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2017 Emory University National College Health Assessment SPSS Dataset
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Executive Summary

During Fall 2017, Emory University partnered with the American College Health Association (ACHA) to administer the National College Health Assessment (NCHA) to a sample of students at Emory University. At Emory University, the NCHA is administered every three years, with 2017 marking the fifth collection. The NCHA collects information about the overall health and well-being of students, including mental health, substance use, sexual health, personal safety, and physical health. Additionally, supplemental questions were developed by university stakeholders within the Division of Campus Life. These supplemental questions addressed food and housing security, opioid use, the knowledge and use of Emory University resources, and preferred communications methods for students.

The 2017 Emory NCHA was administered online to a sample of undergraduate, graduate, and professional students at Emory University. It should be noted that this is the first year that historically-minoritized groups were oversampled; therefore, a more representative sample of Emory University was obtained compared to previous administration years. The survey was administered between October 23, 2017 and November 13, 2017, and the response rate was approximately 20%. The average response rate for national respondents was 17%.

In regards to mental health, “more than average” or “tremendous” stress levels among 2017 Emory NCHA respondents (62.3%, n = 683) have increased since the administration of the 2014 Emory NCHA (59.8%, n = 685). The top three causes of stress included academics, career-related issues, and intimate relationships. To manage stress, 2017 Emory NCHA respondents reported sleeping, talking to someone, and listening to music as their top three stress management strategies. The majority of students (84%) indicated that if they were experiencing a personal issue, they would consider seeking help from a mental health professional in the future. Additionally, the majority of students reported feeling a sense of belonging at Emory University (80.7%, n = 887).

Substance use includes alcohol, tobacco, and other drug use. Approximately 81.0% (n = 889) of 2017 Emory NCHA respondents reported ever consuming alcohol. Of these respondents, 45.1% (n = 400) are undergraduate students and 54.0% (n = 478) are graduate students. 35.3% of 2017 Emory NCHA respondents that drink reported binge drinking behaviors (consuming five or more drinks) at least once in the past two weeks since the 2017 Emory NCHA was administered. Overall 65.5% (n = 719) of 2017 Emory NCHA respondents have never used any tobacco products, and there has been an increase in marijuana use among 2017 Emory NCHA respondents (19.0%), compared to 2014 Emory NCHA respondents (14.4%). In
regards to opioid use, the majority of 2017 Emory NCHA respondents do not know where to go for help if someone experiences an opioid overdose.

Overall, 2017 Emory NCHA reported lower levels of physical fighting, physical assault, and sexual penetration without consent when compared to 2014 Emory NCHA respondents; however, all other forms of violence increased. The majority of 2017 Emory NCHA respondents reported feeling safe on-campus (91.2%) and the surrounding community (67.3%) during the daytime. Additionally, the majority of students (56.2%, n = 616) were aware of the Respect Hotline, a program that allows On-Call Advocates to provide free and confidential support, accompaniment, and/or resources.

The majority of 2017 Emory NCHA respondents (66.1%, n = 708) were sexually active and had at least one sexual partner in the last 12 months. Among students that are sexually active and have vaginal intercourse, the top three birth control methods included the male condom (50.6%, n = 319), birth control pills (40.0%, n = 252), and withdrawal (24.3%, n = 153). More than one-third of 2017 Emory NCHA respondents have been tested for HIV. From 2014 to 2017, testicular and breast self-exams have remained approximately the same; however, there has been a decrease in the number of routine gynecological exams.

85.7% of 2017 Emory NCHA respondents reported a positive health status; however, the top three health issues that were reported by respondents included allergies (17.6%, n = 193), sinus infection (11.2%, n = 123), and back pain (8.2%, n = 90). Additionally 15.9% (n = 174) of 2017 Emory NCHA respondents reported having one disability, and 6.6% (n = 72) reported having two or more disabilities. The most commonly reported disability included psychiatric conditions (11.3%, n = 24), chronic illness (6.4%, n = 70), and ADHD (6.3%, n = 69). In regards to physical activity and nutrition, 18.5% (n = 203) of respondents either met or exceeded the American Heart Association’s recommendations of engaging physical activity at least three days per week. Only about one-third (37.0%, n = 404) of 2017 Emory NCHA respondents consumed the recommended 3.5 servings of fruit and vegetables per day.

2017 Emory NCHA respondents were most aware of Counseling and Psychological Services (75.1%), the Career Center (74%), Recreation and Wellness (67.2%), Student Health Services (64.2%), and the Office of Health Promotion (63.1%). The most preferred communication methods for students included email, hearing from other peers or colleagues, and on-campus events or fairs.
Introduction

During the Fall 2017 semester, the Office of Health Promotion (OHP), in collaboration with the American College Health Association (ACHA) and the Office of Institutional Research (OIR), administered the National College Health Assessment (NCHA) to a sample of Emory University students.

The ACHA is a national organization comprised of college health professionals dedicated to advancing the health of college students through advocacy, education, and research. The ACHA has been designing and implementing the NCHA for more than 818 higher education institutions around the country since the Spring of 2000 (American College Health Association – National College Health Assessment [ACHA-NCHA], 2018a). Emory University uses NCHA data to track student health across time, compare student health to national averages, identify vulnerable populations, and inform health and wellness initiatives across the university.

The NCHA provides the largest known comprehensive data set on the health of college and university students. This assessment collects information about students’ health habits, behaviors, and perceptions in regards to the most prevalent health topics. Some of these topics include: substance use, sexual health, mental health, and personal safety. In addition, the Emory NCHA included university-specific items related belonging at Emory University, use of student resources, prescription drug use, stress management, food and housing security, how students receive information, and motivations for taking the survey.

The NCHA is administered every three years at Emory University, with 2017 marking the fifth collection. The NCHA was first introduced to Emory University in 2006, and a new survey instrument (ACHA-NCHA II) was developed and administered in 2008. Emory University used the third version of this instrument, the ACHA-NCHA IIc.

The 2017 Emory NCHA was administered online to a sample of undergraduate, graduate, and professional students from October 23, 2017 to November 13, 2017. The response rate for the Emory NCHA was approximately 20%, compared to the national average of 17% (ACHA-NCHA, 2018b).

The following report provides an in-depth description of the 2017 Emory NCHA methods, analyses, results, and strengths and limitations. Results are organized into samples statistics followed by individual briefs covering mental health, substance use, violence and abuse, sexual health, physical health, and resource usage and health communications.

The next Emory NCHA will be administered in the Fall 2020 semester.
Methods

Sample

In collaboration with the Office of Institutional Research at Emory University, the Office of Health Promotion sampled a total of 5500 students at the Emory University Atlanta Campus; therefore, Oxford Campus was excluded from the sample.

To ensure a more diverse representation of students in the 2017 Emory National College Health Assessment, the sample was stratified such that 50% of the sample included undergraduate students (n = 2750), and 50% of the sample included graduate students (n = 2750). 50% of each strata (n = 1375) consisted of non-White participants to ensure that historically-minoritized populations were adequately represented in the National College Health Assessment.

The data contained in this report comes from a final sample of 1097 Emory University students, which exceeds the recommended number of respondents for a school this size. Therefore, the final response rate was approximately 20%. The sampling structure is displayed in Figure 1.
External Population:  
All University Students in the United States

Source Population:  
All Emory University Students

Sample Population:  
5500 Emory University Students

Stratum 1:  
2750 Undergraduate Students  
(50% White, 50% non-White)

Stratum 2:  
2750 Graduate Students  
(50% White, 50% non-White)

Final Sample:  
1097 Emory University Respondents

**Figure 1:** Sampling Structure of the 2017 Emory NCHA
Procedures

Participant Communication
5500 students were invited to participate in the 2017 Emory NCHA via e-mail on October 23, 2017. The email described the purpose and content of the assessment, outlined the process of consent, and informed participants of incentives.

The 2017 Emory NCHA was open from October 23, 2017 to November 13, 2017, a total of three weeks. Throughout this time period, three reminder emails were sent to invited students who had not yet completed the survey. Respondents who completed the survey were thanked at the end of the survey.

Incentives
Respondents who completed the 2017 Emory NCHA were eligible for one of ten Fitbit Flex 2’s and a $500.00 Emory University Barnes and Noble Gift Card. A randomized drawing was conducted by the ACHA, and the names of those selected were provided to the Office of Health Promotion. This practice ensured confidentiality of identifying participant information. Ten participants were selected for the Fitbit Flex 2’s, and one participant was selected for the $500.00 gift card. Respondents who received incentives were sent a notification email one week after the survey closed, and arranged a time with the Graduate Assistant for Assessment and Evaluation to pick up their incentive from the Office of Health Promotion.

Consistent with Georgia Law, all students enrolled at Emory University were also given an opportunity to receive incentives from the Office of Health Promotion through participating in the market campaign; therefore, students that were not sampled for the 2017 Emory NCHA still had an opportunity to receive incentives. Ten students who helped spread the word about the Emory NCHA through using #EmoryNCHA on Facebook, Twitter, or Instagram received a $10.00 Emory University Barnes and Noble Gift Card. Additionally, students who stopped by the Office of Health Promotion’s table at a university-sponsored tabling event during the three-week data collection period received hand sanitizer, tissue packets, Popsockets, or reusable utensils.
Marketing Campaign & Recruitment Strategies
The Office of Health Promotion used a marketing campaign that consisted of three recruitment strategies. Flyers that contained language such as, “TELL US ABOUT YOUR OVERALL HEALTH AND WELL-BEING. TAKE THE EMORY NCHA...” were distributed throughout Emory University’s Atlanta Campus and posted on Emory University Facebook Groups. Additionally, at the weekly university-sponsored tabling events that took place during the data collection period, students were given the opportunity to take a photo with the #EmoryNCHA poster. If the students posted this photo on social media with “#EmoryNCHA” in their captions, they had the opportunity to win one of ten $10.00 Emory University Barnes and Noble Gift Cards. Exactly ten students participated and were notified to pick up their incentives from the Office of Health Promotion.

Measures
The 2017 Emory NCHA collected data using the ACHA-NCHA IIc survey instrument and a supplemental questionnaire specific to Emory University. The ACHA-NCHA IIc consists of 66 items on health status, substance use, nutrition, physical activity, weight, mental health service use, psychological distress, sexual health, sleep health, violence and abuse, injury prevention, knowledge of campus health resources, academic impediments, disability, and demographic characteristics. The 14-item supplement was developed by the Office of Health Promotion at Emory University, with input from other departments within the Division of Campus Life. The supplement includes items that ask about belonging at Emory University, use of student resources, prescription drug use, stress management, food and housing security, how students receive information, and motivations for taking the survey.

Please contact the Office of Health Promotion at Emory University for a copy of the full instrument, including supplemental questions.

Analyses
Surveys were submitted electronically to the ACHA upon completion. The ACHA conducted frequencies of all categorical variables, as well as means and standard deviations for all continuous variables. The data was given to the Office of Health Promotion in three forms: an executive summary report, a full institutional data report, and an SPSS file containing all variables from the ACHA-NCHA IIc and the supplemental questionnaire.

Please contact the Office of Health Promotion at Emory University for copies of the Executive Summary Report and the Institutional Data Report, respectively.
SPSS 22.0 was used for all statistical analyses. Descriptive statistics were conducted for every applicable question on the NCHA, including frequencies, percentages, and standard errors for categorical variables, as well as means and standard deviations for continuous variables. All percentages were rounded to the tenths place, resulting in some categories adding to nearly, but not exactly, 100.0%. Chi square tests were conducted in certain cases in order to determine potential statistically significant differences between demographic groups. The threshold for declaring statistical significance was set at 0.05.
Study Strengths and Limitations

Limitations
Selection bias, a bias introduced by the selection of individuals, may influence the representativeness of the sample. More specifically, non-response bias (a form of selection bias) occurs when respondents do not choose to participate in the survey. This may reduce the external validity, or the generalizability, of the results. Random sampling methods used during the data collection process, as well as a high response rate decreased the effect of selection bias.

Participants could have also experienced survey fatigue, a phenomenon that typically occurs during the administration of lengthy surveys. Survey fatigue may be caused by not being at full cognitive capacity when taking the survey, which causes respondents to answer questions inaccurately. Additionally, participants were able to complete the 2017 Emory NCHA in any environment that they wished; therefore, respondents may have been distracted while taking the survey, which could have influenced their answers. In an attempt to alleviate survey fatigue, respondents were able to access and/or pause the survey at any time on any Internet-accessible device; however, respondents may have forgotten to return to the survey to complete it.

Additionally, much of the data collected from the 2017 Emory NCHA relies on participants self-reporting perceptions, behaviors, and attitudes. This may increase the likelihood for recall bias, which occurs when participants may or may not remember details of a past event. Therefore, behaviors may be more or less salient depending on the respondent and their frequency of behavior.

Finally, the 2017 Emory NCHA was administered over a data collection period of three weeks. During the data collection period, Halloween occurred, which may have influenced respondents’ behaviors, such as drinking or drug use.

Strengths
Due to random sampling and a high response rate, selection bias was reduced. A high response rate is credited to the wide range of marketing efforts, the availability of the online survey over a three-week time period, and the incentives offered. The use of an online assessment reduces social desirability bias; therefore, participants are more likely to answer questions honestly and
sensitive topics (e.g. substance use, relationship violence, and sexual activity) may be addressed.

Oversampling historically-minoritized populations (e.g. non-White respondents) allowed the sample to be more representative of the Emory population at the time at which the survey is conducted. Additionally, more information related to non-White participants and graduate students was obtained in the 2017 Emory NCHA compared to the 2011 and the 2014 Emory NCHA. An additional improvement from the 2014 Emory NCHA was that there was an attempt to analyze and convey descriptive data related to gender identities; however, no statistically significant associations could be determined due to a small sample size.

The 2017 Emory NCHA collects data on a comprehensive list of health topics. The data gathered from the 2017 Emory NCHA Briefs will be able to guide research, programs, initiatives, and services across campus. The scope of demographic data available allows for in-depth analyses among sub-populations, such as race/ethnicity, members of Greek organizations, or specific schools within Emory University.

The repeated use of the ACHA-NCHA IIc also allows for Emory University to obtain longitudinal surveillance data related to the overall health and well-being of Emory students; therefore, trends related to the topics addressed in the 2017 Emory NCHA may be compared with the 2011 and 2014 Emory NCHA.
Sample Statistics

Demographic Statistics

A total of 15,055 students were enrolled in Emory University during the Fall 2016 – Spring 2017 academic year. The 5500 students that were invited to participate in the 2017 Emory NCHA comprised 36.5% of all Emory students. With a response rate of 19.9%, 1097 Emory students responded to the 2017 Emory NCHA, constituting 7.3% of the entire Emory student population.

Demographic characteristics of the 2017 Emory NCHA respondents are shown in Table 1. Notably, while 58% of the Emory student population is female, 70.8% of 2017 Emory NCHA Respondents identified as female. Ethnicity comparisons are shown in Table 2. Due to the oversampling of historically-marginalized students, the proportion of Whites that participated in the 2017 Emory NCHA was approximately the same as the proportion of Whites that comprised the student population in the Fall 2016 – Spring 2017 academic year. Students that identified as Black/African American, Latinx, and Asian/Pacific Islander where overrepresented in the sample.

Table 1. Demographic Characteristics of 2017 Emory NCHA Respondents

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>2017 Emory NCHA Respondents (n = 1097)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mean = 23.46 (SD = 5.69)</td>
</tr>
<tr>
<td>Female</td>
<td>70.8% (777)</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>84.0% (922)</td>
</tr>
<tr>
<td>In a relationship</td>
<td>45.9% (503)</td>
</tr>
<tr>
<td>Married/Partnered</td>
<td>11.9% (130)</td>
</tr>
<tr>
<td>Ever in the U.S. Armed Forces</td>
<td>1.0% (11)</td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
</tr>
<tr>
<td>Emory University Plan</td>
<td>34.3% (376)</td>
</tr>
<tr>
<td>Parent’s Plan</td>
<td>51.0% (559)</td>
</tr>
<tr>
<td>Another Plan</td>
<td>13.2% (145)</td>
</tr>
<tr>
<td>I do not have health insurance</td>
<td>0.7% (8)</td>
</tr>
<tr>
<td>Unsure</td>
<td>0.4% (4)</td>
</tr>
</tbody>
</table>

* 1.09% (n = 12) respondents reported being transgender, genderqueer, or another identity.

b Remaining categories included, “Asexual,” “Bisexual,” “Gay,” “Lesbian,” ”Pansexual,” “Queer,” “Questioning,” or “Another Identity”
Table 2. Ethnicity, 2017 Emory NCHA Respondents vs. 2017 Emory Enrolled Students

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>2017 Emory NCHA Respondents (n = 1097)</th>
<th>2017 Emory Students (n = 15,055)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>40.0% (439)</td>
<td>43.8% (6594)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>16.4% (180)</td>
<td>9.7% (1460)</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>13.0% (143)</td>
<td>6.9% (1038)</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>31.8% (349)</td>
<td>15.3% (2303)</td>
</tr>
<tr>
<td>American Indian, Alaskan Native, or Hawaiian Native</td>
<td>0.7% (8)</td>
<td>0.1%&lt;sup&gt;a&lt;/sup&gt; (15)</td>
</tr>
<tr>
<td>Biracial or Multiracial</td>
<td>4.9% (54)</td>
<td>2.9% (436)</td>
</tr>
<tr>
<td>Other/Not Specified&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2.6% (29)</td>
<td>21.3% (3206)</td>
</tr>
</tbody>
</table>

<sup>a</sup>Figure only includes “American Indian or Alaskan Native,” distinguished by Emory University.
<sup>b</sup>The 2017 NCHA reports the “Other” category and Emory University reports the “Nonresident Alien” and “Non-specified” categories.

This sample is comprised of 49.0% undergraduate and 49.4% graduate and professional students. Table 3 compares these proportions against 2017 enrolled Emory students and their enrollment credentials. Full-time students were overrepresented, whereas international students and fourth year and beyond students were underrepresented.

Table 3. Enrollment Credentials, 2017 Emory NCHA Respondents vs. 2017 Emory Enrolled Students

<table>
<thead>
<tr>
<th>Enrollment Characteristics</th>
<th>2017 Emory NCHA Respondents (n = 1097)</th>
<th>2017 Emory Students (n = 15,055)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>49.0% (538)</td>
<td>52.1% (7839)</td>
</tr>
<tr>
<td>First year</td>
<td>27.7% (149)</td>
<td>17.3% (1358)</td>
</tr>
<tr>
<td>Second year</td>
<td>21.7% (117)</td>
<td>16.2% (1267)</td>
</tr>
<tr>
<td>Third year</td>
<td>27.5% (148)</td>
<td>16.2% (1266)</td>
</tr>
<tr>
<td>Fourth year &amp; beyond</td>
<td>23.0% (124)</td>
<td>19.6% (1534)</td>
</tr>
<tr>
<td>Graduate/Professional</td>
<td>49.4% (542)</td>
<td>47.9% (7211)</td>
</tr>
<tr>
<td>Full-time student</td>
<td>95.6% (1049)</td>
<td>89.4% (13,456)</td>
</tr>
<tr>
<td>International</td>
<td>10.2% (112)</td>
<td>19.0% (2860)</td>
</tr>
</tbody>
</table>
Table 4 contains information regarding school affiliation for respondents. The largest proportion of respondents reported affiliation with Emory College, followed the Rollins School of Public Health and Laney Graduate School. In addition, the Candler School of Theology, Emory College, the Rollins School of Public Health, the Nell Hodgson Woodruff School of Nursing, the Rollins School of Public Health, and the School of Medicine are over-represented. Allied Health, the Goizueta School of Business, Laney Graduate School, and the School of Law students were under-represented.

Three schools contain both undergraduate and graduate programs. Allied Health represented approximately 2.6% (n = 28) of respondents, of which the majority (2.3%, n = 25) were in the graduate program. The Goizueta School of Business represented 7.6% (n = 84) of the population, of which half (3.8%, n = 42) of the students were in the graduate program, and half of the students were in the undergraduate program (3.8%, n = 42). The Woodruff School of Nursing comprised 5.6% (n = 62) of the population, of which 2.7% (n = 30) are graduate students and 2.9% (n = 32) are undergraduate students.

Table 4. School Affiliation within Emory University, 2017 Emory Respondents vs. 2017 Emory Enrolled Students

<table>
<thead>
<tr>
<th>School Affiliation</th>
<th>2017 Emory NCHA Respondents (n = 1097)</th>
<th>2017 Emory Students (n = 15,055)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health *</td>
<td>2.6% (28)</td>
<td>3.4% (511)</td>
</tr>
<tr>
<td>Candler School of Theology</td>
<td>2.8% (31)</td>
<td>0.3% (45)</td>
</tr>
<tr>
<td>Emory College</td>
<td>42.8% (470)</td>
<td>36.6% (5510)</td>
</tr>
<tr>
<td>Goizueta School of Business *</td>
<td>7.6% (84)</td>
<td>11.6% (1746)</td>
</tr>
<tr>
<td>Laney Graduate School</td>
<td>10.7% (117)</td>
<td>12.3% (1851)</td>
</tr>
<tr>
<td>Nell Hodgson Woodruff School of Nursing *</td>
<td>5.6% (62)</td>
<td>4.5% (677)</td>
</tr>
<tr>
<td>Rollins School of Public Health</td>
<td>15.3% (163)</td>
<td>8.0% (1204)</td>
</tr>
<tr>
<td>School of Law</td>
<td>5.8% (64)</td>
<td>7.2% (1083)</td>
</tr>
<tr>
<td>School of Medicine (MD)</td>
<td>5.9% (65)</td>
<td>3.8% (572)</td>
</tr>
</tbody>
</table>

* Denotes graduate and undergraduate percentages
Table 5 shows various academic and campus life characteristics among 2017 Emory NCHA respondents. The majority of respondents (88.6%, n = 972) report having an “A” or “B” average GPA, and 7.8% (86) reported “N/A”, likely representing students enrolled in their first semester. Over half (56.7%, n = 622) of respondents work for pay during the week and almost half (47.9%, n = 526) of respondents volunteer during the week. In addition, respondents spend an average of 3.9 hours (SD = 5.7) participating in Emory activities and organizations.

Table 5. Academic Status and Campus Life Characteristics, 2017 Emory Respondents

<table>
<thead>
<tr>
<th>Enrollment Characteristics</th>
<th>2017 Emory NCHA Respondents (n = 1097)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Average GPA</td>
<td></td>
</tr>
<tr>
<td>“A”</td>
<td>58.7% (644)</td>
</tr>
<tr>
<td>“B”</td>
<td>29.9% (328)</td>
</tr>
<tr>
<td>“C” or “D/F”</td>
<td>2.9% (31)</td>
</tr>
<tr>
<td>“N/A”</td>
<td>7.8% (86)</td>
</tr>
<tr>
<td>Greek Member</td>
<td>11.9% (130)</td>
</tr>
<tr>
<td>Varsity Athlete</td>
<td>4.6% (50)</td>
</tr>
<tr>
<td>Club Sport Athlete</td>
<td>12.7% (139)</td>
</tr>
<tr>
<td>Off-Campus Housing</td>
<td>61.0% (627)</td>
</tr>
<tr>
<td>Hours/Week Working For Pay</td>
<td></td>
</tr>
<tr>
<td>0 Hours</td>
<td>42.1% (462)</td>
</tr>
<tr>
<td>1-9 Hours</td>
<td>17.5% (192)</td>
</tr>
<tr>
<td>10-19 Hours</td>
<td>21.4% (235)</td>
</tr>
<tr>
<td>20+ Hours</td>
<td>17.8% (195)</td>
</tr>
<tr>
<td>Hours/Week Volunteering</td>
<td></td>
</tr>
<tr>
<td>0 Hours</td>
<td>50.7% (556)</td>
</tr>
<tr>
<td>1-9 Hours</td>
<td>42.1% (462)</td>
</tr>
<tr>
<td>10+ Hours</td>
<td>5.8% (64)</td>
</tr>
<tr>
<td>Holds office of Student Organization</td>
<td>32.3% (354)</td>
</tr>
</tbody>
</table>
**Knowledge of Health Services and Resources**

Respondents of the 2017 Emory NCHA indicated whether they have received information and whether they are interested in receiving information from the university pertaining to various health topics. **Figure 2** shows the comparison of information received by students versus student interest in receiving information. Respondents at Emory indicated an interest for more information on eating disorders, grief and loss, how to help others in distress, injury prevention, pregnancy prevention, problem use of internet/computer games, relationship difficulties, STD/STI prevention, sleep difficulties, suicide prevention, and violence prevention.
Figure 2. Proportion of 2017 Emory Respondents Who Have Received Information and Would Like to Receive Information Regarding Specific Health Topics
Impediments to Academic Success
Respondents indicated factors that served as barriers to their academic success during the past year. Criterion for impeding academic success included: receiving a lower grade in a class/exam/important project, dropping or not completing a course, or having significant disruption in thesis, practicum, and research work. Table 6 shows the top ten impediments across NCHA respondents, as well as the proportion of respondents who reported a given factor as an academic impediment. The top three academic impediments identified by respondents include stress, anxiety, and sleep difficulties.

Stress, anxiety, and sleep difficulties have been consistently ranked as the top three academic impediments among Emory respondents for the past three assessments. A greater proportion of 2017 Emory respondents reported stress, anxiety, and sleep difficulties as academic impediments compared to 2014 and 2011. Furthermore, more 2017 Emory respondents reported majority of the remaining categories as academic impediments in comparison to 2014 and 2011.
Table 6. Top 10 Academic Impediments, Across NCHA Respondent Groups

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stress</td>
<td>31.2%</td>
<td>26.8%</td>
<td>26.7%</td>
<td>31.7%</td>
<td>30.4%</td>
<td>28.6%</td>
</tr>
<tr>
<td>2. Anxiety</td>
<td>22.3%</td>
<td>20.6%</td>
<td>17.6%</td>
<td>25.1%</td>
<td>21.3%</td>
<td>20.0%</td>
</tr>
<tr>
<td>3. Sleep Difficulties</td>
<td>18.3%</td>
<td>16.3%</td>
<td>16.6%</td>
<td>21.4%</td>
<td>19.8%</td>
<td>20.4%</td>
</tr>
<tr>
<td>4. Depression</td>
<td>14.8%</td>
<td>12.6%</td>
<td>10.8%</td>
<td>16.7%</td>
<td>13.2%</td>
<td>12.0%</td>
</tr>
<tr>
<td>5. Participation in Extracurricular Activities</td>
<td>12.5%</td>
<td>10.9%</td>
<td>12.7%</td>
<td>9.9%</td>
<td>10.2%</td>
<td>10.2%</td>
</tr>
<tr>
<td>6. Work</td>
<td>12.4%</td>
<td>10.0%</td>
<td>11.6%</td>
<td>12.9%</td>
<td>12.9%</td>
<td>13.5%</td>
</tr>
<tr>
<td>7. Cold/Flu/Sore throat</td>
<td>11.7%</td>
<td>9.4%</td>
<td>12.9%</td>
<td>13.5%</td>
<td>13.8%</td>
<td>13.8%</td>
</tr>
<tr>
<td>8. Concerned for a troubled friend or family member</td>
<td>10.3%</td>
<td>9.6%</td>
<td>10.5%</td>
<td>10.7%</td>
<td>10.1%</td>
<td>10.8%</td>
</tr>
<tr>
<td>9. Relationship Difficulties</td>
<td>9.8%</td>
<td>8.1%</td>
<td>8.8%</td>
<td>8.8%</td>
<td>9.2%</td>
<td>9.8%</td>
</tr>
<tr>
<td>10. Internet use/Computer games</td>
<td>9.2%</td>
<td>10.4%</td>
<td>11.1%</td>
<td>9.0%</td>
<td>11.6%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

The top three academic impediments among Emory University students include stress, anxiety, and sleep difficulties.
Sleep Health

Following stress and anxiety, sleep difficulties ranked as the third highest impediment to academic success among 2017 Emory respondents. The same is true for 2014 and 2011 Emory respondents as well. In addition, 24.6% of respondents report sleep as being “difficult to handle” in the past 12 months, which corresponds with the portion of respondents who reported sleep as being “difficult to handle” in 2014. Please see the Mental Health Brief (pg. 27) for a breakdown of all mental health challenges among respondents.

Table 7 shows the proportion of 2017, 2014, and 2011 Emory respondents who reported four or more days of various negative sleep outcomes within the last week. Furthermore, 44.4% of respondents reported having “more than a little problem,” “a big problem,” or “a very big problem” with sleepiness during day time activities. This is slightly higher than 2014 Emory respondents, of whom 41.3% fell into the category of sleepiness during day time of activities. The proportion of 2017 Emory respondents who reported sleepiness as a problem during day time activities is roughly the same as the proportion of 2011 Emory respondents, of whom 44.5% fell into the category of sleepiness during day time activities. Sleep problems among respondents tend to be related to sleepiness and feeling unrested, as opposed to trouble falling or staying asleep.
Table 7. Proportion of 2017, 2014, and 2011 Emory Respondents Experiencing 4+ Days of Negative Sleep Symptoms in the Past Week

<table>
<thead>
<tr>
<th>Sleep Problem</th>
<th>2017 Emory Respondents % (n)</th>
<th>2014 Emory Respondents % (n)</th>
<th>2011 Emory Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not get enough sleep to feel rested</td>
<td>61.5% (670)</td>
<td>58.9% (668)</td>
<td>41.2% (640)</td>
</tr>
<tr>
<td>Felt tired, dragged out, or sleepy during the day</td>
<td>43.1% (469)</td>
<td>38.0% (430)</td>
<td>44.5% (692)</td>
</tr>
<tr>
<td>Gone to bed because you could not stay awake any longer</td>
<td>20.0% (218)</td>
<td>17.2% (195)</td>
<td>19.1% (297)</td>
</tr>
<tr>
<td>Had an extremely hard time falling asleep</td>
<td>12.7% (218)</td>
<td>13.4% (151)</td>
<td>12.2% (188)</td>
</tr>
<tr>
<td>Awakened too early in the morning and couldn’t get back to sleep</td>
<td>6.1% (67)</td>
<td>6.7% (76)</td>
<td>5.9% (93)</td>
</tr>
</tbody>
</table>

24.6% of respondents reported difficulties as being “difficult to handle” in the past 12 months.
2017 Mental Health Brief

Executive Summary

The 2017 Emory NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory University, administered during the Fall 2017 semester to undergraduate, graduate, and professional students (n = 1097).

Emory University is one of 818 institutions to collaborate with the American College Health Association (ACHA) to collect NCHA during Fall 2017. The 2017 national reference group comprises total respondents (n = 31,463) from 52 institutions. The Office of Health Promotion within Emory University’s Division of Campus Life prepared the following materials.

The “2017 Mental Health Brief” contains self-reported mental health perceptions and behaviors of NCHA respondents at Emory University. Specifics include negative mental health symptoms, diagnosis and treatment of mental disorders, mental health services use, distress, and stress.

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Stress

At the time at which the 2017 Emory NCHA was implemented, a higher percentage of students (62.3%, n = 683) experienced “more than average stress” or “tremendous stress” in the last 12 months than students who completed the 2014 Emory NCHA (59.8%, n = 685). Analysis of the 2017 Emory NCHA determined that there is no significant difference in the levels of stress experienced by undergraduate and graduate respondents ($X^2 = 13.88, df = 8, p = 0.85$).

Stress levels among undergraduate and graduate respondents are displayed in Figure 3.

62.8% of 2017 Emory NCHA Respondents reported “tremendous” or “more than average stress” in the last 12 months.
Causes of Stress

Students were asked to indicate whether or not a potential cause of stress was “traumatic or very difficult to handle” in the last 12 months. Figure 4 compares causes of stress among 2017, 2014, and 2011 Emory NCHA Respondents.

The top three causes of stress identified by 2017 Emory respondents include academics, career-related issues, and intimate relationships. The percentage of Emory respondents for 2017, 2014, and 2011 have remained fairly constant among the identified causes of stress in the table below. There have been marginal increases in the percent of Emory respondents who identify academics, career-related issues, other social relationships, and personal health issues as causes of stress.

Figure 4. Causes of Stress, 2017 Emory NCHA Respondents

48% of Emory respondents reported academics as a cause of stress that was “traumatic or difficult to handle” in the last 12 months.
Stress Management

Emory NCHA Respondents were asked, “How do you manage your stress?” followed by a fourteen stress management strategies. The top three stress management strategies that Emory NCHA Respondents reported were sleeping (n = 841, 76.7%), talking to someone (n = 797, 72.7%), and listening to music (n = 730, 66.5%). A complete list of stress management strategies is listed in Table 8.

Table 8. Stress Management Strategies, 2017 Emory NCHA Respondents

<table>
<thead>
<tr>
<th>Stress Management Strategy</th>
<th>Emory NCHA Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep</td>
<td>76.7% (841)</td>
</tr>
<tr>
<td>Talk to someone</td>
<td>72.7% (797)</td>
</tr>
<tr>
<td>Listening to music</td>
<td>66.5% (730)</td>
</tr>
<tr>
<td>Exercise</td>
<td>60.6% (665)</td>
</tr>
<tr>
<td>Eat</td>
<td>52.7% (578)</td>
</tr>
<tr>
<td>Hobby/project</td>
<td>38.7% (425)</td>
</tr>
<tr>
<td>Work</td>
<td>29.0% (318)</td>
</tr>
<tr>
<td>Read</td>
<td>27.2% (298)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>21.2% (233)</td>
</tr>
<tr>
<td>Not eat/diet</td>
<td>9.8% (107)</td>
</tr>
<tr>
<td>Smoking</td>
<td>6.8% (75)</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>5.5% (60)</td>
</tr>
<tr>
<td>Over-the-counter drugs</td>
<td>1.0% (11)</td>
</tr>
</tbody>
</table>
**Negative Mental Health Symptoms**

Respondents were asked about experiencing negative mental health symptoms in the last two weeks. “Feeling overwhelmed” and “feeling exhausted” were the most common symptoms, each experienced by about half of respondents in the past two weeks, and by almost 90% of respondents in the last 12 months (“Feeling overwhelmed,” 89.1%, n = 918; “feeling exhausted,” 87.2%, n = 946). See Table 9 for a list of symptoms and the proportion of 2017, 2014, and 2011 Emory respondents who reported experiencing each symptom in the last two weeks from each data collection period.

**Table 9. Symptoms of Mental Illness in the Last Two Weeks, Across NCHA Respondent Groups**

<table>
<thead>
<tr>
<th>Mental Illness Symptom in the Last Two Weeks</th>
<th>2017 National Respondents % (n)</th>
<th>2017 Emory Respondents % (n)</th>
<th>2014 Emory Respondents % (n)</th>
<th>2011 Emory respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overwhelmed by all you had to do</td>
<td>56.0% (17,469)</td>
<td>55.0% (603)</td>
<td>54.0% (612)</td>
<td>55.4% (863)</td>
</tr>
<tr>
<td>Exhausted, not from physical activity</td>
<td>54.6% (17,036)</td>
<td>55.4% (608)</td>
<td>53.2% (602)</td>
<td>55.4% (863)</td>
</tr>
<tr>
<td>Very sad</td>
<td>31.3% (9732)</td>
<td>31.3% (343)</td>
<td>25.7% (291)</td>
<td>24% (374)</td>
</tr>
<tr>
<td>Very lonely</td>
<td>29.3% (9126)</td>
<td>29.5% (324)</td>
<td>24.9% (282)</td>
<td>23.7% (370)</td>
</tr>
<tr>
<td>Overwhelming anxiety</td>
<td>28.5% (8880)</td>
<td>25.2% (276)</td>
<td>23.3% (264)</td>
<td>20.7% (322)</td>
</tr>
<tr>
<td>Felt things were hopeless</td>
<td>21.6% (6722)</td>
<td>21.1% (232)</td>
<td>16.7% (189)</td>
<td>14.1% (218)</td>
</tr>
<tr>
<td>Overwhelming anger</td>
<td>13.4% (4158)</td>
<td>11.2% (123)</td>
<td>10.5% (119)</td>
<td>8.4% (130)</td>
</tr>
<tr>
<td>Depressed to the point of difficulty to function</td>
<td>15.2% (4744)</td>
<td>14.3% (157)</td>
<td>10.0% (113)</td>
<td>7.8% (122)</td>
</tr>
<tr>
<td>Seriously considered suicide</td>
<td>2.7% (849)</td>
<td>1.8% (20)</td>
<td>2.3% (26)</td>
<td>1% (16)</td>
</tr>
<tr>
<td>Intentionally cut, bruised, or injured self</td>
<td>2.0% (615)</td>
<td>1.7% (19)</td>
<td>1.5% (17)</td>
<td>1.4% (22)</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>0.3% (100)</td>
<td>0.5% (5)</td>
<td>0.2% (2)</td>
<td>0.3% (4)</td>
</tr>
</tbody>
</table>
Mental Health Diagnoses

Emory NCHA respondents were asked to indicate treatment or diagnosis for a variety of mental health related disorders and illnesses within the last 12 months. These disorders included topic areas such as obsessive compulsive disorder, insomnia, anxiety and depression. Table 10 displays frequencies and percentages for each individual item for diagnoses and treatments can be found with comparisons made with data collected among 2011, 2014, and 2017 Emory NCHA respondents, as well as data from the national respondents of the 2017 NCHA.

The proportion of Emory NCHA respondents reporting anxiety, depression, panic attacks, attention deficit hyperactivity disorder (ADHD), and obsessive compulsive disorder (OCD) increased between 2014 and 2017. Consistent with 2011 and 2014 Emory NCHA data, the top three mental health related disorders reported by students in 2017 were anxiety (20.1%, n = 219), depression (14.8%, n = 162), and panic attacks (9.1%, n = 100).
<table>
<thead>
<tr>
<th>Mental Health Disorder</th>
<th>2017 National Respondents %</th>
<th>2017 Emory Respondents % (n)</th>
<th>2014 Emory Respondents % (n)</th>
<th>2011 Emory Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>21.8% (6729)</td>
<td>20.1% (219)</td>
<td>15.7% (178)</td>
<td>11.3% (177)</td>
</tr>
<tr>
<td>Depression</td>
<td>17.8% (4818)</td>
<td>14.8% (162)</td>
<td>11.5% (130)</td>
<td>10.6% (163)</td>
</tr>
<tr>
<td>Panic attacks</td>
<td>10.6% (3327)</td>
<td>9.1% (100)</td>
<td>5.8% (65)</td>
<td>2.6% (57)</td>
</tr>
<tr>
<td>ADHD</td>
<td>7.0% (2182)</td>
<td>5.5% (60)</td>
<td>5.2% (59)</td>
<td>3.8% (59)</td>
</tr>
<tr>
<td>Insomnia</td>
<td>5.3% (1653)</td>
<td>4.6% (50)</td>
<td>4.7% (54)</td>
<td>4.3% (66)</td>
</tr>
<tr>
<td>Other mental health condition</td>
<td>3.8% (1165)</td>
<td>2.8% (31)</td>
<td>3.2% (35)</td>
<td>2.3% (35)</td>
</tr>
<tr>
<td>OCD</td>
<td>3.2% (1013)</td>
<td>2.6% (29)</td>
<td>2.4% (27)</td>
<td>2.0% (31)</td>
</tr>
<tr>
<td>Other sleep disorder</td>
<td>2.7% (838)</td>
<td>2.3% (25)</td>
<td>2.8% (31)</td>
<td>1.9% (29)</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>1.9% (573)</td>
<td>1.1% (12)</td>
<td>1.5% (16)</td>
<td>1.0% (14)</td>
</tr>
<tr>
<td>Anorexia</td>
<td>1.4% (471)</td>
<td>1.2% (11)</td>
<td>1.4% (14)</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Bulimia</td>
<td>1.3% (384)</td>
<td>&lt;1%</td>
<td>1.2% (13)</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Phobias, schizophrenia, substance abuse or addiction, and other addictions</td>
<td>3.7% (1117)</td>
<td>All ≤ 1.0%</td>
<td>All ≤ 1.0%</td>
<td>All ≤ 1.0%</td>
</tr>
</tbody>
</table>
Service Use

Emory NCHA respondents were asked if they had ever utilized mental health services from various types of providers. Table 11 reflects the proportion of students who reported receiving services from each type of mental health provider asked on the assessment.

Table 11. Mental Health Services Received, Across NCHA Respondent Groups

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>2017 National Respondents %</th>
<th>2017 Emory Respondents % (n)</th>
<th>2014 Emory Respondents % (n)</th>
<th>2011 Emory Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor, Therapist, or Psychologist</td>
<td>41.5% (12,906)</td>
<td>45.9% (504)</td>
<td>42.2% (476)</td>
<td>37.5% (583)</td>
</tr>
<tr>
<td>University Health or Counseling Services</td>
<td>19.5% (6095)</td>
<td>27.0% (296)</td>
<td>21.5% (243)</td>
<td>20.4% (315)</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>15.4% (4779)</td>
<td>18.8% (206)</td>
<td>18.3% (206)</td>
<td>18.0% (278)</td>
</tr>
<tr>
<td>Other Medical Provider</td>
<td>18.3% (5671)</td>
<td>13.0% (143)</td>
<td>12.3% (139)</td>
<td>12.4% (191)</td>
</tr>
<tr>
<td>Clergy</td>
<td>7.4% (2279)</td>
<td>7.2% (79)</td>
<td>7.4% (84)</td>
<td>8.7% (134)</td>
</tr>
</tbody>
</table>

Approximately 84% of student respondents reported that if they were experiencing a personal issue, they would consider seeking help from a mental health professional in the future. This proportion is consistent with years 2014 (80%) and 2011 (79%) Emory respondents. Among 2017 national respondents, 78% would consider seeking help.

Females, non-international students, graduate/professional students were more likely to consider seeking help from a mental health professional compared to international students and undergraduate students, respectively. Oxford continuee status had no association with health help-seeking intentions (See Table 12).
Table 12. Mental Health Help-Seeking Intentions, 2017 Emory NCHA Respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Would consider help seeking % (n)</th>
<th>X²</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biological Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>87.0% (678)</td>
<td>14.900</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td>Male</td>
<td>77.6% (239)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>International Student</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>71.4% (80)</td>
<td>15.692</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td>No</td>
<td>91.2% (834)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oxford Continuee</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>84.3% (75)</td>
<td>.001</td>
<td>.976</td>
</tr>
<tr>
<td>No</td>
<td>91.8% (838)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate</td>
<td>81.5% (437)</td>
<td>6.824</td>
<td>.033*</td>
</tr>
<tr>
<td>Graduate/Prof.</td>
<td>87.2% (470)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05, thus representing significance across groups*
Well-being and Belonging

A majority of Emory NCHA respondents (n = 939, 85.6%) strongly agreed or agreed that Emory University cares about their well-being. Additionally, 80.9% (n = 887) of respondents reported feeling a sense of belonging at Emory. Figure 5 displays the percentages of all response categories for these two items.

Figure 5. Well-being and Belonging, 2017 Emory NCHA Respondents. The top chart represents levels of agreement for “Emory cares about my well-being.” The bottom chart represents levels of agreement for “I feel a sense of belonging at Emory.”
2017 Substance Use Brief

Executive Summary

The 2017 Emory NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory University, administered during the Fall 2017 semester to undergraduate, graduate, and professional students (n = 1097).

Emory University is one of 818 institutions to collaborate with the American College Health Association (ACHA) to collect NCHA during Fall 2017. The 2017 national reference group comprises total respondents (n = 31,463) from 52 institutions. The Office of Health Promotion within Emory University’s Division of Campus Life prepared the following materials.

The “2017 Substance Use Brief” contains self-reported substance use perceptions and behaviors of NCHA respondents at Emory University. Specific information includes actual use, perceived peer use, and service knowledge related to alcohol, tobacco, marijuana, and other illicit substances.

Collaborators

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Alcohol Use

Approximately 18.4% (n = 202) of Emory NCHA respondents reported never consuming alcohol, whereas 81.0% (n = 889) reported ever consuming alcohol. Of the respondents that reported consuming alcohol, 45.1% are undergraduate students, and 54.0% are graduate students. Table 13 shows alcohol consumption by respondents’ year in school, and the frequency of alcohol use is displayed in Figure 6.

Table 13. Consumption of Alcohol by Class Year, 2017 Emory NCHA Respondents

<table>
<thead>
<tr>
<th>Year in School</th>
<th>% of 2017 Emory NCHA Respondents That Have Consumed Alcohol (n = 889)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First year undergraduate</td>
<td>9.9% (88)</td>
</tr>
<tr>
<td>Second year undergraduate</td>
<td>9.3% (82)</td>
</tr>
<tr>
<td>Third year undergraduate</td>
<td>13.3% (118)</td>
</tr>
<tr>
<td>Fourth year undergraduate</td>
<td>11.4% (101)</td>
</tr>
<tr>
<td>Fifth year undergraduate</td>
<td>1.2% (11)</td>
</tr>
<tr>
<td>Graduate or professional</td>
<td>54.0% (478)</td>
</tr>
</tbody>
</table>

Figure 6. Frequency of Alcohol Use, 2017 Emory NCHA Respondents
Greek Affiliation
11.9% (n = 130) of Emory NCHA respondents identified as a fraternity or sorority member. Of these respondents, 93.8% (n = 122) reported ever consuming alcohol.

Housing
38.5% (n = 422) of Emory NCHA respondents live on campus, and 61.0% (n = 669) do not. A chi-square test was used to determine that there is a significant association between location or residence and alcohol use. Of those that live on campus, 71.9% (n = 302) reported having ever consumed alcohol. Of those that do not live on campus, approximately 87.6% (n = 584) reported having ever consumed alcohol.

Alcohol Risk Behaviors
Binge Drinking. The National Institute on Alcohol Abuse and Alcoholism (2018) defines binge drinking as “a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL,” which occurs after four drinks for women and five drinks for men during the same occasion. Binge drinking was measured by how often respondents consumed five or more drinks in one sitting in the last two weeks. This information is displayed in Figure 7.

Figure 7. Number of Times and 5+ Drinks Consumed in One Sitting, 2017 Emory NCHA Respondents
Among the Emory NCHA respondents that drink alcohol (n = 889, 81.0%), 16.2% (n = 145) of respondents reported having 5+ drinks two or more times in the past two weeks. See Figure 8 for frequencies of binge drinking among respondents who drink alcohol.

![Pie chart showing binge drinking frequency among Emory NCHA respondents.](image)

*Figure 8. Binge Drinking Frequency, 2017 Emory NCHA Respondents that Drink Alcohol*

Of Emory NCHA respondents that drink, **35.3% have consumed 5+ drinks at least once in the past two weeks.**

The number of drinks consumed when the respondent last partied or socialized was used to measure most recent alcohol consumption at the time in which the NCHA was conducted. Additionally, the number of hours that respondents spent drinking while partying or socializing was also measured.

Among Emory NCHA respondents that have used alcohol, 10.0% (n = 89) did not drink any alcohol the last time they partied or socialized, whereas 27.5% (n = 203) consumed more than five drinks the last time they partied or socialized.

Among Emory NCHA respondents that have used alcohol, the mean number of drinks consumed the last time they partied/socialized was 4.75 (SD = 1.92), and the mean hours spent drinking was 3.18 (SD = 2.44).
After performing a bivariate correlation, a significant positive association was found between the number of drinks consumed and the hours spent drinking the last time Emory NCHA respondents that use alcohol partied or socialized ($r = 0.454$, $p < 0.001$).

**Figure 9** shows alcohol consumption of 2017, 2014, and 2011 Emory NCHA respondents who reported drinking any alcohol last time they partied or socialized.

**Figure 9.** Number of Drinks Consumed Last Time Partied or Socialized, 2017 Emory NCHA Respondents
Figure 10 shows high-risk drinking by sex. According to the National Institute on Alcohol Abuse and Alcoholism (2018), “low-risk drinking is defined as no more than three drinks on a single day and no more than 7 drinks per week for women. For mean, it is no more than four drinks on any single day and no more than 14 drinks per week.”

High-risk drinking behavior decreased for females from 49.0% (n = 387) in 2014 to 43.1% in 2017 (n = 366). High-risk drinking behavior for males have remained about the same since 2014 (n = 101, 32.7%).

Figure 10. Low-Risk and High-Risk Drinking for Males and Females, 2017 Emory NCHA Respondents.
**Drinking While Driving.** 19.8% (n = 217) of Emory NCHA respondents reported driving after drinking any alcohol at all. The majority of respondents (60.6%, n = 665) reported not driving after drinking five or more drinks of alcohol. The frequencies of drinking and driving behavior is tabulated in Table 14.

**Table 14.** Drinking and Driving Behaviors, 2017 Emory NCHA Respondents

<table>
<thead>
<tr>
<th>Drinking and Driving Behavior</th>
<th>2017 Emory NCHA Respondents % (n)</th>
<th>2014 Emory NCHA Respondents % (n)</th>
<th>2011 Emory NCHA Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drove after drinking any alcohol</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>19.8% (217)</td>
<td>23.0% (262)</td>
<td>26.6% (416)</td>
</tr>
<tr>
<td>No or N/A</td>
<td>79.7% (875)</td>
<td>76.9% (875)</td>
<td>74.4% (1145)</td>
</tr>
<tr>
<td><strong>Drove after having 5+ drinks</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.5% (5)</td>
<td>0.7% (8)</td>
<td>1.5% (23)</td>
</tr>
<tr>
<td>No or N/A</td>
<td>99.1% (1087)</td>
<td>99.3% (1129)</td>
<td>98.5% (1533)</td>
</tr>
</tbody>
</table>
**Additional Risk Behaviors.** Emory NCHA respondents reported exhibiting risk behaviors through answering questions beginning with, “Within the last 12 months, have you experienced any of the following when drinking alcohol...” followed by nine answer options. Figure 11 shows the top four most commonly reported consequences, comparing 2017, 2014, and 2011 Emory NCHA respondents.

*Figure 11. Additional Alcohol Risk Behaviors, Across Emory NCHA Respondent Groups*
**Alcohol Risk Reduction Behaviors**

To assess alcohol risk reduction behaviors, Emory NCHA respondents who reported ever having alcohol were asked, “In the last twelve months when I partied or socialized, I...” followed by 11 risk reduction behaviors. **Figure 12** shows the most common risk reduction behaviors among those who drink. Percentages include Emory NCHA respondents who reported performing the behavior “most of the time” or “always.”

![Graph showing alcohol risk reduction behaviors]

**Figure 12.** Alcohol Risk Reduction Behaviors, 2017 Emory NCHA Respondents
Tobacco Use

Tobacco use was measured among 2017 Emory respondents. Analysis indicated 12.7% (n=139) of respondents have used one tobacco product and 20.3% (n=222) of respondents have used two or more tobacco products. Water pipes (e.g. hookahs), cigarettes and e-cigarettes were the highest used tobacco products among 2017 Emory Respondents. Water pipes were the highest used tobacco product with 24.3% (n=266) of respondents reported using water pipes at least once. Figure 13 shows tobacco product use among respondents who indicated using each product at least once or not at all.

![Tobacco Products Used at Least Once](image)

**Figure 13.** Tobacco Product Usage, 2017 Emory NCHA Respondents

Overall, 65.5% (n=719) of respondents have never used any tobacco products.
**Race and Tobacco Use**

When compared against racial groups, tobacco use varies across all groups. Overall, cigarettes and water pipes were most frequently used across all racial groups among respondents who indicated tobacco use. Cigarette use was highest among White respondents, with 26.2% (n=115) indicating cigarette use at least once. Water pipe use was highest among respondents who indicated other as their race/ethnic identity, with 37.9% (n=11) using a water pipe at least once. **Figure 14** shows tobacco use among 2017 Emory NCHA respondents, stratified by racial groups.

![Tobacco Use Across Racial Groups](image)

**Figure 14.** Tobacco Use across Racial Groups, 2017 Emory NCHA Respondents
**Biological Sex and Tobacco Use**

Tobacco use among 2017 Emory respondents was measured in comparison to biological sex. Figure 15 depicts tobacco product use among respondents who identified male or female as their biological sex. There is a statistically significant difference between the number of tobacco products used by males and females ($t=-4.9$, df =1076, p<0.001), with males using more types of tobacco products than females.

![Tobacco Use Among Males and Females](image)

**Figure 15.** Tobacco Use among Biological Sex Groups, 2017 Emory NCHA Respondents
Tobacco Knowledge and Services
Respondents were asked to indicate if they have ever received information about tobacco use from Emory. 46.7% (n = 509) of respondents reported receiving information about tobacco use. In addition, 33.4% (n = 366) of respondents reported having interest in receiving more information about tobacco use. Figure 16 depicts the percentages of students who have or have not received information about tobacco use from the university.

Figure 16. Received Information Regarding Tobacco Use, 2017 Emory NCHA Respondents
Marijuana Use

59.7% (n = 655) of all 2017 Emory NCHA respondents reported never using marijuana, and 20.8% (n = 228) reported having used marijuana, but not in the last 30 days during the survey administration period. **Figure 17** shows the comparison of marijuana use between 2011, 2014, and 2017 Emory NCHA respondents.

Frequency of marijuana use has slightly increased among respondents who reported using marijuana in the last 1-9 days, 10-29 days, and daily; however, respondents who have used marijuana, but in the last 30 days, has decreased to proportions lower than 2014 and 2011 Emory NCHA respondents.

**Figure 17.** Frequency of Marijuana Use, Across Emory NCHA Respondent Groups

Marijuana use has increased since 2014.

19.0% of 2017 Emory NCHA respondents have used marijuana in the last 30 days, compared to 14.4% of 2014 Emory NCHA respondents.
Opioid Use

1.5% (n = 16) of all 2017 Emory NCHA Respondents reported using opioids (e.g. prescription pain medication or heroin) in the last 30 days during the survey administration period.

In addition, Emory NCHA Respondents were asked about the following: 1) whether or not they knew someone who overdosed on opioids; 2) where to go for help if someone experiences an overdose; and 3) where to go for help if someone experiences problems with opioids. Results are displayed in Table 15.

Table 15. Knowledge of Opioid-Use Resources, 2017 Emory NCHA Respondents

<table>
<thead>
<tr>
<th>Statement</th>
<th>% 2017 Emory NCHA Respondents (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knew someone who has overdosed on opioids</td>
<td>14.9% (164)</td>
</tr>
<tr>
<td>Knew where to go for help if someone experienced an opioid overdose</td>
<td>46.6% (511)</td>
</tr>
<tr>
<td>Knew where to go if someone experiences problems with opioids</td>
<td>39.4% (432)</td>
</tr>
</tbody>
</table>

The majority of 2017 Emory NCHA Respondents do not know where to go for help if someone experiences an opioid overdose (n = 52.2%, n = 573) or if someone experiences problems with opioids (n = 59.5%, n = 653)
Other Illicit Substance Use

The ten other categories of illicit substances include: cocaine, methamphetamine, anabolic steroids, other amphetamines, sedatives, hallucinogens, inhalants, MDMA, other club drugs, and other illegal drugs. Marijuana and opioids are not included in this grouping.

Table 16 shows illicit substance use in the last 30 days, categorized by substance type and the NCHA administration year. Respondents were asked to report how many days they used each substance in the last 30 days. Although some of the substances listed can be prescribed for various medical conditions, the purpose of use (i.e. recreational, treatment, etc.) was not indicated. Therefore, it is unknown whether the responses reflect abuse or prescribed use of the listed substances.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Have Ever Used</th>
<th>Used in last 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017%</td>
<td>2014%</td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>6.1</td>
<td>6.7</td>
</tr>
<tr>
<td>Cocaine</td>
<td>5.7</td>
<td>6.3</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>6.2</td>
<td>6.1</td>
</tr>
<tr>
<td>Sedatives</td>
<td>3.3</td>
<td>5.4</td>
</tr>
<tr>
<td>Other Amphetamines</td>
<td>4.6</td>
<td>5.0</td>
</tr>
<tr>
<td>Other Illegal Drugs</td>
<td>2.7</td>
<td>3.9</td>
</tr>
<tr>
<td>Other Club Drugs</td>
<td>1.4</td>
<td>1.8</td>
</tr>
<tr>
<td>Inhalants</td>
<td>1.3</td>
<td>1.4</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Anabolic Steroids</td>
<td>0.6</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Illicit substance use has remained fairly stable across substances from 2014 to 2017, specifically when looking at substances used in the past 30 days. Students have used some substances such as MDMA (Ecstasy), cocaine, sedatives, other club drugs, and inhalants less in 2017 in contrast to 2014. Other amphetamines have seen an increase in use in the last 30 days from 2014 to 2017, increasing from 1.9% to 2.4%. There has been a slight decrease in the lifetime use of most substances listed from 2014 to 2017.
Prescription Drug Use without a Prescription

Table 17 compares the frequency of prescription drug abuse in the last 12 months among Emory respondents and national respondents for 2017, 2014, and 2011. Respondents indicated whether or not they had taken a prescription drug that was not prescribed to them in the last 12 months. Each drug was listed as a separate item and included examples of common drug names. Sedatives, for example, were described as common brand prescriptions such as Xanax or Valium.

Prescription drug use without a prescription has increased among Emory respondents from 2014 to 2017 for every listed prescription drug except for Sedatives. Additionally, the use of sedatives among 2017 Emory NCHA respondents is higher than national respondents.

Table 17. Prescription Drug Use without a Prescription in the Last 12 Months, Across NCHA Respondent Groups

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>Emory Respondents 2017%</th>
<th>2014%</th>
<th>2011%</th>
<th>National Respondents 2017%</th>
<th>2014%</th>
<th>2011%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulants</td>
<td>6.0</td>
<td>5.4</td>
<td>5.7</td>
<td>5.3</td>
<td>7.3</td>
<td>6.5</td>
</tr>
<tr>
<td>Sedatives</td>
<td>3.1</td>
<td>3.4</td>
<td>3.1</td>
<td>2.9</td>
<td>3.1</td>
<td>3.5</td>
</tr>
<tr>
<td>Pain Killers</td>
<td>3.2</td>
<td>3.1</td>
<td>4.4</td>
<td>4.2</td>
<td>4.8</td>
<td>7.1</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>2.0</td>
<td>1.2</td>
<td>1.9</td>
<td>2.8</td>
<td>1.8</td>
<td>3.1</td>
</tr>
<tr>
<td>Erectile Dysfunction Drugs</td>
<td>0.9</td>
<td>0.8</td>
<td>0.5</td>
<td>0.8</td>
<td>0.5</td>
<td>0.9</td>
</tr>
</tbody>
</table>
Perceptions of Substance Use

Perceptions of Alcohol Use

Respondents were asked to indicate their perceptions of how many days a typical Emory student consumes alcohol. They also reported their own alcohol consumption in the past 30 days. Figure 18 shows the perceptions of peer alcohol use compared to actual alcohol use among 2017 Emory respondents.

Comparing respondents’ perception of their peer’s alcohol use to actual alcohol use, 95.9% of respondents believe a typical Emory student has consumed alcohol in the last 30 days while only 72.8% of respondents actually consumed alcohol in the last 30 days. This 23.1% discrepancy is similar to the 2014 NCHA data that showed a 22% discrepancy between perceived and actual alcohol use.

![Figure 18. Actual and Perceived Alcohol Use, 2017 Emory NCHA Respondents (n_actual=1091; n_perceived=1082)](image-url)
**Perceptions of Cigarette Use**

Respondents were asked to indicate their perceptions of cigarette use in the last 30 days among typical Emory students. They also reported their own cigarette use in the last 30 days. Figure 19 shows the perceptions of peer cigarette use in comparison to actual use in the last 30 days among 2017 Emory respondents.

When comparing respondents’ actual cigarette use to perceptions of peer cigarette use, only 13.9% of respondents believe a typical Emory student never used cigarettes while 79% of respondents have actually never used cigarettes. In addition, 67.1% of respondents believe a typical Emory student used cigarettes in the last 30 days while only 7% of respondents actually used cigarettes in the last 30 days.

![Figure 19. Actual and Perceived Cigarette Use, 2017 Emory NCHA Respondents (n_actual=1091; n_perceived=1082)](image-url)
Perceptions of Marijuana Use

Respondents were asked to indicate their perceptions of peer marijuana use in the last 30 days. They also indicated their own marijuana use in the last 30 days. Figure 20 shows perceptions of peer marijuana use in comparison to actual marijuana use in the last 30 days among 2017 Emory respondents.

When comparing respondents’ perceptions of peer marijuana use to actual marijuana use in the last 30 days, 6.3% of respondents believe the typical student never used marijuana while 60% of respondents have actually never used marijuana. In addition, 86.8% of respondents believe that the typical student used marijuana in the last 30 days, whereas 19.1% of respondents have actually used marijuana in the last 30 days. Overall, respondents perceive their peers use marijuana more frequently than they actually do.

Figure 20. Actual and Perceived Marijuana Use, 2017 Emory NCHA Respondents \( n_{\text{actual}} = 1091; \)
\( n_{\text{perceived}} = 1081 \)
**Perceptions of Cocaine Use**

Respondents were asked to indicate their perceptions of peer cocaine use in the last 30 days. They were also asked to indicate their own cocaine use in the last 30 days. Figure 21 shows the perceptions of cocaine use reported by respondents in comparison to actual use of cocaine among 2017 Emory respondents.

When comparing respondents’ actual cocaine use and their perceptions of cocaine use among Emory students in the last 30 days, 39.1% of respondents believe the typical Emory student has never used cocaine while 94.3% of respondents indicated never using cocaine. Additionally, 34.5% of respondents indicated that they believe the typical Emory student used cocaine in the last 1-9 days, while only 1% of respondents actually used cocaine in the last 1-9 days since the administration of the survey.

![Graph showing actual and perceived cocaine use](image)

**Figure 21.** Actual and Perceived Cocaine Use, 2017 Emory NCHA Respondents ($n_{\text{actual}}=1090$; $n_{\text{perceived}}=1082$)
**Perceptions of Opioid Use**

Respondents were asked to indicate their perceptions of peer opioid use in the last 30 days. Respondents also were asked to indicate their own use of opioids in the last 30 days. Figure 22 shows the perceptions of peer opioid use in the last 30 days in comparison to actual use in the last 30 days among 2017 Emory respondents.

When comparing respondents’ actual opioid use and their perceptions of opioid use among their peers, only 63.3% of respondents believed the typical never used opioids while 98.5% of respondents indicated never using opioids.

![Figure 22. Actual and Perceived Opioid Use, 2017 Emory NCHA Respondents (n\text{actual}=1091; n\text{perceived}=1080)](chart.png)
2017 Violence & Abuse Brief

Executive Summary

The 2017 Emory NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory University, administered during the Fall 2017 semester to undergraduate, graduate, and professional students (n = 1097).

Emory University is one of 818 institutions to collaborate with the American College Health Association (ACHA) to collect NCHA during Fall 2017. The 2017 national reference group comprises total respondents (n = 31,463) from 52 institutions. The Office of Health Promotion within Emory University’s Division of Campus Life prepared the following materials.

The “2017 Violence & Abuse Brief” contains self-reported encounters of sexual, relationship, and physical abuse and violence experienced by 2017 Emory NCHA Respondents. Specifics include prevalence of violence and abuse, safety on campus, and use of the Respect Hotline.

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Prevalence of Violence and Abuse

To measure prevalence of violence and abuse, respondents were asked to report their experiences of emotional, physical and sexual violence and abuse within the last 12 months. **Table 18** shows the prevalence of abuse and violence across all Emory respondents from 2011, 2014, and 2017. 2017 Emory NCHA respondents reported lower levels of physical fighting, physical assault, and sexual penetration without consent compared to 2014 Emory NCHA Respondents. However, 2017 Emory NCHA respondents have experienced higher levels of all other forms of violence or abusive compared to respondents in 2014 and 2011.

**Table 18.** Experiences of Violence and Abuse, Across Emory NCHA Respondent Groups

<table>
<thead>
<tr>
<th>Violent or Abusive Act</th>
<th>% 2017 Emory Respondents</th>
<th>% 2014 Emory Respondents</th>
<th>% 2011 Emory Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A physical fight</td>
<td>2.6%</td>
<td>2.9%</td>
<td>3.4%</td>
</tr>
<tr>
<td>A physical assault (not sexual)</td>
<td>1.8%</td>
<td>2.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td>A verbal threat</td>
<td>14.9%</td>
<td>12.2%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Sexual touching without their consent</td>
<td>11.8%</td>
<td>8.1%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Sexual penetration attempt without their consent</td>
<td>4.4%</td>
<td>3.5%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Sexual penetration without their consent</td>
<td>2.0%</td>
<td>2.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Stalking</td>
<td>4.9%</td>
<td>3.0%</td>
<td>4.1%</td>
</tr>
<tr>
<td>An emotionally abusive intimate relationship</td>
<td>7.9%</td>
<td>6.2%</td>
<td>6.7%</td>
</tr>
<tr>
<td>A physically abusive intimate relationship</td>
<td>2.0%</td>
<td>0.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>A sexually abusive intimate relationship</td>
<td>2.4%</td>
<td>1.7%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>
Table 19 displays prevalence of violence and abuse of all Emory NCHA respondents of specific gender identities. All gender identities were included because people of all gender identities can experience various forms of violence. Among all 2017 Emory NCHA respondents, a greater number of women experienced all forms of violence and abuse, especially verbal threats and sexual touching without their consent, than men, trans women, trans men, genderqueer and other identifying individuals.

Table 19. Experiences of Violence and Abuse, Across 2017 Emory Respondents, Gender Identities

<table>
<thead>
<tr>
<th>Violence or Abusive Act</th>
<th>% 2017 Emory NCHA Respondents that identify as Woman (n)</th>
<th>% 2017 Emory NCHA Respondents that identify as Man (n)</th>
<th>% 2017 Emory NCHA Respondents that identify as Trans woman (n)</th>
<th>% 2017 Emory NCHA Respondents that identify as Trans man (n)</th>
<th>% 2017 Emory NCHA Respondents that identify as Genderqueer (n)</th>
<th>% 2017 Emory NCHA Respondents that identify as Another identity (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A physical fight</td>
<td>1.1% (12)</td>
<td>1.2% (13)</td>
<td>0.0% (0)</td>
<td>0.1% (1)</td>
<td>0.1% (1)</td>
<td>0.0% (0)</td>
</tr>
<tr>
<td>A physical assault</td>
<td>1.0% (11)</td>
<td>0.6% (6)</td>
<td>0.0% (0)</td>
<td>0.1% (1)</td>
<td>0.2% (2)</td>
<td>0.0% (0)</td>
</tr>
<tr>
<td>(not sexual)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A verbal threat</td>
<td>9.5% (103)</td>
<td>5.2% (56)</td>
<td>0.1% (1)</td>
<td>0.1% (1)</td>
<td>0.2% (2)</td>
<td>0.1% (1)</td>
</tr>
<tr>
<td>Sexual touching</td>
<td>10.0% (108)</td>
<td>1.5% (16)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.3% (3)</td>
<td>0.1% (1)</td>
</tr>
<tr>
<td>without their consent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual penetration</td>
<td>3.6% (39)</td>
<td>0.6% (7)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.2% (2)</td>
<td>0.0% (0)</td>
</tr>
<tr>
<td>attempt without their</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>consent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual penetration</td>
<td>1.6% (17)</td>
<td>0.5% (5)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
</tr>
<tr>
<td>without their consent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stalking</td>
<td>3.8% (42)</td>
<td>0.7% (8)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.2% (2)</td>
<td>0.2% (2)</td>
</tr>
<tr>
<td>An emotionally</td>
<td>6.2% (67)</td>
<td>1.4% (15)</td>
<td>0.0% (0)</td>
<td>0.1% (1)</td>
<td>0.2% (2)</td>
<td>0.2% (2)</td>
</tr>
<tr>
<td>abusive intimate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A physically abusive</td>
<td>1.4% (15)</td>
<td>0.4% (4)</td>
<td>0.0% (0)</td>
<td>0.1% (1)</td>
<td>0.2% (2)</td>
<td>0.0% (0)</td>
</tr>
<tr>
<td>intimate relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A sexually abusive</td>
<td>1.9% (21)</td>
<td>0.4% (4)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.1% (1)</td>
<td>0.0% (0)</td>
</tr>
<tr>
<td>intimate relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 20 shows the percentage of graduate or undergraduate students that have experienced violence or abuse. Undergraduate students were significantly more likely to report experiencing physical fights ($X^2 = 8.119, \text{df} = 2, p = 0.017$), sexual touch ($X^2 = 15.738, \text{df} = 2, p < 0.001$), attempted sexual penetration ($X^2 = 9.368, \text{df} = 2, p = 0.009$), sexual penetration ($X^2 = 12.349, \text{df} = 2, p = 0.002$), and stalking ($X^2 = 9.554, \text{df} = 2, p = 0.008$) than graduate students.

Table 20. Experiences of Violence or Abuse, 2017 Emory Undergraduate and Graduate Respondents

<table>
<thead>
<tr>
<th>Violent or Abusive Acts</th>
<th>% Undergraduate 2017 Emory NCHA Respondents</th>
<th>% Graduate 2017 Emory NCHA Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A physical fight</td>
<td>3.7% (20)</td>
<td>1.1% (6)</td>
</tr>
<tr>
<td>A physical assault (not sexual)</td>
<td>2.2% (12)</td>
<td>1.5% (8)</td>
</tr>
<tr>
<td>A verbal threat</td>
<td>16.7% (89)</td>
<td>13.4% (72)</td>
</tr>
<tr>
<td>Sexual touching without their consent</td>
<td>15.6% (83)</td>
<td>8.1% (44)</td>
</tr>
<tr>
<td>Sexual penetration attempt without their consent</td>
<td>6.4% (34)</td>
<td>2.1% (14)</td>
</tr>
<tr>
<td>Sexual penetration without their consent</td>
<td>3.6% (19)</td>
<td>0.6% (3)</td>
</tr>
<tr>
<td>Stalking</td>
<td>6.9% (37)</td>
<td>3.0% (16)</td>
</tr>
<tr>
<td>An emotionally abusive intimate relationship</td>
<td>8.8% (47)</td>
<td>6.9% (37)</td>
</tr>
<tr>
<td>A physically abusive intimate relationship</td>
<td>2.6% (14)</td>
<td>1.3% (7)</td>
</tr>
<tr>
<td>A sexually abusive intimate relationship</td>
<td>3.4% (18)</td>
<td>1.3% (7)</td>
</tr>
</tbody>
</table>
Safety on Campus

To measure safety on campus, Emory NCHA respondents were asked to report how safe they felt on campus and in the community surrounding school during the daytime and the night time. Responses were measured on a four-point scale from “very safe” to “not safe at all.” Table 21 shows the respondents who reported “feeling safe” to the 2014 and 2011 data.

Table 21. Feelings of “Very Safe” on Campus and Surrounding Area, Across Emory NCHA Respondent Groups

<table>
<thead>
<tr>
<th>Location</th>
<th>2017 Emory Respondents Total</th>
<th>2014 Emory Respondents Total</th>
<th>2011 Emory Respondents Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>On campus (daytime)</td>
<td>91.2%</td>
<td>92%</td>
<td>95.7%</td>
</tr>
<tr>
<td>On campus (night time)</td>
<td>45.0%</td>
<td>29.9%</td>
<td>39.2%</td>
</tr>
<tr>
<td>In the community surrounding school (daytime)</td>
<td>67.3%</td>
<td>62.0%</td>
<td>66.5%</td>
</tr>
<tr>
<td>In the community surrounding school (night time)</td>
<td>25.4%</td>
<td>16.3%</td>
<td>19.9%</td>
</tr>
</tbody>
</table>
A majority of respondents reported feeling very safe on campus during the daytime (67.3%, n = 738) and almost half (45.0%, n = 494) reported feeling very safe at night time. Overall, feelings of safety in each location have increased or remained the same since 2014. Figure 23 displays feelings of safety on Emory’s campus during the night time.

Figure 23. Feelings of Safety on Campus during Night Time, 2017 and 2014 Emory NCHA Respondents
The Respect Hotline

The Respect Program is Emory’s central hub for interpersonal violence prevention and survivor resiliency. Students that seek support may do that by calling an On-Call Advocate using the Respect Program Support Hotline. On-Call Advocates provide free and confidential support, accompaniment, and/or resources (Office of Health Promotion, 2017).

Among all 2017 Emory NCHA Respondents, 56.2% (n = 616) have heard about the Respect Hotline, and 1.3% (n = 14) have used it. Approximately half of the respondents that reported having heard of the Respect Hotline indicated being a student at Emory College (50.8%, n = 313). Table 22 displays the percentages of students that indicated having heard of the Respect Hotline within each school at Emory University.

Table 22. Awareness of the Respect Hotline, 2017 Emory NCHA Respondents, Emory College and Schools

<table>
<thead>
<tr>
<th>School</th>
<th>% 2017 Emory NCHA Respondents that have heard about the Respect Hotline (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health</td>
<td>3.3% (20)</td>
</tr>
<tr>
<td>Candler School of Theology</td>
<td>2.8% (17)</td>
</tr>
<tr>
<td>Emory College</td>
<td>50.8% (313)</td>
</tr>
<tr>
<td>Goizueta School of Business</td>
<td>6.9% (43)</td>
</tr>
<tr>
<td>Laney Graduate School</td>
<td>7.6% (47)</td>
</tr>
<tr>
<td>Nell Hodgson Woodruff School of Nursing</td>
<td>3.8% (19)</td>
</tr>
<tr>
<td>Rollins School of Public Health</td>
<td>16.2% (100)</td>
</tr>
<tr>
<td>School of Law</td>
<td>3.4% (21)</td>
</tr>
<tr>
<td>School of Medicine</td>
<td>5.0% (31)</td>
</tr>
</tbody>
</table>

The majority of 2017 Emory NCHA respondents that indicated having heard of the Respect Hotline were undergraduate students (56.6%, n = 348). Table 23 displays the percentages of students within each class year that indicated having heard of the Respect Hotline.
Table 23. Awareness of the Respect Hotline, 2017 Emory NCHA Respondents, Year in School

<table>
<thead>
<tr>
<th>Year in School</th>
<th>% 2017 Emory NCHA Respondents that have heard about the Respect Hotline (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st year undergraduate</td>
<td>16.9% (104)</td>
</tr>
<tr>
<td>2nd year undergraduate</td>
<td>13.0% (80)</td>
</tr>
<tr>
<td>3rd year undergraduate</td>
<td>14.8% (91)</td>
</tr>
<tr>
<td>4th year undergraduate</td>
<td>10.7% (66)</td>
</tr>
<tr>
<td>5th or more year undergraduate</td>
<td>1.1% (7)</td>
</tr>
<tr>
<td>Graduate or professional</td>
<td>43.1% (265)</td>
</tr>
<tr>
<td>Not seeking a degree or other</td>
<td>0.2% (1)</td>
</tr>
</tbody>
</table>

The majority of students that have heard about the Respect Hotline were either White (36.0%, n = 240) or Asian or Pacific Islander (33.1%, n = 204). Table 24 displays the percentages of students within each race or ethnic group that indicated having heard of the Respect Hotline.

Table 24. Awareness of the Respect Hotline, 2017 Emory NCHA Respondents, Race or Ethnic Group

<table>
<thead>
<tr>
<th>Race or Ethnic Group</th>
<th>% 2017 Emory NCHA Respondents that have heard about the Respect Hotline (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>36.0% (240)</td>
</tr>
<tr>
<td>Black</td>
<td>16.9% (104)</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>12.7% (78)</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>33.1% (204)</td>
</tr>
<tr>
<td>American Indian, Alaskan Native, or Native Hawaiian</td>
<td>0.8% (5)</td>
</tr>
<tr>
<td>Biracial or Multiracial</td>
<td>5.4% (33)</td>
</tr>
<tr>
<td>Other</td>
<td>2.9% (18)</td>
</tr>
</tbody>
</table>
**2017 Sexual Health Brief**

**Executive Summary**

The 2017 Emory NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory University, administered during the Fall 2017 semester to undergraduate, graduate, and professional students (n = 1097).

Emory University is one of 818 institutions to collaborate with the American College Health Association (ACHA) to collect NCHA during Fall 2017. The 2017 national reference group comprises total respondents (n = 31,463) from 52 institutions. The Office of Health Promotion within Emory University’s Division of Campus Life prepared the following materials.

The “2017 Sexual Health Brief” contains self-reported sexual health perceptions and behaviors of NCHA respondents at Emory University. Specifics include sexual activity and protection, contraception, pregnancy, and sexually transmitted diseases.

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Sexual Activity and Protection

The majority of 2017 Emory NCHA respondents (66.1%, n = 708) are sexually active and had at least one sexual partner in the last 12 months (See Figure 24). Among respondents who reported being sexually active, 42.3% (n = 453) reported having only one partner in the last 12 months. Figure 25 depicts the number of sexual partners reported by 2017 Emory respondents.

Figure 24. 2017 Emory NCHA Respondents, Sexual Activity

Figure 25. Number of Partners among 2017 Emory NCHA Respondents that are Sexually Active
Contraceptive Usage and Pregnancy

Contraceptive Usage among Sexually Active Emory NCHA Respondents that Have Vaginal Intercourse

78.1% (n = 492) of 2017 Emory NCHA respondents reported 1) being sexually active; and 2) having sexual intercourse. Approximately 86.5% (n = 543) used a method of birth control last time they had vaginal intercourse at the time which the 2017 NCHA was administered. The top three birth control methods include the male condom (50.6%, n = 319), birth control pills (40.0%, n = 252), withdrawal (24.3%, n = 153). Table 25 displays the methods of birth control that are used among sexually active NCHA respondents that have vaginal intercourse.

Table 25. Methods of Birth Control, 2017 Emory NCHA Respondents, Sexually Active and Have Vaginal Intercourse

<table>
<thead>
<tr>
<th>Method of Birth Control</th>
<th>% 2017 Emory NCHA Respondents that have Vaginal Intercourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Control Pills</td>
<td>40.0% (252)</td>
</tr>
<tr>
<td>Birth Control Shots</td>
<td>1.6% (10)</td>
</tr>
<tr>
<td>Birth Control Implants</td>
<td>6.3% (40)</td>
</tr>
<tr>
<td>Birth Control Patch</td>
<td>0.3% (2)</td>
</tr>
<tr>
<td>Vaginal Ring</td>
<td>1.9% (12)</td>
</tr>
<tr>
<td>Intrauterine Device</td>
<td>19.5% (123)</td>
</tr>
<tr>
<td>Male Condom</td>
<td>50.6% (319)</td>
</tr>
<tr>
<td>Female Condom, Diaphragm, Cervical Cap and/or Contraceptive Sponge</td>
<td>0.0% (0)</td>
</tr>
<tr>
<td>Spermicide</td>
<td>1.6% (1)</td>
</tr>
<tr>
<td>Fertility Awareness</td>
<td>7.0% (44)</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>24.3% (153)</td>
</tr>
</tbody>
</table>
Approximately 14.8% (n = 93) of 2017 Emory NCHA Respondents that had vaginal intercourse have used emergency contraception in the last 12 months since the survey was administered. 1.0% (n = 6) of these participants have gotten pregnant intentionally, whereas 1.0% (n = 6) of these participants have gotten pregnant unintentionally.

**Contraceptive Usage among Sexually Active Emory NCHA Respondents that do not Have Vaginal Intercourse**

6.4% (n = 71) of 2017 Emory NCHA respondents reported 1) being sexually active; and 2) never having vaginal intercourse. Of these respondents, 60.6% (n = 43) have reported performing oral sex and 22.5% (n = 16) have reported engaging in anal intercourse in the last 30 days during the survey administration period.

All Emory NCHA respondents were asked, “Did you use a male condom as a method of birth control last time you had vaginal intercourse?” Despite the wording of this question, 5.6% of Emory NCHA respondents that were sexually active and reported never having vaginal intercourse reported using a male condom (n = 4). 90.1% of these respondents (n = 64) did not respond to this question.

Therefore, it is suggested that all birth control questions are modified to be inclusive of all genders and sexualities, as male condoms may also be used to prevent the spread of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) in other forms of sexual intercourse.
Sexually Transmitted Infections

Prevalence
Prevalence of sexually transmitted infections (STIs) was measured by asking respondents who had indicated being sexually active whether they had been diagnosed or treated for various STIs in the last 12 months. Table 26 shows prevalence of STIs among NCHA respondent groups. Please note that these figures rely on self-report, and only cover the last 12 months.

Table 26. Diagnosis or Treatment of Sexually Transmitted Infections in the Last 12 Months, Across NCHA Respondent Groups

<table>
<thead>
<tr>
<th>STI</th>
<th>2017 National Respondents % (n)</th>
<th>2017 Emory Respondents % (n)</th>
<th>2014 Emory Respondents % (n)</th>
<th>2011 Emory Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>1.4% (430)</td>
<td>0.7% (5)</td>
<td>0.7% (8)</td>
<td>0.5% (9)</td>
</tr>
<tr>
<td>Genital Herpes</td>
<td>0.6% (200)</td>
<td>1.4% (10)</td>
<td>0.5% (6)</td>
<td>0.9% (14)</td>
</tr>
<tr>
<td>Genital Warts/Human Papillomavirus (HPV)</td>
<td>0.8% (247)</td>
<td>1.3% (9)</td>
<td>1.4% (16)</td>
<td>2.0% (31)</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>0.4% (112)</td>
<td>0.4% (3)</td>
<td>0.2% (2)</td>
<td>0.3% (4)</td>
</tr>
<tr>
<td>Hepatitis B or C</td>
<td>0.3% (100)</td>
<td>0.3% (2)</td>
<td>0.3% (3)</td>
<td>0.3% (5)</td>
</tr>
<tr>
<td>HIV</td>
<td>0.2% (69)</td>
<td>0.3% (2)</td>
<td>0.2% (2)</td>
<td>0.2% (3)</td>
</tr>
</tbody>
</table>
Prevention
Respondents reported whether or not they have ever been tested for HIV, received the HPV vaccine, or received the Hepatitis B vaccine. Figure 26 shows preventive behaviors across NCHA respondent groups for those who indicated “Yes”. Please note that those who responded “I don’t know” were not included in the figure below (for example, 10% of students responded “I don’t know” when asked if they received the HPV vaccine).

More than one-third of 2017 Emory NCHA respondents have ever been tested for HIV.
Self-Examinations

Figure 27 shows the trend in testicular self-exams among males, as well as breast self-exams and gynecological exams among females from 2011 to 2017. From 2014 to 2017, testicular self-exams and breast self-exams have remained relatively the same, while there has been a decrease in the number of routine gynecological exams. Below are the proportion of 2017 Emory NCHA respondents that had testicular, breast, and/or gynecological exams compared to national respondents.

**Testicular Self-Exams**

- 2017 Emory NCHA: 30.2% (n = 93)
- 2017 National Reference Group: 36.4% (n = 3792)

**Breast Self-Exams**

- 2017 Emory NCHA: 32.1% (n = 251)
- 2017 National Reference Group: 36.2% (n = 7549)

**Gynecological Exams**

- 2017 Emory NCHA: 50.8% (n = 397)
- 2017 National Reference Group: 41.4% (n = 8621)

![Figure 27. Testicular, Breast, and Gynecological Exams, Across Emory NCHA Respondents](image-url)
2017 Physical Health Brief

Executive Summary

The 2017 Emory NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory University, administered during the Fall 2017 semester to undergraduate, graduate, and professional students (n = 1097).

Emory University is one of 818 institutions to collaborate with the American College Health Association (ACHA) to collect NCHA during Fall 2017. The 2017 national reference group comprises total respondents (n = 31,463) from 52 institutions. The Office of Health Promotion within Emory University’s Division of Campus Life prepared the following materials.

The “2017 Physical Health Brief” contains self-reported illness and disability information of NCHA respondents at Emory University. Specifics include general health, chronic illness, disability, prevention behaviors, exercise, weight, and nutrition.

Collaborators

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General Perceptions of Health

Respondents were asked to rate their general health on a five-point scale from “Excellent” to “Poor.” A majority of 2017 Emory NCHA respondents rated their health status as “Excellent,” “Very Good,” or “Good,” indicating positive health status. The percentage of Emory NCHA respondents who reported positive perceptions of general health status, however, has declined from 2014 to 2017. 90.3% of 2014 Emory respondents reported a positive health status compared to 85.7% of 2017 Emory NCHA respondents.

See Figure 28 for data representing specific responses from 2017 Emory NCHA respondents. See Figure 29 for the comparison of general perceptions of health status between 2017 NCHA respondents.

Figure 28. General Health Status Perceptions, 2017 Emory NCHA Respondents

85.7% of 2017 Emory respondents report a positive health status.
Figure 29. General Health Status Perceptions, Across NCHA Respondent Groups

From 2011 to 2017, there has been a steady decrease in the percentage of Emory NCHA respondents who rated their perceived general health status as “Excellent” or “Very Good.” 18% of 2011 Emory NCHA respondents rated their perceived general health status as “Excellent” compared to 12% of 2017 Emory NCHA respondents. 50% of 2011 Emory NCHA respondents rated their perceived general health status as “Very Good” compared to 43% of 2017 Emory NCHA respondents.

From 2011 to 2017, meanwhile, there have been increases in the percentage of Emory NCHA respondents who rated their general perceived health status as “Good” or “Fair or Poor.” 29% of 2011 Emory NCHA respondents rated their perceived general health status as “Good” compared to 31% of 2017 Emory NCHA respondents. 4% of 2011 Emory NCHA respondents rated their perceived general health status as “Fair or Poor” compared to 14% of 2017 Emory NCHA respondents.
Physical Illness

2017 Emory NCHA respondents were asked about their diagnosis and/or treatment of 18 physical health issues within the last 12 months. Table 27 shows the prevalence of each physical health issue for across all NCHA respondents.

The mean number of illnesses reported by 2017 Emory NCHA respondents was 0.95 (SD = 1.38). 48.0% (n = 527) of 2017 Emory NCHA respondents reported not having an illness in the last 12 months during the data collection period. 22.9% (n = 259) reported having only one illness, 12.5% (n = 237) reported having two illnesses, and 10.9% (n = 118) reported having three or more illnesses.

From 2014 to 2017, prevalences of physical health issues have remained relatively stable. The prevalence for allergies and asthma have increased by more than 1.0%, and no physical health issues have decreased by more than 1.0%.
Table 27. Health Issues, Across NCHA Respondent Groups

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>2017 Emory Respondents % (n)</th>
<th>2014 Emory Respondents % (n)</th>
<th>2011 Emory Respondents % (n)</th>
<th>2017 National Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>17.6% (193)</td>
<td>16.0% (181)</td>
<td>19.4% (301)</td>
<td>20.5% (6368)</td>
</tr>
<tr>
<td>Sinus infection</td>
<td>11.2% (123)</td>
<td>14.0% (158)</td>
<td>14.1% (219)</td>
<td>17.3% (5384)</td>
</tr>
<tr>
<td>Back pain</td>
<td>9.1% (100)</td>
<td>9.3% (105)</td>
<td>8.6% (133)</td>
<td>12.6% (3900)</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>8.2% (90)</td>
<td>8.2% (93)</td>
<td>8.9% (138)</td>
<td>9.1% (2810)</td>
</tr>
<tr>
<td>Migraine headache</td>
<td>7.2% (79)</td>
<td>8.0% (90)</td>
<td>7.2% (112)</td>
<td>9.5% (2936)</td>
</tr>
<tr>
<td>Strep throat</td>
<td>6.7% (73)</td>
<td>7.0% (79)</td>
<td>7.9% (123)</td>
<td>11.2% (3481)</td>
</tr>
<tr>
<td>Asthma</td>
<td>8.3% (91)</td>
<td>7.2% (81)</td>
<td>7.5% (117)</td>
<td>9.4% (2931)</td>
</tr>
<tr>
<td>Broken bone/fracture/sprain</td>
<td>4.7% (52)</td>
<td>4.3% (49)</td>
<td>6.8% (106)</td>
<td>6.5% (2018)</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>3.0% (33)</td>
<td>4.1% (46)</td>
<td>4.6% (72)</td>
<td>5.9% (1832)</td>
</tr>
<tr>
<td>Ear infection</td>
<td>3.7% (41)</td>
<td>3.2% (36)</td>
<td>5.2% (81)</td>
<td>7.2% (2238)</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>3.4% (37)</td>
<td>3.0% (34)</td>
<td>3.5% (54)</td>
<td>2.6% (813)</td>
</tr>
<tr>
<td>Irritable bowel syndrome</td>
<td>2.8% (31)</td>
<td>2.9% (33)</td>
<td>2.7% (42)</td>
<td>3.3% (1018)</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>3.1% (34)</td>
<td>2.5% (28)</td>
<td>2.6% (41)</td>
<td>3.1% (958)</td>
</tr>
<tr>
<td>Repetitive stress injury</td>
<td>1.7% (19)</td>
<td>1.8% (20)</td>
<td>2.3% (36)</td>
<td>1.9% (576)</td>
</tr>
<tr>
<td>Mononucleosis</td>
<td>1.1% (12)</td>
<td>1.2% (14)</td>
<td>1.9% (29)</td>
<td>1.4% (431)</td>
</tr>
<tr>
<td>Endometriosis</td>
<td>1.0% (11)</td>
<td>0.7% (8)</td>
<td>0.8% (13)</td>
<td>1.0% (323)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0.8% (9)</td>
<td>0.5% (6)</td>
<td>0.6% (10)</td>
<td>1.2% (386)</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>0.4% (4)</td>
<td>0.2% (2)</td>
<td>0.5% (8)</td>
<td>0.3% (87)</td>
</tr>
</tbody>
</table>
Disability

2017 Emory NCHA respondents were asked whether or not they had nine disabilities. Table 28 shows the prevalence of each disability across NCHA respondent groups.

The mean number of disabilities reported by 2017 Emory NCHA respondents was 0.33 (SD = 0.74). 73.7% of 2017 Emory NCHA respondents reported not having a disability (n = 809). 15.9% (n = 174) reported having one disability, 5.0% (55) reported having two disabilities, and 1.6% (17) reported having three or more disabilities.

Table 28. Disabilities, Among NCHA Respondent Groups

<table>
<thead>
<tr>
<th>Disability</th>
<th>2017 Emory Respondents % (n)</th>
<th>2014 Emory Respondents % (n)</th>
<th>2011 Emory Respondents % (n)</th>
<th>2017 National Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric condition</td>
<td>11.3% (124)</td>
<td>9.2% (104)</td>
<td>7.0% (109)</td>
<td>8.9% (2767)</td>
</tr>
<tr>
<td>Chronic illness</td>
<td>6.4% (70)</td>
<td>7.2% (81)</td>
<td>5.3% (82)</td>
<td>5.9% (1826)</td>
</tr>
<tr>
<td>ADHD</td>
<td>6.3% (69)</td>
<td>6.6% (75)</td>
<td>4.6% (72)</td>
<td>8.8% (2745)</td>
</tr>
<tr>
<td>Learning disability</td>
<td>3.2% (35)</td>
<td>2.7% (30)</td>
<td>2.3% (36)</td>
<td>4.9% (1499)</td>
</tr>
<tr>
<td>Partial sightedness/blindness</td>
<td>2.4% (26)</td>
<td>1.9% (21)</td>
<td>2.6% (40)</td>
<td>2.6% (808)</td>
</tr>
<tr>
<td>Other</td>
<td>1.5% (16)</td>
<td>1.3% (15)</td>
<td>1.4% (22)</td>
<td>2.8% (870)</td>
</tr>
<tr>
<td>Deafness/Hearing loss</td>
<td>1.3% (14)</td>
<td>1.1% (12)</td>
<td>1.0% (15)</td>
<td>2.3% (718)</td>
</tr>
<tr>
<td>Mobility/dexterity disability</td>
<td>0.7% (8)</td>
<td>0.7% (8)</td>
<td>0.6% (10)</td>
<td>1.1% (330)</td>
</tr>
<tr>
<td>Speech or language disorder</td>
<td>0.3% (3)</td>
<td>0.9% (10)</td>
<td>0.6% (9)</td>
<td>1.0% (322)</td>
</tr>
</tbody>
</table>

From 2014 to 2017, there has been a greater than 1.0% increase in psychiatric conditions among Emory NCHA respondents. Additionally 2017 Emory NCHA respondents have a higher prevalence of having a psychiatric condition (11.3%, n = 124) than national respondents (8.9%, n = 2767).

The top three disabilities among 2017 Emory NCHA respondents are psychiatric conditions, chronic illnesses, and ADHD.
Disease and Injury Prevention

Injury Prevention Behaviors
2017 Emory NCHA respondents were asked about their seatbelt and helmet use during the last 12 months from which the survey as administered. Table 29 shows the proportion of respondents who *always* used a seatbelt or wore a helmet, given they engaged in the activity in the last 12 months.

Table 29. Injury Prevention Behavior, 2017 and 2014 Emory NCHA Respondents

<table>
<thead>
<tr>
<th>Injury Prevention Behavior</th>
<th>2017 Emory Respondents % (n)</th>
<th>2014 Emory Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wearing a seatbelt when riding in a car</td>
<td>81.2% (883)</td>
<td>84.9% (965)</td>
</tr>
<tr>
<td>Wearing a helmet when riding a motorcycle</td>
<td>72.7% (80)</td>
<td>74.4% (96)</td>
</tr>
<tr>
<td>Wearing a helmet when riding a bicycle</td>
<td>40.6% (198)</td>
<td>43.8% (252)</td>
</tr>
<tr>
<td>Wearing a helmet when inline skating</td>
<td>29.8% (34)</td>
<td>39.8% (41)</td>
</tr>
</tbody>
</table>

Between 2014 and 2017, the number of Emory NCHA respondents that reported always performing each injury prevention behavior decreased by more than 1.0%.
**Sunscreen**
Overall, 54.5% (n = 598) of 2017 Emory NCHA respondents use sunscreen regularly with sun exposure, whereas 43.8% (n = 481) do not.

Similar to the 2014 Emory NCHA, females (44.3%, n = 481) were significantly more likely than males (10.8%, n = 117) to use sunscreen regularly with sun exposure ($X^2 = 50.9$, df = 2, $p < 0.001$). Additionally, undergraduates (23.6%, n = 256) were significantly less likely than graduates (30.8%, n = 334) to use sunscreen regularly with sun exposure ($X^2 = 23.420$, df = 4, $p < 0.001$).

**Dental Exams**

71.4% (n = 783) of 2017 Emory NCHA respondents reporting having a dental exam and cleaning in the last 12 months during the data collection period. This is an improvement from 2014 (69.8%); however, this is slightly lower than 2011 Emory NCHA respondents (73.2%).
Vaccinations

History of vaccinations was measured for six types of vaccines. Figure 30 shows the proportion of respondents who have received each vaccine among the 2017, 2014, and 2011 Emory NCHA respondents.

The proportion of 2017 Emory NCHA respondents who have received the Hepatitis B, HPV, influenza, MMR (measles, mumps, and rubella), meningitis, and varicella vaccines has increased from 2014 to 2017.

Figure 30. Vaccinations, Across Emory NCHA Respondent Groups
**Physical Activity**

According to the American Heart Association (2018), 30 minutes of moderate-intensity aerobic activity is recommended at least 5 days per week or 20 minutes of vigorous aerobic activity at least 3 days per week.

2017 Emory NCHA respondents were asked to report how many of the past 7 days did they perform moderate-intensity aerobic activity. 18.5% \((n = 203)\) of respondents either met or exceeded the AHA recommendations of at least 5 days per week. Emory 2017 NCHA respondents were also asked to report how many of the past 7 days did they perform vigorous aerobic activity. 27.2% \((n = 299)\) of respondents either met or exceeded the AHA recommendations of at least 3 days per week. Figure 31 shows the distribution of respondents’ moderate and vigorous aerobic activity.

![Figure 31. Physical Activity, 2017 Emory NCHA Respondents](image-url)
Strength Training

In addition to moderate or vigorous physical activity each week, the American Heart Association (2018) recommends muscle-strengthening activity at least 2 days per week. Emory NCHA respondents were asked to report how many of the past 7 days did they perform strength-training exercises. 32.9% (n = 361) of respondents either met or exceeded the AHA recommendations of at least 5 days per week. **Figure 32** shows strength training exercise behaviors among Emory 2017 respondents.

![Figure 32. Strength Training Exercise Behaviors, 2017 Emory NCHA Respondents](image-url)
**Weight**

2017 Emory NCHA respondents were asked to describe their own weight. 57.7% (n = 633) of Emory 2017 NCHA respondents described their weight as “about the right.” Figure 33 shows self-reported weight of Emory 2017 respondents.

![Figure 33. Perception of Weight, 2017 Emory NCHA Respondents](image)

2017 Emory NCHA respondents were also asked to report if they were trying to do anything about their weight. 50.5% (n = 554) of respondents reported that they were trying to lose weight. Figure 34 shows respondents’ intentions in regards to weight loss/gain or staying the same weight.

![Figure 34. Weight intentions, 2017 Emory NCHA Respondents](image)
Weight Loss Behaviors

2017 Emory NCHA respondents were asked to report weight loss behaviors. They were asked if they did the following to lose weight: diet, exercise, vomit/take laxatives, and/or take diet pills. 51.7% (n = 567) of respondents exercised to lose weight. 39.4% (n=432) of respondents specified that they dieted to lose weight. 2.4% (n =26) of respondents and 1.5% (n = 16) of respondents vomited/took laxatives or took diet pills, respectively. Figure 35 shows the distribution of weight loss behaviors among 2017 Emory NCHA respondents.

Figure 35. Weight Loss Behaviors, 2017 Emory NCHA Respondents
**Nutrition**

The Centers for Disease Control and Prevention (2017) recommend that adults consume at least 3.5 servings of fruit and vegetables on a typical day. 2017 Emory NCHA respondents were asked to indicate how many servings of fruits and vegetables they typically consume throughout the day. **Figure 35** shows the distribution of responses indicating respondents’ daily consumption of fruits and vegetables.

Only about one-third (37.0%, n = 404) of 2017 Emory NCHA respondents are consuming the recommended servings of fruit and vegetables per day. Over half (56.6%, n = 621) of 2017 Emory NCHA respondents consume 1-2 servings of fruits and vegetables a day and 6.0% (n = 66) of respondents consume 0 servings of fruit and vegetables a day.

![Pie chart showing the distribution of responses indicating respondents’ daily consumption of fruits and vegetables.](image)

About 37% of Emory 2017 NCHA respondents are consuming 3 or more servings of fruits and vegetables on a typical day.
Food Security

2017 Emory NCHA respondents were asked, “In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn’t enough money?” 29.0% (n = 318) of 2017 Emory NCHA respondents have cut the size of their meals or skipped meals for at least one month within the year of the data collection period.

A chi-square test was performed to determine that there is a significant difference between food insecurity experienced by undergraduate and graduate students ($X^2 = 8.267, df = 2, p = 0.02$). Of students that have cut the size of their meals or skipped meals, 56.3% (n = 178) are undergraduate students, and 43.0% (n = 136) are graduate students.

27.5% (n = 49) of undergraduate students who have cut the size of their meals or skipped meals because there was not enough money work between 1-9 hours per week, and 39.3% (n = 70) work at least 10 hours per week.

10.4% (n = 14) of graduate students who have cut the size of their meals or skipped meals because there was not enough money work between 1-9 hours per week, and 62.7% (n = 84) work at least 10 hours per week.

Housing Security

Emory NCHA respondents were also asked, “In the last 12 months, did you not pay or underpay your rent/mortgage and/or utilities?” 6.6% (n = 73) of 2017 Emory NCHA respondents have not paid or underpaid their rent/mortgage and/or utilities for at least one month within the year of the data collection period.

A chi-square test was performed to determine that there is a significant difference between housing insecurity experienced by undergraduate and graduate students ($X^2 = 8.336, df = 2, p = 0.02$). Of the students that have not paid or underpaid their rent/mortgage and/or utilities, 43.1% (n = 31) are undergraduate students and 55.6% (n = 40) are graduate students.

29.0% (n = 9) of undergraduate students who have underpaid their rent/mortgage and/or utilities work between 1-9 hours per week, and 38.7% (n = 12) work at least 10 hours per week. 2.5% (n = 1) of graduate student who have underpaid their rent/mortgage and/or utilities work 1-9 hours per week, and 67.5% (n = 27) work at least 10 hours per week.
2017 Resource Usage and Communications Brief

Executive Summary

The 2017 Emory NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory University, administered during the Fall 2017 semester to undergraduate, graduate, and professional students (n = 1097).

Emory University is one of 818 institutions to collaborate with the American College Health Association (ACHA) to collect NCHA during Fall 2017. The 2017 national reference group comprises total respondents (n = 31,463) from 52 institutions. The Office of Health Promotion within Emory University’s Division of Campus Life prepared the following materials.

The “2017 Resource Usage and Communications Brief” contains self-reported knowledge and usage of resources at Emory University. Additionally, respondents indicated their preferred communication methods, as well as their motivation to complete the 2017 NCHA.

Collaborators

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Resource Usage

The 2017 Emory NCHA asked participants about their knowledge of ten resources available to Emory students. Table 30 shows the percentage of respondents who have heard about, not heard about, and used the listed resources.

2017 Emory NCHA respondents were most aware of Counseling and Psychological Services (75.1%, n = 824), the Career Center (74.0%, n = 812), Recreation and Wellness (67.2%, n = 737), Student Health Services (64.2%, n = 704), and the Office of Health Promotion (63.1%, n = 692). Of particular note, a greater percentage of students had not heard about the Center for Advancement of Student Advocacy and Agency (67.6%, n = 347) and Student Success Programs and Services (64%) when compared to other campus resources. Of all of the resources, data revealed a significant gap in participants utilizing resources they had heard about on-campus (See Figure 36).
Table 30. Resource Awareness and Utilization, 2017 Emory NCHA Respondents

<table>
<thead>
<tr>
<th>Resource</th>
<th>I have heard of about this resource. % (n)</th>
<th>I have not heard about this resource. % (n)</th>
<th>I have used this resource. % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling and Psychological Services (CAPS)</td>
<td>75.1% (824)</td>
<td>7.3% (80)</td>
<td>24.0% (263)</td>
</tr>
<tr>
<td>Student Health Services (EUSHS)</td>
<td>64.2% (704)</td>
<td>6.2% (68)</td>
<td>45% (494)</td>
</tr>
<tr>
<td>Office of Health Promotion (OHP)</td>
<td>63.1% (692)</td>
<td>34.1% (374)</td>
<td>3.2% (35)</td>
</tr>
<tr>
<td>Respect Hotline</td>
<td>56.2% (616)</td>
<td>41.6% (456)</td>
<td>1.3% (14)</td>
</tr>
<tr>
<td>Recreation and Wellness</td>
<td>67.2% (737)</td>
<td>22.1% (242)</td>
<td>17.2% (189)</td>
</tr>
<tr>
<td>Career Center</td>
<td>74.0% (812)</td>
<td>10.1% (111)</td>
<td>28.6% (314)</td>
</tr>
<tr>
<td>Center for Advancement of Student Advocacy and Agency (CASA)</td>
<td>31.6% (347)</td>
<td>67.6% (742)</td>
<td>1.0% (11)</td>
</tr>
<tr>
<td>Student Success Programs and Services (SSPS)</td>
<td>33.7% (370)</td>
<td>64.0% (702)</td>
<td>1.6% (18)</td>
</tr>
<tr>
<td>Pre-Health Mentoring Office (PHMO)</td>
<td>47.0% (516)</td>
<td>45.1% (495)</td>
<td>15.4% (169)</td>
</tr>
<tr>
<td>EPASS Tutoring</td>
<td>49.7% (545)</td>
<td>41.8% (459)</td>
<td>15.7% (172)</td>
</tr>
</tbody>
</table>
Figure 36. Gaps in Emory Resource Usage, 2017 Emory NCHA Respondents. The blue bar indicates hearing about the resource, whereas the orange bar indicates use of the resource.
Preferred Communication Methods

Emory 2017 NCHA participants were asked to rank the best way to obtain university related information from the following nine options: on campus events or fairs, off campus events or fairs, mail, email, SMS text messaging, websites, social media, peers and colleagues, and faculty and staff. Of these options, email, peers and colleagues, on campus events or fairs, and social media ranked as the top four preferred communication methods, respectively (See Table 31).

Table 31. Preferred Communication Methods, 2017 Emory NCHA Respondents (1 = Highest Rank, 9 = Lowest Rank)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Communication Method</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Email</td>
<td>2.43 (1.77)</td>
</tr>
<tr>
<td>2</td>
<td>Peers/Colleagues</td>
<td>3.56 (2.08)</td>
</tr>
<tr>
<td>3</td>
<td>On-Campus Events or Fairs</td>
<td>4.18 (2.08)</td>
</tr>
<tr>
<td>4</td>
<td>Social Media</td>
<td>4.34 (2.13)</td>
</tr>
<tr>
<td>5</td>
<td>Faculty/Staff</td>
<td>4.86 (2.23)</td>
</tr>
<tr>
<td>6</td>
<td>Websites</td>
<td>5.19 (2.18)</td>
</tr>
<tr>
<td>7</td>
<td>SMS Text Messaging</td>
<td>5.66 (2.31)</td>
</tr>
<tr>
<td>8</td>
<td>Off Campus Events or Fairs</td>
<td>7.19 (1.84)</td>
</tr>
<tr>
<td>9</td>
<td>Mail</td>
<td>7.60 (1.85)</td>
</tr>
</tbody>
</table>
Motivation to Complete NCHA Survey

Participants were asked about their motivations to complete the 2017 Emory NCHA. Of the eight available options, participants responded that they were most motivated to participate by the opportunity to win a $400 university bookstore gift card (78.7%, n = 863), personal interest to help Emory (54.4%, n = 597), and the opportunity to win a Fitbit Flex 2 (54.1%, n = 594). Table 32 displays the sources of motivation to complete the 2017 Emory NCHA.

Table 32. Motivation to Complete the 2017 Emory NCHA

<table>
<thead>
<tr>
<th>Source of Motivation</th>
<th>Participant % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunity to Win $400 University Bookstore Gift Card</td>
<td>78.7% (863)</td>
</tr>
<tr>
<td>Personal Interest to Help Emory</td>
<td>54.4% (597)</td>
</tr>
<tr>
<td>Opportunity to Win a Fitbit Flex 2</td>
<td>54.1% (594)</td>
</tr>
<tr>
<td>Other</td>
<td>9.1% (100)</td>
</tr>
<tr>
<td>Social Media</td>
<td>6.7% (74)</td>
</tr>
<tr>
<td>Word of Mouth</td>
<td>4.4% (48)</td>
</tr>
<tr>
<td>Flyer(s)</td>
<td>3.0% (33)</td>
</tr>
<tr>
<td>Article in the Wheel</td>
<td>1.5% (17)</td>
</tr>
</tbody>
</table>
References


