

1999 University Health Center Survey

Methodology and Results

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Introduction and Background

The University of Oregon Survey Research Laboratory (OSRL) conducted the seventh annual University of Oregon Health Center Survey. The annual Health Center Surveys are intended to assess Health Center services and track health-related trends in student attitudes, knowledge, and behavior. The Health Center Survey includes three types of questions: questions asked annually, those asked at regular intervals, and those intended for inclusion only once. Health Center and OSRL staff work closely together each year to develop survey questions that are appropriate to the University and Health Center's needs, comparable to other major Oregon and national surveys, and as valid and reliable as possible. To accomplish this, the survey instrument incorporates questions derived from meetings and discussions between Health Center staff, OSRL, and members of the University, as well as past surveys.

The 1999 University Health Center Survey includes new questions concerning herbal remedy use, a series of questions concerning the influence of alcohol on sexual behavior. Additional survey topics included:

- present and comparative physical and mental health and wellness including suicide thoughts and attempts;
- health maintenance including pap smear checks and athletic participation;
- tobacco, alcohol and drug use;
- safety behaviors including driving or riding in a car under the influence of alcohol, use of safety belts, motorcycle and bicycle helmets;
- sexual activity including use of contraception and condoms, pregnancy, and sexually transmitted infections;
- use of the Health Center including student satisfaction, reasons for non-use, and cost comparison;
- health insurance coverage;
- opinions on the expansion of Health Center services and fee increase;
- basic background and demographic characteristics.

Survey Methodology

Sampling

OSRL selected a random sample of 600 students currently enrolled in the University of Oregon from the Registrar's records. Continuing Education students were excluded from the sample. Because of the survey's sensitive nature, respondents were sent a pre-contact letter several days prior to interviewing. The letter introduced the goals and purpose of the study, explained how respondents were chosen, assured confidentiality, and provided contact names and telephone numbers for questions they might have. Interviewing was conducted using OSRL's Computer Aided Telephone Interviewing (CATI) system.

Altogether, 4,177 telephone calls were made to complete 410 interviews. Among the original 600 telephone numbers, 53 were unusable because the number was wrong, disconnected, or a non-working telephone number. The overall survey response rate was 75.8%, and the refusal rate was 9.8%¹.

Data Collection, Processing, and Coding

OSRL completed 410 interviews with currently enrolled University of Oregon students from April 28 ~ May 9, 1998. The particular timing of this survey was intended to fall more than a month after the end of Spring Break (behavior during Spring Break could artificially inflate reports of certain types of reported behavior, such as alcohol consumption). Calls were made at all times of the day and all days of the week, with the exception of Sunday morning.

Several survey questions are open-ended. Open-ended responses were recorded by the interviewer exactly as the respondents responded, word for word. These responses were coded after the end of the data collection to aid survey analysis. OSRL's highly trained open-end coders used the codes developed in the past years to code this year's responses to maximize the compatibility between the results from different years. New code categories would have been created if this year's responses warrant it. However, it was not necessary.

Survey Results

The following survey results are organized as follows: demographic overview of the sample; general physical and mental health and wellness; safety issues, including carrying a weapon and automobile safety; alcohol use and perceptions of alcohol use; tobacco use; drug use; sexual behavior, reproductive health and sexual violence; use of and satisfaction with the Health Center.

Demographic Overview of the Sample

Fifty-six percent of all respondents were female. Exactly half of the respondents were 21 years of age or younger. Ninety percent were twenty nine years of age or younger. Roughly 24% were seniors, 19% juniors, 15% sophomores, and 17% freshman. The remainder was primarily graduate students (13%). Most of the respondents (75%) were never married, 10.5% married, 11.5% cohabiting, and 2.7% divorced or separated.

Non-Hispanic white makes up 75.6% of the respondents. Among the racial and ethnic minority respondents, 8.3% were Asian/Pacific Islander, 2.2% were black, 1% were American Indian, 3.4% were Hispanic origin, and 5.4% were mixed or other race or ethnicity. The proportion of international students in the sample is 6.8%.

About one quarter (26.1%) of the survey respondents reported living in University housing, 57.8% in off-campus housing, 3.8% in a fraternity or sorority, and 12.9% resided with parents, relatives, or someplace else. Nearly eight percent reported fraternity or sorority membership, and 3.6% were intercollegiate athletes.

General Health and Wellness

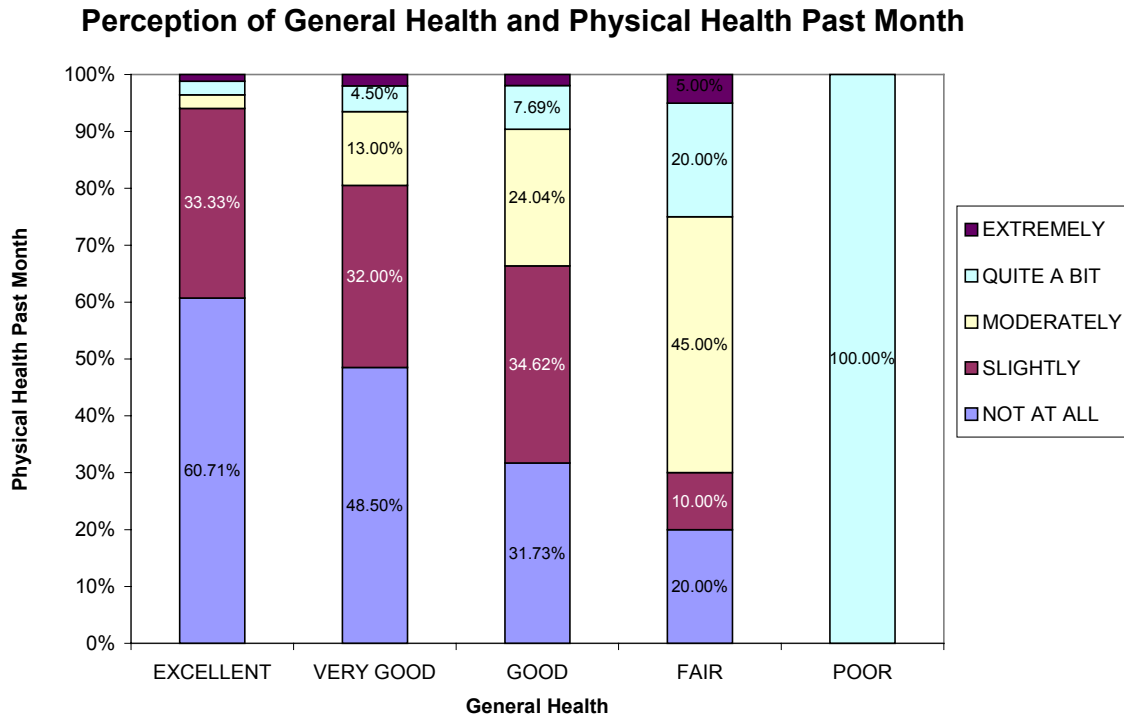
The survey began with a series of questions about physical and mental health in the recent past and present. Fully 28.9% of the respondents indicated that their health was either "much better" or "somewhat better" than one year ago. While the majority (57.6%) responded "about the same," only 13.9% of the respondents indicated that their health was "somewhat" or "much" worse than one year ago.

Similarly, most students reported good health, with 69.3% indicating they were either in "excellent" or "very good" health. Only 5.4% of respondents indicated that their health was in "fair" or "poor" conditions. When questioned about their physical health in the past month, nearly half (45.1%) of the respondents report that their physical and emotional health did not interfere with their normal social activities during the past month, the rest (54.9%) of the sample indicated that their physical and emotional health, at least to some degree, affected their normal life. It is interesting to note that respondents' perception of their general health closely paralleled to perception of their physical health during the past month (see Figure 1). A

¹ Response rate was calculated in following manner. Completed interview / (Eligible sample + ((Eligible sample / (Eligible sample + Ineligible sample)) * Sample with unknown status))

similar relationship can be seen between the general health perception and the question regarding number of days sick enough to miss class or work.

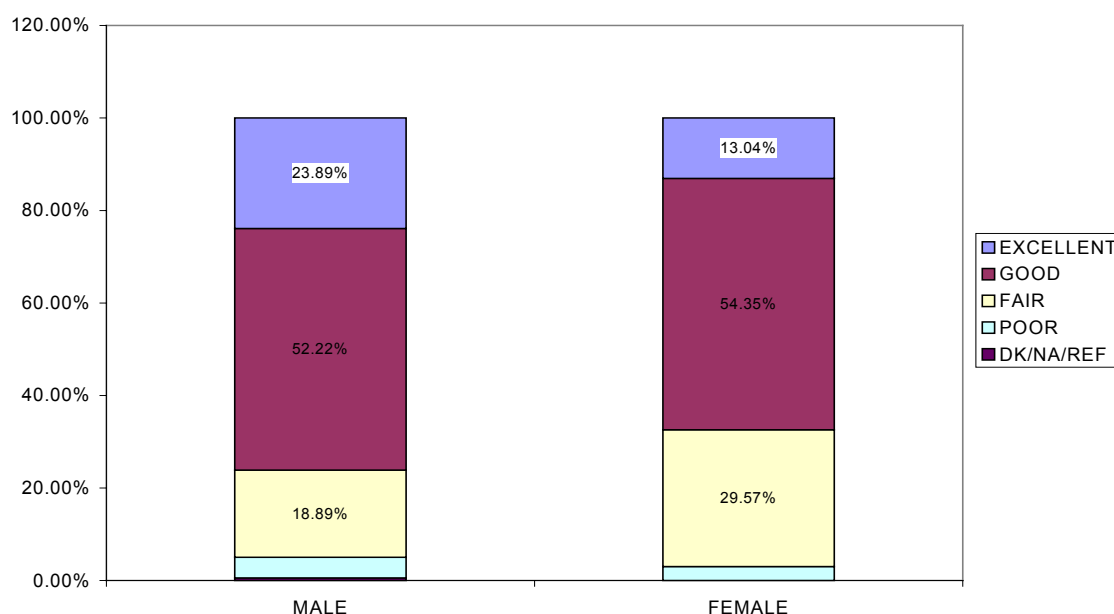
Figure 1



Seventy-one percent of the respondents claimed to do a good or excellent job handling stress in their life, twenty-five percent reported doing a fair job, and four percent responded with poor job. Proportionately, more men rate themselves as doing a good job of stress management than women (see Figure 2). When asked if they sought counseling for stress, 18.3% of women responded "yes," while only 10.6% of men indicated that they sought counseling for stress.

Figure 2

Sex Difference in Stress Handling



On the average, students exercise 3.2 days per week, and on the day that they exercise, the average length is 61.6 minutes.

Safety Issues

In 1998, the University Health Center survey again included questions commonly asked on national surveys regarding student safety to trace trends that relate to accidental student mortality and morbidity. Subjects included: bearing weapons, use of motorcycle and bicycle helmets, use of automobile safety belts, and drinking and driving activities.

Weapon

Students were asked two questions regarding the carrying of weapons. The first asked, "During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club, excluding weapons carried as part of your job?" The interviewers were also instructed to exclude pocketknives, pepper spray, and guns used exclusively for hunting or sporting. Three percent of students indicated that they had carried a weapon during the past 30 days.

The second question focused specifically on guns. One fourth of the respondents who had carried a weapon indicated that they had carried a gun during the past 30 days that was not used exclusively for hunting, sporting, or as part of a job.

Although proportionately these are small percentages, when they are applied to the population of 15,000, the results indicate that over 430 students had carried a weapon, and over 100 students had carried a gun in the past 30 days.

Helmet and Seat belt Use

The proportion of the students who have ridden a motorcycle in the past twelve months is 7.6%. Of these, 77.4% reported "always" wearing a helmet, 6.5% reported wearing a helmet "most of the time." The remaining 16.1% reported that they "rarely" or "never" wear a helmet.

Helmet-use is not as common among bicycle riders. Of the 71.7% of students who have ridden a bicycle in the past twelve months, only 19.4% reported using a helmet always or most of the time, compared to 64.3% who reported never wearing a bicycle helmet.

Most (97.8%) of the respondents reported using a seat belt "always" or "most of the time" when traveling in an automobile.

Drinking and driving

Drinking and driving questions measured the extent of student exposure to drunk driving, both as a driver and as a passenger. Close to a tenth (9.6%) of respondents claimed to have driven at least once in the past month after having three or more drinks of alcohol. Almost quarter (23.4%) of the respondents reported riding in a car driven by someone who had been drinking.

A greater proportion of men have driven drunk and ridden in a car driven by someone who had been drinking (14.6 and 31.1% respectively) than women (5.7 and 17.4% respectively).

Although, seniors (35%) and fifth year seniors (43%) get involved in drunk driving more often than others (roughly 20% for each class status), once residence type is controlled for, the differences become insignificant. In other words, among students who live in fraternities, there is no statistically significant difference in the rates of drunk driving between each class. This is true for every type of student living arrangement. The proportion of the student involved in drunk driving is higher among the students who live off campus (see Figure 3).

Alcohol Use and Perceptions of Alcohol Use

Binge drinking

The question, "Thinking back over the last 2 weeks, how many times have you had 5 or more drinks at a sitting?" was asked to track students' binge drinking behavior. Sixty percent indicated that they never consumed five or more drinks at a sitting in the last two weeks. The reminder (40%) of the students indicated that they had 5 or more drinks at a sitting in the last 2 weeks at least once. Of those, 40% responded once, 9.1% responded twice and 46% responded 3 or more times in a past 2 weeks they had 5 or more drinks at a sitting.

Women engage in binge drinking significantly less than men do (see Figure 4). However, if the students who never drink 5 or more drinks in a sitting are excluded, there is no statistically significant difference between men and women. In other words, among those who do engage in binge drinking, there is no difference between men and women in the frequency of binge drinking.

Figure 3

Drunk Driving and Residence Type

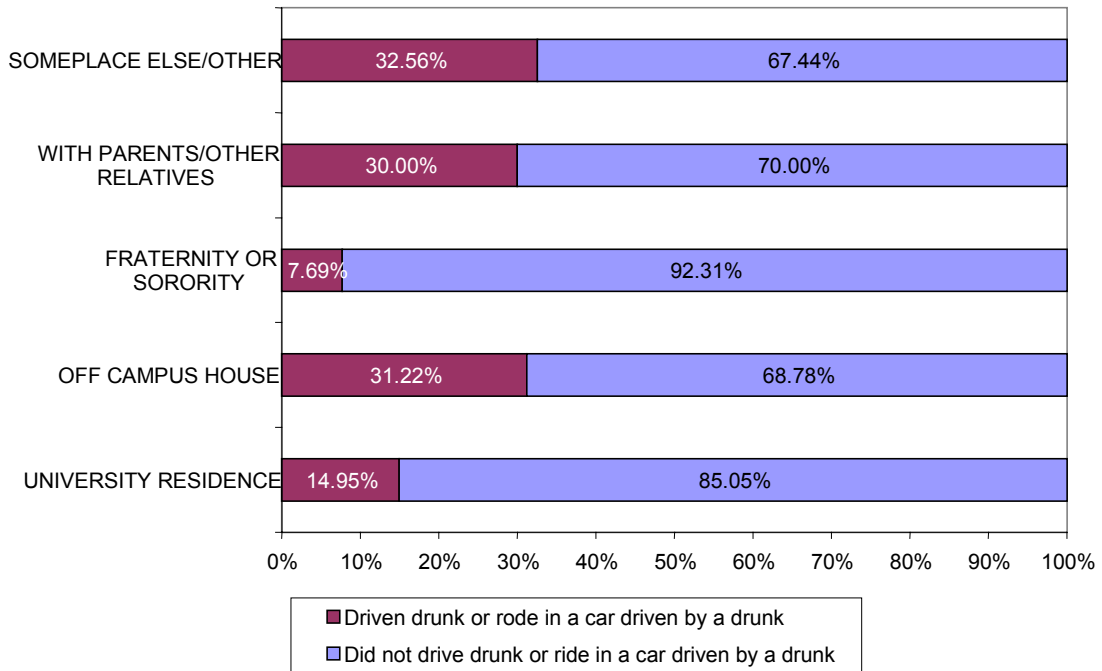
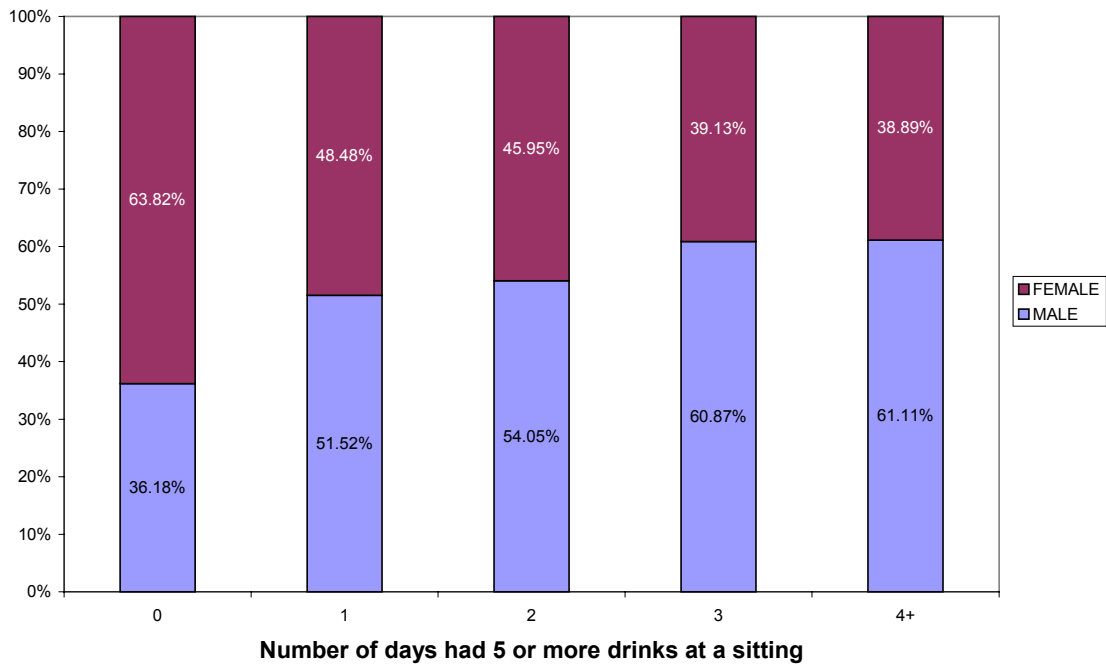


Figure 4

Sex Difference in Binge Drinking Behavior

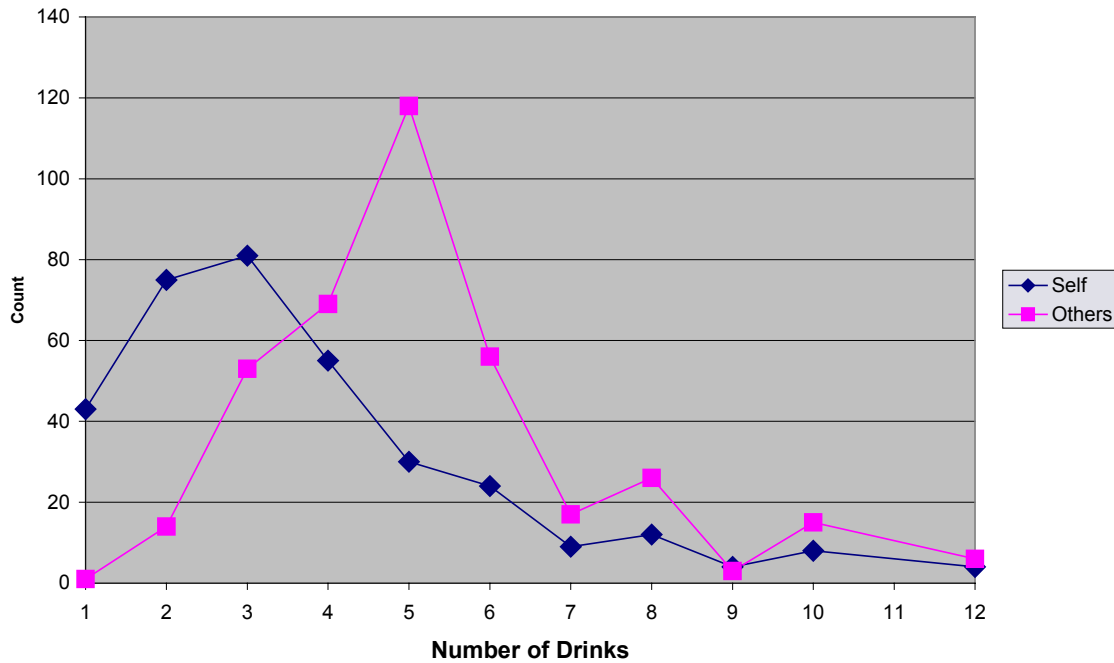


Perception of drinking

In order to track perceptions of drinking, students were asked two questions. First, "When you go out drinking or to a party how many drinks do you typically have?" Then, "How many drinks do you think most students have when they go out drinking or to a party?" In response to the first question, the students who do drink at parties reported consuming an average of 3.8 drinks. In response to the second question, students thought that other students drank an average of 5.3 drinks (see Figure 5). It is apparent that most students think other students drink more than themselves at parties.

Figure 5

Perception of Drinking



Drinking induced injuries

Students were asked two questions having to do with potential dangers associated with drinking: (1) whether they had injured themselves and (2) whether they had injured others as a result of their drinking. A small but still sizable 4.2% of the students reported physically injuring themselves because of drinking alcohol, and 0.5% reported injuring someone else because of drinking alcohol.

Tobacco Use

Less than a third (27.8%) of the students reported *ever* having used tobacco regularly. Of those who have ever used tobacco regularly, fully 54.4% indicated that they are current users of tobacco products. Of the tobacco users, 93.6% are cigarette smokers. Most (62.3%) of the current cigarette smokers smoked less than one-half pack of cigarettes per day, 36.1% smoked "between a half and one pack," and 1.6% reported smoking "more than a pack a day."

Drug Use

Students were asked questions regarding the use of marijuana, cocaine, crack, hallucinogens, amphetamines, heroine, opium and other narcotics, non-prescribed injectable drugs and Ritalin. The table below summarizes the proportion of the students who responded ever trying each of these drugs.

Table 1
Percentage of Students who Used Drugs

Drug Type	Ever tried	Used Last Month
Marijuana	64.7%	27.1%
Cocaine, Crack	11.5%	0.1%
Hallucinogens	34.6%	4.4%
Amphetamines	9.5%	0.7%
Heroin, Opium and Other Narcotics	7.3%	1.5%
Injected Non-prescription Drugs	1.5%	0.2%
Ritalin	6.6%	2.0%

Marijuana is the most common drug tried by respondents: 64.7% reported ever using it, and of those who have used marijuana, 40.4% (27.1% of total sample) had used the drug during the past month. Hallucinogens are the next commonly tried drug (34.6%) followed by Cocaine and Crack (11.5%). Less than 10% of the student have tried other drugs. The proportion of the recent users of these drugs other than Marijuana is also relatively small.

Use of herbal remedies

Two new questions were added this year to assess the use of herbal remedies by the students. Fully 44.3% of the students reported that they use herbal remedies. Of those who use herbal remedies, half indicated that they inform their health care providers about their use of herbs, and the other half indicated that they do not.

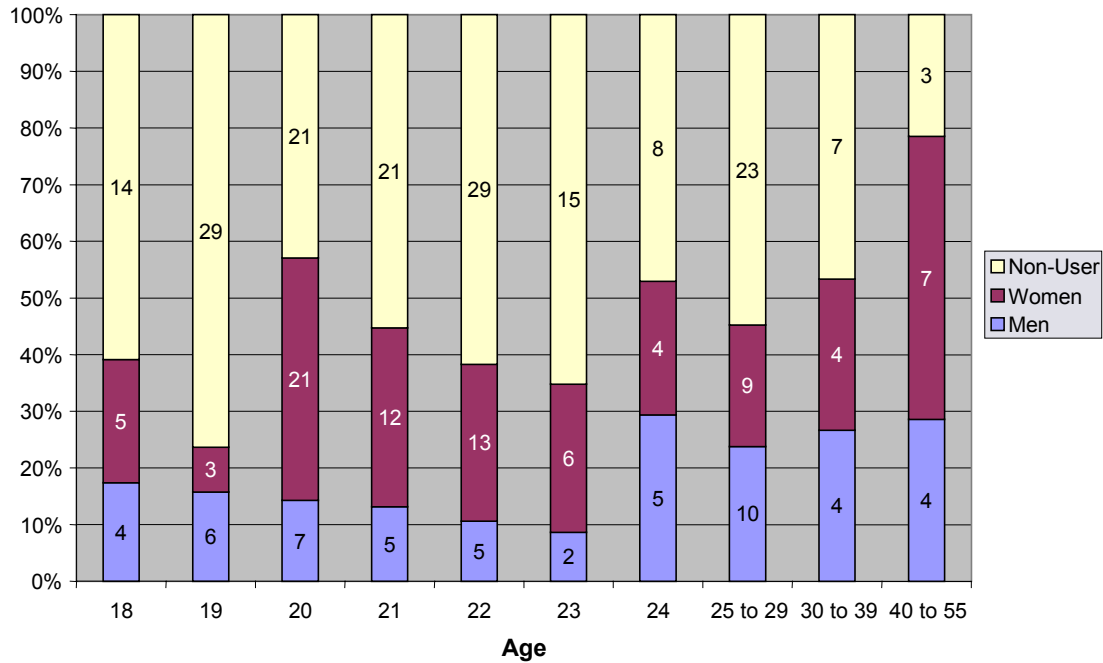
Herbal remedy use is more common among women than men, and herbal remedy use also differs among the students of different ages. Proportionately, students who are 24 and older use herbal remedies more frequently (57.5% average), and within this age group, the differences between men and women are relatively small. The sex difference in herbal remedy use is most apparent in the ages between 20 and 23. Within this age group, the users of herbal remedies are over 70% women (see Figure 6).

Sexual Behavior

Sexual behavior questions in this year's survey included students' marital status, sexual orientation, engagement in sexual intercourse, age at first intercourse, number of sexual partners in past year, birth control usage, pregnancy, history of contracting sexually transmitted diseases, and whether they had been forced into sexual activities against their will in the past year. In addition to these questions which are repeated from surveys of previous years, this year, three questions were added to assess the influence of alcohol and drugs on students' sexual behavior.

Figure 6

Herbal Remedy Use by Age and Sex



Marital status, sexual orientation and engagement in sexual intercourse

Most of the students (75.1%) are never married, 10.5% are married, 11.5% are cohabiting, and 2.7% are divorced or separated. Most (94.4%) students described themselves as heterosexual, 4.6% and 0.2% indicated that they are bisexual and homosexual respectively. A large proportion of the students are sexually active; 77.8% reported having engaged in sexual intercourse, and of those the median age at first sexual intercourse was 17. A majority of the students (51.2%) reported having just one sexual partner in the past year, 5.4% had none, 11% had two, and 10% had three or more partners.

Contraceptive use and pregnancies

Among the sexually active students, 80.3% reported using contraceptives during their last intercourse. Two of the most popular methods of birth control reported were condoms and birth control pills: 51.2% used condoms and 44.1% used birth control pills.

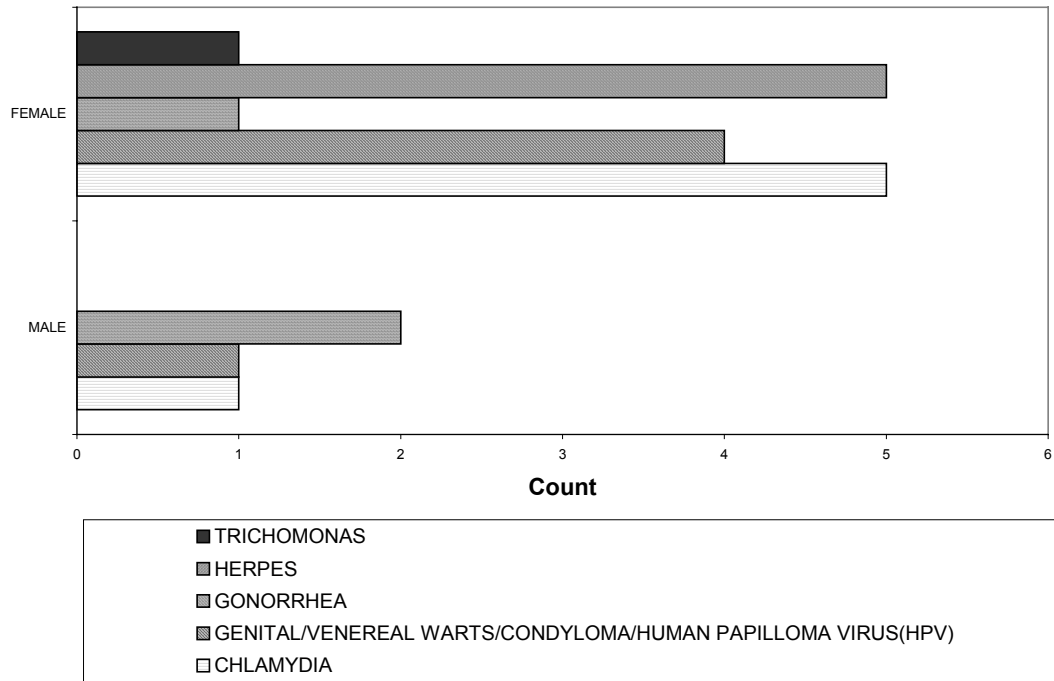
Among the sexually active students, 15.7% responded that they had ever been pregnant or gotten someone pregnant. Twenty eight percent of these pregnancies occurred while respondents were attending the U of O, and about half of all reported pregnancies were accidental.

Sexually transmitted disease

Among the sexually active students, 8.5% reported that they had contracted a sexually transmitted disease. The diseases they contracted are chlamydia (22.2%), herpes (18.5%), human papilloma virus (18.5%), and gonorrhea(11.1%). Women are more likely than men to have contracted a sexually transmitted disease (11.9% women, compared to 4.2% men)(see Figure 7).

Figure 7

Sexually transmitted diseases



Rape

The question "In the past year, have you been forced by someone to engage in any type of sexual activity against your will?" was asked for all respondents this year. In the previous years, this question was only asked if the respondents indicated that they are sexually active. This year, 3.4% of the respondents indicated that they had been forced to engage in sexual activity against their will during the past year, which is a slight increase compared to previous years where the percentage ranged from 1% to 2%. This difference may be due to the fact that all respondents were asked this question. These respondents were asked a follow-up question, "Were alcohol or drugs involved with the unwanted sexual activity?" Fully 85.7% of rapes involved alcohol or drugs.

Influence of drugs and alcohol on sexual behavior

Three questions were added this year to assess the influence of alcohol and drugs on students' sexual behavior. Overall, the proportion of the students who have had sex under the influence is relatively high. Among the sexually active students, 39.8% indicated that they had sex under the influence of drugs or alcohol. When students were asked how often they had sex under the influence, 13.8% indicated either "often" or "sometimes." In addition, among those who have had sex under the influence of alcohol or drugs, 37.8% of the students indicate that alcohol or drugs during sex influenced them to make poor choices regarding contraception or safe sex practices.

Health Center Use, Satisfaction with Services

Health Center use

A group of questions were asked to assess student use and satisfaction with Health Center services. Fully 72.4% of the students reported using the Health Center sometime within the past year. Of those who have not used the Health Center last year, the most (64.6%) indicated that they had not been ill, and 25.7% indicated that they have a private physician.

The survey also asked what is the best time for the students to visit the Health Center. The table below summarizes the results.

Table 2
Students' Preferred Time to Visit Health Center

8-11AM	19.9%
11AM-1PM	10.2%
1-4PM	27.6%
4-6PM	23.8%
6-8PM	18.4%

Satisfaction with services

Fully 66.0% of the students who have used the Health Center indicated that their health improved because of the visit, and 93.6% of the students indicated that they would use the Health Center services again if necessary.

Both respondents who had used the Health Center and those who had not used the Health Center were asked if services could be improved: 36.8% responded "yes" and the rest 63.2% responded either "no" or "don't know."

Most (84.2%) of the students responded that the primary Health Center mission should be "both care and education," 4.4% responded care should be the primary Health Center mission and 11.5% responded "education."

Health Center cost and fees

Respondents were asked to compare the cost of health care services provided by the Health Center to other local providers. Most (56.6%) responded that the Health Center generally costs less, while 15.4% indicated that it costs "about the same," and 3.4% thought that the Health Center was more expensive.

In the response to a question "As the cost of health services increases, would you prefer that the Health Center increase its prepaid fee for all students, or would you prefer to pay increased charges when you are sick or injured (if you use the Health Center)?" A majority (55.4%) showed a preference for an increase in charges for specific services. At the same time, a sizable proportion (39.8%) preferred an increase in the prepaid fee.

Fully 88.1% of the students are willing to pay an additional two to three dollars a term in increased student building fees if it becomes necessary to expand and renovate the present health center building.

Health Center publications

This year, questions were asked regarding the Health Center's World Wide Web pages, and the "Well Now" supplement in the Emerald. A relatively small proportion (9.3%) of the students had seen the Health Center Web pages. The proportion of the students who have seen "Well Now" is somewhat larger at 33.7%.

Conclusion

The Annual University of Oregon Health Center survey is a very useful tool for providing annual data on student health-related attitudes, knowledge, and behavior. Since many of the questions were asked several times over the past years, each year's finding can be analyzed within the context of the findings from other years, which greatly enhance the understanding of the individual result. Although this report was mostly limited to the analysis of the current survey, two accompanying reports, "selected trends" and "tabulation of the result 1993-1999" will be useful in comparing the results from different years and the trend over time. In addition to the repeated questions, the new questions, such as influence of alcohol and drugs on sexual behavior and the use of herbal remedies greatly expand the understanding of students' health and risk taking behavior, which could suggest the possibility of new Health Center policies and programs to provide the best possible care for all University of Oregon students.