health and academic achievement of college students.

In the spring of 2021, thirteen postsecondary institutions in Minnesota joined with Boynton Health at the University of Minnesota to collect information from undergraduate and graduate students about their experiences and behaviors in the areas of health insurance and health care utilization, mental health, tobacco use, alcohol and other drug use, personal safety and financial health, nutrition and physical activity, and sexual health.

This report highlights the findings of this comprehensive survey and serves as an essential first step in identifying health and health-related behavior issues affecting college students. Boynton Health hopes that the information contained in this report will be helpful to college and university leaders as they strive to develop programs and policies that will assure a safe institutional environment, promote access to health care and essential services, encourage responsible student decision making and behavior, and contribute to the health, well-being, and academic success of students enrolled in their schools. The survey results are also intended to raise awareness among state and local policymakers and community leaders concerning the importance of the health of college students to the overall educational, health, and economic status of Minnesota.

## Survey

## Methodology

Undergraduate and graduate students enrolled in thirteen postsecondary institutions in Minnesota completed the 2021 College Student Health Survey, developed by Boynton Health. As an incentive, all students who responded to the survey were entered into a drawing for Amazon gift cards valued at $\$ 1,000$ (one), $\$ 500$ (one), $\$ 250$ (one), and $\$ 50$ (five), and for an iPad Pro (\$560). In addition, one student from each participating school was randomly selected to win a \$100 Amazon gift card.

Randomly selected students were contacted through multiple mailings and emails:

- Invitational flier
- Invitation email
- Reminder flier and multiple reminder emails


## MAKE A difference FOR YOUR SCHOOL



The 2021 College Student Health Survey is being emailed to random students on campus.

## If you get an email, take the survey for a chance to win cool prizes!

Your input helps improve student health on campus. For more information, visit boynton.umn.edu/cshs.

To be eligible for prizes, complete your survey by NOON ON FRIDAY, MARCH 26, 2021

2021 College Student Health Survey Flier

## Survey

## Analysis Summary

The information presented in this report documents the prevalence of various diseases, health conditions, and health-related behaviors across seven areas:

- Health Insurance and Health Care Utilization
- Mental Health
- Tobacco Use
- Alcohol and Other Drug Use
- Personal Safety and Financial Health
- Nutrition and Physical Activity
- Sexual Health

The prevalence of a disease, health condition, or health-related behavior is defined as the total number of occurrences in a population (in this case, college students) at a given time, or the total number of occurrences in the population divided by the number of individuals in that population.

Prevalence is useful because it measures the commonality of a disease, health condition, or health-related behavior. For example, the College Student Health Survey asked students if they had ever been diagnosed with depression within their lifetime. For the purpose of illustration, if 100 students complete the survey and 10 of them report a diagnosis of depression within their lifetime, the lifetime prevalence of depression in this population of students is $10.0 \%(10 / 100)$.

The results from this survey are based on a random sample of students from each of the participating colleges and universities. Random sampling is a technique in which a group of subjects (in this case, the sample of college students) is selected for study from a larger group (in this case, the population of students enrolled at each of the participating institutions). Each individual is chosen entirely by chance, and each member of the population has an equal chance of being included in the sample. Random sampling ensures that the sample chosen is representative of the population and that the statistical conclusions (in this case, the prevalence) will be valid.

## Results

## Health Insurance and Health Care Utilization

A student's current health influences his or her ability to realize immediate goals of academic success and graduation, while future health affects the ability to accomplish longer-term goals of finding and sustaining a career. Access to health care has been shown to improve health. Although institutions of higher education differ in scope of services, each institution has a unique opportunity and bears a certain responsibility to address issues related to student health and to reduce barriers to health care access.

## National Comparison

This section examines the areas of health insurance, health services utilization, and preventive care. Recent research indicates that most young adults aged 18-24 in the United States report good health. The majority of young adults in Minnesota (91.2\%) report excellent, very good, or good health (CDC, 2019). At the same time, there are still young adults who report having no or inadequate healthcare coverage. In Minnesota, $89.4 \%$ of 18 - to 24 -year-olds and $86.6 \%$ of 25 - to 34 -year-olds report some kind of health care insurance (CDC, 2019). More young males (15.6\%) than young females (11.8\%) lack health insurance coverage (Schiller et al., 2018). Among all age groups, young adults (77.3\%) are least likely to identify a usual place for medical care (Schiller et al., 2018).

Students attending the University of MinnesotaCrookston report an overall uninsured rate of $0.5 \%$. Males have a higher uninsured rate than females ( $1.4 \%$ vs. $0.0 \%$, respectively). Additional analysis shows that international students attending Crookston report an overall uninsured rate of 0.0\%.

Health Insurance Status-Uninsured All Students


Crookston students ages 18-22 report the highest uninsured rate ( $0.5 \%$ ).

Compared to male Crookston students, female students report obtaining routine medical and dental exams at higher rates.

## Health Insurance Status-Uninsured

All Students by Age Group

*Insufficient data.

Preventive Health Care—Past 12 Months All Students by Gender


| Health Care Service Utilization <br> All Students |  |  |
| :---: | :---: | :---: |
| Health Care Service |  |  |
| Dental Care | 88.3 | 1.0 |
| Emergency Care (Physical Condition) | 71.3 | 7.3 |
| Mental Health Service (Emergency/Crisis) | 35.7 | 13.4 |
| Mental Health Service (Non-emergency) | 48.3 | 27.0 |
| Routine Doctor's Visit | 85.2 | 3.6 |
| Testing for Sexually Transmitted Infections (Includes HIV) | 38.3 | 17.0 |
| Treatment for Sexually Transmitted Infections (Includes HIV) | 28.3 | 9.2 |
| Obtained Service $\quad$Received Service at School <br> (Among Those That Received the Service) |  |  |


*Insufficient data.

Among University of Minnesota-Crookston students who have obtained non-emergency mental health service, $\mathbf{2 7 . 0}$ \% received that care at the university.

Of University of Minnesota-Crookston students with health insurance, $55.8 \%$ obtained the meningitis vaccine, $31.7 \%$ obtained the influenza vaccine in the past year, and 51.5\% have obtained a complete series of HPV vaccinations. Additionally, $45.3 \%$ of males and $54.2 \%$ of females at the university report obtaining a complete series of HPV vaccinations

These immunizations are not currently required for students enrolled in postsecondary institutions.

Compared to male students, female students at the University of Minnesota-Crookston report more days of poor mental health and of poor physical health.

## Results

## Mental Health

Mental health issues can have a profound impact on the ability of college and university students to engage fully in the opportunities presented to them. These issues affect their physical, emotional, and cognitive well-being, and can lead to poor academic performance, lower graduation rates, and poor interpersonal relationships.

There is increasing diversity among college and university students. Among undergraduates nationwide, $46.2 \%$ describe their race/ethnicity as other than white, $56.0 \%$ are female, and $28.7 \%$ are age 25 or older (USDOE, 2017). In addition, more than one million international students are studying at U.S. colleges and universities (USDOE, 2016). This diversity presents a myriad of counseling concerns related to multicultural and gender issues, life transition, stress, career and developmental needs, violence, interpersonal relationships, and serious emotional and psychological problems. This array of mental health issues represents ever-increasing challenges as postsecondary institutions strive to meet the needs of their students.

## National Comparison

This section examines areas related to the mental health of college and university students. Recent research shows that young adults in the United States have relatively high rates of mental health problems compared to other age groups. Among 18 - to 25 -year-olds, $29.4 \%$ have had a mental illness (i.e., a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders-IV) in the past year, 8.6\% have had a serious mental illness (i.e., a mental illness that results in functional impairment), $15.2 \%$ have had a major depressive episode, and $11.8 \%$ have had serious thoughts of suicide (CBHSQ, 2019). More than one in six (17.2\%) young adults ages 18-25 have received treatment for a mental health problem in the previous year (CBHSQ, 2019).

A relatively new area of study is the relationship between cumulative effects of childhood abuse (i.e., physical, sexual, and psychological or emotional abuse), commonly referred to as adverse childhood experiences (ACEs), and subsequent development of chronic physical and mental health conditions (CDC, 2014; Chapman, 2003; Edwards, 2003). Findings from the Minnesota Behavioral Risk Factor Surveillance System (BRFSS) survey, which includes ACEs, show that $60 \%$ of adults report two or more ACEs, while 15\% report five or more. In the Minnesota study, 36\% of adults with an ACE score of 5 or more report being diagnosed with depression, compared to $8 \%$ among adults with an ACE score of 0 (MDH, 2013).

## Among University of Minnesota-Crookston

 students, anxiety and depression are the two most frequently reported mental health diagnoses for both lifetime and the past 12 months.Among Crookston students, 26.9\% report being diagnosed with depression within their lifetime, and $12.8 \%$ report being diagnosed with depression within the past 12 months. Females report being diagnosed with depression at higher rates than males.

Crookston students ages 20-24 report the highest rates of a depression diagnosis within their lifetime while students ages 18-19 report the highest rates of a depression diagnosis within the past 12 months.

Mental Health Condition DiagnosisLifetime and Past 12 Months All Students

| Mental Health Condition | Percent Who Report Being Diagnosed |  |
| :---: | :---: | :---: |
| Anorexia | 1.8 | 0.0 |
| Anxiety | 36.6 | 17.6 |
| Attention Deficit Disorder | 8.4 | 2.2 |
| Bipolar Disorder | 1.8 | 0.9 |
| Bulimia | 0.9 | 0.0 |
| Depression | 26.9 | 12.8 |
| Obsessive-Compulsive Disorder | 1.8 | 0.9 |
| Panic Attacks | 23.2 | 12.3 |
| Post-Traumatic Stress Disorder | 7.5 | 2.7 |
| Seasonal Affective Disorder | 7.5 | 4.0 |
| Social Phobia/ <br> Performance Anxiety | 12.8 | 6.2 |
| Within Lifetime | Within Past 12 Months |  |

Depression Diagnosis-
Lifetime and Past 12 Months
All Students by Gender


Depression Diagnosis-
Lifetime and Past 12 Months
All Students by Age Group

*Insufficient data

Eating Disorder Diagnosis-Lifetime
All Students by Gender


Any Mental Health Condition Diagnosis-
Lifetime and Past 12 Months Lifetime and Past 12 Months
All Students by Gender


Among Crookston students, $0.0 \%$ of males and 3.9\% of females report being diagnosed with anorexia and/or bulimia within their lifetime.

Among Crookston students, 43.6\% report being diagnosed with at least one mental health condition within their lifetime, and $\mathbf{2 5 . 3}$ \% report being diagnosed with at least one mental health condition within the past 12 months. Females report being diagnosed with a mental health condition within their lifetime and within the past 12 months at higher rates than males.

Additional analysis shows that $\mathbf{3 5 . 1 \%}$ of students report being diagnosed with two or more mental health conditions within their lifetime.

Overall, $\mathbf{1 2 . 2 \%}$ of Crookston students report that they currently are taking medication for a mental health condition. Compared to males, females report a higher rate of this medication use, which correlates with their higher diagnosis rates for any mental health condition.

Among Crookston students, $2.6 \%$ report contacting a mental health crisis line within the past 12 months. Among these students, 60.0\% report contacting a crisis line one time within the past 12 months.

Mental Health Crisis Line ContactedPast 12 Months
All Students


The most commonly experienced stressors among University of Minnesota-Crookston students were the serious physical illness or death of someone close to them and roommate/housemate conflict. A total of 45.2\% of students report experiencing one or two stressors within the past 12 months, and $\mathbf{2 3 . 5} \%$ report experiencing three or more stressors over that same time period.

| Mental Health Stressors-Past 12 Months All Students |  |
| :---: | :---: |
| Stressor | Percent Who Report Experiencing Within Past 12 Months |
| Arrested | 0.0 |
| Attempted Suicide | 1.7 |
| Bankruptcy | 0.4 |
| Death of Someone Close to You | 25.7 |
| Diagnosed With a Serious Mental Illness | 8.7 |
| Diagnosed With a Serious Physical Illness | 2.2 |
| Excessive Credit Card Debt | 3.5 |
| Excessive Debt Other Than Credit Card | 7.8 |
| Failing a Class | 16.5 |
| Fired or Laid Off From a Job | 2.2 |
| Getting Married | 1.3 |
| Issues Related to Sexual Orientation | 3.5 |
| Lack of Health Care Coverage | 1.7 |
| Parental Conflict | 16.5 |
| Put on Academic Probation | 4.3 |
| Roommate/Housemate Conflict | 22.2 |
| Serious Physical Illness of Someone Close to You | 22.6 |
| Spouse/Partner Conflict (Includes Divorce or Separation) | 4.8 |
| Termination of Personal Relationship (Not Including Marriage) | 14.3 |
| Zero of the Above Stressors | 31.3 |
| One or Two of the Above Stressors | 45.2 |
| Three or More of the Above Stressors | 23.5 |

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

Mental Health Stressors and Risky Behavior* All Students

*Number of stressors is based on reported experiences within the past 12 months.

## Ability to Manage Stress—Past 12 Months All Students

In an attempt to measure effectiveness in managing stress, students are asked to rate their stress level and their ability to manage stress, each on a scale of 1 to 10 . The reported stress level is then divided by the reported ability to manage stress. Any result greater than 1 means a student is not effectively managing his or her stress.


More than two-fifths (46.2\%) of Crookston students report that they are unable to manage their stress level. Additional analysis shows that, among these students, $\mathbf{1 7 . 0 \%}$ report a diagnosis of depression within the past 12 months. More than one-half (53.8\%) of Crookston students report that they are able to manage their level of stress; of these, $9.1 \%$ report a diagnosis of depression within the past 12 months.

An association appears to exist between unmanaged stress levels and higher rates of diagnosis for various mental health conditions. For example, 21.7\% of Crookston students with unmanaged stress levels report being diagnosed with anxiety within the past year, compared to $14.0 \%$ of students with managed stress levels reporting the same diagnosis.

In response to a question asking Crookston students how often in the past seven days they got enough sleep to feel rested when they woke up in the morning, more than one-half (53.9\%) report receiving adequate sleep on three or fewer of the previous seven days.

Number of Days of Adequate SleepPast Seven Days
All Students


Adequate Sleep and Ability to Manage Stress* All Students

*Days of adequate sleep is based on reported experiences in the past seven days and ability to manage stress is based on reported experiences within the past 12 months.

## Impact of Health and Personal Issues on Academic Performance-Past 12 Months All Students

Students were asked to respond to the following question:
During the past 12 months, how have the following affected your academic performance?

## The response options were:

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

| Health or Personal Issue | Percent |  |
| :---: | :---: | :---: |
| Alcohol Use | 15.3 | 14.3 |
| Any Disability (Learning, ADD/ADHA, Physical, etc.) | 15.3 | 60.0 |
| Chronic Health Condition | 10.5 | 29.2 |
| Concern for Family Member or Friend | 36.7 | 27.4 |
| Eating Disorder | 5.2 | 50.0 |
| Excessive Computer/Internet Use | 41.0 | 42.6 |
| Financial Difficulties | 31.4 | 25.0 |
| Food Insecurity | 5.7 | 23.1 |
| Homelessness | 0.9 | 100.0 |
| Marijuana Use | 3.5 | 25.0 |
| Mental Health Issue (Depression, Anxiety, etc.) | 43.9 | 63.4 |
| Pregnancy | 0.9 | 50.0 |
| Relationship Issue with Roommate/Housemate | 20.1 | 21.7 |
| Relationship Issue with Someone Other Than Roommate/Housemate | 22.4 | 37.3 |
| Serious Injury | 4.8 | 18.2 |
| Sexual Assault | 3.1 | 57.1 |
| Sexually Transmitted Infection | 1.8 | 0.0 |
| Sleep Difficulties | 54.3 | 52.8 |
| Stress | 75.7 | 54.0 |
| Upper Respiratory Infection (Cold/Flu, Sinus, Strep, etc.) | 11.8 | 22.2 |

The four most commonly reported issues among students at the University of Minnesota-Crookston are stress (75.7\%), sleep difficulties (54.3\%), mental health issues (43.9\%), and excessive computer/internet use (41.0\%). Among students who report a particular issue, the issues with the greatest impact on academic performance are homelessness ( $\mathbf{1 0 0 . 0 \%}$ ), any mental health issue (63.4\%), any disability (60.0\%), and sexual assault (57.1\%).

Answering questions about events occurring before age $18,46.1 \%$ of Crookston students report that a parent or adult in their home swore at them, insulted them, or put them down, and $\mathbf{3 2 . 2 \%}$ report living with someone who was depressed, mentally ill, or suicidal.

Adverse Childhood Experiences
All Students

Questions on adverse childhood experiences (ACEs) were developed in 2008 by the Centers for Disease Control and Prevention (CDC), with the goal of studying associations between childhood
maltreatment and issues of health and well-being that appear later in life (CDC, 2014). A growing body of research supports the idea that childhood experiences of abuse, neglect, and family dysfunction are connected to adverse health outcomes in adulthood, including chronic disease, lower educational achievement, poor physical and mental health, lower economic success, and social problems.

| ACEs Question |  |
| :--- | :---: |
| (Questions pertain to events happening before age 18) | Percent <br> Who Responded <br> Yes, Once, or |
| Did you live with anyone Once |  |
| mentally ill, or suicidal? |  |$\quad \mathbf{3 2 . 2}$| Did you live with anyone who was a problem <br> drinker or alcoholic? |
| :--- |
| Did you live with anyone who used illegal street <br> drugs or who abused prescription medications? |
| Did you live with anyone who served time or was <br> sentenced to serve time in prison, jail, or other <br> correctional facility? |
| Were your parents separated or divorced? |
| How often did your parents or adults in your home <br> ever slap, hit, kick, punch, or beat each other up? |
| How often did a parent or adult in your home ever <br> hit, beat, kick, or physically hurt you in any way? <br> (Do not include spanking.) |
| How often did a parent or adult in your home ever <br> swear at you, insult you, or put you down? |
| How often did anyone at least 5 years older than <br> you or an adult, ever touch you sexually? |
| How often did anyone at least 5 years older than you <br> or an adult, try to make you touch them sexually? |
| How often did anyone at least 5 years older than <br> you or an adult, force you to have sex? |

Number of Adverse Childhood ExperiencesLifetime
All Students


## Results

## Tobacco Use

Young adults transitioning between high school and college find themselves in an environment with increased opportunities to make personal and lifestyle decisions without supervision or input from their parents. This newfound freedom, coupled with growing academic pressure and an expanding social network, can lead to experimentation and risky behaviors such as smoking. Preventing smoking among young adults is critical to reducing both the long-term use of tobacco products and their subsequent negative health consequences.

## National Comparison

The use of cigarettes within the past 30 days among 18- to 25 -year-olds declined from $40.8 \%$ in 2002 to $17.5 \%$ in 2019 (CBHSQ, 2020). The 30-day use among adults 26 and older was 18.2\% in 2019
(CBHSQ, 2020). Among full-time college students, $16.0 \%$ smoked cigarettes at least one time in the previous year, about one in thirteen (7.9\%) smoked cigarettes at least one time in the previous 30 days, and about one in 35 (2.5\%) smoke cigarettes daily (Schulenberg et al., 2019). Approximately one-third (35.3\%) of full-time college students vaped nicotine at least one time in the previous year (Schulenberg et al., 2019). Current cigarette smokers are more likely to use other tobacco products, alcohol, or illicit drugs than nonsmokers (CBHSQ, 2015). Among all current smokers, $68.0 \%$ want to completely stop smoking, $55.4 \%$ made an attempt to quit in the past year, and $7.4 \%$ successfully quit within the past year (CDC, 2017b). The current level of tobacco use among college students clearly poses a major health risk as this use can become a lifelong habit (USDHHS, 2020).

The current rate of tobacco use for students at the University of Minnesota-Crookston is 10.9\%, with a daily rate of $1.7 \%$. Compared to females, males report higher rates of current and daily tobacco use.

## Definition:

Current Tobacco Use
Any tobacco use within the past 30 days. Tobacco use includes both smoking and smokeless tobacco.

The highest rate of current tobacco use is found among Crookston students ages 22-23 (22.0\%).

The highest rate of daily tobacco use is found among Crookston students ages 20-21 (3.3\%).

Current and Daily Tobacco Use
All Students by Gender


Current Tobacco Use
All Students by Age Group


Daily Tobacco Use
All Students by Age Group


Current Smokeless Tobacco, Hookah, and Vaping/Electronic Cigarette Use All Students by Gender


Consider Themselves Smokers
Current Smokers


Average Number of Cigarettes Smoked Per Week-Past 30 Days
Current vs. Daily Smokers


Overall, 7.4\% of Crookston students report using smokeless tobacco, 0.0\% report using a hookah, and $13.0 \%$ report vaping or using an electronic cigarette during the past 30 days.

```
Definition:
Current Smokeless Tobacco Use
Any smokeless tobacco use within the
past 30 days.
Definition:
Current Hookah Use
Any use of tobacco from a water pipe
(hookah) within the past 30 days.
```


## Definition:

```
Current Vaping/Electronic Cigarette Use
Any vaping/electronic cigarette use within the past 30 days.
```

Among students at the University of MinnesotaCrookston who report smoking tobacco in the past 30 days, $68.7 \%$ do not consider themselves smokers.

The average number of cigarettes smoked per week over the past 30 days by Crookston students is 5.9 among current smokers.

Among Crookston students, $4.2 \%$ of nonsmokers and $6.3 \%$ of smokers report being exposed to secondhand smoke on campus (outside) in an average week.

Secondhand Smoke Exposure
All Students

## Percent Who Indicate Exposure

|  | Location |  |  | Nonsmokers |  | Current Smokers |  | All Students |  |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: | :---: | :---: | :---: |
| In a Car | 15.9 | N/A | 18.8 | N/A | 16.1 | N/A |  |  |  |
| Off Campus | 11.7 | 28.0 | 18.8 | 50.0 | 12.2 | 29.6 |  |  |  |
| On Campus | 3.7 | 4.2 | 0.0 | 6.3 | 3.5 | 4.3 |  |  |  |
| Where I Live | 3.7 | 9.3 | 6.3 | 12.5 | 3.9 | 9.6 |  |  |  |
| Other | 5.6 | 8.4 | 12.5 | 18.8 | 6.1 | 9.1 |  |  |  |
| N/A-Never Exposed | 53.7 |  | 31.3 |  | 52.2 |  |  |  |  |

Inside
Outside

## Results

## Alcohol Use and Other Drug Use

For some young adults, college life includes an introduction to or an increase in the use of alcohol, marijuana, and various illicit drugs. Whether students are using these substances to signify emergence into adulthood, enhance their social life, or cope with stress, substance abuse can lead to a decline in classroom performance, lower grades, aggressive behavior, property damage, and personal injury.

## National Comparison

American college students consume alcohol and other drugs at very high rates. Among full-time college students, four in five (79.2\%) have consumed alcohol at least one time, nearly four in five (77.6\%) have consumed alcohol in the past year, and about three in five (62.2\%) consume alcohol monthly (Schulenberg et al., 2019). The rate of binge drinking (consuming five or more alcoholic beverages in a row in the previous two weeks) is highest for those ages $18-25$, at $34.3 \%$, and is $24.5 \%$ among adults age 26 and older (CBHSQ, 2020). Compared to those not enrolled in college full-time, young adults who are enrolled full-time are more likely to consume alcohol monthly and to binge drink (CBHSQ, 2020).

Approximately three in five (58.9\%) full-time college students have used an illicit drug at least once in their lifetime, more than four in ten (46.8\%) have used an illicit drug at least once in the past year, and nearly three in ten (29.7\%) have used an illicit drug in the last month (Schulenberg et al., 2019). Marijuana is the illicit drug of choice for full-time college students, with more than half (54.7\%) having used the drug at least once in their lifetime, more than two in five (43.0\%) having used it in the past year, and approximately one-fourth (26.3\%) having used it in the past month (Schulenberg et al., 2019). Among full-time college students, $13.5 \%$ have used amphetamines, $8.8 \%$ have used cocaine, and $6.9 \%$ have used hallucinogens in the previous year (Schulenberg et al., 2019). More than one in eight college students report vaping marijuana within the past 30 days (Schulenberg et al., 2019).

Among University of Minnesota-Crookston students, 72.9\% report using alcohol in the past 12 months, and 58.3\% report using alcohol in the past 30 days. Male students report higher rates of alcohol use compared to female students at the university.

## Definition:

Past 12-Month Alcohol Use
Any alcohol use within the past year.

## Definition:

Current Alcohol Use
Any alcohol use within the past 30 days.

Crookston students ages 21-22 report the highest rate of consuming alcohol in the past 30 days (85.3\%).

Male Crookston students report consuming a higher average number of drinks per week than female students at the university. The average number of drinks per week may serve as an indicator of overall alcohol use.

Alcohol Use-Past 12 Months and Current All Students by Gender



Average Number of Drinks per WeekPast 30 Days
All Students by Gender



*Insufficient data.

High-Risk Drinking Rates on CampusPerceived vs. Actual
All Students

## Question asked:

In the past two weeks, what percentage of students at your school do you think had five or more drinks at a sitting? (One drink = one shot of alcohol, a 12-ounce beer, a mixed drink containing 1 or 1.5 ounces of alcohol, a 12-ounce wine cooler, or a 5 -ounce glass of wine.)

| High-Risk <br> Drinking Status | Students' Perception <br> of High-Risk Drinking <br> by School Peers | Actual <br> High-Risk <br> Drinking Rate |
| :--- | :---: | :---: |
| All Students | $\mathbf{3 9 . 8 \%}$ |  |
| High-Risk Drinkers | $\mathbf{4 6 . 6 \%}$ | $22.6 \%$ <br> of All Students |
| Non-High-Risk Drinkers | $\mathbf{3 7 . 7 \%}$ |  |

Compared to female Crookston students, male students report higher rates of high-risk drinking ( $34.7 \%$ vs. $16.8 \%$, respectively).

## Definition: <br> High-Risk Drinking

Consumption of five or more alcoholic drinks at one sitting within the past two weeks for both males and females. A drink is defined as one shot of alcohol, a 12-ounce beer, a mixed drink containing 1 or 1.5 ounces of alcohol, a 12-ounce wine cooler, or a 5 -ounce glass of wine.

Among Crookston students, the peak years for engaging in high-risk drinking are ages 21-22.

Students attending the University of MinnesotaCrookston overestimate the rate of high-risk drinking on their campus. The estimate from all students is $39.8 \%$, while the actual rate is $\mathbf{2 2 . 6 \%}$.

The BAC of a student on the most recent socializing/partying occasion was calculated based on answers to four different survey questions (gender, current body weight, amount of alcohol consumed, and time period of consumption). It should be noted that the BAC calculated in this study is an estimate. This information is self-reported, and students tend to underestimate the actual amount of alcohol they consume.

The legal driving limit for individuals of legal drinking age is 0.08 .

The average estimated BAC among students at the University of Minnesota-Crookston, based on the last time the student partied/socialized, is 0.06 . The average is higher female compared to male students.

Among Crookston students, the average BAC levels at the most recent socializing/partying occasion range from 0.04 to 0.08 , with an average of 0.06 . Students ages 21-22 report an average estimated level of 0.08 , which is the same as the legal driving limit for individuals of legal drinking age.

## Blood Alcohol Content

Blood alcohol content (BAC) measures the percentage of alcohol in a person's blood. The calculation of BAC is based on a formula that takes into account the following factors:

- Gender
- Current body weight
- Amount of alcohol consumed (number of drinks)
- Time period of consumption
- Concentration of alcohol in the beverage consumed (based on the alcohol content of one typical can of beer containing 4.5\% alcohol)


Average Estimated Blood Alcohol Content
All Students by Age Group

${ }^{*}$ Insufficient data.

| Negative Consequences of Alcohol Use- <br> Past 12 Months <br> All Students |  |
| :--- | :---: |
|  | Percent <br> Who Report <br> Experiencing <br> Within Past <br> 12 |
| Menths |  |

## Average Number of Alcohol-Related Negative Consequences*

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

*The average number of drinks is based on behavior in the past 30 days, high-risk drinking is based on behavior in the past two weeks, and the average number of negative consequences is based on reported experiences in the past 12 months.

More than one in 14 (7.4\%) Crookston students report having driven a car within the past 12 months while under the influence of alcohol; for the same period, $\mathbf{1 0 . 0}$ \% report missing a class and $5.2 \%$ report performing poorly on a test or project as a result of alcohol use.

A strong association exists between the average number of drinks Crookston students consume per week and the total number of reported alcoholrelated negative consequences experienced over the past 12 months. An association also exists between engaging in high-risk drinking within the past two weeks and reported negative consequences.

Rates for most alcohol-related negative consequences are two or more times higher among Crookston students who engaged in high-risk drinking in the previous two weeks compared to those who did not. More than one in five (21.2\%) students who have engaged in high-risk drinking in the past two weeks report driving while under the influence of alcohol one or more times in the past 12 months.

Asked if they would call 911 if someone passes out due to alcohol/drug use and couldn't be awakened, 63.8\% of all Crookston students report they would be "very likely" to call for emergency assistance.

Among all Crookston students, the rate for any marijuana/cannabis use within the past 12 months is $10.9 \%$, while the rate of current use is $5.2 \%$. Rates of marijuana/cannabis use are approximately the same for male and female students at the university.

## Definition:

Past 12-Month Marijuana/Cannabis Use
Any marijuana use within the past year.

## Definition:

Current Marijuana/Cannabis Use
Any marijuana use within the past 30 days.

High-Risk Drinking and Selected Consequences*
All Students

| Negative Consequence Due to Alcohol Use | Percent |  |  |
| :---: | :---: | :---: | :---: |
| Driven a Car While Under the Influence | 7.4 | 3.4 | 21.2 |
| Got into an Argument or Fight | 7.0 | 5.6 | 11.5 |
| Have Been Taken Advantage of Sexually (Includes Males and Females) | 2.6 | 1.7 | 5.8 |
| Missed a Class | 10.0 | 5.1 | 26.9 |
| Performed Poorly on a Test or Important Project | 5.2 | 1.1 | 19.2 |
| All Students Non-High-Risk Drinkers | High-Risk Drinkers |  |  |

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

| Response | Percent |  |  |
| :--- | :---: | :---: | :---: |
| Very Likely | 63.8 | $\mathbf{7 1 . 6}$ | 58.2 |
| Somewhat Likely | $\mathbf{2 9 . 2}$ | $\mathbf{2 5 . 3}$ | 32.1 |
| Somewhat Unlikely | 6.6 | $\mathbf{3 . 2}$ | 9.0 |
| Very Unlikely | 0.4 | $\mathbf{0 . 0}$ | 0.7 |
| All Students |  |  |  |
|  | Students Who <br> Did Not Use <br> Alcohol Within <br> the Past 30 Days | Students Who <br> Did Use <br> Alcohol Within <br> the Past 30 Days |  |

Marijuana/Cannabis Use-
Past 12 Months and Current
All Students by Gender

Negative Consequences of Marijuana/Cannabis Use-Past 12 Months All Students

| Negative Consequence Due to Marijuana/Cannabis Use | Percent <br> Who Report <br> Experiencing <br> Within Past <br> $\mathbf{1 2}$ Months |
| :--- | :---: |
| Arrested for a DWI/DUI | $\mathbf{0 . 0}$ |
| Criticized by Someone I Know | $\mathbf{3 . 0}$ |
| Damaged Property, Pulled Fire Alarm, etc. | $\mathbf{0 . 0}$ |
| Done Something I Later Regretted | $\mathbf{0 . 0}$ |
| Driven a Car While Under the Influence | $\mathbf{2 . 2}$ |
| Got Into an Argument or Fight | $\mathbf{0 . 0}$ |
| Got Nauseated or Vomited | $\mathbf{0 . 9}$ |
| Had a Hangover | $\mathbf{0 . 0}$ |
| Had a Memory Loss | $\mathbf{1 . 3}$ |
| Have Been Taken Advantage of Sexually | $\mathbf{0 . 0}$ |
| Have Taken Advantage of Another Sexually | $\mathbf{0 . 0}$ |
| Hurt or Injured | $\mathbf{0 . 0}$ |
| Missed a Class | $\mathbf{0 . 9}$ |
| Performed Poorly on a Test or Important Project | $\mathbf{0 . 4}$ |
| Seriously Thought About Suicide | $\mathbf{0 . 4}$ |
| Seriously Tried to Commit Suicide | $\mathbf{0 . 0}$ |
| Thought I Might Have a Drug Problem | $\mathbf{1 . 3}$ |
| Tried Unsuccessfully to Stop Using | $\mathbf{0 . 4}$ |
| Trouble with Police, Residence Hall, <br> or Other University/College Authorities | $\mathbf{0 . 0}$ |


| Selected Drug Use-Past 12 Months <br> All Students |  |
| :--- | :--- |
|  |  |
| Drug | Percent <br> Who Report <br> Use <br> Within Past <br> 12 |
| Months |  |$|$

One in 50 (2.2\%) Crookston students report having driven a car within the past 12 months while under the influence of marijuana/cannabis, $0.9 \%$ report missing a class due to marijuana/cannabis use, and $1.3 \%$ report thinking they might have a drug problem.

Among Crookston students, 1.8\% report having used at least one of the eight listed illicit drugs within the past 12 months, $1.3 \%$ report using another person's ADHD medication, and $0.4 \%$ indicate that they used another person's prescription medication (other than ADHD medication).

## Results

## Personal Safety and Financial Health

The health of students and their subsequent success in academic life depends on a multitude of factors, both intrinsic and extrinsic to the individual. Safety and personal finances are natural sources of concern for students, parents, and college personnel. A safe campus offers students the opportunity to pursue learning in an environment free from threats to their physical or emotional well-being. As college populations become more diverse, the challenge of creating a safe environment becomes more complex. Students' decisions related to finances also affect their academic success. This section concentrates on the areas of personal safety and financial health.

## National Comparison

Though many efforts are made to reduce violence and victimization on campus, these unfortunate events still occur. Nearly one in five (19.1\%) women and one in 67 (1.5\%) men in the United States have been victims of rape or attempted rape in their lifetime (Smith et al., 2017). Based on estimates by the National Institute of Justice, 20.0\% of American women experience rape or attempted rape while in college, and more than one in nine (12.0\%) student victims state the victimization was not important enough to report (Sinozich and Langton, 2014). Sexual harassment is a more prevalent occurrence for college students, with $62 \%$ reporting that they have experienced some form of sexual harassment (Hill and Silva, 2006).

Financial health is another area of concern. According to the U.S. Department of Education, the average total cost of attendance (including tuition, fees, room, and board) for full-time students is $\$ 19,488$ at four-year public institutions, $\$ 44,702$ at four-year private non-profit institutions, and \$10,091 at two-year public institutions (USDE, 2017). In 2015-2016, the average amount of grant and scholarship aid for first-year, full-time students was \$7,190 at four-year public institutions, \$20,920 at four-year private non-profit institutions, and \$5,080 at two-year public institutions (USDE, 2017). About three in five (61.6\%) first-year students attending a four-year public institution, $66.7 \%$ attending a nonprofit private school, and $27.5 \%$ attending a two-year public institution borrowed money through a school Ioan (USDE, 2015).

Nearly seven in eight undergraduate students (85.0\%) carry debit cards, while nearly five in eight carry credit cards (60.0\%) (Sallie Mae, 2019). More than three in five (62\%) undergraduate students pay off all cards each month (Sallie Mae, 2019). The average monthly credit card balance for an undergraduate student is $\$ 1,423$ (Sallie Mae, 2019). Among those with a credit card, the average number of cards owned is 5.2 cards; only $19 \%$ own just one credit card (Sallie Mae, 2019).

More than one in three (32.2\%) female students at the University of Minnesota-Crookston indicate that they have experienced a sexual assault within their lifetime, with $8.8 \%$ experiencing an assault within the past 12 months. Male students at the university experienced lower sexual assault rates in their lifetime (9.5\%) and within the past 12 months (0.0\%).

Of University of Minnesota-Crookston students who indicate they have experienced a sexual assault within their lifetime ( $24.7 \%$ ), more than two in five (43.6\%) state that they reported the incident. Of these students, $12.5 \%$ reported it to a health care provider, $4.2 \%$ reported it to the police, and $12.5 \%$ reported it to a campus authority.

Sexual Assault-Lifetime and Past 12 Months All Students by Gender

Sexual assault is defined as answering yes to at least one of the following two questions:

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

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

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


Sexual Assault Reporting by Victims—Lifetime Sexual Assault Victims

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

Domestic Violence-Lifetime and Past 12 Months All Students by Gender

Domestic violence is defined as answering yes to at least one of the following two questions:

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

- Been slapped, kicked, or pushed by your significant other or spouse/partner?
- Been hurt by threats, "put-downs," or yelling by your significant other or spouse/partner?


Domestic Violence Reporting by Victims—Lifetime
Domestic Violence Victims

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

Depression Diagnosis-Lifetime All Students by Sexual Assault/Domestic Violence


More than one in five (20.9\%) female students at the University of Minnesota-Crookston, and approximately one in 12 (8.2\%) male students, indicate that they have experienced domestic violence within their lifetime.

Of Crookston students who indicate that they have experienced domestic violence within their lifetime (16.7\%), more than two-fifths (43.2\%) state that they reported the incident. Of these students,
12.5\% reported it to a health care provider, 6.3\% reported it to the police, and $0.0 \%$ reported it to a campus authority.

Among Crookston students, 45.5\% of those who report being victims of sexual assault, and $48.6 \%$ of those who report being victims of domestic violence, say they have been diagnosed with depression within their lifetime. These rates are higher than the lifetime depression rate (18.7\%) reported among Crookston students who have not experienced sexual assault or domestic violence within their lifetime.

Among Crookston students, 0.0\% report being a perpetrator of sexual assault within the past 12 months. Fewer than one in 100 (0.9\%) students at the university report having been a perpetrator of domestic violence within that same time period.

Further examination of data shows that fewer than one in 30 (3.1\%) Crookston students at the university report either sexually assaulting or inflicting domestic violence on another person within their lifetime. Of these students, 57.1\% indicate that they have been a victim of a sexual assault within their lifetime.

Overall, two in three students at the University of Minnesota-Crookston report having experienced any sort of sexual harassment (66.7\%). Sexual harassment is more commonly reported by female than by male students at the university (74.7\% vs. $49.3 \%$, respectively). The most common type of sexual harassment reported was that someone tried to draw the student into a discussion of sexual matters (39.4\%).

Sexual Assault and Domestic Violence Perpetrator-Past 12 Months
All Students by Gender


## Sexual Harassment

All Students by Gender

Students were asked to indicate whether they experienced any of the types of sexual harassment provided in the table. Student response options were: Not applicable, did not happen to me, occurred by a options were: Not applicable, did not happen to me, occurred
peer at my college/university; occurred by faculty/staff at my college/university; occurred by someone not at my college/university. Students were able to select all response options that applied.

| Type of Harassment | Percent |  |  |
| :---: | :---: | :---: | :---: |
| Someone told sexual joke/story | 36.8 | 20.3 | 44.8 |
| Someone attempted to draw you into a discussion of sexual matters | 39.4 | 31.1 | 43.4 |
| Someone made offensive comments about your appearance | 34.7 | 21.6 | 41.1 |
| Someone used body language of a sexual nature | 21.8 | 9.5 | 27.8 |
| Someone attempted to establish a sexual relationship | 25.4 | 8.1 | 34.0 |
| Someone continued to ask for dates | 21.3 | 4.1 | 29.6 |
| Someone touched you in a way that made you feel uncomfortable | 21.3 | 5.5 | 28.9 |
| Someone appeared to bribe you with a reward or special tickets | 8.9 | 1.4 | 12.7 |
| Someone made you feel threatened through retaliation | 7.1 | 0.0 | 10.6 |
| Someone treated you badly for refusing to have sex | 13.8 | 1.4 | 19.9 |
| Someone referred to people of your gender in offensive terms | 28.4 | 8.1 | 38.4 |
| Someone treated you "differently" because of your gender | 31.0 | 5.4 | 43.4 |
| Someone made offensive sexist remarks | 33.5 | 6.8 | 46.4 |
| Someone acted condescendingly to you because of your gender | 30.0 | 5.8 | 41.7 |
| Any Experience of Sexual Harassment | 66.7 | 49.3 | 74.7 |
| All Students Males | emales |  |  |



Compared to male students at the University of
Minnesota-Crookston, female students were more likely to have experienced sexual harassment from a peer at the school, from a faculty/staff member at the university, and from someone not at school. Overall, the most common sexual harassment experienced from a peer was that someone attempted to draw the student into a discussion of sexual matters (22.6\%). The most common sexual harassment experienced from a faculty or staff member was that someone made offensive sexist remarks (1.8\%). The most common sexual harassment experienced from someone not at school was someone treated the student "differently" because of their gender (26.5\%).

Physical Fight-Past 12 Months
All Students by Gender


Male Crookston students are more likely than female students to report having engaged in a physical fight over the past 12 months (5.3\% vs. 1.3\%, respectively).

Male students at the University of MinnesotaCrookston were more likely to report having immediate access to a firearm than female students ( $24.0 \%$ vs. $5.8 \%$, respectively).

Among students with immediate access to firearms, the most common type of firearm is a shotgun (92.6\%). Of those with immediate access to firearms, $11.1 \%$ reported that they have a license for concealed carry (CCW permit).

Two in five (40.0\%) male and nearly three in five (59.4\%) female students at the University of Minnesota-Crookston report experiencing bullying sometimes or frequently within their lifetime. More than one in seven (14.7\%) male students and one in 15 (6.5\%) female students report carrying out bullying sometimes or frequently within their lifetime.

Immediate Firearm Access
All Students by Gender



| Discrimination Experience-Lifetime <br> All Students by Gender |  |  |  |
| :---: | :---: | :---: | :---: |
| Type of Discrimination | Percent |  |  |
| People Act as if They Are Afraid of You | 27.0 | 25.3 | 27.7 |
| People Act as if They Think You Are Not Smart | 60.0 | 44.0 | 67.7 |
| Received Poorer Service Than Other People at Restaurants or Stores | 32.3 | 28.4 | 34.2 |
| Treated with Less Courtesy or Respect Than Other People | 62.4 | 50.0 | 68.4 |
| You Are Threatened or Harassed | 31.7 | 17.3 | 38.7 |
| All Students $\square$ Males | emales |  |  |

More than three in five (62.4\%) Crookston students report being treated with less courtesy or respect than other people within their lifetime, and nearly one in three (31.7\%) report being threatened or harassed.

Note: Items found in this table are based on an everyday discrimination measure (Sternthal et al, 2011).

| Discrimination Type/Reason-Lifetime <br> All Students by Gender |  |  |  |
| :---: | :---: | :---: | :---: |
| Reason for Discrimination | Percent |  |  |
| Age | 53.0 | 42.9 | 56.1 |
| Ancestry or National Origin | 6.7 | 11.4 | 5.3 |
| Education/Income Level | 23.5 | 20.0 | 24.6 |
| Gender | 57.7 | 28.6 | 66.7 |
| Height | 25.5 | 25.7 | 25.4 |
| HIV Status | 0.0 | 0.0 | 0.0 |
| Physical Disability | 0.7 | 2.9 | 0.0 |
| Race | 11.4 | 17.1 | 9.6 |
| Religion | 15.4 | 22.9 | 13.2 |
| Sexual Orientation | 4.0 | 0.0 | 5.3 |
| Shade of Skin Color | 8.7 | 8.6 | 8.8 |
| Weight | 26.2 | 17.1 | 28.9 |
| Other Aspect of Physical Appearance | 30.2 | 20.0 | 33.3 |
| Other | 12.1 | 28.6 | 7.0 |
| All Students $\square$ Males $\square$ Females |  |  |  |

Note: Items found in this table are adapted from Williams et al. (1997).

## Transportation Safety-Past 12 Months All Students



For male Crookston students, age is the most common reason for discrimination within their lifetime. For female Crookston students, gender is the most common reason for discrimination within their lifetime.

Approximately one in seven (14.0\%) Crookston students report carrying some level of credit card debt over the past month. Of these students, $\mathbf{1 2 . 5 \%}$ report the debt as $\$ 3,000$ per month or more.

## Definition:

Current Credit Card Debt
Any unpaid balance at the end of the past month.

The percentage of University of MinnesotaCrookston students with a monthly credit card debt of $\$ 3,000$ or more is highest among undergraduate students enrolled for five or more years (8.3\%).

## Definition:

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

The percentage of Crookston students who report a student loan balance of more than $\$ 25,000$ increases from 4.1\% among first-year students to 27.0\% among students enrolled for four years.

## Definition:

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

Current Credit Card Debt
All Students


Credit Card Debt and Class Status
All Students


## Results

## Nutrition and Physical Activity

For many students, the college years represent a time of new experiences and increased opportunities to make personal health decisions. Some of these decisions encompass the areas of nutrition and physical activity. Students are on their own, free to eat what they want, when they want. Busy academic and social schedules can take priority over eating well and exercising regularly. Class and work schedules vary from day to day and change every semester. Lifestyle changes, peer pressure, and limited finances may lead to an increase in stress, triggering overeating that results in weight gain. Limited finances may also translate into budget challenges, pitting dollars for tuition, textbooks, and housing against dollars for food.

## National Comparison

Research shows that, compared to older adults, young adults in the United States generally eat fewer fruits and vegetables but are more physically active (CDC, 2019). Young adults ages 18-27 report consuming breakfast an average of 3.1 days per week, and consuming fast food an average of 2.5 days per week (Niemeier, 2006). The rate of obesity among young adults ages 18-24 in Minnesota is 19.5\%, and Minnesota's overall obesity rate is $30.1 \%$ (CDC, 2019).

Though research examining food insecurity (see definition on page 34) among young adults is limited, the prevalence of food insecurity and its negative outcomes are issues of increasing concern. Survey results document $48.0 \%$ of students at two-year institutions and $41.0 \%$ of students attending four-year postsecondary institutions report experiencing food insecurity (Goldrick-Rab, 2019).

In Minnesota, $83.2 \%$ of young adults ages 18-24, compared to $80.1 \%$ of all adults, report participating in at least one physical activity during the last month (CDC, 2019). More than one-half (55.2\%) of 18- to 24-year-olds report participating in 150 minutes or more of aerobic physical activity per week; for all adults, the rate is $57.9 \%$ (CDC, 2019).

Body mass index (BMI) is a common and reliable indicator of body fat (CDC, 2015a). BMI equals weight in kilograms divided by height in meters squared ( $\mathrm{BMI}=\mathrm{kg} / \mathrm{m}^{2}$ ). This table presents weight categories based on BMI ranges.

Nearly two in five (49.3\%) students at the University of Minnesota-Crookston fall within the overweight or obese/extremely obese category. This is based on self-reported height and weight.

Nearly three-fifths (59.4\%) of male and 44.7\% of female Crookston students at fall within the overweight or obese/extremely obese category. Additional analysis shows that the average BMI for male Crookston students is 27.0, and the average BMI for female students is 25.9. For both male and female students, this average falls within the overweight category.

BMI Category
All Students


BMI Category
All Students by Gender


Nearly one in four (23.9\%) Crookston students report engaging in binge eating over the past 12 months.

Binge-Eating Behavior-Past 12 Months All Students by Gender

Meal Patterns
All Students by BMI Category

|  | Percent |  |  |  |  |
| :--- | ---: | ---: | ---: | ---: | :---: |
| Behavior | $\mathbf{y y y y y}$ |  |  |  |  |
| Breakfast Consumption (Past 7 Days) | $\mathbf{0 . 0}$ | 11.0 | 21.0 | 14.0 |  |
| 0 Days per Week | 27.3 | $\mathbf{2 9 . 0}$ | 33.8 | 55.8 |  |
| 1-3 Days per Week | 72.7 | $\mathbf{6 0 . 0}$ | $\mathbf{4 5 . 2}$ | 30.2 |  |
| 4-7 Days per Week |  |  |  |  |  |

Fast-Food Consumption (Past 12 Months)

| $1-2$ Times per Month or Less | 63.6 | 58.4 | 63.5 | 45.7 |
| :--- | :--- | :--- | :--- | :--- |
| Once per Week or More | 36.4 | 41.6 | 36.5 | 54.3 |


| $\square$ Underweight $\square$ | Overweight |
| :--- | :--- |
| Normal Weight $\square$ |  |
| Obese/Extremely Obese |  |



## Food Insecurity—Past 12 Months <br> All Students

> In the 1990s, the United States Department of Agriculture (USDA) developed a series of questions designed to measure food insecurity. The 18-item Household Food Security Survey (HFSS) serves as the standard for assessing household food security (Bickel et al., 200). In order to gain some insight into food insecurity among the college population, a validated two-question screening based on the HFSS was selected to appear within the College Student Health Survey (Hager et al., 2010). These two questions inquire whether a household has been worried about having money to buy food, and whether there have been times when members of the household went without food.
> Food security is a necessary component to household and personal well-being. Food insecurity, though it is conceptual, measures something different from nutritional deprivation, and can be a precursor to nutritional, health, and developmental problems (Bickel et al., 2000). Mental and physical changes accompanying inadequate food intake have a bearing on learning, productivity, and physical and psychological health (Sharkey et al., 2011; McLaughlin et al., 2012).


Overweight Crookston students report the highest rate of never eating breakfast (21.0\%) within the past seven days. Obese/extremely obese Crookston students report the highest rate of fast-food consumption once per week or more within the past 12 months (54.3\%).

A majority of Crookston students report consuming fruits and vegetables 1-4 times per day in the past seven days, with only $9.3 \%$ consuming fruits and vegetables five or more times per day. On average, male students consume fruits and vegetables 2.6 times per day and female students consume fruits and vegetables 2.4 times per day.

More than one in five (23.0\%) Crookston students report worrying about whether their food would run out before they had money to buy more. More than one in seven (15.2\%) report experiencing a food shortage and lacking money to buy more within the past 12 months.

Asked to report their consumption of sweetened beverages, $12.3 \%$ of Crookston students report consuming coffee drinks with sugar every day in the past seven days.

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

More than two in five (61.9\%) Crookston students report levels of physical activity that place them in the high classification, meeting the CDC's recommendations.

Body mass index is lowest among male Crookston students who report high levels of physical activity in the past seven days and female students who report none/limited physical activity in the past seven days.

Daily Sweetened Beverage Consumpton -Past 30 Days
All Students


Physical Activity Level—Past Seven Days
All Students

Students were asked several questions related to their physical activity level. The survey questions that relate to recommendations outlined by the Centers for Disease Control and Prevention (CDC) are:
In the past seven days, how many minutes did you spend doing the following activities?

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


## The CDC recommends that adults:

- Engage in 150 minutes of moderate-intensity physical activity every week, and engage in muscle-strengthening activities two or more days a week (CDC, 2015c).


## Or

- Engage in 75 minutes of vigorous-intensity physical activity every week, and engage in muscle-strengthening activities two or more days a week (CDC, 2015c).
Or
- Engage in an equivalent mix of moderate- and vigorous-intensity aerobic activity and muscle-strengthening activities two or more days a week (CDC, 2015c).



## Average BMI

All Students by Physical Activity Level and Gender


## Results

## Sexual Health

Some of the most important decisions facing college students concern sexual health. Choices relating to sexual behavior have the potential for significant, and often long-term, consequences. Healthy People 2020, a science-based, 10-year agenda for improving the health of all Americans, states that improving sexual health is crucial to eliminating health disparities, reducing rates of infectious diseases and infertility, and increasing educational attainment, career opportunities, and financial stability (USDHHS, 2016).

## National Comparison

The majority of young adults in the United States are sexually active. Among males ages 18-19 and 20-24, respectively, $60.9 \%$ and $70.3 \%$ report that they have engaged in vaginal intercourse within their lifetime, $59.4 \%$ and $73.5 \%$ report that they have received oral sex from a partner of the opposite sex, and 9.7\% and $23.7 \%$ report that they have engaged in insertive anal intercourse (Herbenick et al., 2010). Among females ages $18-19$ and $20-24$, respectively, $64.0 \%$ and $85.6 \%$ report that they have engaged in vaginal intercourse within their lifetime, $62.0 \%$ and $79.7 \%$ report that they have received oral sex from a partner of the opposite sex, and $20.0 \%$ and $39.9 \%$ report that they have engaged in anal intercourse (Herbenick et al., 2010). During their most recent vaginal intercourse event, $42.6 \%$ of 18 - to 24 -year-old males and $36.7 \%$ of 18 - to 24-year-old females used a condom (Sanders et al., 2010).

Due to a combination of behavioral, biological, and cultural reasons, sexually active young adults are at increased risk for acquiring sexually transmitted infections (STIs) (CDC, 2018). The higher prevalence of STIs among young adults reflects multiple barriers to accessing quality STI prevention services: ability to pay, lack of transportation, and concerns about confidentiality (CDC, 2018). Among all males, 20 - to 24 -year-olds have the highest rate of chlamydia (1,784.5 cases per 100,000 people) and gonorrhea (720.9 cases per 100,000 people) and the second highest rate of syphilis (44.6 cases per 100,000 people) (CDC, 2018). Among all females, 20- to 24 -year-olds have the highest rates of chlamydia ( $4,064.6$ cases per 100,000 people), gonorrhea ( 702.66 cases per 100,000 people), and syphilis ( 10.0 cases per 100,000 people) (CDC, 2018). Young adults (15-24) represent 50\% of all new STIs diagnosed in the United States (CDC, 2018).

Compared to male students, female students attending the University of Minnesota-Crookston report higher rates of sexual activity within their lifetime and within the past 12 months.

More than nine in ten (91.0\%) Crookston students report having $0-1$ sexual partners within the past 12 months. On average, Crookston students who were sexually active in the past 12 months had 1.9 sexual partners in that period.

Among Crookston students who report being sexually active within the past 12 months, nearly eight in ten (79.3\%) report that their most recent sexual partner was either a fiancé(e)/spouse or an exclusive dating partner.

Sexually Active-Lifetime and Past 12 Months All Students by Gender


Number of Sexual Partners-Past 12 Months All Students


Most Recent Sexual Partner-Past 12 Months Sexually Active Students



Among Crookston students who report being sexually active within their lifetime, $52.1 \%$ used a condom the last time they engaged in vaginal intercourse, 4.8\% used a condom during the last time they had anal intercourse, and $10.4 \%$ used a condom during their last oral sex experience. Percentages are based solely on those who indicated they engaged in the activity.

Additional analysis shows that of the $66.5 \%$ of Crookston students who report being sexually active within their lifetime, $95.2 \%$ have engaged in vaginal intercourse, $91.2 \%$ have engaged in oral sex, and 28.6\% have engaged in anal intercourse.

Pregnancy Prevention Methods
Sexually Active Students Within Lifetime

| Type of Method | Percent Who Report <br> Using Method |
| :--- | :---: |
| Birth Control Pills | 39.9 |
| Condoms | 46.4 |
| Depo-Provera (Shots) | 4.6 |
| Diaphragm and Spermicide | 0.0 |
| Emergency Contraception | 4.6 |
| Fertility Awareness | 5.2 |
| Implanon (Hormone Implant) | 4.6 |
| Intrauterine Device | $\mathbf{7 . 8}$ |
| NuvaRing | $\mathbf{0 . 7}$ |
| Patch | $\mathbf{0 . 0}$ |
| Sterilization (Hysterectomy, Vasectomy) | $\mathbf{0 . 0}$ |
| Withdrawal | 26.8 |
| Other | $\mathbf{1 . 3}$ |
| Don't Know/Can't Remember | $\mathbf{0 . 7}$ |
| Report Not Using any |  |
| Method of Pregnancy Prevention | $\mathbf{7 . 2}$ |

Unintended Pregnancy Outcome-
Past 12 Months
All Students


The two methods that Crookston students report using most commonly to prevent pregnancy the last time they engaged in vaginal intercourse are condoms (46.4\%) and birth control pills (39.9\%).

A total of $\mathbf{1 . 7 \%}$ of Crookston students report being involved in a pregnancy within the past 12 months. Of these students, $\mathbf{1 0 0 . 0} \%$ state the pregnancy was unintentional. Among the unintentional pregnancies, $75.0 \%$ resulted in miscarriage.

Among sexually active female students at the University of Minnesota-Crookston, 15.3\% report using emergency contraception within the past 12 months. Among these students, 33.3\% have used it two or more times.

Among University of Minnesota-Crookston students who have been sexually active within their lifetime, $6.6 \%$ report being diagnosed with a sexually transmitted infection (STI) within their lifetime, and $\mathbf{2 . 6 \%}$ report being diagnosed with an STI within the past 12 months. Chlamydia is the most commonly diagnosed STI within students' lifetimes and within the past 12 months.

Emergency Contraception Use-Past 12 Months Sexually Active Female Students


Sexually Transmitted Infection DiagnosisLifetime and Past 12 Months
All Students

| Sexually Transmitted Infection | Percent Who Report <br> Being Diagnosed |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
| Chlamydia | 5.9 | 2.0 |  |  |
| Genital Herpes | 0.7 | 0.0 |  |  |
| Genital Warts/HPV | 0.7 | 0.7 |  |  |
| Gonorrhea | 0.0 | 0.0 |  |  |
| HIV/AIDS | 0.0 | 0.0 |  |  |
| Pubic Lice | $\mathbf{0 . 0}$ | $\mathbf{0 . 0}$ |  |  |
| Syphilis | $\mathbf{0 . 0}$ | $\mathbf{0 . 0}$ |  |  |
| At Least One of the Above <br> Sexually Transmitted Infections | $\mathbf{6 . 6}$ | $\mathbf{2 . 6}$ |  |  |
| Within Lifetime |  |  |  | Within Past 12 Months |

## Implications

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

Results from the 2021 College Student Health Survey presented in this report offer a comprehensive look at the diseases, health conditions, and health-related behaviors impacting students attending postsecondary schools in Minnesota. Identification of these health-related issues is critical, because the health of college students in Minnesota affects not only their academic achievement but also the overall health of our society.

It is intuitively obvious that health conditions can affect academic performance. The link to overall societal health is more subtle, but no less profound. Given that there are now more students enrolled in postsecondary institutions than in high schools, that college students help set the norms of behavior for our society and serve as role models for younger students, that college students are establishing and solidifying lifestyles and behaviors that will stay with them for the rest of their lives, and that obtaining a college degree is one of the major determinants of future health and economic status, the impact of the health of college students on our society becomes evident.

## Appendix 1

Colleges and Universities Participating in the 2021 College Student Health Survey

| School | Location | Enrollment |
| :--- | :--- | ---: |
| Augsburg University | Minneapolis, MN | $\mathbf{3 , 3 1 8}$ |
| Central Lakes College | Brainerd, MN | $\mathbf{5 , 3 3 1}$ |
| The College of St. Scholastica | Duluth, MN | $\mathbf{3 , 7 1 2}$ |
| Hennepin Technical College | Brooklyn Park, MN | $\mathbf{7 , 0 0 8}$ |
| Minneapolis College | Minneapolis, MN | $\mathbf{1 0 , 0 3 2}$ |
| Minnesota State University-Moorhead | Moorhead, MN | $\mathbf{7 , 5 3 4}$ |
| Rochester Community \& Technical College | Rochester, MN | $\mathbf{6 , 9 8 3}$ |
| St. Catherine University | St. Paul, MN | $\mathbf{4 , 2 7 7}$ |
| University of Minnesota-Crookston | Crookston, MN | $\mathbf{2 , 1 3 5}$ |
| University of Minnesota-Duluth | Duluth, MN | $\mathbf{9 , 0 7 2}$ |
| University of Minnesota-Morris | Morris, MN | $\mathbf{1 , 2 0 2}$ |
| University of Minnesota-Rochester | Rochester, MN | $\mathbf{5 6 8}$ |
| University of Minnesota-Twin Cities | Minneapolis, MN <br> St. Paul, MN | $\mathbf{4 7 , 5 5 6}$ |

## Appendix 1 References

Augsburg University. (2021). Fast Facts - About Augsburg University. Retrieved April 26, 2021, from https://www.augsburg.edu/about/facts/.
Minnesota State. (2021). Education Search. Retrieved April 26, 2021, from https://www.minnstate.edu/campusesprograms/index.html.
Saint Catherine University. Why St. Kate's. Retrieved April 26, 2021, from https://www.stkate.edu/about/why-st-kates.
St. Scholastica. (2021). Fast Facts for a Brief Overview About the College of St. Scholastica. Retrieved April 26, 2021, from http://www.css.edu/about/fast-facts.html.
University of Minnesota (2021). Official Enrollment Statistics - Office of Institutional Research. Retrieved April 26, 2021 from https://oir.umn.edu/student/enrollment.

## Appendix 2

University of Minnesota-Crookston On-Campus Students Survey Demographics Based on Student Response

|  | All Students |
| :---: | :---: |
| Average Age (Years) | 20.6 |
| Age Range (Years) | 18-47 |
| 18-24 Years | 96.0\% |
| 25 Years or Older | 4.0\% |
| Average GPA | 3.39 |
| Class Status |  |
| Undergraduate-Enrolled One Year | 28.3\% |
| Undergraduate-Enrolled Two Years | 22.6\% |
| Undergraduate-Enrolled Three Years | 24.3\% |
| Undergraduate-Enrolled Four Years | 19.1\% |
| Undergraduate-Enrolled Five or More Years | 5.2\% |
| Master's, Graduate, or Professional Program | 0.4\% |
| Non-Degree Seeking | 0.0\% |
| Unspecified | 0.0\% |
| Gender |  |
| Male | 32.6\% |
| Female | 67.4\% |
| TransMale, TransFemale, Genderqueer, Preferred Ánother Descriptor (Write-in) | 0.0\% |
| Preferred to Not Answer | 0.0\% |
| Racial Identity |  |
| American Indian/Alaska Native | 3.9\% |
| Asian/Pacific Islander | 3.9\% |
| Black or African American | 1.3\% |
| Middle Eastern | 0.4\% |
| Native Hawaiian/Other Pacific Islander | 0.4\% |
| White | 90.4\% |
| Preferred Another Descriptor (Write-in) | 1.3\% |
| Ethnic Identity |  |
| Hispanic or Latino | 4.8\% |
| Hmong | 0.9\% |
| Somali | 0.4\% |
| None of the Above | 91.7\% |
| Preferred to Not Answer | 2.2\% |
| Sexual Identity |  |
| Heterosexual or Straight | 92.6\% |
| Gay or Lesbian | 1.3\% |
| Bisexual | 3.0\% |
| Not Sure Yet | 1.3\% |
| Not Sure What Question Means | 0.4\% |
| Preferred Another Descriptor (Write-in) | 1.3\% |
| Current Residence |  |
| Residence Hall or Fraternity/Sorority | 64.6\% |
| Homeless | 0.0\% |
| Other | 35.4\% |
| Other Status |  |
| International Student | 3.1\% |
| Veteran of United States Armed Forces | 2.2\% |
| Reported at Least One Disability | 17.8\% |

## Glossary

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

Current Alcohol Use
Any alcohol use within the past 30 days.

## Current Credit Card Debt

Any unpaid balance at the end of the past month.

## Current Vaping/Electronic Cigarette Use

Any use of a vaping device/electronic cigarette within the past 30 days.

## Current Hookah Use

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

## Current Marijuana/Cannabis Use

Any marijuana/cannabis use within the past 30 days.

Current Smokeless Tobacco Use
Any smokeless tobacco use within the past 30 days.

## Current Tobacco Use

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

## High-Risk Drinking

Consumption of five or more alcoholic drinks at one sitting within the past two weeks for both males and females. A drink is defined as one shot of alcohol, a 12-ounce beer, a mixed drink containing 1 or 1.5 ounces of alcohol, a 12 -ounce wine cooler, or a 5 -ounce glass of wine.

Past 12-Month Alcohol Use
Any alcohol use within the past year.

Past 12-Month Marijuana/Cannabis Use
Any marijuana/cannabis use within the past year.

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

## References

Bickel G, Nord M, Price C, Hamilton W, Cook J. (2000). Guide to measuring food security, revised 2000. Washington, DC, United States Department of Agriculture.
Center for Behavioral Health Statistics and Quality. (2015). 2014 National Survey on Drug Use and Health: Detailed tables. Substance Abuse and Mental Health Services Administration, Rockville, MD.
Center for Behavioral Health Statistics and Quality. (2020). Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration, Rockville, MD. Retrieved from https://www.samhsa.gov/data/ on January 12, 2021.
Centers for Disease Control and Prevention. (2014). Adverse Childhood Experiences (ACE) Study. Retrieved January 18, 2021, from http://www.cdc.gov/violenceprevention/acestudy/.
Centers for Disease Control and Prevention. (2015a). Behavioral Risk Factor Surveillance System [survey data]. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved January 18, 2021, from http://apps.nccd.cdc.gov/brfss.
Centers for Disease Control and Prevention. (2015b). About BMI for adults. Retrieved January 11, 2021, from http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html.
Centers for Disease Control and Prevention. (2015c). How much physical activity do adults need? Retrieved January 11, 2021, from http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html.
Centers for Disease Control and Prevention. (2017). Quitting smoking among adults—United States, 2001-2015. Morbidity and Mortality Weekly Report, 2017;65:1457-1464.
Centers for Disease Control and Prevention. (2018). Sexually transmitted disease surveillance 2018. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved January 15, 2021, from https://www.cdc.gov/std/stats18/default.htm.
Centers for Disease Control and Prevention. (2019). Behavioral Risk Factor Surveillance System [survey data]. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved January 11, 2021, from https://www.cdc.gov/brfss/brfssprevalence/.
Chapman DP, Whitfield CL, Felitti VJ, Dube SR, Edwards VJ, Anda RF. (2003). Adverse childhood experiences and the risk of depressive disorders in adulthood. Journal of Affective Disorders, 82, 217-225.
Edwards VJ, Holden GW, Felitti VJ, Anda RF. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the Adverse Childhood Experiences Study. American Journal of Psychiatry, 160, 1453-1460.
Goldrick-Rab S, Baker-Smith C, Coca V, Looker E, Williams T (2019). College and University Basic Needs Insecurity: A National \#RealCollegeSurvey Report. Retrieved January 14, 2021 from https://hope4college.com/wp-content/uploads/2019/04/HOPE_realcollege_National_report_digital.pdf
Hager E, Quigg A, Black MM, Coleman S, Heeren T, Rose-Jacobs R, Cook JT, Ettinger De Cubā SA, Cāsey PH, Chilton M, Cutts DB, Meyers AF, Frank D. (2010). Development and validity of a brief 2-item screen to identify families at risk for food insecurity. Pediatrics, 126(1), e26-e32.
Herbenick D, Reece M, Schick V, Sanders SA, Dodge B, Fortenberry JD. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14-94. Journal of Sexual Medicine, 7(suppl 5), 255-265.
Hill C, Silva E. (2006). Drawing the Line: Sexual Harassment on Campus. Washington, DC: American Association of University Women Educational Foundation. Retrieved January 15, 2021 from: https://www.aauw.org/files/2013/02/drawing-the-line-sexual-harassment-on-campus.pdf
Holmes TH, Rahe RH. (1967). The Social Readjustment Rating Scale. Journal of Psychosomatic Research, 11(2), 213-218.
McLaughlin KA, Greif Green J, Alegría M, Costello EJ, Gruber MJ, Sampson NA, Kessler RC. (2012). Food insecurity and mental disorders in a national sample of U.S. adolescents. Journal of the American Academy of Child and Adolescent Psychiatry, 51(12), 1293-1303.
Minnesota Department of Health. (2013). Adverse childhood experiences in Minnesota: Findings \& recommendations based on the 2011 Minnesota Behavioral Risk Factor Surveillance System. Retrieved January 11, 2021, from http://www.health.state.mn.us/divs/cfh/program/ace/.
Niemeier HM, Raynor HA, Lloyd-Richardson EE, Rogers ML, Wing RR. (2006). Fast food consumption and breakfast skipping: Predictors of weight gain from adolescence to adulthood in a nationally representative sample. Journal of Adolescent Health, 39(6), 842-849.
Sallie Mae. (2013). How America pays for college 2013. Sallie Mae's National Study of College Students and Parents. Retrieved January 18, 2021, from https://salliemae.newshq.businesswire.com/sites/ salliemae.newshq.businesswire.com/files/doc_library/file/Sallie_Mae_Report_-_How_America_Pays_for_ College_Report_FINAL_0.pdf.

Sanders SA, Reece M, Herbenick D, Schick V, Dodge B, Fortenberry JD. (2010). Condom use during most recent vaginal intercourse event among a probability sample of adults in the United States. Journal of Sexual Medicine, 7(suppl 5), 362-373.
Schiller JS, Clark TC, Norris T. (2018). Early release of selected estimates based on data from the January-September 2017 National Health Interview Survey. Retrieved January 18, 2021, from https://www.cdc.gov/nchs/nhis/releases/released201609.htm\#1.
Sharkey JR, Johnson CM, Dean WR. (2011). Relationship of household food insecurity to health-related quality of life (HRQOL) in a large sample of rural and urban women. Women \& Health, 51(5), 442-460.
Schulenberg JE, Johnston LD, O'Malley PM, Bachman JG, Miech RA, Patrick ME. (2019). Monitoring the Future: national survey results on drug use, 1975-2018: Volume II, College students and adults ages 19-60 Ann Arbor: Institute for Social Research, The University of Michigan. Available at https://monitoringthefuture.org/pubs.html\#monographs.
Sinozich S, Langton L. (2014). Rape and sexual assault victimization among college-age females, 1995-2013. (Report NCJ248471). Washington, DC: US Department of Justice. Bureau of Justice Statistics.
Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., \& Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
U.S. Department of Education, National Center for Education Statistics. (2015). Digest of Education Statistics: 2014. Retrieved January 18, 2021 from, http://nces.ed.gov/programs/digest/
U.S. Department of Education, National Center for Education Statistics. (2016). Digest of Education Statistics Advance Release of Selected 2016 Digest Tables. Retrieved January 18, 2021, from https://nces.ed.gov/programs/digest/2016menu_tables.asp
U.S. Department of Education, National Center for Education Statistics. (2017). Digest of Education Statistics Advance Release of Selected 2017 Digest Tables. Retrieved January 15, 2021, from https://nces.ed.gov/programs/digest/2017menu_tables.asp
U.S. Department of Health and Human Services. (2016). Reproductive and sexual health. Retrieved January 18, 2021, from https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Reproductive-and-SexualHealth.

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