

University of Wisconsin Stout Student Health Services
Survey Project Awareness Survey

by

Lacey C. Hoyt

A Research Paper
Submitted in Partial Fulfillment of the
Requirements for the
Master of Science Degree
With a Major in

Applied Psychology

Approved: 4 Semester Credits



Lou Milanesi

The Graduate School
University of Wisconsin Stout
May, 2007

The Graduate School
University of Wisconsin-Stout
Menomonie, WI

Author: Hoyt, Lacey C.
Title: *University of Wisconsin Stout's Student Health Services Awareness Survey*
Graduate Degree/ Major: Masters of Science Applied Psychology
Research Advisor: Lou Milanesi
Month/Year: May, 2007
Number of Pages: 107
Style Manual Used: American Psychological Association, 5th edition

ABSTRACT

The intent of this research study is to evaluate the University of Wisconsin – Stout student level of awareness of Student Health Services on campus. The purpose of the study is to evaluate student awareness level, use of services offered and marketing strategies to increase awareness of services offered. The survey information will be used toward possible programmatic changes of Student Health Services for current and future use by UW-Stout's student body.

The data was collected through a comprehensive survey that was sent to all UW-Stout student email addresses. An incentive of a drawing for an iPod or cash value of \$400.00 dollars was offered to get students to complete the survey. The data was analyzed through descriptive statistics via SPSS data base.

The survey designed and implemented for the university's Student Health Services (SHS) program focused on five primary categories. The categories include

student's level of awareness of the on campus health services, marketing strategies, barriers, use of offered services, and demographics.

The results showed that more than half of the UW-Stout student population was unaware of SHS. However, of the students that does have some level of knowledge of Student Health Services on campus, 73 percent who have 3 or more health needs, sought care at the University's health clinic. Students responded that the best way to increase student awareness is by emailing information, improving Student Health Services website or providing information during orientation (primarily for freshman).

Recommendation to Student Health Services would be to increase overall awareness of the clinic, and to promote the cost effective uses of the clinic's services. The most effective marketing strategies to promote student awareness are to target the students through Stout's homepage website, email or during orientation.

The Graduate School
University of Wisconsin Stout
Menomonie, WI
Acknowledgments

I would like to acknowledge the survey development and implementation team of the PSYC-871 Applied Psychology class; Spring 2006 semester. Graduate participants include:

Luke Fedie, Susan Greene, Nicole Hammel-Evers, LaDona Hanvelt,

Lacey Hoyt and Cora Reuter

TABLE OF CONTENTS

	Page
.....	
ABSTRACT.....	ii
List of Tables.....	vii
Chapter I: Introduction.....	1
<i>Statement of the Problem</i>	1
<i>Purpose of the Study</i>	4
<i>Assumptions of the Study</i>	5
<i>Methodology</i>	5
Chapter II: Literature Review.....	6
Chapter III: Methodology.....	24
<i>Subject Selection and Description</i>	24
<i>Instrumentation</i>	24
<i>Data Collection Procedures</i>	25
<i>Data Analysis</i>	25
<i>Limitations</i>	25
<i>Summary</i>	26
Chapter IV: Results.....	27
<i>Item Analysis</i>	27
Figure 1: Students with 3 or more health needs.....	30
Figure 2: Awareness survey question 2	39
Chapter V: Discussion.....	40
<i>Limitations</i>	40

<i>Conclusions</i>	41
<i>Recommendations</i>	42
References.....	44
Appendix A: Summary Report of Survey Results for UW-Stout Assessment of Student Health Needs: Awareness and Marketing.....	49
Appendix B: Barriers to use of SHS by Demographics.....	72
Appendix C: UW-Stout Assessment of Student Health Needs and Care Seeking Behaviors.....	81

List of Tables

Table 1: Student's care seeking behaviors.....	30
Table 2: Barrier group 1.....	59
Table 3: Barrier group 2	60
Table 4: Barrier group 3.....	62
Table 5: Barrier group 4.....	64
Table 6: Barrier group 5.....	65
Table 7: Barrier group 6.....	66

Chapter 1: Introduction

Binge drinking, campus violence, eating disorders, and sexual encounters: today's college students face challenges their parents never imagined. The University of Wisconsin Stout's Student Health Services is devoted entirely to college students' health needs. Starting college is an exciting time in a student's life. New worlds are opening up and there are many choices to make: what classes to take and what to major in. College is a time of freedom and responsibility. Along with the increased responsibility, the student is now in charge of their own health needs. Student health services are an important part of a college or university. It is available to students who are in need of medical care, advice, information, or counseling. Student health services is not just a Band-Aid station, their medical, nursing, and counseling staffs are familiar with the problems and needs of college students (American Academy of Pediatrics, 2000). It is important for students to maintain their health through everyday activities and lifestyle choices. One well known problem is sleep deprivation. College students often skimp on rest because of hectic schedules, academic, athletic, and extracurricular commitments. Trying to get by on too little sleep can cause serious health problems (American Academy of Pediatrics, 2000). Lack of sleep can cause students to catch colds or other minor illnesses due to the immune system's decreased ability to fight invading germs when the body is tired or run down. An increased sensation of stress or depression may occur thus making it difficult to concentrate on homework. Because of the multiple factors impacting a student's health and psychological wellbeing, Student Health Services should be an integral part of a student's college lifestyle; enhancing

their ability to cope with the many new and complex challenges they now face within the campus experience.

Student's health service program was first introduced to the University of Wisconsin Stout in 1959 by Judson Huff Stout as a way of enticing students to attend the school. The on-campus clinic offers relatively free health care to all registered UW-Stout students and focuses on a variety of health related issues such as tobacco and other drug use, sexual habits and psychological problems. Students may become overwhelmed with balancing extracurricular activities and class work, which could lead to a heightened stress level or may become influenced by peers and the use of alcohol that could lower a student's grade point average and increase learning difficulty. A program that offers services to students as a form of on campus care is common on all university campuses. The function and role of each clinic varies based on student population, infrastructure and the organization of the university. It can be assumed that each university offers the same basic care, such as health education/materials, preventative screenings, immunizations/vaccinations, and treatment for illnesses at little to no cost to students. At UW-Stout, SHS offers these same healthcare services as well as treatment for injury, mental health needs/issues, medications or orthopedic supplies, and sexual health issues. Preventive Care is a standard form of care developed that encourages appropriate provision of preventive services to students, according to their age, gender, and risk-status. These services include screenings, immunizations, and physical examinations. During seasonal time changes throughout the year many students become ill and should seek care, although choose not to. This may be because they do not feel sick enough to seek care or they are not aware of their options

for seeking care at a no or low cost service facility. When students become ill during peak flu and cold seasons they are contributors of spreading the germs. Students should be encouraged to seek care from a health provider in an attempt to get well in order to decrease the degree of germ spread. Antibiotics aid in the response rate of the bacteria in the system to resist infection, thus allowing the student to perform their daily functioning tasks at an improved performance level. The clinic sells prescription medications such as antibiotics and many others. In order to optimize student achievement in personal and academic goals, health education and health materials are offered by peer health educators who are committed to providing health promotion, health protection, and disease prevention. They offer programs such as nutrition, smoking cessation, alcoholic issues, and healthy lifestyle choices. Clinic staff also offers help for those with mental health related needs such as students experiencing increased stress, anxiety and depression, or as well as relationship or sexual health issues. It is important for students to remain healthy due to the fact that one's health coincides with their daily functioning. There are two aspects of being healthy, one being physically healthy, which means that the body is functioning as it should, without pain, discomfort, or lack of capabilities. If your body becomes physically unhealthy it may cause illness, injuries, disease, inadequate nutrition, or unmanaged stress. The other aspect of health is being emotionally or mentally healthy, which means that your mind and emotions are functioning as they should, without anxiety, depression or other malfunctions. As one becomes emotionally unhealthy it can cause mental health issues such as a physical disease, increased stress or self inflicted mental abuse. Physical and emotional well-being plays a strong role in cognitive functioning and is chiefly important in a student's daily functioning. Suffering from stress, depression, anxiety or

other mental or emotional ailments can affect class work and the physical health of the student. Therefore it is equally important that students have the knowledge to recognize the signs of decreasing daily functioning as well as where and how to seek care when it is necessary. Awareness is a perception and cognitive reaction to a condition or event. Awareness does not necessarily imply that an understanding is present, just an ability to be conscious of it. Once awareness is consciously present, the understanding of the event or subject can begin by cognitively allowing educational information to be learned. Thus, with proper marketing strategies, students should be able to recognize the signs of when to seek care for their health needs when necessary.

The purpose of this information is to focus on a current problem concerning UW-Stout student usage rates of Student Health Services (SHS) an on-campus medical treatment facility aimed towards helping student's with health needs. Student Health Services is interested in taking a proactive approach to implement strategies that will allow students to gain the proper knowledge regarding their health needs services offered by SHS for students with and without current health needs. The primary sources of outreach by SHS will focus on student level of awareness, perceived barriers of use, care seeking behaviors, and student demographics. Awareness is thought to be the primary grounds for lack of service use among the student body. Descriptive statistics and Statistical Program for Social Sciences (SPSS), version 10.0 will be used to analyze data.

This paper will discuss the specific aspects as to why students may not be utilizing the on-campus health clinic and what their current care seeking behaviors are. Also discussed will be the level of student awareness, barriers of use, student health

needs, care seeking behaviors, and student demographics. Finally, marketing strategies will be presented as a way to increase student use of the on-campus health facility.

Chapter II: Literature Review

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1979). There are four categories to promote living a healthy lifestyle and making it successful. The categories include health consciousness, health education, advocating health, and enabling health (American Journal of Health Promotion, 1989).

Health consciousness has become an international concept and way of life for many people (O'Donnell, 1989). To be health conscious you are aware of your surrounding environment and body. People are trying to eat more healthy foods and exercise more regularly. So why is it important to have good health? Many researchers say health is maintained through the science and practice of medicine, but can also be improved by individual efforts such as physical fitness, weight loss, a healthy diet, stress management; and to stop smoking or the usage of other substances are examples of steps to improve one's health (American Journal of Health Promotion, 1989).

Workplace programs are recognized by an increasingly large number of companies for their value in improving health and well-being of their employees, and increasing morale, loyalty and productivity at work. A company may provide a gym with exercise equipment, start smoking cessation programs, and provide nutrition, weight or stress management training. Other programs may include health risk assessments, health screenings and body mass index monitoring (WHO, 1979).

Education for health begins with people as they are, with whatever interests they may have in improving their current living conditions. The intent is to develop within the individual a sense of responsibility for health conditions, as individuals and as members

of families and communities (American Journal of Health Promotion, 1989). In communicable disease control health education commonly includes an appraisal of what is known by a population about a disease, an assessment of habits and attitudes of the people as they relate to spread and frequency of the disease, and the presentation of specific means to remedy observed deficiencies (Washington State Department of Health, 2005).

Advocating good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social cultural, environmental, behavioral and biological factors can all be favorable to one's health or be harmful to it. Health promotion aims at making these conditions favorable through advocacy for health (O'Donnel, 1989).

Enabling health promotion focuses on achieving equity in health. Health promotion action strive for reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices (Minkler, 1997). People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men (American Journal of Health Promotion, 1989).

According to the Department of Health and Aging (2006) researchers are seeing a trend in age and health awareness. Young adults are less apt to be aware of certain health risks, such as cholesterol, high blood pressure or heart disease. Therefore, may not be concerned with preventative care for these specific health risks. However, when

longitudinal studies were performed it was found that as one ages into an older adult these same health risks become increasingly significant and distinctive health promotion actions are taken to decrease health risks of developing a disease.

Potentially, these health risks could increase stress in ones life if they run the risk of developing a disease genetically. Day to day, common stressors is normal, and humans have a hard-wired ability to cope. It is the chronic type of stress that is toxic, almost lethal to the health and well being (Selye, 1977). Stress is a combination of responses in the body. Stress can be short-term (acute) or long term (chronic). Acute stress is the "fight or flight" response. If a car is coming toward you at a high rate of speed, one will experience a type of acute stress. This form of stress (fight or flight response) may save your life. It is when a person experiences many common stressors, such as heavy traffic, noise, money issues, illnesses, relationship problems, rising crime rates, or school frustrations on a regular bases, that stress takes on a chronic stress state. Short term stress can be vital, but over time, it can turn destructive (Selye, 1977).

Both short and long-term stress can have effects on one's body. Research is starting to show the serious effects of stress that has on our bodies (Department of Health and Human Services, 2004). Stress triggers changes in our bodies and makes us more likely to get sick. It can also make problems that we may or may not already have worse, such as trouble sleeping, increased headaches, lack of energy or concentration, depression, anxiety or altered eating behaviors (Department of Health and Human Services, 2004).

How destructive can stress be on your body? Research has shown that

prolonged stress can produce actual tissue changes and organ dysfunction (Selye, 1977). With new MRI (magnetic resonance imaging) techniques, scientists are able to prove, visibly, that chronic stress can shrink an area in the brain called the hypothalamus. The hypothalamus plays a key role in regulating the body's general level of activity. It helps control the autonomic nervous system, part of the nervous system that regulates such automatic body processes such as breathing, blood pressure and heart rate. It also controls the pituitary gland found in the endocrine (hormone-producing) system. Certain parts of the hypothalamus regulate body temperature, sleep, hunger, thirst, urination, sexual drive, and emotions (Restak, 2005).

Researchers have found that in the brains of war veterans, and women who are victims of childhood sexual abuse have a marked reduction in the size of their hypothalamus (Selye, 1977). Stress also affects your brain by releasing powerful chemical messengers called neurotransmitters, such as dopamine, norepinephrine, and epinephrine (commonly known as adrenaline). The hypothalamic/pituitary-adrenal portion of your brain releases steroid hormones, including the primary stress hormone, cortisol. Cortisol affects systems throughout the body, including an increased heart rate (Cousins, 1981). Your heart, lungs, and circulatory system are influenced by the increased heart rate. Blood flow may increase 300 to 400 percent. Blood pressure increases and breathing becomes rapid. Your mouth and throat may become dry; skin may become cool and clammy because blood flow is diverted away so it can support the heart and muscle tissues. Even digestive activity shuts down (Cousins, 1981).

Some people have a genetic predisposition for heart disease. For this population, even temporary stressful episodes can be lethal (O'Hara, 1996).

Occasional stress is a normal part of daily life. Once you've handled the situation, the stress goes away and you heal from the episode (O'Hara, 1996). But, if stressors accumulate over time, eventually the body becomes inefficient at handling even the least amount of stress. The brain, heart, lungs, vessels, and muscles become so chronically over or under activated that they become damaged (Miller, 1997). It is this sort of stress which may trigger or worsen heart disease, strokes, susceptibility to infection, sleep disturbances, sexual and reproductive dysfunction, memory and learning dysfunction, digestive problems, weight problems, diabetes, pain, and skin disorders (Miller, 1997).

“Extensive multidisciplinary studies have presented unequivocal evidence that our psychological responses to stress and our perceptions of stress to a considerable extent affect our susceptibility to disease. In active relationship, the immune, neuroendocrine, and nervous systems respond to the brain and psyche. Virtually all illnesses, from the flu to cancer, are influenced for good or bad by our thoughts and feelings (Lloyd, 1990).”

Depression, fear, anger, hostility, and other negative emotions depress the immune system. The immune system is our first line of defense against infections, germs, and bacteria. The neurotransmitters that help to protect our immune system are inhibited by stress (Dossey, 1995).

“Severe emotions impair the immune system, while release from panic or despair frequently increase interleukins, vital substances in the immune system that help activate cancer-killing immune cells (Dossey, 1995).”

Mental Health Risks

College students are the focus of negative headlines about everything from binge drinking to campus crime. A disturbing increase in cases of mental illness on college campuses have become a new concern among college counseling service centers. "Mental illness is absolutely going off the charts on college campuses," says Hara Marano, who prepared a report for a May, 2006 newsletter published in association with *Psychology Today*. "College counseling centers used to be the backwaters of the mental health care system. Now they are the front line (Marano, 2006)."

As students begin their new semester, it may be overwhelming and stressful. Depression, substance use and eating disorders are increasingly becoming common issues among college students. According to a recent survey performed by the American Psychiatric Association (2005), nearly half of all college students report feeling so depressed that they had trouble physically functioning on a daily basis. The study also revealed that an alarming 15 percent of students met the criteria for clinical depression. If left untreated depression can lead to suicide, which is the second leading cause of death among college students today (APA, 2005).

Depression

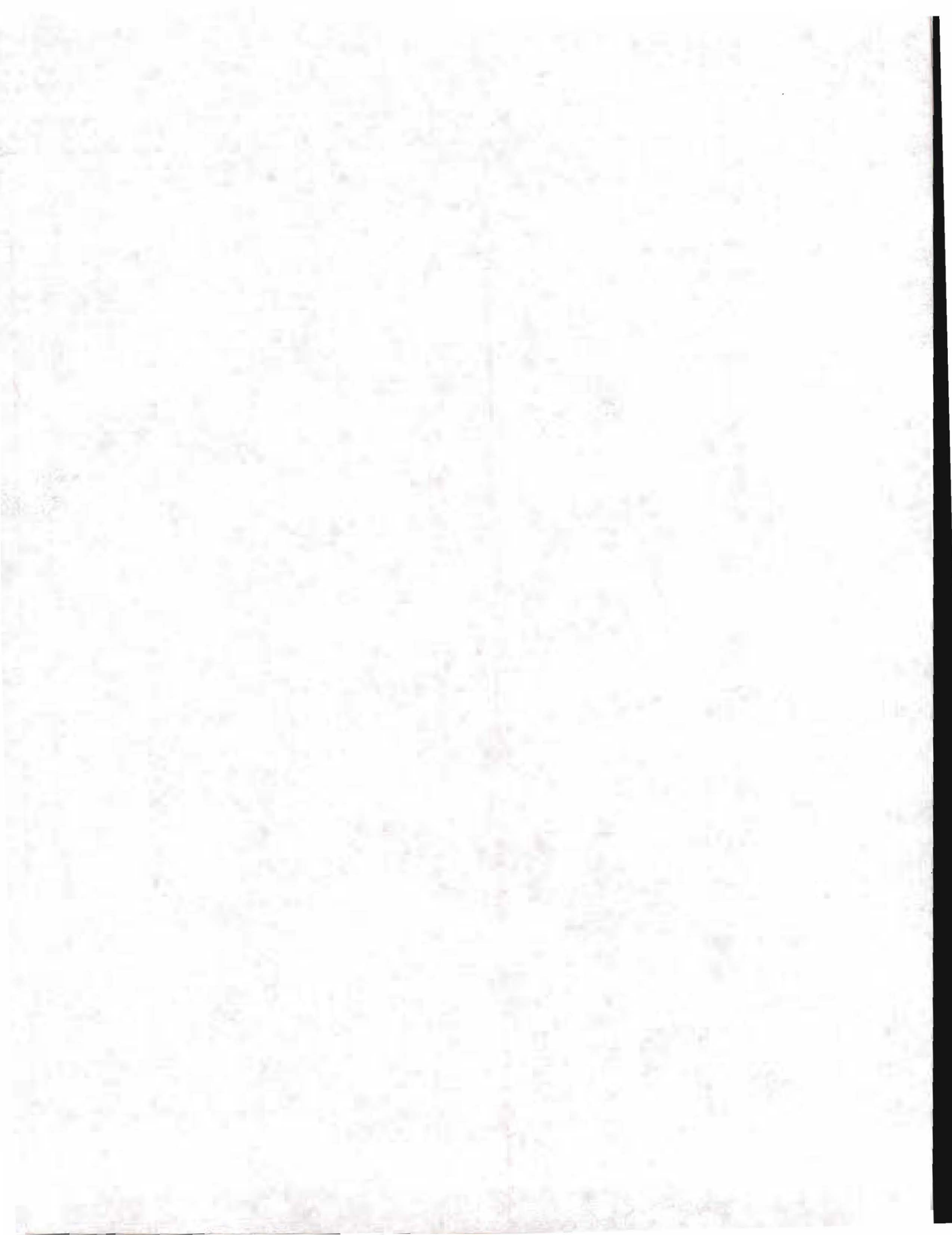
The number of students who reported "having ever been diagnosed with depression" has increased by 4.6 percentage points over a four-year time span, according to the latest results (2004) from the American College Health Association's National College Health Assessment (ACHA-NCHA).

In the Spring of 2000 ACHA-NCHA found that 10.3% of students reported that they had ever been diagnosed with depression. In the of Spring 2004 ACHA-NCHA Reference Group Reported, 14.9% of students indicated that they had ever been diagnosed with depression, out of a sample of 47,202 students at 74 campuses from across the country, which escalate 4.6% in a four year period.

Of the 14.9% of students who reported having ever been diagnosed with depression, 25.2% said they were currently in therapy for depression, and 38% said they were currently taking medication for depression. Almost 40% of men and 50% of women reported feeling so depressed that they had difficulty functioning one or more times during the last school year.

This data recognizes that there is a clear need for colleges and universities to continue to deliver, or increase their capacity to deliver, campus health services to students. "Clinical depression often first appears in adolescence and mood disorders in college are prevalent and may become life threatening," said Joetta Carr, PhD, chair of the association's Mental Health Section. "The good news is that a number of these depressed students can receive counseling services at many college health and counseling centers, enabling them to be successful in their college careers."

The American College Health Association organized the ACHA-NCHA to assist health service providers, faculty, researchers, and student affairs professionals in collecting data about students' habits, behaviors, and perceptions on the most prevailing health topics. The survey provides the largest known comprehensive data set on the



health of college students today and more than 160,000 students at 274 colleges and universities have participated in over nine survey periods.

North America's college counseling centers also reported an increase in troubled students, according to psychologist Robert Gallagher of the University of Pittsburgh. His 2001 survey of counseling centers shows that 85% of colleges report an increase during the past five years in students with severe psychological problems. About 30% of college counseling centers reported at least one suicide in the 2000 school year. Such incidents include the much-publicized case of a girl who killed herself in 1999 in a fire in her dorm room at the Massachusetts Institute of Technology.

Other sources have also documented the same frightening trend among college student. A study from the American College Health Association in 2000 reported that 10% of college students that were surveyed have been diagnosed with depression. And the National Mental Health Association quotes a study showing 30% of college freshmen report feeling overwhelmed a great deal of the time; while 38% of them were college women.

Alcohol use

Researchers report that approximately 44% of full-time students at 4-year institutions engage in "binge" or heavy episodic drinking patterns (Wechsler et al., 1994). "There is still a great deal to be learned about university campus culture as it interacts with demographic and personality variables to influence the use and abuse of alcohol," Brennan et al. (1986). In their research, Shore et al. (1983) also surmised that campus factors can affect drinking habits of college students. They found that

resistance to peer pressure to drink and the desire to refrain from drinking were more intensely related to college environmental variables than to personal background variables. Moos (1976) found that although many individuals can resist environmental influences, some collegiate environments are powerful enough to influence almost everyone. Shore et al. (1983) suggested that the recognition that campus life is isolated or in some way insulated from the "real world" has been one of the most important factors in focusing on immediate environmental variables over earlier developmental influences such as religious orientation or parents' drinking habits. This focus is consistent with the Core Survey finding that almost one-fifth of students in college report taking their first drink after reaching age 18 (Presley et al., 1996).

- **Death:** 1,700 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes (Hingson et al., 2005)
- **Injury:** 599,000 students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol (Hingson et al., 2005).
- **Assault:** More than 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking (Hingson et al., 2005).
- **Sexual Abuse:** More than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape (Hingson et al., 2005).
- **Unsafe Sex:** 400,000 students between the ages of 18 and 24 had unprotected sex and more than 100,000 students between the ages of 18 and 24 report having been too intoxicated to know if they consented to having sex (Hingson et al., 2002).

- **Academic Problems:** About 25 percent of college students report academic consequences of their drinking including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall (Engs et al., 1996; Presley et al., 1996a, 1996b; Wechsler et al., 2002).
- **Health Problems/Suicide Attempts:** More than 150,000 students develop an alcohol-related health problem (Hingson et al., 2002) and between 1.2 and 1.5 percent of students indicate that they tried to commit suicide within the past year due to drinking or drug use (Presley et al., 1998).
- **Drunk Driving:** 2.1 million students between the ages of 18 and 24 drove under the influence of alcohol last year (Hingson et al., 2002).
- **Vandalism:** About 11 percent of college student drinkers report that they have damaged property while under the influence of alcohol (Wechsler et al., 2002).
- **Property Damage:** More than 25 percent of administrators from schools with relatively low drinking levels and over 50 percent from schools with high drinking levels say their campuses have a "moderate" or "major" problem with alcohol-related property damage (Wechsler et al., 1995).
- **Police Involvement:** About 5 percent of 4-year college students are involved with the police or campus security as a result of their drinking (Wechsler et al., 2002) and an estimated 110,000 students between the ages of 18 and 24 are arrested for an alcohol-related violation such as public drunkenness or driving under the influence (Hingson et al., 2002).
- **Alcohol Abuse and Dependence:** 31 percent of college students met criteria for a diagnosis of alcohol abuse and 6 percent for a diagnosis of alcohol

dependence in the past 12 months, according to questionnaire-based self-reports about their drinking (Knight et al., 2002).

Eating disorders

Every fall, eighteen-year olds all over the nation prepare to leave home and embark on their newest life path; college. Most college students, must adjust to being away from home for the first time, maintain a high level of academic achievement, and adjust to a new social environment (Ross, Niebling, & Heckert, 1999). This transitional time can greatly increase the student's natural stress level. Furthermore, transitions present young students with challenges that expose both their vulnerabilities and their strengths (Beeber, 1999). In addition, Beeber (1999) theorizes that many students, especially females, feel a lack of control in their new environment and become susceptible to depression and/or an eating disorder.

Three major categories of eating disorders plague the nation's teen population and college students: a) bulimia, identified as bingeing followed by purging; b) anorexia, identified as a pathological fear of weight gain leading to extreme weight loss; and c) binge eating, known as compulsive overeating (Hubbard, O'Neill, & Cheakalos, 1999). Bulimia involves consuming large quantities of food in a short amount of time, then vomiting or purging, to cleanse the system. In contrast, anorexics literally starve their bodies by fasting, or by eating minimal amounts of food. An estimated five to seven percent of the United States' undergraduates are afflicted with one or more of these eating disorders (Hubbard, et al., 1999), and another 61 percent have displayed eating disordered behaviors (Alexander, 1998). Eating disorder behaviors include use of laxatives, diuretics, diet pills and an intense exercise for weight control (Krahn, Kurth,&

Nairn, 1996), all of which can become very harmful and even fatal. Each disordered behavior perpetuates the beast's strength and decreases the sufferer's own control.

Health risk within student populations

In the United States College student populations, suffer disproportionately from preventable diseases and conditions, many of which result from health-related behaviors that are established during the first few years of college. These behaviors include sexual risk behaviors, physical inactivity, poor nutrition, and tobacco use (CDC, 2006). In order to sustain balanced wellbeing, it is important to focus on eating right, being active, and maintaining a healthy weight is fundamental in reducing one's risk of a health disease (American Cancer Society, 2005). This is often more difficult than one would think with a college students busy schedule. Students may also fall under the influence of their peers and make unhealthy decisions that often have consequences. Sexually transmitted diseases are one of the leading health risks among college campuses nation wide (CDC, 2006). Herpes, Chlamydia, Genital Warts, and HIV are a few of the commonly spread diseases among young, sexually active, adults today (CDC, 2006). Because of the seriousness that health risks and diseases may cause, it is imperative for young adult students to undergo an annual health screening. Health screenings such as an annual physical exam for both males and females and annual papilloma screening for females are critical assessment tools that help identify abnormalities and health risks associated with current social behaviors.

Student Health Services for College Students

Student health services are an important part of the college or university system. It is there for students when they need medical care, advice, information, or counseling.

Student health services staffs a medical doctor, nurses, counselors and health educators. The staff has ties with other physicians within the community's health care system in case additional care or services are needed. An on-campus health care provider may be a difficult concept for students to grasp. Students may be reluctant to seek care at student health services when they are accustomed to seeking care with their primary physician. However, as a student chooses to attend a school in a different city, state or country sometimes the only option is to utilize the on-campus health care facility. It is important to keep all stakeholders informed as to what type of care will be received and why. The stakeholders include parents, Student Health Services, and the primary physician.

It is also important for a student to maintain their health through everyday activities and choices. College students often skimp on rest because there is so much to do. However, trying to get by on too little sleep can cause some serious problems (American Academy of Pediatrics, 2006). Students who lack sleep often become more susceptible to colds and other minor illnesses because the body cannot fight off germs as well when it is tired and run-down. One is more likely to feel stressed or become depressed, and staying awake in class may become difficult and concentration will decrease significantly (American Academy of Pediatrics, 2006).

Eating well is just as important as getting enough rest. This means eating enough fruits and vegetables every day; eating lean meats, fish and poultry; and limiting fried and processed foods. Watching your intake of junk food, fatty foods, sugar, and salt is important because these foods do not have the nutritional value that one needs to

maintain an appropriate energy level needed while in school (American Academy of Pediatrics, 2006). Students have become reliant upon energy drinks such as RedBull and Hair of the Dog that contain high amounts of caffeine and sugar for an energy rush (Prevention Magazine, 2006). These types of drinks over load the body's metabolism, significantly increasing caffeine and blood sugar levels. This in turn increases the amount of insulin that is naturally produced and stimulates the release of excessive amounts of enzymes and hormones that affect the heart and other organs. Once the drop or 'crash' in blood sugar level occurs, it may trigger drowsiness, lack of concentration, food cravings, headaches, tremors, irritableness, or insomnia (Prevention Magazine, 2006).

At the University of Wisconsin – Stout the on-campus clinic offers relatively free health care to all registered UW-Stout students and focuses on multiple health related issues such as tobacco and or other drug use, sexual habits, nutrition and psychological problems. Students may become overwhelmed with balancing extracurricular activities and class work, which could lead to a heightened stress level or may become influenced by peers and the use of alcohol. Alcohol consumption by students has become a leading problem at many universities nation wide (Knight et al., 2002). Alcohol may cause a magnitude of problems associated with heavy consumption. It may lower a student's grade point average by increased learning difficulty due to a direct influence between alcohol consumption and memory loss found in the hippocampus region of the brain (Browning, Hoffer, & Dunwiddie, 1992). The memory loss is caused by the alcohol blocking the strengthening of long term potentiation (LTP), which allows for memory storage. When LTP strengthening is

blocked it directly affects the memory storage capabilities thus causing memory loss with heavy alcohol consumption (Browning, Hoffer, & Dunwiddie, 1992).

A program that offers services to students as a form of on campus care is common on all university campuses. The function and role of each clinic varies based on student population, infrastructure and the organization of the university. It can be assumed that each university offers the same basic care, such as health education/materials, preventative screenings, immunizations/vaccinations, and treatment for illnesses at little to no cost to students. At UW-Stout, Student Health Services offers these same healthcare services as well as treatment for injury, mental health needs/issues, medications or orthopedic supplies, and sexual health issues.

Preventive Care is necessary for maintaining health and wellbeing. University funding is imperative for encouraging the appropriate provision of preventive services to students, according to their age, gender, and risk-status. These services include, but not limited to screenings, immunizations, and physical examinations.

During certain times of the year many students become ill and should seek care, but choose not to. This may be because they do not feel sick enough to seek care or they are not aware of their options for obtaining no to low cost care. When students become ill during the peak flu and cold seasons they are contributors of spreading germs. Students should always seek care from a health provider in an attempt to regain health in order to decrease the amount of germ spread. Antibiotics will aid in the response rate of the bacteria in the system and will help fight it off, thus allowing the student to perform their daily functioning tasks at a healthy level, which reduces student

absenteeism. The clinic sells prescription medications such as antibiotics and many others.

Health education and health materials are offered by peer health educators that are committed to providing health promotion, health protection, and disease prevention, which in turn optimizes student achievement in personal and academic goals. It offers programs such as nutrition, smoking cessation, alcoholic issues, and healthy lifestyle choices. The clinic also offers help for those with a mental health need that may be experiencing increased stress, depression or who may be having relationship or sexual health issues.

It is important for students to remain healthy due to the fact that one's health coincides with their daily functioning. There are two aspects of being healthy, one being physically healthy, which means that the body is functioning as it should, without pain, discomfort, or lack of capabilities. If your body becomes physically unhealthy it may cause illness, injuries, disease, poor diet, or unmanaged stress. The other aspect of health is being emotionally or mentally healthy, which means that your mind and emotions are functioning as they should, without anxiety, depression or other malfunctions. As one becomes emotionally unhealthy it may cause mental health issues such as a physical disease, increased stress or self inflicted mental abuse. Physical and emotional well-being plays a strong role in cognitive functioning and is chiefly important in a student's daily functioning. Suffering from stress, depression, anxiety or other mental or emotional ailments can affect class work and even the physical health of the student. Therefore it is equally important that students are able to recognize the signs of decreasing daily functioning and seek care when necessary. If

they are not aware of their health needs they may alter the role of being healthy to becoming ill. Awareness is a perception and cognitive reaction to a condition or event. Awareness does not necessarily imply that an understanding is present, just an ability to be conscious of it.

Once awareness is consciously present, the understanding of the event or subject can begin by cognitively allowing educational information to be learned. Thus, with proper marketing strategies, students should be able to recognize the signs of when to seek care for their health needs when appropriate.

The purpose of this information is to focus on the current problem relating to UW-Stout student usage rates of an on-campus medical treatment facility called Student Health Services, primarily aimed towards helping student's with health needs.

Student Health Services is interested in taking a proactive approach to implement strategies that will allow students to gain knowledge regarding services offered by the on-campus clinic for students with and without current health issues. The primary sources of outreach, Student Health Services will focus on student level of awareness, perceived barriers of use, care seeking behaviors, and student demographics.

In order to identify the level of awareness among students, UW-Stout's Student Health Services had asked the graduate students in the 2006 spring semester Applied Health Psychology class to design and administer a survey to answer various significant questions such as what type of barriers exists in regards to the use of the on-campus clinic and what the students current care seeking behaviors are.

A comprehensive, IRB approved, survey was developed by six graduate students under the guidance of Dr. Gorbatenko-Roth in the Applied Health Psychology PSYC-871 class during the spring semester of 2006 and administered to UW-Stout students electronically via UW-Stout email accounts. The purpose of the survey was to identify first how many UW-Stout students were not using Student Health Services and why they were not seeking care at the on-campus clinic. Student Health Service's administration requested further analysis to identify what student's care seeking behaviors were and how to improve the on-campus clinic's current use along with a final report of the analysis. 3101 students answered at least the first question regarding awareness. 3005 students answered the remaining sections of the survey. The survey consisted of 33 questions with many questions logically embedded within selected questions making up a total of 63 questions. No one student would answer all 63 questions as the embedded questions were prompted only in regards to how a questions response was answered.

Chapter III: Methodology

Student Health Services offers many services to UW-Stout students. Are these services being utilized affectively by the students? This chapter will identify the subject selection, the use of the instrumentation, data collection procedures, data analysis, and the study's limitations.

Subject selection and Description

For the purpose of this study, the subject selection included all registered UW-Stout students 18 years and older. The instrument was implemented via stout email to all applicable students. Emails were sent promoting the completion of the survey once every three days to those who had not completed the survey. The survey was active for ten days.

Instrumentation

Student Health Service's administration requested to have a comprehensive survey developed to identify why UW-Stout students were not seeking care at Student Health Services and if the services being offered were satisfactory. The survey was developed by the Applied Psychology graduate students taking Dr. Gorbatenko-Roth's Applied Health Psychology PSYC-871 class in the spring semester of 2006. After receiving IRB approval, the survey was deployed in April of 2006 via an email link to all UW-Stout students. After the first week of the survey request was sent out, the survey was then redeployed for two weeks, once every three days, until a minimum of a 30% response rate was achieved only to those students who had not submitted the survey. The subjects were asked to complete the survey with an incentive of a chance to win a personalized iPod or cash value of \$399.99. Subjects who completed the survey had

the option to have their name entered into the drawing by consent only. Subjects who started the survey, but did not complete the survey were not given the option to enter into the drawing. 3005 (40% response rate) students completed the survey.

Data Collection Procedures

A 63 question survey was administered on March 20, 2006 by using the UW-Stout's survey development software and electronically sent to all UW-Stout email addresses. As subjects completed the survey and electronically submitted it, the survey responses were recorded in an Excel file and then converted into the SPSS database that was set up for the data collection. The survey had barrier logical questions imbedded in different sections through out the survey. Not all 63 questions were answered by any one student. Depending upon how a question was answered, if it had an imbedded question associated with it funneled the subject to another question or a separate section completely. The survey took subjects no longer than 10 minutes to complete.

Data Analysis

The Statistical Program for Social Sciences, version 10.0, (SPSS, 2002) was used to analyze the data. Descriptive statistics were the primary approach used to analyze and compare all areas of interest by the Student Health Services administration. In order to compare groups split files were created and descriptive statistics were conducted.

Limitations

Time was a primary factor as a limitation while developing the survey. If more time would have been allotted, questions that needed further clarification could have

been identified and revised. Another limitation while developing the survey was a lack of knowledge as to what Student Health Services wanted answered. There was a general assumption, but specifics were lacking. A more specified survey could have been designed; instead a comprehensive general survey was developed by the PSYC-871 class. It was also identified that the survey was only received by those students who use their Stout issued email accounts. It is uncertain as to the number of students who do not use the emailing system on a regular base and thus these students may not have had the opportunity to participate.

Summary

A comprehensive 63 question survey was developed and administered for the sole purpose of Student Health Services administration to identify why students were not using Student Health Services, are the clinics services satisfactory among students or does programmatic changes need to be made, and are those students seeking care at SHS satisfied with the clinic's services? The subjects included all registered UW-Stout students of the age 18 and older. The survey was administered via UW-Stout email addresses to all qualified students. 3005 (40%) subjects completed the survey and were entered into a drawing for a chance to win a personalized iPod or cash value of \$399.99 with only one winner. The winner was identified in the Stoutonia at the end of the spring semester. Data was analyzed by using the SPSS data base via descriptive statistics. A few limitations, not having specific clarity of what SHS wanted the survey to answer, which made developing the survey difficult and time was a primary limitation when the survey development process took place.

Chapter IV: Results

Universities nation wide offer a health based clinic solely for student use. How are these clinics unutilized? Is there enough awareness among students or are college students relatively healthy and do not need to seek care? UW-Stout also wondered the answers to the questions about the program offered on its campus. Therefore the director of UW-Stout's Student Health Services requested a survey be administered to gain understanding about the use of student health services by UW-Stout students.

A comprehensive survey was developed by six graduate students under the guidance of Dr. Gorbatenko-Roth in the Applied Health Psychology PSYC-871 class during the spring semester of 2006 and administered to UW-Stout students electronically via UW-Stout email accounts. The purpose of the survey was to identify 1) how many students know about the clinic, 2) how many students use/used the clinic, 3) why/why not students used the clinic, and 4) how to best inform students about the clinic?

Student Health Services administration requested further analysis to identify what student's care seeking behaviors were and how to improve the on-campus clinic's current use along with a final report of the analysis (Appendix A). 3101 students answered at least the first question regarding awareness. 3005 students answered the remaining sections of the survey.

Item Analysis

How many UW-Stout students currently use Student Health Services?

The first question students had the option of answering was in regards to awareness. The question asked '*Many UW-Stout students are unaware that there is a health clinic on campus for them to use when they have health needs. It is called Student Health Services. How aware are you of this clinic?*' Overall, more than half of the students responded that they were unaware of Student Health Services. Of the 3101 students who answered this survey question, 30% of them responded that they had never heard of or knew little about the clinic while 70% of the students responded that they know some specifics to knowing a lot about the clinic. The first three options chosen from the question indicated that students have limited awareness of the clinic, or are unaware. Of the 3101 student respondents of this question, 1594 (53%) of them are unaware of Student Health Services. Of these unaware students, 120 had never heard of the clinic, 769 heard of the clinic, but did not know specifics, and 705 knew some specifics. See table 1.

Further analysis revealed that males (63%) had a greater level of unawareness of the clinic than the female students (46%). The analysis also showed that freshman had the highest level of unawareness among all undergraduate levels at 61%.

Table 1

Student's care seeking behaviors

Response	Frequency (N=1594/3101)	Percentage
Never heard of it	120	4
Heard of it don't know specifics	769	26
Know some specifics	705	24
Moderate knowledge	886	31

Know a lot

621

15

In the Barrier Logic Questions (section three) of the survey it asked students 'Thinking back over your time at UW-Stout, approximately how many health needs have you had?' Of the 3005 students that responded, overall 60% responded that they had 0-2 health needs indicating that they were 'healthy' and did not need to seek care anywhere. The analysis revealed that there were significant differences between gender and health needs. 73% of male students indicated that they had 0-2 health needs compared to female students of 52% having 0-2 health needs. Of these students that responded to having 0-2 health needs and do not currently seek care anywhere, 71% of them reported that they would seek care at Student Health Services in the future. Students that answered this same question as having 3 or more health needs (73%) indicated that they were currently seeking care at Student Health Services. Between the genders, 63% of the male student population and 76% of the female student population seeks care at Student Health Services. There are no significant differences between years in school. See Appendix B. However, the analysis shows that there is a slightly higher percent of uninsured students (77%) who seek care at Student Health Services than insured (72%) students. This may be because insured students prefer to seek care with their primary provider. The largest difference between groups was between students who live in Menomonie compared to those who do not live in Menomonie. 77% of those student living in Menomonie currently seek care at Student Health Services where as only 51% of students who do not live in Menomonie

The barrier groups include:

- Group 1: students who needed care and did not seek care anywhere (N=174)
- Group 2: students who needed care and sought care off-campus (N=250)
- Group 3: students who had no need for care and would not use Student Health Services in the future (N=448)
- Group 4: students who used Student Health Services in the past and would not return (N=40)
- Group 5: students with no current need for health care and would use Student Health Services for future need (N=1243)
- Group 6: students that used Student Health Services in the past and would return (N=633)

Barrier group 1 Students who needed care and did not seek care anywhere.

Those students who reported they had three or more health needs, but did not seek care were routed to barrier survey section 1; *Why did you typically not seek care for your health needs? Choose up to three responses.*

The students' responses are, for the most part, evenly distributed through three categories, *health needs, care seeking behavior/other and awareness*, with the largest response category in *care seeking behaviors/other*. Within the care seeking behaviors' category, this group of students most frequently reported "*I take care of myself*" (66 students out of 127 choose this response as their top choice) as the reason they did not seek care at Student Health Services. In the health needs category, the highest response choice for students not using Student Health Services was because they "*were not sick enough*" (113 out of 113 students choose this response as their top

choice). In the awareness category, students selected "no insurance/don't have enough money to pay for medical procedures" (56 out of 103 students choose this response as their top choice). See Appendix A, Table 2 Barrier Group 1.

Barrie Group 2 Students who needed care and sought care off-campus.

Students who reported they had three or more health needs and sought care for their health needs were asked if they ever sought care on campus at Student Health Services for any reason. Students who responded that they always sought care off campus, were linked to barrier survey section 2; *Why did you not seek care at the health clinic on-campus? Choose up to five responses*

The students' responses to non-use of Student Health Services are overwhelmingly due to lack of awareness. Comparison of the total responses in the three categories revealed that lack of awareness had 64% of the total options chosen by the students. The number one response, overall and within the *awareness* category, was "*knew the clinic existed, but not that they offered the care I needed*". When all of the service-related responses are totaled, they accounted for 53% of the chosen options in the awareness category. Cost-related awareness questions accounted for 29% of the *awareness* category response options. Within the *awareness* category, only 2% of the responses chosen were for lack of knowledge of clinic hours, and 1% said they did not know where the clinic was located.

The next largest category was *health needs* with 27% of the comments. The majority (65%) of the health needs responses were for the option "*I prefer to see my own doctor back home*". Appendix A, Table 3 Barrier Group 2 has the complete student responses for this section.

Barrier Group 3 Students who had no need for care and would not use Student Health Services in the future. Students who reported having only 0-2 health needs and would not seek care at Student Health Services in the future were linked to barrier survey section 3; *Why would you not use the health clinic on campus? Choose up to five responses.*

The students' responses to non-use of Student Health Services are vastly due to lack of awareness. Comparison of the total responses in the three categories revealed that lack of awareness had 53% of the total options chosen by the students. The number one response, overall within the *awareness* category, was "*I do not know enough about the clinic*" which accounted for 24% of all of the awareness responses. When all of the cost-related responses were totaled, they accounted for 53% of the chosen options in the *awareness* category. Service-related awareness questions accounted for 19%. Within the awareness category, only 2% of the responses chosen were for lack of knowledge of clinic hours, and 1% said they did not know where the clinic was located.

The next largest category was health needs with 31% of the comments. The majority (73%) of the health needs responses were for the option "*I prefer to see my own doctor back home*". A complete list of the number of categories, response options and number of responses are in Appendix A, Table 4 Barrier Group 3.

Barrier Group 4 Students who used Student Health Services in the past and would not return. Students who reported having three or more health needs, sought care for the health need at Student Health Services, but would not seek care there again were

linked to barrier survey section 4; *Why would you not go back to SHS? Choose up to five responses.*

The students' responses to not using Student Health Services in the future are primarily in the category *clinic protocol/services* (70% of all chosen responses). This was a small group of students. The number one reason for not returning to the on campus clinic was from "*poor care or needing more specialized care*". See Appendix A, Table 5 Barrier Group 4.

Barrier Group 5 Students with no current need for health care but would use Student Health Services if have a future need. Students who reported having 0-2 health needs and would seek care at Student Health Services in the future were linked to barrier survey section 5; *What do you know about the clinic on campus that makes you willing to go there? Choose up to a five responses.*

Students' responses to why they would use Student Health Services in the future are essentially due to the category *clinic protocol/services*. The *protocol/services* category had 59% of all options chosen. The most frequent choice was that Student Health Services "*does not cost much/its affordable*". Students also frequently chose that "*the clinic was confidential*" and "*that they could get appointments in a reasonable timeframe*". Staff was also important to the students. 27% of the total options chosen pertained to *clinic staff* category. Within this category, students most frequently chose "*staff cares about students*", and "*staff treats students like adults*". *Clinic location and setting* was least important to these students, comprising only 14% of the total options chosen. A complete list of the number of categories, response options and number of responses are in Appendix A, Table 6 Barrier Group 5.

Barrier Group 6 Students that used SHS in the past and would return. Students that reported having three or more health needs, sought care at Student Health Services, and would seek care at Student Health Services again were linked to barrier survey section 6; *What do you most like about SHS? Choose up to five responses.*

The students' responses to why they would use Student Health Services in the future are largely due to the category *clinic's protocol/services*. The *protocol/services* category had 60% of all options chosen. The most frequent choice was that Student Health Services "*does not cost much/its affordable*". Students also frequently selected that they "*could get appointments in a reasonable timeframe and the clinic was confidential*". Staff was also important to the students. 28% of the total options chosen pertained to staff. Within this category, students most frequently chose "*staff treats students like adults*", and "*staff cares about students*". *Clinic location and setting* was least important to these students, comprising only 12% of the total options chosen. A complete list of the number of categories, response options and number of responses are in Appendix A, Table 7 Barrier Group 6.

Student's health needs – what services do students use.

Student Health Services offers eight categorical health need services to applicable students that include preventative care, immunizations, illness treatment, injury, educational materials, mental health needs, and sexual health. Students who participated in this section of the survey (subjects who responded to having *moderate knowledge of the clinic or that they knew a lot about the clinic* were linked to the retrospective service needs questions) were asked about their health needs.

The first retrospective service needs question asked "*As a Stout student, have you ever needed health care services for preventative screenings or physical or physicals (wellness exams, annual pap exam, or physicals)?*" 1108 (78%) subjects reported that they had this health need. Only 617 (54%) of those subjects sought care at SHS. 47% were male subjects and 57% were female subjects. 616 of the respondents said the quality of the facility's care was good to very good.

Retrospective service needs question 2 "*As a Stout student, have you ever needed healthcare services for immunizations/vaccines (flu shot, tetanus shot, tuberculin skin testing)?*" 963 (32%) subjects indicated this as a health need. 403 (56%) subjects sought care at Student Health Services for care. 56% were male subjects and 55% were female subjects. 364 of the respondents said the quality of the facility's care was good to very good.

Retrospective service need question 3 "*As a Stout student, have you ever needed healthcare services for treatment or an illness (cold, flu, stomach ache, sore throat)?*" 1636 (54%) subjects reported that they have had a need for this service. 849 (68%) of those respondents sought care at SHS. 62% were male subjects and 70% were female subjects. 667 of the respondents said the quality of the facility's care was good to very good.

Retrospective service needs question 4 "*As a Stout student, have you ever needed healthcare services for treatment of an injury?*" 514 (17%) subjects reported that they have had a need for this service. 163 (39%) of those respondents sought care at SHS. 36% were male subjects and 42% were female subjects. 113 of the respondents said the quality of the facility's care was good to very good.

Retrospective service needs question 5 "*As a Stout student, have you ever needed health education/materials (nutrition, smoking cessation, alcohol issues, healthy lifestyle)?*" 474 (16%) subjects reported that they have had a need for this service. 239 (68%) of the respondents sought care as Student Health Services. 73% were male subjects and 65% were female subjects. 221 of the respondents said the quality of the facility's care was good to very good.

Retrospective service needs question 6 "*As a Stout student have you ever needed healthcare services for mental health concerns (stress, depression, relationship issues)?*" 530 (17%) subjects reported that they have had a need for this service. 171 (48%) of those respondents sought care at Student Health Services. 57% were male subjects and 45% were female subjects. 139 of the respondents said the quality of the facility's care was good to very good.

Retrospective service needs question 7 "*As a Stout student, have you ever needed healthcare services for medications or orthopedic supplies (prescription medications, splints, slings, crutches)?*" 868 (29%) subjects reported that they have had a need for this service. 388 (52%) of those respondents sought care at Student Health Services. 45% were male subjects and 54% were female subjects. 337 of the respondents said the quality of the facility's care was good to very good.

Retrospective service needs question 8 "*As a Stout student, have you ever needed healthcare services for sexual health issues (STD, HIV or pregnancy testing, birth control)?*" 885 (30%) subjects reported that they have had a need for this service. 432 (62%) of the respondents sought care at SHS. 65% were male subjects and 62% were female subjects.

Student overall care seeking behaviors for a health need has demonstrated that 84% of students with three or more health needs have sought care somewhere. Of these students, 73% chose to seek care at Student Health Services. There was a significant difference between the genders. 76% of female students sought care at Student Health Services while only 63% of male students sought care at the clinic.

The top three specific student health need services utilized at the on campus clinic are for illness care (68%), immunizations (56%) and preventative care (54%). The least utilized service the health clinic offers is health education/material (68%) by students.

Students that sought care at Student Health Services were asked about the general satisfaction with Student Health Services accessed by two survey questions "*Would you go to Student Health Services again?*" and "*Rate the overall quality of the services care you received at Student Health Services*" for each of the eight health categories. 94% of students that used Student Health Services in the past reported that they would seek care there again. Over 70% of students, in each of the health need categories, rated the care they received at Student Health Services as good to very good.

Because lack of awareness (n = 1594) continues to be an issue among UW-Stout students, an important survey question was asked to all participating students. What would be the best way for students to learn about the on campus medical facility? Students were able to pick up to three choices. The top five responses showed that 17% (n = 700) of students preferred to learn about student health services through the clinics website, 17% (n = 683) responded to email, 16% (n = 668) wanted information

Chapter V: Discussion

A comprehensive, IRB approved, survey was developed by six graduate students under the guidance of Dr. Gorbatenko-Roth in the Applied Health Psychology PSYC-871 class during the spring semester of 2006 and administered to UW-Stout students electronically via UW-Stout email accounts. The purpose of the survey was to identify first, how many UW-Stout students were not using Student Health Services and why they were not seeking care at the on-campus clinic. Student Health Services administration requested further analysis to identify what student's care seeking behaviors were and how to improve the on-campus clinic's current use. 3101 students answered at least the first question regarding awareness. 3005 students answered the remaining sections of the survey.

The results showed that over half of the UW-Stout student body is unaware of the on-campus health service program. However, a large portion of students reported that they are healthy and do not need to seek care anywhere, therefore of those healthy students they have not had a need to learn about the clinic. In regards to those students that do seek care for a health need, 73% seek care at Student Health Services.

Limitations

The primary limitation dealt with time constraints while preparing the comprehensive survey. A more in depth survey could have been developed and more clarity within the questions, which would have allowed for more accurate analysis on some sections. Other limitations involved the analysis phase. There was more information gathered from the survey than projected. Virtually any question could be

answered from the survey; however due to ambiguities within a few questions it created a need for further analysis within a given section. Further analysis was not able to be conducted due to appropriate questioning for that analysis had not been included in the survey; this may have been avoided if anticipated.

Conclusions

Prior to the analysis of the awareness survey, UW-Stout administration and Health Services had multiple questions that needed precise answers in order to make appropriate budget decisions. The primary information needed by the administration included: 1) how many students know about the clinic, 2) how many students use/used the clinic, 3) why/why not students used the clinic, and 4) how to best inform students about the clinic?

The analysis confirmed that there are a large percentage of students that clearly do not know anything or only has moderate knowledge of the on campus Student Health Services. There are multiple reasons that account for the findings, such as lack of knowledge. Above all, the analysis revealed that students are generally healthy and do not seek care anywhere therefore not having a need to inquire information about the clinic.

Of those students that have a health need and seek care 73% of 3101 students who completed the survey indicated that they seek care at Student Health Services. The other 27% of students who do not seek care on campus indicated, but not limited to, prefer to seek care from their primary physician or did not know enough about the clinic to seek care there.

The analysis also validated a greater need for marketing strategies of the clinic's services. This will aid in educating students about the clinic, what it offers, and how to seek care there when necessary.

Recommendations

The most effective marketing strategies to promote student awareness of Student Health Services would be to target the students through Stout's homepage website, email or during orientation. Freshman would benefit most from their RA/Dorm. See Appendix A, Figures 4 – 11.

An information based campaign may potentially lower many of the awareness barriers and thus increase student usage of the clinic. The analysis identified specific groups of students that identified themselves as most unaware – males, freshman and those who do not live in Menomonie. These groups could receive specifically targeted messages to raise their awareness level.

The awareness campaign could also incorporate those aspects of the clinic that acted as "anti-barriers" to the students that use or would use Student Health Services. The analysis revealed the characteristics of Student Health Services that were important factors for actual student use, and the single most important factor was the cost of services. Promotion efforts that clearly emphasize the cost of the clinic, including insurance coverage, may be desirable.

UW-Stout students have brought to light the resources they want and need from Student Health Services that will optimize the college experience in order to adequately manage health concerns. Steps should be taken, by the University, to educate the

students about the importance of preventive care and seeking care at the on-campus clinic as needed.

References

- American Academy of Pediatrics. (2006). Health services for college students. 38, 7.
- American Cancer Society. (2005, September 10). Guidelines for diet and activity and find tips for a healthy lifestyle and community. 52, 12-15.
- American College of Health Association, & National College of Health Association. (2003). *Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24*. Retrieved January 5, 2007 from <http://www.acha.org>
- American College of Health Association, & National College of Health Association. (2003). *Reference group: Executive summary*. Retrieved January 5, 2007 from <http://www.acha.org>
- American Journal of Health Promotion. (1989). Health and wellbeing. 3, 5-7.
- American Journal of Health Promotion. (1989). *Promoting Health*. Retrieved March 3, 2007 from <http://www.healthpromotionjournal.com/>
- Bantam, (1999). Health problems at school: Caring for your school aged child. *American Academy of Pediatrics*, 8.
- Benson, H. (1996). Timeless healing: The power and biology of belief. *New York: Scribners*.
- Breathnach, S. B. (1995). Simple abundance: A daybook of comfort and joy. *New York: Warner Books*.
- Browning, M.D., Hoffer, B.J., & Dunwiddie, T.V. (1992). Alcohol, memory, molecules: Alcohol, health, research world. 16, 280.
- Center for Disease Control. (2000), *CBS Health Watch*. Retrieved, October, 2006 from <http://cbshealthwatch.health.aol.com>

- College drinking prevention.* (n. d.). Retrieved August 8, 2006 from
<http://www.collegedrinkingprevention.gov/statssummaries/snapshot.aspx>
- Cousins, N. (1981). *Anatomy of an illness.* New York: Bantam.
- Cousins, N. (1989). *Biology of hope.* New York: Dutton.
- Cummings, N. A. (1991). The somatizing patient. In *psychotherapy in managed health care.* 2, 54.
- Austad, C. (2005, December 19). Mental health issues among college students.
American Psychiatric Association, 5, 23.
- Department of Health. (2005/2006). *Health today.* Retrieved December 19, 2006 from
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/2005-2006>
- Department of Health and Human Services. (2004, August). *How does stress affect woman?* Retrieved December 19, 2006 from
<http://www.4woman.gov/faq/stress.htm>
- Depression News Article. (2004, November 22). Increase of Depression Among
College Students Over Four-Year Period. 4.
- Dossey, L. (1995, September/October). Healing happens. *Utne Reader,* 71.
- Engs, R.C., Diebold, B.A., Hansen, D.J. (1994). The drinking patterns and problems
of a national sample of college students. *Geneva,* 41, 3, 28.
- Fassler, D. (2005). American Psychiatric Association. APA Launches College Mental
Health Initiative.
- Health promotion.* (n. d.). Retrieved August 8, 2006 from
http://en.wikipedia.org/wiki/Health_promotion

Healthy youth. (n. d.). Retrieved August 8, 2006 from

<http://www.cdc.gov/HealthyYouth/healthtopics/disparities.htm>

Hingson, R. et al. (2005). Magnitude of Alcohol-Related Mortality and Morbidity Among U.S. College Students Ages 18-24: Changes from 1998 to 2001. *Annual Review of Public Health, vol. 26, 263; 2005*

Hingson RW, Howland J. Comprehensive community interventions to promote health: Implications for college-age drinking problems. *Journal of Studies on Alcohol Supplement 14: 240, 2002.*

Journal of Alcohol and Drug Education. (2006, October 30). College factors that influence drinking. 23, 47.

Klopfers, B. (1957). Psychological variables in human cancer. *Journal of Projective Techniques, 21, 331.*

Knight, J.R., Wechsler H., Kuo M., Seibring M., Weitzman E.R., & Schuckit, M. (2002). Alcohol abuse and dependence among U.S. college students. *Journal of Studies on Alcohol, in press.*

Lloyd, R. (1990). Healing brain: A scientific reader. *Department of health and human services [brochure].*

Medical Library. (n. d.). *Health problems at school.* Retrieved December 19, 2006 from <http://www.medem.com>

Miller, E. (1997). *Deep healing: The essence of mind/body medicine.* CA: Hay House Carlsbad.

- Minkler, M. (1997). *Community organizing and community building for health. Rutgers State University, Press.*
- Northrup, C. (1994). *Women's bodies, women's wisdom. New York: Bantam.*
- Northrup, C. (1996, December/January). When women listen to their bodies. *Body, mind, spirit.* 1, 15.
- O'Donnell, M. (1989). Definition of health promotion: Part III: Expanding the definition.
- O'Hara, V. (1996). *Five weeks to healing stress: The wellness option. Oakland, CA: New Harbinger.*
- Pearsall, P. (1996). *The pleasure principle. CA: Hunter House.*
- Pearsall, P. (1998). *The heart's code. New York: Random House.*
- Pert, C. (1997, May/June). Molecules of emotion. *New York: Touchstone Psychosomatic Medicine.*
- Presley, C.A., Meilman, P.W., & Leichliter, J.S. (2002). College factors that influence drinking. *Journal of Studies on Alcohol Supplement*, 14, 88.
- Prevention Editors. (2006, November 7). Do energy drinks work? *Prevention*, 11, 4.
- Restak, R., M.D., Clinical professor of neurology. *George Washington University Medical School.*
- Restak, R. (2005, February 27). Hypothalamus. World book online reference center. *World Book, Inc.*
- Selye, H. (1977). *The stress of life. New York: McGraw-Hill.*
- Strategy to protect college students from mumps.* (2006). Retrieved December, 2006, from <http://www.acha.org>

Washington State Department of Health. (2005). *Healthy living*. Retrieved September 10, 2006 from <http://www.doh.wa.gov>

Wechsler, H., Lee, J.E., Kuo, M., Seibring, M., Nelson, T.F., & Lee, H.P. (2002). Trends in college binge drinking during a period of increased prevention efforts: Findings from four harvard school of public health study surveys., 1993-2001. *Journal of American College Health*, 50, 5, 210.

Wechsler, H., Moeykens, B., Davenport, A., Castillo, S., & Hansen, J. (1995). The adverse impact of heavy episodic drinkers on other college students. *Journal of Studies on Alcohol*, 56 6, 628.

World Health Organization, (1979). Health for all. Sr. Nos., 1,2.

World Health Organization. (2006). *Constitution of the world health organization*. Retrieved December 19, 2006 from <http://www.who.org>

Appendix A

Summary Report of Survey Results for UW-Stout Assessment of Student Health Needs

Awareness and Marketing

**University of Wisconsin Stout
October 2006**

**Report Prepared by:
Lacey Hoyt
Susan Greene**

Table of Contents

Executive Summary

3

Awareness of Student Health Services

3

Use of Student Health Services

3

Barriers to use of Student Health Services

3

Best sources of information

3

Overall Awareness

4

Demographic Analysis

4

Summary

5

Use of Student Health Services

5

Student Barriers & Use of Student Health Services

6

Results

8

Demographic Analysis of Barrier Groups

15

Marketing Strategies

15

Overall

15

Demographic Analysis

16

Gender

16

Year in School

17

Recommendations

19

Appendix A: Barriers to use of SHS by Demographics

20

Appendix B: UW-Stout Assessment of Student Health Needs

30

and Care Seeking Behaviors Survey

Executive Summary

This report contains analysis of the data from the survey created by the PSYC-871 class in spring 2006 titled "*UW-Stout Assessment of Student Health Needs*" that pertains to issues of student awareness of Student Health Services (SHS) and how to best market SHS to students.

Awareness of Student Health Services

Overall, more than half of the students that responded to the survey are unaware of SHS. The results showed that a higher percentage of male students have an increased unawareness of the logistics of the clinic than female students. Further more; when comparing grade level and awareness, freshmen have the lowest level of awareness among all UW-Stout students. Also, students who do not live in Menomonie have a higher level of unawareness of SHS compared to those students that live in Menomonie.

Use of Student Health Services

The use of Student Health Services by students was found to be significantly higher than previously suspected prior to the survey. 73% of students, who reported that they have 3 or more health needs and seek care, are seeking care at SHS. Alternatively, 60% of students who reported having 0-2 health needs, are not seek care anywhere however, of those students who do

not seek care anywhere, 71% reported that they would seek care at SHS in the future if care was needed.

Barriers to use of Student Health Services

Students who have health needs and do not seek care selected *their own care seeking behaviors* as the primary reason for non-use of the clinic. The most frequent response was *that they take care of themselves* therefore not seeking care anywhere. Students who needed health care tend to seek care off campus and consequently selected *a lack of awareness of SHS* as the primary reason for not seeking care from the clinic. Students who have no health needs and would not use SHS for future health needs vastly selected *awareness of SHS, in general and clinic specifics*, as the primary reasons for not seeking care from the clinic. Students who have no health needs and would use SHS for future health needs overwhelmingly selected *clinic protocol/services* as the primary reasons for future use of the clinic (low cost was the most reported option for this section). Students who have health needs and sought care at SHS overwhelmingly sighted *clinic protocol/services* as the primary reasons for use of the clinic (low cost was the most reported option for this section).

Best sources of information

The survey verified that the most effective way to increase awareness of the clinic and its services it offers to students, indicated that the top three responses by the students included a) Student Health Service's website b) email or c) during orientation.

- 64% (N=151) of graduate students have been at UW-Stout for three years or more
 - Of these, 40% (N=59) are unaware
- Insurance status: unawareness did not vary by insurance status
 - 53% (N=1344) of the insured students are unaware of SHS
 - 53% (N=141) of the uninsured students are unaware of SHS
- Where students live:
 - 49% (N=1201) of the students that live in Menomonie are unaware of SHS
 - 72% (N=313) of the students that do not live in Menomonie are unaware of SHS

Summary

Overall, there is a lack of awareness among UW-Stout students. This is especially true for male students, freshman and those who do not live in Menomonie.

Use of Student Health Services

Across all demographic groups, 73% of students who have 3 or more health needs are currently seeking care at Student Health Services (SHS). Within gender, 63% of the male student population and 76% of the female student population seeks care at SHS. There is no significant difference in the SHS care seeking behaviors between years in school. 68% of freshmen, 77% of sophomores, 64% of juniors, 78% of seniors and 72% of graduate students who reported having 3 or more health needs are seeking care at SHS. There is a slightly higher percent of uninsured students (77%) who seek care at SHS than insured (72%) students. This appears to be because insured students prefer to seek care with their primary provider. The largest difference between groups was for students who live in Menomonie compared to those who do not live in Menomonie. 77% of those students living in Menomonie seek care at SHS where as only 51% of students not living in Menomonie are seeking care at SHS. Reasons for the differences could be hypothesized as students who live out of town seek care where they live.

Student Barriers and Use of Student Health Services

To determine the reason for students use or non-use of SHS, students were asked a series of linked questions where their response determined which subsequent question they received. This process lead to the identification of six student "barrier" groups; students were identified by their health needs and care seeking behaviors. Each of these groups of students were then either asked to identify the barriers that kept them from utilizing SHS or provided the motivation to use SHS. A copy of the survey questions can be found in Appendix B.

The barrier groups include

1. students who needed care and did not seek care anywhere (N=174)
2. students who needed care and sought care off-campus (N=250)
3. students who had no need for care and would not use SHS in the future (N=448)
4. students who used SHS in the past and would not return (N=40)
5. students with no current need for health care and would use SHS for future need (N=1243)
6. students that used SHS in the past and would return (N=633)

A complete list of the questions asked and the response choices are in Appendix C. The frequency of choices for the response options are in the tables below. The response frequencies listed in the tables are sorted from high to low within the barrier group. Barrier options were divided into categories for purposes of analysis only. For those groups that did not use SHS, the categories used to analyze non-use were *Student Health Needs*, *Student Care-Seeking Behavior*, and *Student Awareness*. For the groups that did or would use SHS, the major category used to analyze pro-use was student health needs, which was subdivided into the categories of clinic staff, clinic protocol/services and the "other" category.

Appendix C

UW-Stout Assessment of Student Health Needs and Care Seeking Behaviors

This research has been approved by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46.

This project is approved through March 21, 2007. Modifications to this approved protocol need to be approved by the IRB. Research not completed by this date must be submitted again outlining changes, expansions, etc. Federal guidelines require annual review and approval by the IRB.

Thank you for participating. If you do not wish to answer a question please choose the "no response" option. You may quit the survey at any time by clicking the "X" at the top right of screen or clicking the "cancel" button.

Awareness

1. Many UW-Stout students are unaware that there is a health clinic on campus for them to use when they have health needs. It is called Student Health Services. How aware are you of this clinic?
 - a. Never heard of it
 - b. Heard about it, but don't really know any specifics
 - c. Know some about the clinic specifics
 - d. Have moderate knowledge of the clinic specifics
 - e. Know a lot about it, like what specific things it offers and how it works
 - f. No response

If they selected responses a-c → Awareness question #2

If they selected responses d-f → Retrospective needs q1

2. What would be the best source for you to learn more about the medical clinic on campus? Choose up to 3 sources.

- Parents
- Professor/Teacher
- RA/Dorm
- During orientation
- School tour/clinic visit
- Email
- Stoutonia
- Campus map
- Website
- Flyers in campus buildings
- Other _____
- No response

Go to RSN 1

Retrospective Service Needs

The next set of questions asks you about your past health needs

- while enrolled at UW-Stout
- while school was in session (i.e. not during spring break, summer break, etc.)
- only when you were actually on campus as a student

Please note: some of these questions ask if you ever needed care and others ask if you ever actually sought care.

RSN 1) As a Stout student, have you ever needed healthcare services for preventative screenings or physicals (e.g. wellness class exams, annual pap exam, physicals)?

Yes

No

No response

If No.... Route to RSN 2

If No Response.... Route to RSN 2

If Yes.... Then route to the frequency question (1a).

1a. While at Stout, approximately how many times have you needed healthcare for preventative screenings or physicals

a. 1 time

b. 2-3 times

c. 3-4 times

d. 5-10 times

e. > 10 times

f. no response

Then route *Care Seeking Behavior Survey* question 1

CSB1. Did you ever actually seek care anywhere for preventative screenings or physicals?

a. yes

b. no

c. no response

If yes → go to 1a

1a. Did you ever seek care for preventative screenings or physicals on-campus at Student Health Services?

Yes → go to *SHS Satisfaction survey q1*

No → go to RSN 2

No response: go to RSN 2

If no → go to RSN 2

no response → go to RSN 2

SHS Satisfaction Survey

Sat1. Rate the overall quality of preventative screenings or physicals you received at Student Health Services.

a. Very Good

b. Good

c. Neither good nor bad

d. Bad

e. Very Bad

f. No response

Go to RSN 2

RSN2 As a Stout student, have you ever needed healthcare services for immunizations/vaccines (e.g. flu shot, tetanus shot, tuberculin (TB) skin testing)?

- Yes
- No
- No response

If No.... Route to RSN 3

If No Response.... Route to RSN 3

If Yes.... Then route to the frequency question (2a).

2a. While at Stout, approximately how many times have you needed healthcare for immunizations/vaccines?

- a. 1 time
- b. 2-3 times
- c. 3-4 times
- d. 5-10 times
- e. > 10 times
- f. no response

Then route *Care Seeking Behavior Survey* question 2

CSB2 Did you ever actually seek care anywhere for immunizations or vaccines?

- a. yes
- b. no
- c. no response

If yes → go to 2a

2a. Did you ever seek care for immunizations or vaccines on-campus at Student Health Services?

Yes → go to *SHS Satisfaction survey q2*

No → go to RSN 3

No response: go to RSN 3

If no → go to RSN 3

no response → go to RSN 3

SHS Satisfaction Survey

Sat2. Rate the overall quality of the immunization/vaccine care you received at Student Health Services.

- a. Very Good
- b. Good
- c. Neither good nor bad
- d. Bad
- e. Very Bad
- f. No response

Go to RSN 3

RSN3 As a Stout student, have you ever needed healthcare services for treatment of an illness (e.g. cold, flu, stomach ache, sore throat)?

- Yes
- No
- No response

If No.... Route to RSN 4

If No Response.... Route to RSN 4

If Yes.... Then route to the frequency question (3a).

3a. While at Stout, approximately how many times have you needed healthcare for an illness (e.g. cold, flu, stomach ache, sore throat)?

- a. 1 time
- b. 2-3 times
- c. 3-4 times
- d. 5-10 times
- e. > 10 times
- f. no response

Then route *Care Seeking Behavior Survey* question 3

CSB3 Did you ever actually seek care anywhere for your illness(es)?

- a. yes
- b. no
- c. no response

If yes → go to 3a

3a. Did you ever seek care for an illness on-campus at Student Health Services?

Yes → go to *SHS Satisfaction survey q3*

No → go to RSN 4

No response: go to RSN 4

If no → go to RSN 4

no response → go to RSN 4

SHS Satisfaction Survey

Sat3. Rate the overall quality of the illness care you received at Student Health Services.

- a. Very Good
- b. Good
- c. Neither good nor bad
- d. Bad
- e. Very Bad
- f. No response

Go to RSN 4

RSN4 As a Stout student, have you ever needed healthcare services for treatment of an injury?

- Yes
- No
- No response

If No.... Route to RSN 5

If No Response.... Route to RSN 5

If Yes....Then route to the frequency question (4a).

4a. While at Stout, approximately how many times have you needed healthcare for treatment of an injury?

- a. 1 time
- b. 2-3 times
- c. 3-4 times
- d. 5-10 times
- e. > 10 times
- f. no response

Then route *Care Seeking Behavior Survey* question 4

CSB4 Did you ever actually seek care anywhere for your injury?

- a. yes
- b. no
- c. no response

If yes → go to 4a

4a. Did you ever seek care for your injury on-campus at Student Health Services?

Yes → go to *SHS Satisfaction survey q4*

No → go to RSN 5

No response: go to RSN 5

If no → go to RSN 5

no response → go to RSN 5

SHS Satisfaction Survey

Sat4. Rate the overall quality of injury care you received at Student Health Services.

- a. Very Good
- b. Good
- c. Neither good nor bad
- d. Bad
- e. Very Bad
- f. No response

Go to RSN 5

RSN5 As a Stout student, have you ever needed health education/materials (e.g. nutrition, smoking cessation, alcohol issues, healthy lifestyle)?

- Yes
- No
- No response

If No.... Route to RSN 6

If No Response.... Route to RSN 6

If Yes....Then route to the frequency question (5a).

5a. While at Stout, approximately how many times have you needed health education/materials?

- a. 1 time
- b. 2-3 times
- c. 3-4 times
- d. 5-10 times
- e. > 10 times
- f. no response

Then route *Care Seeking Behavior Survey* question 5

CSB5 Did you ever actually seek health education/materials?

- a. yes
- b. no
- c. no response

If yes → go to 5a

5a. Did you ever seek health education/materials on-campus at Student Health Services?

Yes → go to *SHS Satisfaction survey q5*

No → go to RSN 6

No response: go to RSN 6

If no → go to RSN 6

no response → go to RSN 6

SHS Satisfaction Survey

Sat5. Rate the overall quality of the health education/materials you received at Student Health Services.

- a. Very Good
- b. Good
- c. Neither good nor bad
- d. Bad
- e. Very Bad
- f. No response

go to RSN 6

RSN6 As a Stout student, have you ever needed healthcare services for mental health concerns (e.g. stress, depression, relationship issues)?

- Yes
- No
- No response

If No.... Route to RSN 7

If No Response.... Route to RSN 7

If Yes.... Then route to the frequency question (6a).

6a. While at Stout, approximately how many times have you needed healthcare services for mental health concerns?

- a. 1 time
- b. 2-3 times
- c. 3-4 times
- d. 5-10 times
- e. > 10 times
- f. no response

Then route *Care Seeking Behavior Survey* question 6

CSB6 Did you ever actually seek care anywhere for mental health concerns?

- a. yes
- b. no
- c. no response

If yes → go to 6a

6a Did you ever seek care for mental health concerns on-campus at Student Health Services?

Yes → go to *SHS Satisfaction survey q6*

No → go to RSN 7

No response: go to RSN 7

If no → go to RSN 7

no response → go to RSN 7

SHS Satisfaction Survey

Sat6. Rate the overall quality of mental health care you received at Student Health Services.

- a. Very Good
- b. Good
- c. Neither good nor bad
- d. Bad
- e. Very Bad
- f. No response

go to RSN 7

RSN7 As a Stout student, have you ever needed healthcare services for medications or orthopedic supplies (e.g. prescription medications, splints, slings, crutches)?

- Yes
- No
- No response

If No.... Route to RSN 8

If No Response.... Route to RSN 8

If Yes.... Then route to the frequency question (7a).

7a While at Stout, approximately how many times have you needed healthcare services for medications or orthopedic supplies?

- a. 1 time
- b. 2-3 times
- c. 3-4 times
- d. 5-10 times
- e. > 10 times
- f. no response

Then route *Care Seeking Behavior Survey* question 7

CSB7 Did you ever actually seek care anywhere for medications or orthopedic supplies?

- a. yes
- b. no
- c. no response

If yes → go to 7a

7a Did you ever seek care for medications or orthopedic supplies on-campus at Student Health Services?

Yes → go to *SHS Satisfaction survey q7*

No → go to RSN 8

No response: go to RSN 8

If no → go to RSN 8

no response → go to RSN 8

SHS Satisfaction Survey

Sat7. Rate the overall quality of medications or orthopedic supplies you received at Student Health Services.

- a. Very Good
- b. Good
- c. Neither good nor bad
- d. Bad
- e. Very Bad
- f. No response

go to RSN 8

RSN8 As a Stout student, have you ever needed healthcare services for sexual health issues (e.g. STD, HIV or pregnancy testing, birth control)?

- Yes
- No
- No response

If No.... Route to *barrier logic questions* survey q1

If No Response.... Route to *barrier logic questions* survey q1

If Yes.... Then route to the frequency question (8a).

8a. While at Stout, approximately how many times have you needed healthcare services for sexual health issues?

- a. 1 time
- b. 2-3 times
- c. 3-4 times
- d. 5-10 times
- e. > 10 times
- f. no response

Then route to Care seeking behaviors, survey question 8.

CSB8. Did you ever actually seek care anywhere for sexual health issues?

- a. yes
- b. no
- c. no response

If yes: go to 8a

8a Did you ever seek care for sexual health issues on-campus at Student Health Services?

Yes → go to *SHS Satisfaction* survey q8

No → go to *Barrier Survey*

No response → *Barrier Logic Question Survey* q1

If no: go to *Barrier Logic Question Survey* q1

If no response: go to *Barrier Logic Question Survey* q1

SHS Satisfaction Survey

Sat8. Rate the overall quality of sexual health care you received at Student Health Services.

- a. Very Good
- b. Good
- c. Neither good nor bad
- d. Bad
- e. Very Bad
- f. No response

Go to *Barrier Logic Question Survey* q1

Barrier Logic Question Survey

BLQ1: Thinking back over your time at UW-Stout, approximately how many health needs have you had?

- a. 0-2 → BLQ5
- b. 3 or more → BLQ2
- c. No response → Prospective Service Needs Survey

BLQ2: Thinking back over all your time at UW-Stout, when you needed health care, what did you typically do?

- a. Sought care → BLQ3
- b. Did not seek care → Barrier Survey section 1
- c. No response → Prospective Service Needs Survey

BLQ3: Thinking back over all your time at UW-Stout, did you ever seek care on-campus at Student Health Services (SHS) for any reason?

- a. Yes, I sought care at least once at Student Health Services → BLQ4
- b. No, I always sought care off campus → Barrier section 2
- c. No response → Prospective Service Needs

BLQ4: Would you go to Student Health Services again?

- a. Yes → Go to Barriers Survey, section 6
- b. No → Go to Barrier Survey section 4
- c. No response → Prospective Service Needs Survey

BLQ5: If tomorrow you needed to seek medical services, would you go to the health clinic on campus?

- a. Yes → Barrier Survey section 5
- b. No → Barrier Survey section 3
- c. No response → Prospective Service Needs Survey

Barrier Survey

Section 1

Logic Note: To be answered after subject indicated they had a previous need for services in any of the 9 categories but didn't seek services anywhere

S1Q1: Why did you typically not seek care for your health needs? Choose up to 3 reasons from the list below.

- Not sick enough to seek medical care
- Don't believe in traditional medicine
- Fearful of health care facilities, providers or procedures
- Don't like to take medications
- No insurance/ don't have enough money to pay for medical procedure
- No insurance/ don't have enough money to pay for prescriptions
- I take care of myself
- I have never been to the doctor
- No response
- Other, please specify. _____

Go to *Prospective Service Needs Survey*

Section 2:

Logic Note: To be answered after subject indicated they needed services but sought them off campus (not at SHS)

S2Q1: Why did you not seek care at the health clinic on-campus? Choose up to 5 reasons from the list below.

- Did not know a medical clinic even existed on campus.
- Knew the clinic existed, but not that they offered the care I needed
- Unsure of the quality of the services offered
- Too sick/severe; needed more extensive care than on-campus could provide
- Did not know the hours of operation
- Did not know where the clinic was
- Hours the clinic was open didn't fit my schedule
- Unable to get an appointment in a reasonable time frame.
- Needed care when the clinic was closed
- Clinic too far away from main campus and had no transportation
- No place to park at the clinic
- Don't live in Menomonie so inconvenient to seek care on campus
- Prefer to see my own doctor back home
- Clinic not covered by my insurance
- I don't know how much it costs, but I assume I can't afford it.
- I know how much the clinic costs, but I do not have enough money to pay for it
- No response
- Other, please specify

Go to *Prospective Service Needs Survey*

Barrier Survey

Section 3:

Logic Note: To be answered after subject indicated they have had predominately no need for medical care while a student at UW-Stout **and** would not use SHS in the future.

S3Q1 Why would you not use the health clinic on campus? Choose up to 5 reasons from the list below.

- I am fearful of health care facilities, providers or procedures
 - I don't believe in traditional medicine
 - I take care of myself
 - Don't like to take medications
 - I have never been to the doctor, so why start now?
 - Don't live in Menomonie so inconvenient to seek care on campus
 - Prefer to see my own doctor back home
 - I do not know enough about the clinic
 - I question the confidentiality of my records –who else at Stout gets access to them?
 - Unsure of the quality of the services offered by SHS
 - Would need more extensive care than on-campus could provide
 - Heard rumors that the clinic staff judges students
 - Heard rumors that the clinic staff disrespects students
 - Do not know where the clinic is located
 - Do not know the hours of operation
 - Hours clinic is open doesn't fit my schedule
 - Unable to get an appointment in a reasonable time frame.
 - Clinic is too far away from main campus and have no transportation
 - No place to park at the clinic
 - Clinic visits are not covered by my insurance
 - I know the costs, but I do not have enough money to pay for it
 - I don't know how much it costs, but I assume I can't afford it
 - No response
- Other, please specify _____

Go to Prospective Service Needs Survey

Barrier Survey

Section 4:

Logic Note: Answered only if indicated they have used SHS in the past **but** would not in the future.

S4Q1: Why would you not go back to Student Health Services? Choose up to 5 responses.

- The quality of care was inadequate.
 - I felt judged
 - I felt disrespected/ not listened to
 - I need more specialized care.
 - I question the confidentiality of my records –who else at Stout gets access to them?
 - Clinic does not take my insurance
 - Hours the clinic is open doesn't fit my schedule
 - Unable to get an appointment in a reasonable time frame.
 - Clinic too far away from main campus and I have no transportation
 - No place to park at the clinic
 - Don't live in Menomonie so inconvenient to seek care on campus
 - Prefer to see my own doctor back home
 - No response
- Other, please specify _____

Go to *Prospective Service Needs Survey*

Section 5:

Logic Note: To be answered after subject indicated they have had predominately no need for medical care while a student at UW-Stout **but** would use SHS in the future.

S5Q1 What do you know about the clinic on campus that makes you willing to go there? Choose up to 5 responses.

- They allow you enough time to really talk to your provider
 - They care about students
 - Providers will actually call students back
 - Clinic staff treats students like adults
 - It's confidential – no one else is allowed access to a student health record
 - Able to get an appointment in a reasonable time frame.
 - Hours the clinic is open fits my schedule
 - Can get most health care services there
 - Can get advice over the phone
 - They have quality staff
 - Doesn't cost much– it is affordable
 - Comfortable setting
 - Clinic is physically easy to get to
 - I don't have another health care provider back home
 - No response
- Other, please specify _____

Go to *Prospective Service Needs Survey*

Barrier Survey

Section 6:

Logic note: To be answered by previous SHS who would continue to use SHS in the future.

1. What do you most like about Student Health Services? Choose up to 5 responses.

- Enough time is allowed to really talk to my provider
- Feel cared about
- When I call my provider, they call me back
- Clinic staff treats me like an adult
- It's confidential – no one is allowed access to a student health record
- Able to get an appointment in a reasonable time frame
- Hours the clinic is open fits my schedule
- Can get most of my health care needs met there
- Can get advice over the phone
- They have quality staff
- Doesn't cost much – it is affordable
- Comfortable setting
- Clinic is physically easy to get to
- Clinic staff are my primary health providers - I don't have another provider
- No response
- Other, please specify _____

Go to *Prospective Service Needs Survey*

Prospective Service Needs

1. If you could design the future health clinic on campus, what features would you want it to have? Choose up to 3 choices

- Open later at night (after 4:30 pm)
- Open earlier in the morning (before 8am)
- Open on Saturday mornings
- Clinic located closer to main campus
- Clinic physically located within a campus Wellness Center
- A 'sick bus' or some other form of provided transportation to the clinic
- A male doctor on staff
- More doctors on staff
- Expanded medical services
- No response
- Other, please specify _____

2. If you want, please expand on any of your choices from the previous question:

Prospective Service Needs

3. If the campus health clinic implemented the features you chose, how likely would you be to actually use the campus clinic?

- a. Definitely use if these changes were made
- b. Might use if these changes were made.
- c. Neutral about use if these changes were made
- d. Probably not use if these changes were made
- e. No response.

Go to *Demographics Survey*

Demographic Survey

Please respond to the following about yourself.

1. Gender
 - a. male
 - b. female
 - c. No response

2. Age

3. Year in college
 - a. freshman
 - b. sophomore
 - c. junior
 - d. senior
 - e. graduate level
 - f. No response

4. Ethnicity
 - a. White
 - b. Non-white
 - c. No response

5. Health Insurance status
 - a. Insured
 - b. Uninsured
 - c. No response

6. Where do you live?
 - a. On-campus
 - b. Off-campus in Menomonie
 - c. Off-campus, Commuter
 - d. No response

7. What year did you initially start your schooling at UW-Stout?
 - a. 2006
 - b. 2005
 - c. 2004
 - d. 2003
 - e. 2002
 - f. 2001
 - g. 2000 or earlier
 - h. No response

8. Overall, what is the current status of your health?
 - a. excellent
 - b. very good
 - c. good
 - d. fair
 - e. poor
 - f. No response

9. If you are interested in being entered into the iPod/Cash drawing, please provide your UW-Stout ID #. If you do not include your ID #, we can not track you to include you in the drawing.
 - If you do not include your correct ID # you will not be able to receive the drawing prize
 - Each student who enters a correct ID # will have one chance at the drawing
 - We will remove duplicate ID #'s and survey responses

ID Number:

Thank you for your time. The campus health clinic greatly appreciates it!

seek care at Student Health Services. Reasons for the differences could be hypothesized as students who live out of town seek care where they live. See figure 1.

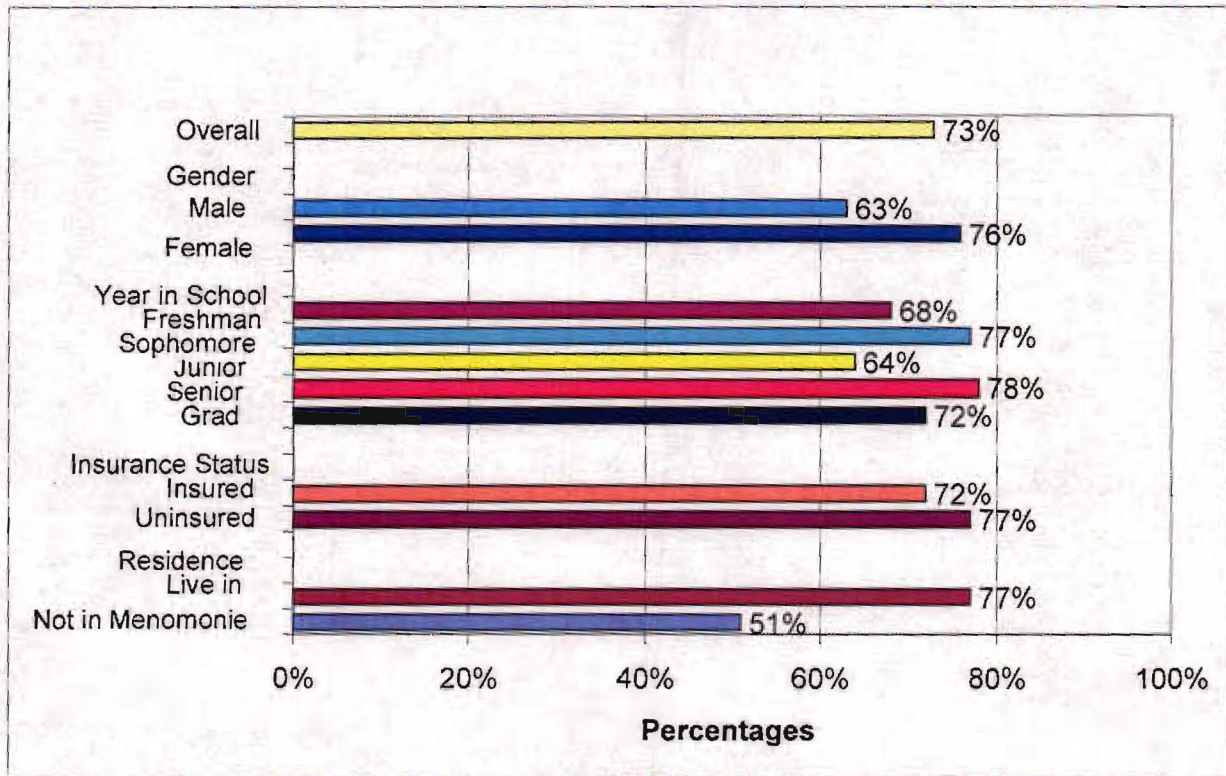


Figure 1. Students with 3 or more health needs.

To determine the reason for student's use or non-use of Student Health Services, students were asked a series of linked questions where their response determined which subsequent question they received. This process led to the identification of six student "barrier" groups; students were identified by their health needs and care seeking behaviors. Each of these groups of students were then either asked to identify the barriers that kept them from utilizing Student Health Services or provided the motivation to use Student Health Services. A copy of the survey questions can be found in Appendix C.

provided during orientation, 13% (n = 515) responded to seeking information from the dorm's Resident Assistant, and 10% (n = 413) thought that the best way to learn about the campus health facility would be during the school tour. See Figure 2.

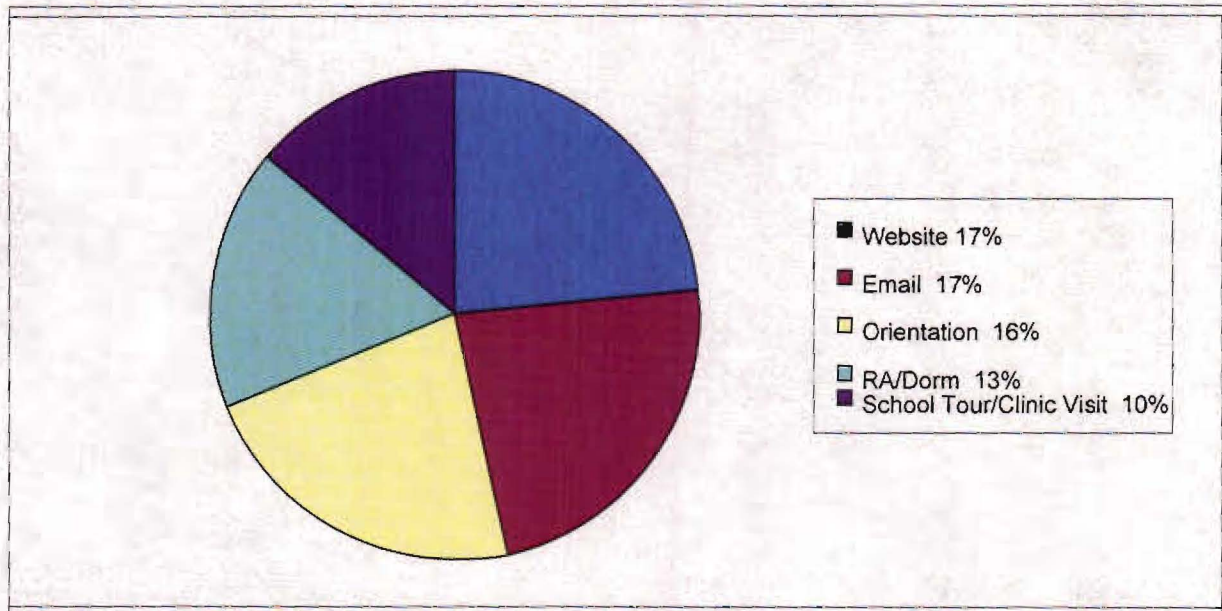
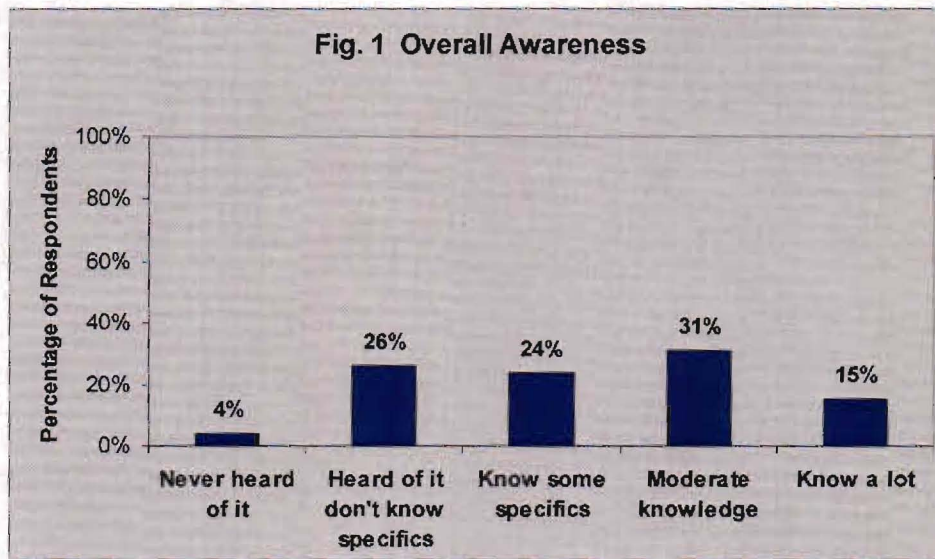


Figure 2. Awareness survey question 2. Students were asked to respond to what would be the best source to learn more about the medical clinic on campus. The responses showed that the website (n = 700) would be the most sufficient way for students to learn about the on campus clinic.

Overall Awareness

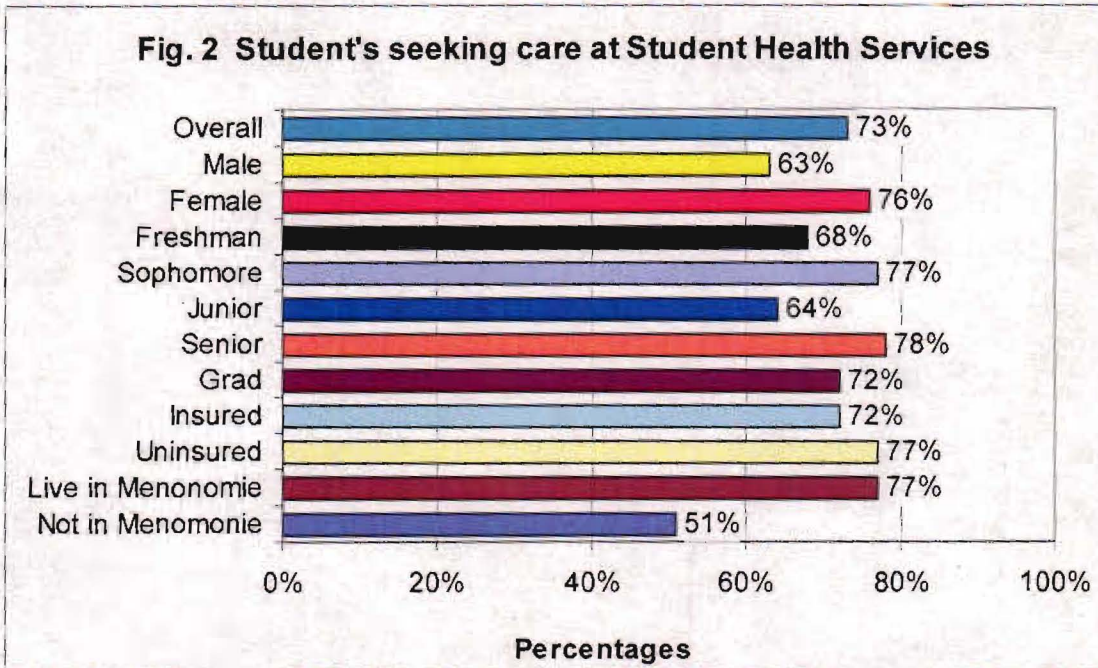
The first survey question asked students "Many UW-Stout students are unaware that there is a health clinic on campus for them to use when they have health needs. It is called Student Health Services. How aware are you of this clinic?" Five choices were provided: "never heard of it"; "heard about it, but don't really know any specifics"; "know some about the clinic specifics"; "have moderate knowledge of the clinic specifics"; "know a lot about it, like what specific things it offers and how it works". The survey results are displayed in Figure 1. The first three options chosen indicated that students have limited awareness of the clinic, or are unaware. Of the 3005 student respondents, 1594 (53%) of them are unaware of SHS. Of these unaware students, 120 had never heard of the clinic, 769 heard of the clinic but didn't know specifics, and 705 knew some specifics.



Demographic Analysis

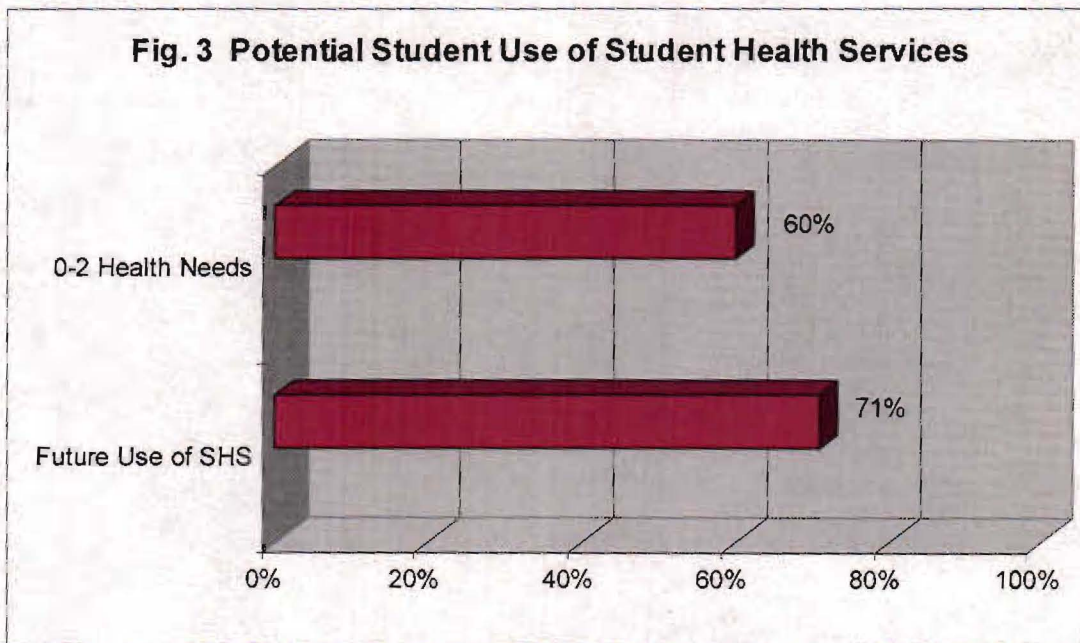
Examination of overall awareness in the various demographic groups revealed the following differences among gender, year in school, insurance status, and living location.

- **Gender:** males had a greater level of unawareness of the clinic than females
 - 63% (N=755) of men are unaware
 - 46% (N=778) of females are unaware
- **Year in school:** for undergraduates, unawareness was negatively related to year in school and for graduate students unawareness was negatively related to tenure at UW-Stout
 - Freshman had the lowest level of awareness --61% were unaware
 - 52% of sophomores are unaware
 - 56% of juniors are unaware
 - 46% of seniors are unaware
 - 50% of the graduate students are unaware of SHS
 - 35% (N=82) of graduate students have been at UW-Stout for two years or less
 - Of these, 71% (N=58) are unaware of SHS



*Students with 3 or more health needs

The majority (60%) of students who consider themselves 'healthy', (i.e. students reported having 0-2 health needs) are not currently seeking care anywhere. However, of these 'healthy' students, 71% reported that they would use SHS in the future if they had a need to seek care. See Figure 3.



*Students with 0-2 health needs

Results

Barrier group 1 The students' responses are, for the most part, evenly distributed through three categories, which include *health needs, care seeking behavior/other and awareness*, with the largest response category in *care seeking behaviors/other*. Within the care seeking behaviors' category, this group of students most frequently reported "I take care of myself" as the reason they did not seek care at SHS. In the health needs category, the highest response choice for students not using SHS because they "were not sick enough". See table Barrier Group 1 below.

Table 2

Barrier group 1: Students who needed care and did not seek care anywhere (N=174)
Why did you typically not seek care for your health needs? Choose up to three responses

Health Needs		Care Seeking Behavior/Other		Awareness	
Response Option	Number of Responses	Response Option	Number of Responses	Response Option	Number of Responses
Not sick enough to seek medical care	113	I take care of myself	66	No insurance/don't have enough \$ to pay for medical procedure	56
		Don't like to take medications	34	No insurance/don't have enough \$ to pay for prescriptions	47
		Fearful of health care facilities, providers or procedures	20		
		Don't believe in traditional medicine	7		
Total	113	Total	127	Total	103

Barrier group 2 The students' responses to non-use of SHS are overwhelmingly due to lack of awareness. Comparison of the total responses in the three categories revealed that lack of awareness had 64% of the total options chosen by the students. The number one response, overall and within the *awareness* category, was "knew the clinic existed, but not that they offered the care I needed". When all of the service-related responses are totaled, they accounted for 53% of the chosen options in the awareness category. Cost-related awareness questions accounted for 29% of the *awareness* category response options. Within the *awareness* category, only 2% of the responses chosen were for lack of knowledge of clinic hours, and 1% said they did not know where the clinic was located.

The next largest category was *health needs* with 27% of the comments. The majority (65%) of the health needs responses were for the option "I prefer to see my own doctor back home". Table Barrier Group 2. below has the complete student responses for this section.

Table 3

Barrier group 2: Students who needed care and sought care off-campus (N=250)

Why did you not seek care at the health clinic on-campus? Choose up to five responses

Health Needs		Care Seeking Behavior/Other		Awareness	
Response Option	Number of Responses	Response Option	Number of Responses	Response Option	Number of Responses
Prefer to see my own doctor back home	119	Don't live in Menomonie so inconvenient to seek care on campus	59	Knew the clinic existed, but not that they offered the care I needed	125
Too sick/severe; needed more extensive care than on-campus could provide	37	Clinic too far away from main campus and had no transportation	10	Unsure of the quality of the services offered	107
Needed care when the clinic was closed	20			I don't know how much it costs, but I assume I can't afford it	82
Unable to get an appointment in a reasonable time frame	15			Did not know the hours of operation	65
Hours the clinic was open didn't fit my schedule	13			Did not know where the clinic was	59

				Clinic not covered by my insurance	42
				Did not know a medical clinic even existed on campus	26
				No place to park at the clinic	6
				I know how much the clinic costs, but I do not have enough money to pay for it	3
Total	184	Total	69	Total	441

Barrier group 3 The students' responses to non-use of SHS are vastly due to lack of awareness. Comparison of the total responses in the three categories revealed that lack of awareness had 53% of the total options chosen by the students. The number one response, overall within the *awareness* category, was "I do not know enough about the clinic" which accounted for 24% of all of the awareness responses. When all of the cost-related responses were totaled, they accounted for 53% of the chosen options in the *awareness* category. Service-related awareness questions accounted for 19%. Within the awareness category, only 2% of the responses chosen were for lack of knowledge of clinic hours, and 1% said they did not know where the clinic was located.

The next largest category was health needs with 31% of the comments. The majority (73%) of the health needs responses were for the option "I prefer to see my own doctor back home". A complete list of the number of categories, response options and number of responses are in table Barrier Group 3 below.

Table 4

Barrier group 3: Students who had no need for care and would not use SHS in the future (N=448)

Why would you not use the health clinic on campus? Choose up to five responses

Health Needs		Care Seeking Behavior/Other		Awareness	
Response Option	Number of Responses	Response Option	Number of Responses	Response Option	Number of Responses
Prefer to see my own doctor back home	268	I take care of myself	123	I do not know enough about the clinic	146
Unable to get an appointment in a reasonable time frame	35	Don't like to take medications	50	Unsure of the quality of the services offered	119
Needed more extensive care than on-campus could provide	31	I don't believe in traditional medicine	6	Did not know the hours of operation	95
Hours the clinic was open didn't fit my schedule	31	I have never been to the doctor, so why start now?	1	I don't know how much it costs, but I assume I can't afford it	84
				Clinic not covered by my insurance	62
				Did not know where the clinic was	57
				I question the confidentiality of my records -who else at Stout gets access to them?	20
				I am fearful of health care facilities, providers or procedures	17
				No place to park at the clinic	12

				I know how much the clinic costs, but I do not have enough money to pay for it	6
Total	365	Total	180	Total	618

Barrier group 4 The students' responses to not using SHS in the future are primarily in the category *clinic protocol/services* (70% of all chosen responses). This was a small group of students. The number one reason for not returning was *poor care or needing more specialized care*. See table Barrier Group 4 below.

Table 5

Barrier group 4: Students who used SHS in the past and would not return (N=40)
Why would you not go back to SHS? Choose up to five responses

Health Needs						Care Seeking Behaviors/Other	
Clinic Staff		Clinic Protocol/Services		Other			
Response Option	Number of Responses	Response Option	Number of Responses	Response Option	Number of Responses	Response Option	Number of Responses
I felt disrespected / not listened to	11	Quality of care was inadequate	22	Prefer to see my own doctor back home	24	Don't live in Menomonie so inconvenient to seek care on campus	5
I felt judged	7	I need more specialized care	15	No place to park at clinic	2	Clinic too far away from main campus and I have no transportation	3
		Unable to get an appointment in a reasonable time frame	10				
		Hours the clinic is open doesn't fit my schedule	8				
		Clinic doesn't take my insurance	4				

		I question the confidentiality of my records	3				
Total	18	Total	62	Total	26	Total	8

Barrier group 5 The students' responses to why they would use SHS in the future are essentially due to the category *clinic protocol/services*. The *protocol/services* category had 59% of all options chosen. The most frequent choice was that SHS "does not cost much/its affordable". Students also frequently chose that "the clinic was confidential" and "that they could get appointments in a reasonable timeframe". Staff was also important to the students. 27% of the total options chosen pertained to *staff*. Within this category, students most frequently chose "staff cares about students", and "staff treats students like adults". *Clinic location and setting* was least important to these students, comprising only 14% of the total options chosen. A complete list of the number of categories, response options and number of responses are in table Barrier Group 5 below.

Table 6

Barrier group 5: Students with no current need for health care but would use SHS if have a future need (N=1243)
What do you know about the clinic on campus that makes you willing to go there? Choose up to a five responses

Health Needs					
Clinic Staff		Clinic Protocol/Services		Other	
Response Option	Number of Response	Response Option	Number of Response	Response Option	Number of Response
They care about students	526	Doesn't cost much / its affordable	768	Clinic is physically easy to get to	472
Clinic staff treats students like adults	419	Its confidential	657	Comfortable setting	163
They have quality staff	222	Able to get an appointment in a reasonable time frame	505	I don't have another health care provider back home	54
They allow you enough	151	Can get most health care	422		

time to talk to provider		services there			
		Hours the clinic is open fits my schedule	200		
		Can get advice over the phone	169		
		Providers will call students back	166		
Total	1318	Total	2887	Total	689

Barrier group 6 The students' responses to why they would use SHS in the future are largely due to the category *clinic's protocol/services*. The *protocol/services* category had 60% of all options chosen. The most frequent choice was that SHS "does not cost much/its affordable". Students also frequently selected that they "could get appointments in a reasonable timeframe and the clinic was confidential". Staff was also important to the students. 28% of the total options chosen pertained to staff. Within this category, students most frequently chose "staff treats students like adults", and "staff cares about students". *Clinic location and setting* was least important to these students, comprising only 12% of the total options chosen. A complete list of the number of categories, response options and number of responses are in table Barrier Group 6 below.

Table 7

Barrier group 6: Students that used SHS in the past and would return (N=633)
What do you most like about SHS? Choose up to five responses

Health Needs					
Clinic Staff		Clinic Protocol/Services		Other	
Response Option	Number of Response	Response Option	Number of Response	Response Option	Number of Response
Clinic staff treats students like adults	232	Doesn't cost much / its affordable	468	Clinic is physically easy to get to	189

They care about students	195	Able to get an appointment in a reasonable time frame	355	Comfortable setting	101
They have quality staff	179	Its confidential	310	I don't have another health care provider back home	50
They allow you enough time to talk to provider	158	Can get most health care services there	253		
		Can get advice over the phone	106		
		Hours the clinic is open fits my schedule	75		
		Providers will call students back	66		
Total	764	Total	1633	Total	340

Demographic Analysis of Barrier Groups

Analyses of the demographic groups are in Appendix A. There were few outstanding differences from the overall analysis.

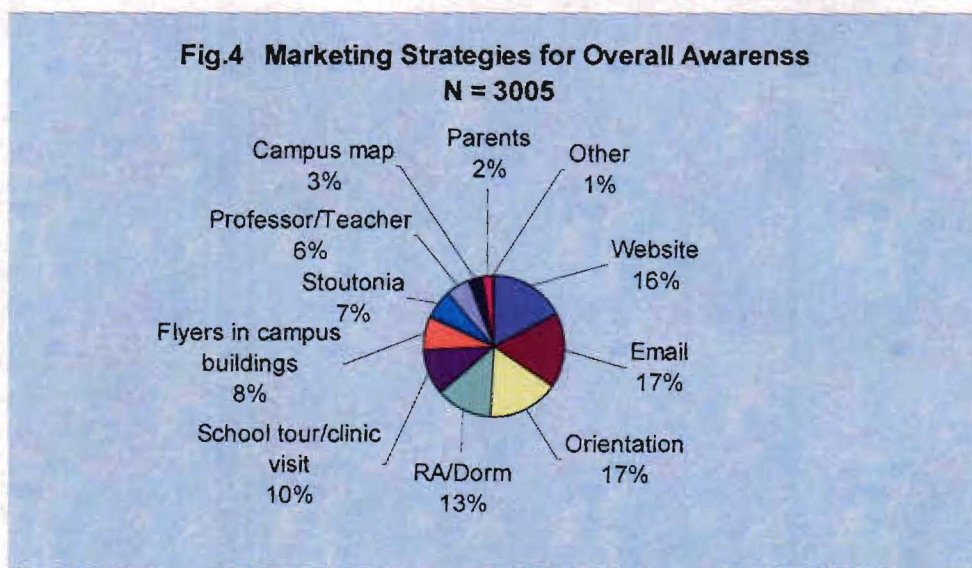
- Barrier group 1: males reported taking care-seeking behaviors as primary reason for non-use of SHS, and females reported lack of awareness
- Barrier group 1: uninsured students reported lack of awareness and insured students reported not being sick enough as most frequent reasons to not use SHS
- Barrier group 1: students that do not live in Menomonie reported lack of awareness as top category and those who live in Menomonie reported care seeking behaviors.
- Barrier group 3: males more frequently reported "*I take care of myself*" therefore do not use SHS and females reported "*I don't live in Menomonie, so inconvenient to seek care on campus*"

Marketing Strategies

Students were first asked how aware they were of SHS (see section 1). Those students who responded that they were unaware of the clinic were then asked "

What would be the best source for you to learn more about the medical clinic on campus? Choose up to 3 sources." The choices were: Parents, Professor/Teacher, RA/Dorm, During orientation, School tour/clinic visit, Email, Stoutonia, Campus map, Website, Flyers in campus buildings, Other.

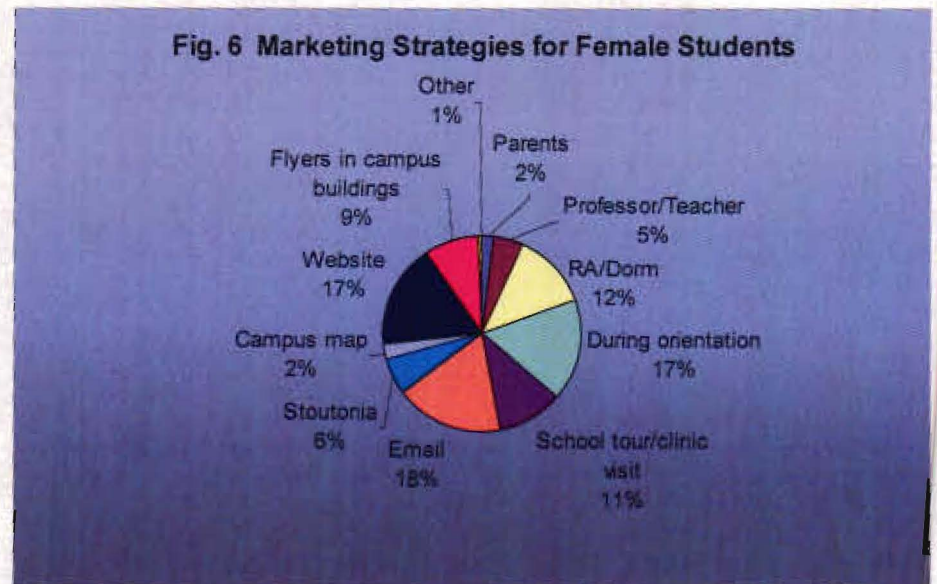
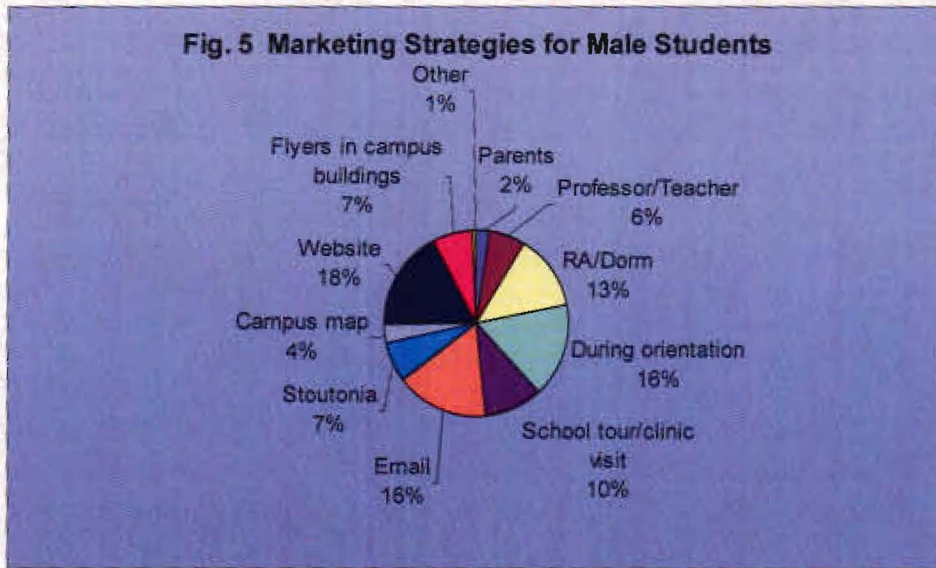
Analysis of the overall responses revealed that, students would like to be informed through email, during orientation and the website. The least important sources of information were parents, the campus map and through a professor/teacher. Figure 4 displays the percentage of total choices for each of the eleven response options for all respondents.



Demographic Analysis

Gender

There were no large differences between the genders for delivery of information about the clinic. Both males and females preferred receiving more information via the website, email and during orientation. Males had a slightly higher preference for website and females for receiving information by email. Figure 5 displays the percentage of total responses in each of the eleven response options for males. Figure 6 displays the percentage of total responses in each of the eleven response options for females.



Year in school

Undergraduates

Overall, undergraduates had the same top three choices: website, email, and orientation as means for information about SHS. However, the groups did vary in the specific percentages.

Additionally, freshman chose RA/Dorm as their number one response. See Figures 7-10 below.

- Freshman reported that the best marketing strategies to increase student awareness would be through their RA/Dorm (21%), during orientation (18%), website (15%) or email (14%).
- Sophomores reported that the best marketing strategies to increase student awareness would be through the website (16%), email (16%) or during orientation (16%).
- Juniors reported that the best marketing strategies to increase student awareness would be through the website (18%), email (18%) or during orientation (17%).
- Seniors reported that the best marketing strategies to increase student awareness would be through the website (20%), email (17%) or during orientation (16%).

Fig. 7 Marketing Strategies for Freshman Students

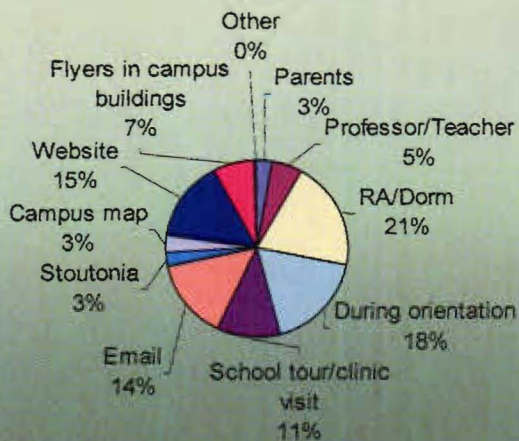


Fig. 8 Marketing Strategies for Sophomore Students

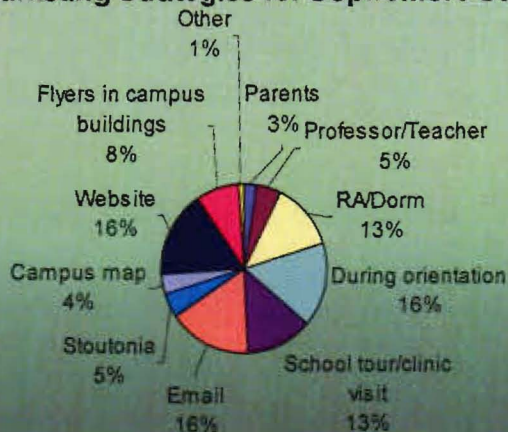


Fig. 9 Marketing Strategies for Junior Students

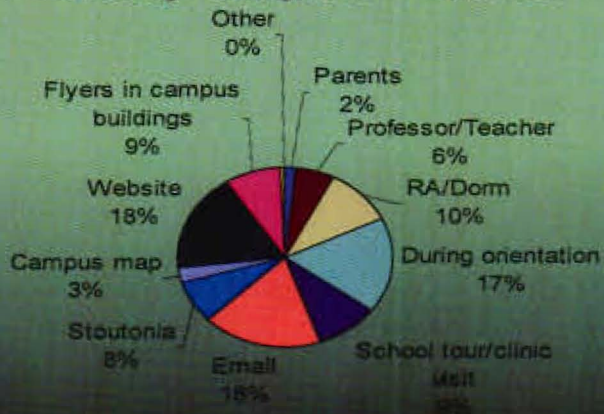
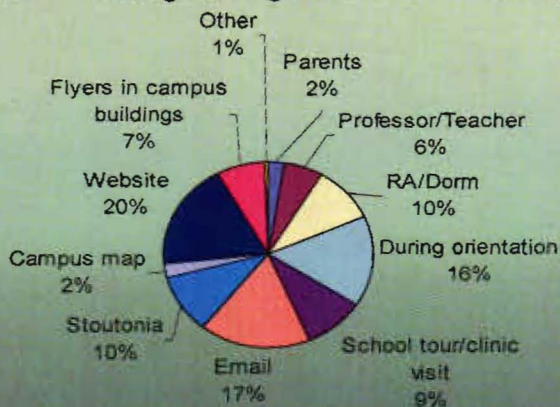
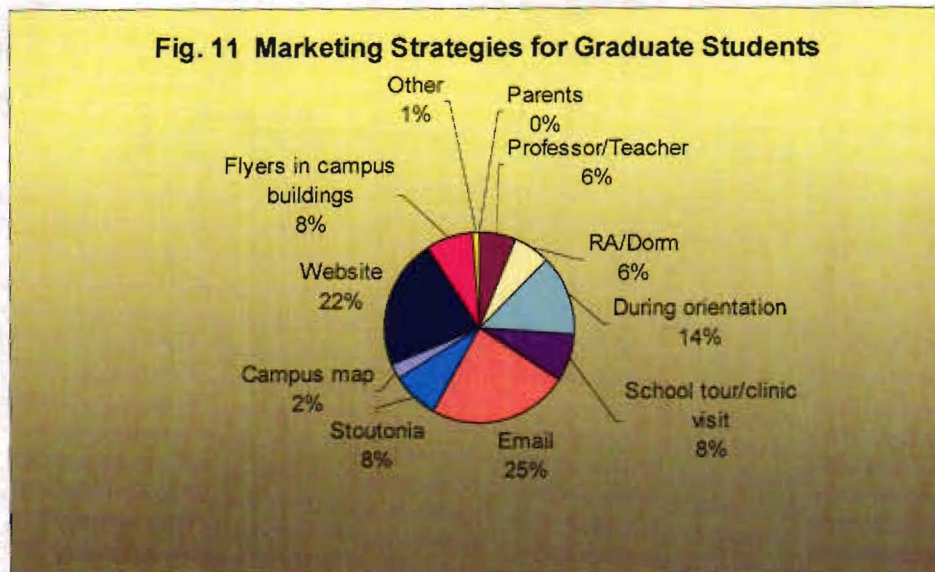


Fig. 10 Marketing Strategies for Senior Students



Graduate Students

Graduates reported that the best marketing strategies to increase student awareness would be through email (25%) or the website (22%). Graduate students least chosen options were via on-campus activities: instructors, RA/Dorm, flyers in campus buildings, a campus tour, and the Stoutonia. See Figure 11.



Summary

The most effective marketing strategies to promote student awareness of Student Health Services would be to target the students through the Student Health Service's website, email or during orientation.

Recommendations

Analysis of the survey information in regards to awareness, use and marketing of SHS was undertaken to answer the following questions: 1) how many students knew about the clinic, 2) how many students used the clinic, 3) why/why not these students used the clinic, and 4) how to best inform students about the clinic.

The analysis revealed that over half of the students at UW-Stout were "unaware" of SHS. However, most of these students were "healthy" and have not needed health care services. Of those students that required health care, 73% used the on-campus clinic.

There were two primary barriers towards use of SHS – students seeing their own doctor and lack of awareness of the clinic. An information based campaign may potentially lower many of the awareness barriers and thus increase student usage of the clinic. The analysis identified specific groups of students that identified themselves as most unaware – males, freshman and those who do not live in Menomonie. These groups could receive specifically targeted messages to raise their awareness level.

The awareness campaign could also incorporate those aspects of the clinic that acted as “anti-barriers” to the students that use/would use SHS. The analysis revealed the characteristics of SHS that were important factors for actual student use, and the single most important factor was the cost of services. Promotion efforts that clearly describe/emphasize the cost of the clinic, including insurance coverage, may be desirable.

Student responses to how to best inform them were fairly uniform across all the demographic groups – they want to be informed through email, orientation and the website. Freshman would benefit from information via their RA/Dorm.

Appendix B:

Barriers to use of SHS by Demographics

Barrier Group 1 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
Awareness											
no insurance/don't have enough \$ to pay for medical procedure	23	33	9	10	13	21	3	30	20	45	10
no insurance/don't have enough \$ to pay for prescriptions	20	27	8	7	14	15	3	25	17	36	10
Total	43	60	17	17	27	36	6	55	37	81	20
Health need											
not sick enough to seek medical care	54	58	15	19	23	49	6	18	89	98	14
Other/Care seeking											
don't believe in traditional medicine	4	2	1	1	1	2	1	0	6	4	2
fearful of health care facilities, providers or procedures	7	13	5	6	2	7	0	2	17	19	1
don't like to take medications	17	17	7	6	7	12	2	2	31	30	4
I take care of myself	42	23	12	11	15	22	5	3	59	59	6
Total	70	55	25	24	25	43	8	7	113	112	13

Barrier Group 2 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
Awareness											
Did not know a medical clinic even existed on campus.	13	12	3	4	4	9	5	1	23	22	3
Knew the clinic existed, but not that they offered the care I needed	40	82	21	26	22	44	9	11	107	101	21
Unsure of the quality of the services offered	32	74	16	27	18	37	8	13	90	90	14
Did not know the hours of operation	21	42	5	16	10	28	4	5	56	55	8
Did not know where the clinic was	18	41	6	12	12	24	5	5	54	52	7
No place to park at the clinic	3	3	0	2	3	1	0	0	6	6	0
Clinic not covered by my insurance	17	25	7	10	8	14	3	3	38	36	5
I don't know how much it costs, but I assume I can't afford it.	24	58	12	19	14	30	7	8	71	72	10
I know how much the clinic costs, but I do not have enough money to pay for it	1	2	0	0	0	3	0	1	2	3	0
Total	169	339	70	116	91	190	41	47	447	437	68
Health Need											
Too sick/severe; needed more extensive care than on-campus could provide	11	23	6	14	8	5	1	1	32	30	4
Hours the clinic was open didn't fit my schedule	4	8	5	1	3	2	1	1	11	12	0

Barrier Group 2 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
Unable to get an appointment in a reasonable time frame.	8	7	2	1	2	9	1	2	12	14	1
Prefer to see my own doctor back home	45	71	22	26	25	40	3	13	98	103	11
Needed care when the clinic was closed	6	14	4	7	4	4	1	2	18	17	3
Total	74	123	39	49	42	60	7	19	171	176	19

Other/care seeking

Clinic too far away from main campus and had no transportation	5	5	4	0	2	3	1	1	9	10	0
Don't live in Men. so inconvenient to seek care on campus	25	32	6	15	13	20	3	2	53	53	4
Total	30	37	10	15	15	23	4	3	62	63	4

Barrier Group 3 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
Awareness											
I am fearful of health care facilities, providers or procedures	11	6	5	3	2	7	0	0	14	15	2
I do not know enough about the clinic	74	70	37	28	31	40	9	15	119	110	35
I question the confidentiality of my records—who else at Stout gets access to them?	12	8	9	2	4	4	1	3	15	15	5

Barrier Group 3 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
Unsure of the quality of the services offered by SHS	56	62	19	23	29	38	9	9	103	93	24
Do not know where the clinic is located	27	29	12	13	13	13	6	8	46	29	26
Do not know the hours of operation	49	45	20	20	24	28	2	11	78	72	21
No place to park at the clinic	8	4	1	1	4	6	0	0	11	8	3
Clinic visits are not covered by my insurance	23	39	9	13	12	21	7	5	52	44	17
I know the costs, but I do not have enough money to pay for it	3	3	2	2	1	1	0	0	5	6	0
I don't know how much it costs, but I assume I can't afford it	44	40	20	23	15	24	2	14	61	73	10
Total	307	306	134	128	135	182	36	65	504	465	143
Health Need											
Prefer to see my own doctor back home	119	147	39	43	67	90	27	5	253	190	74
Would need more extensive care than on-campus could provide	14	16	3	5	9	9	3	0	30	26	4
Hours clinic is open doesn't fit my schedule	12	19	7	7	10	6	1	0	30	27	4
Unable to get an appointment in a reasonable time frame.	10	25	11	9	7	8	0	0	33	34	0
Total	155	207	60	64	93	113	31	5	346	277	82
Other/care seeking											
I don't believe in traditional medicine	2	4	1	2	1	0	2	0	6	4	2
I take care of myself	73	50	28	22	30	37	6	6	112	98	23

Barrier Group 3 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
Don't like to take medications	28	22	12	12	13	9	4	4	42	42	7
I have never been to the doctor, so why start now?	1	0	1	0	0	0	0	1	0	1	0
Don't live in Men. so inconvenient to seek care on campus	57	83	18	15	33	35	37	5	133	30	98
Heard rumors that the clinic staff judges students	1	3	3	0	0	1	0	1	3	3	1
Heard rumors that the clinic staff disrespects students	5	8	4	1	6	2	0	1	12	11	2
Clinic is too far away from main campus and have no transportation	4	11	7	1	3	4	0	0	13	13	2
Total	171	181	74	53	86	88	49	18	321	202	135

Barrier group 4 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
Staff											
I felt judged	1	6	0	1	1	5	0	0	7	5	2
I felt disrespected/not listened to	2	9	0	2	1	8	0	0	11	9	1
Total	3	15	0	3	2	13	0	0	18	14	3
Services and Protocol											
The quality of care was inadequate	5	17	3	2	2	14	1	0	22	18	3
I need more specialized care	2	13	2	1	1	8	3	1	13	11	4
I question the confidentiality of my records - who else at Stout gets access to them?	0	3	0	2	0	1	0	0	3	3	0
Clinic does not take my	0	4	1	2	0	1	0	0	4	4	0

Barrier group 4 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
insurance											
Hours the clinic is open doesn't fit my schedule	2	6	1	1	1	5	0	0	8	6	1
Unable to get an appointment in a reasonable time frame	2	8	2	0	1	7	0	0	10	8	2
Total	11	51	9	8	5	36	4	1	60	50	10
Other											
Clinic too far away from main campus and I have not transportation	1	2	0	1	1	1	0	0	3	2	1
No place to park at the clinic	1	1	0	1	0	1	0	0	2	2	0
Don't live in Men. so inconvenient to seek care on campus	0	5	0	0	0	3	2	0	4	0	5
Prefer to see my own doctor back home	3	21	2	4	1	13	4	0	23	17	7
Total	5	29	2	6	2	18	6	0	32	21	13

Barrier group 5 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
Staff											
They allow you enough time to really talk to your provider	75	76	47	25	27	37	11	9	136	134	14
They care about students	287	238	198	97	99	108	21	35	476	470	52
Clinic staff treats students like adults	230	187	143	96	82	77	17	32	378	382	31
They have quality staff	117	103	74	44	37	55	9	21	194	197	21
Total	709	604	462	262	245	277	58	97	1184	1183	118

Barrier group 5 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
services & protocol											
Providers will actually call students back	84	82	65	36	31	30	4	8	155	152	13
It's confidential - no one else is allowed access to a students health record	279	375	233	151	121	121	24	48	592	598	53
Able to get an appointment in a reasonable time frame	221	282	157	116	88	118	21	44	455	453	47
Hours the clinic is open fits my schedule	114	85	68	43	38	36	10	15	177	174	23
Can get most health care services there	177	243	156	86	61	85	25	36	374	371	44
Can get advice over the phone	84	84	63	45	20	34	5	10	155	153	13
Doesn't cost much - its affordable	340	423	248	162	141	167	40	78	673	681	79
Total	1299	1574	990	639	500	591	129	239	2581	2582	272
Other											
Comfortable setting	82	81	56	38	25	35	9	13	147	146	15
Clinic is physically easy to get to	251	219	148	128	80	98	15	24	438	443	26
I don't have another health care provider back home	29	25	4	12	10	21	7	33	20	41	13
Total	362	325	208	178	115	154	31	70	605	630	54

Barrier group 6 Response Category	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
Staff											
Enough time is allowed to really talk to my provider	34	123	11	27	37	58	23	20	132	134	22
Feel cared about	44	150	25	34	31	84	20	22	161	169	25
Clinic treats me like an adult	48	183	24	37	45	106	18	21	206	205	25
They have quality staff	44	134	13	22	37	87	19	24	149	160	18
Total	170	590	73	120	150	335	80	87	648	668	90
services & protocol											
When I call my provider, they call me back	10	56	5	15	17	22	6	5	59	64	2
It's confidential - no one is allowed access to a student health record	58	251	32	43	67	143	24	33	267	279	29
Able to get an appointment in a reasonable time frame	70	284	27	51	73	166	36	38	306	321	33
Hours the clinic is open fits my schedule	15	59	3	10	19	36	6	8	65	65	9
Can get most of my health care needs met there	56	197	23	35	54	114	27	40	204	230	22
Can get advice over the phone	26	80	10	20	27	40	9	10	91	102	4
Doesn't cost much - it's affordable	93	373	33	62	96	228	46	60	392	11	1
Total	328	1300	133	236	353	749	154	194	1384	1072	100
Other											
Comfortable setting	23	78	8	18	19	47	9	6	91	412	52
Clinic is physically easy to get to	43	144	12	29	42	87	15	13	169	91	10
Clinic staff are my primary health providers - I don't have another provider	7	42	2	10	3	25	9	29	18	174	13

Barrier group 6	Gender		Year in School					Insurance Status		Where Student Lives	
	Men	Women	Freshman	Sophomore	Junior	Senior	Graduate	Uninsured	Insured	In Men.	Not in Men.
Total	73	264	22	57	64	159	33	48	278	677	75