

Carleton College

2018 College Student Health Survey Report

Health and Health-Related Behaviors

Carleton College Students



BOYNTON HEALTH
UNIVERSITY OF MINNESOTA

2018 College Student Health Survey Report

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Introduction

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

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

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

In the spring of 2018, 18 postsecondary institutions in Minnesota joined with Boynton Health at the University of Minnesota to collect information from undergraduate and graduate students about their experiences and behaviors in the areas of health insurance and health care utilization, mental health, tobacco use, alcohol and other drug use, personal safety and financial health, nutrition and physical activity, and sexual health.

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

Survey

Methodology

Undergraduate and graduate students enrolled in 18 postsecondary institutions in Minnesota completed the 2018 College Student Health Survey, developed by Boynton Health. As an incentive, all students who responded to the survey were entered into a drawing for Amazon gift cards valued at \$1,000 (one), \$500 (one), and \$250 (one). In addition, one student from each participating school was randomly selected to win a \$100 Amazon gift card.

Randomly selected students were contacted through multiple mailings and emails:

- Invitation postcard
- Invitation email
- Reminder postcard and multiple reminder emails

Carleton College Methodology Highlights

- **1,500** students from Carleton College were randomly selected to participate in this survey.
- **774** students completed the survey.
- **51.6%** of the students responded.



2018 College Student Health Survey Postcard

Survey

Analysis Summary

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

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

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

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

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

Results

Health Insurance and Health Care Utilization

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

National Comparison

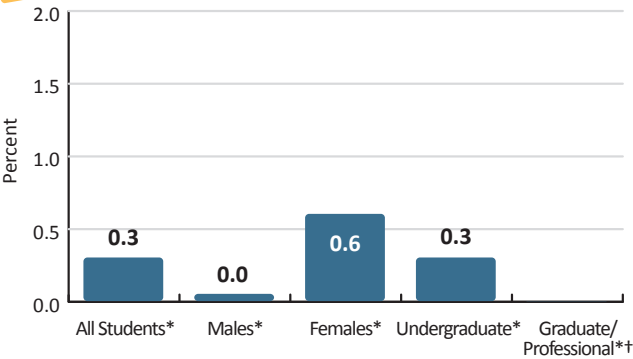
This section examines the areas of health insurance, health services utilization, and preventive care. Recent research indicates that most young adults in the United States, ages 18–24, report good health. The majority of young adults in Minnesota (92.2%) report excellent, very good, or good health (CDC, 2017a). At the same time, young adults have lower rates of health insurance and preventive care utilization than older adults. In Minnesota, 91.3% of 18- to 24-year-olds report some kind of health care insurance (CDC, 2017a). More young males (15.6%) than young females (11.8%) lack health insurance coverage (Schiller et al, 2018). Among all age groups, young adults (77.3%) are least likely to identify a usual place for medical care (Schiller et al, 2018).

Students attending Carleton College report an overall uninsured rate of **0.3%**. Females have a higher uninsured rate than males (**0.6%** vs. **0.0%**, respectively). Additional analysis shows that international students attending Carleton report an overall uninsured rate of **0.0%**.

Carleton students ages 18–22 report uninsured rates of **0.3%**.

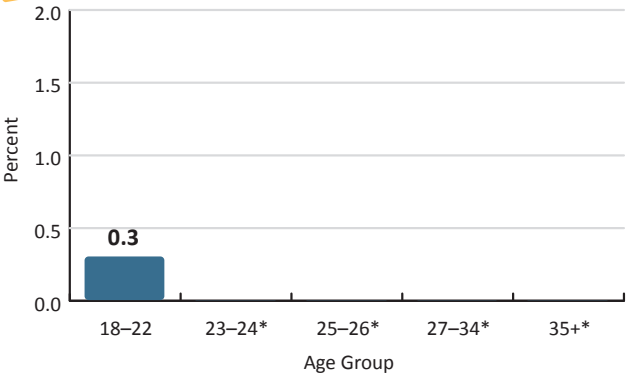
Compared to female Carleton students, male students report obtaining routine medical and dental exams at higher rates.

Health Insurance Status—Uninsured
All Students



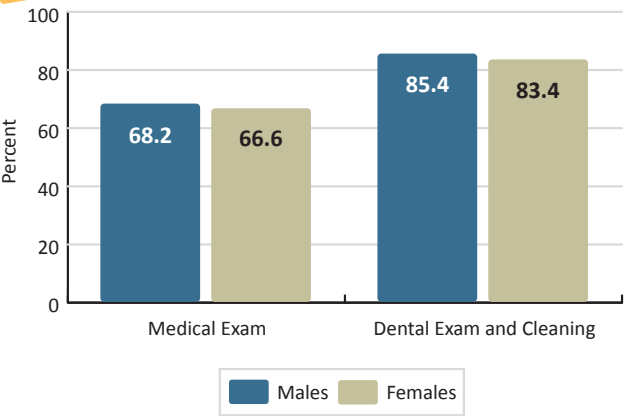
*Does not include international students.
†Insufficient data.

Health Insurance Status—Uninsured
All Students by Age Group



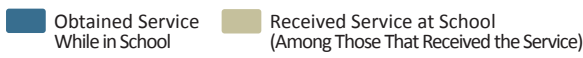
*Insufficient data.

Preventive Health Care—Past 12 Months
All Students by Gender



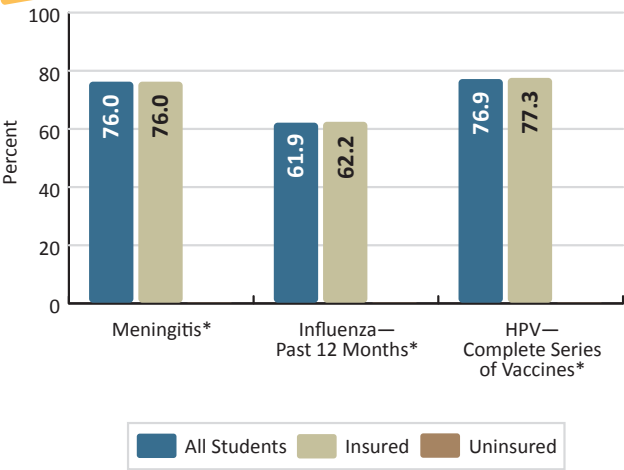
Health Care Service Utilization
All Students

Health Care Service	Percent	
Dental Care	77.1	0.8
Emergency Care (Physical Condition)	50.1	20.9
Mental Health Service (Emergency/Crisis)	28.9	28.6
Mental Health Service (Non-emergency)	54.9	60.0
Routine Doctor's Visit	76.2	9.5
Testing for Sexually Transmitted Infections (Includes HIV)	39.4	39.7
Treatment for Sexually Transmitted Infections (Includes HIV)	19.6	23.7



Among Carleton College students who have obtained non-emergency mental health service, **60.0%** received that care at the college.

Vaccination Status
All Students by Insurance Status



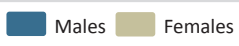
*Insufficient data for uninsured students.

The majority of Carleton students obtain meningitis, influenza, and human papillomavirus (HPV) vaccinations. Additionally, among Carleton students, **35.6%** of males and **57.7%** of females report obtaining a complete series of HPV vaccinations.

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

Average Number of Days Affected by Illness—
Past 30 Days
All Students by Gender

Illness	Average Number of Days Affected	
Poor Mental Health	4.4	8.2
Poor Physical Health	2.6	3.8



Compared to male students at Carleton College, female students at the college report more days of poor mental health and more days of poor physical health.

Results

Mental Health

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

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

National Comparison

This section examines areas related to the mental health of college and university students. Recent research shows that young adults in the United States have relatively high rates of mental health problems compared to other age groups. Among 18- to 25-year-olds, 22.1% have had a mental illness (i.e., a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders-IV) in the past year, 5.9% have had a serious mental illness (i.e., a mental illness that results in functional impairment), 10.9% have had a major depressive episode, and 8.8% have had serious thoughts of suicide (CBHSQ, 2017). Approximately one in eight (12.9%) young adults ages 18–25 have received treatment for a mental health problem in the previous year (CBHSQ, 2017).

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

Among Carleton College students, anxiety and depression are the two most frequently reported mental health diagnoses for both lifetime and the past 12 months.

Mental Health Condition Diagnosis— Lifetime and Past 12 Months

All Students

Mental Health Condition	Percent Who Report Being Diagnosed	
Anorexia	3.8	0.8
Anxiety	28.1	11.3
Attention Deficit Disorder	8.4	1.8
Bipolar Disorder	2.8	1.4
Bulimia	1.9	0.8
Depression	26.7	10.6
Obsessive-Compulsive Disorder	4.7	1.9
Panic Attacks	12.2	6.4
Post-Traumatic Stress Disorder	3.7	2.5
Seasonal Affective Disorder	9.6	6.2
Social Phobia/ Performance Anxiety	10.3	5.2

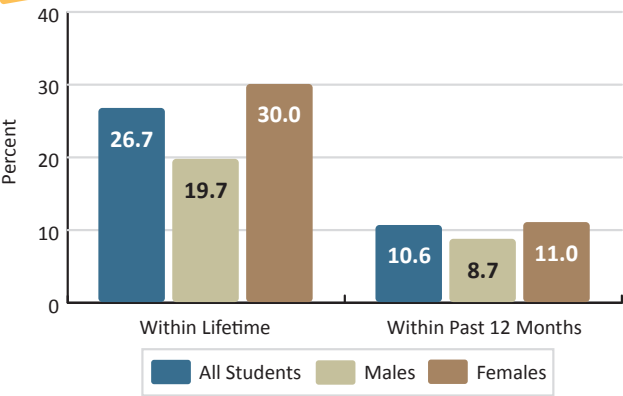
Within Lifetime

Within Past 12 Months

Among Carleton students, **26.7%** report being diagnosed with depression within their lifetime, and **10.6%** report being diagnosed with depression within the past 12 months. Females report being diagnosed with depression at higher rates than males.

Depression Diagnosis— Lifetime and Past 12 Months

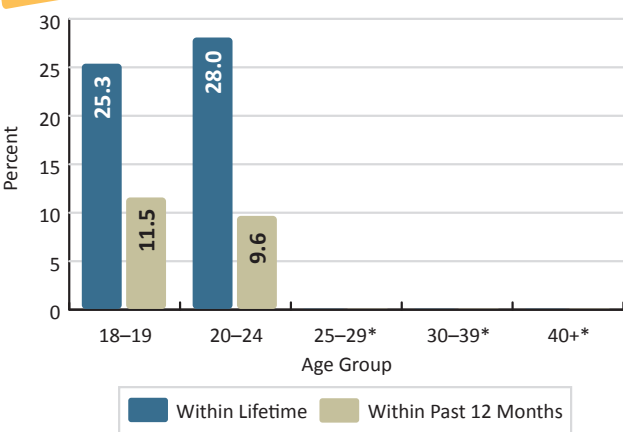
All Students by Gender



Carleton students ages 20–24 report higher rates of a depression diagnosis within their lifetime than students ages 18–19, but students ages 18–19 report a higher rate of depression diagnosis within the past 12 months.

Depression Diagnosis— Lifetime and Past 12 Months

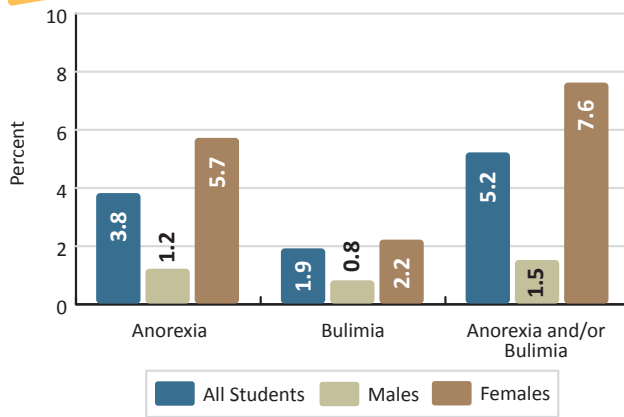
All Students by Age Group



*Insufficient data.

Eating Disorder Diagnosis—Lifetime

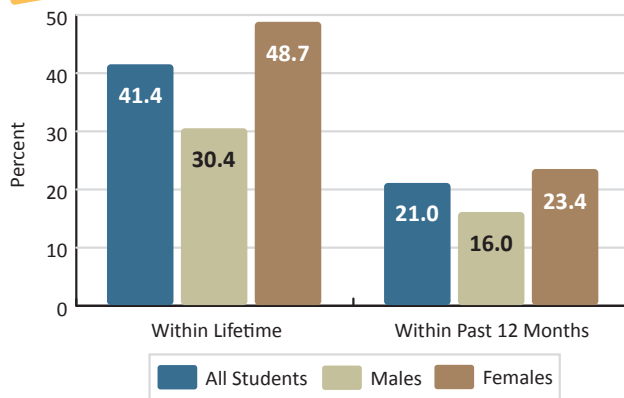
All Students by Gender



Among Carleton students, **1.5%** of males and **7.6%** of females report being diagnosed with anorexia and/or bulimia within their lifetime.

Any Mental Health Condition Diagnosis—Lifetime and Past 12 Months

All Students by Gender

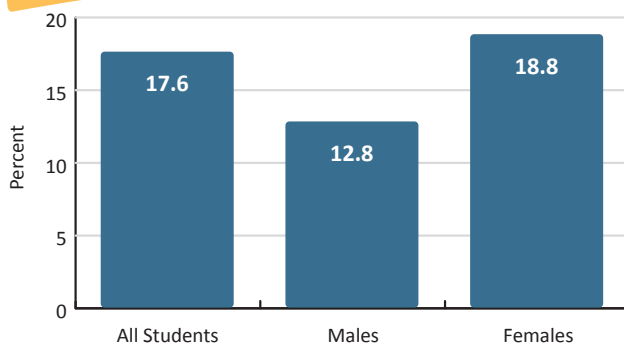


Among Carleton students, **41.4%** report being diagnosed with at least one mental health condition within their lifetime, and **21.0%** report being diagnosed with at least one mental health condition within the past 12 months. Females report being diagnosed with a mental health condition within their lifetime and within the past 12 months at higher rates than males.

Additional analysis shows that **28.1%** of students report being diagnosed with two or more mental health conditions within their lifetime.

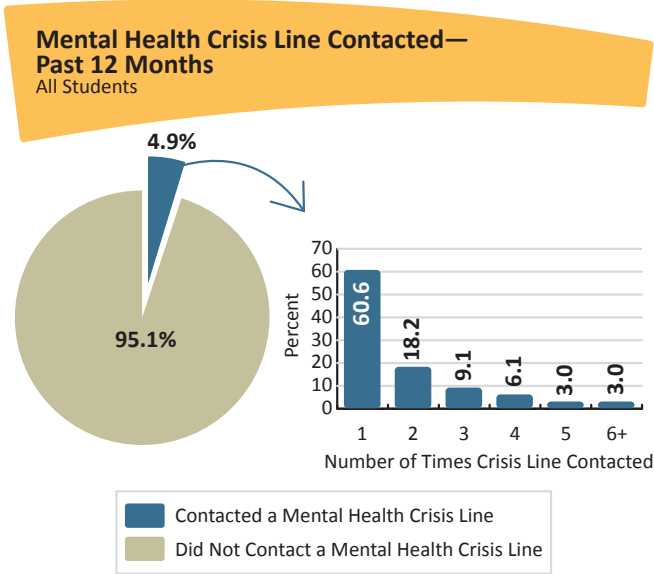
Currently Taking Medication for a Mental Health Condition

All Students by Gender



Overall, **17.6%** of Carleton students report that they currently are taking medication for a mental health condition. Compared to males, females report a higher rate of this medication use, which correlates with their higher diagnosis rates for any mental health condition.

Among Carleton students, **4.9%** report contacting a mental health crisis line within the past 12 months. Among these students, nearly eight in ten (**78.8%**) report contacting a crisis line 1–2 times within the past 12 months.



The most commonly experienced stressors among Carleton College students are termination of personal relationship (not including marriage) and roommate/housemate. A total of **39.4%** of students report experiencing one or two stressors within the past 12 months, and **17.2%** report experiencing three or more stressors over that same time period.

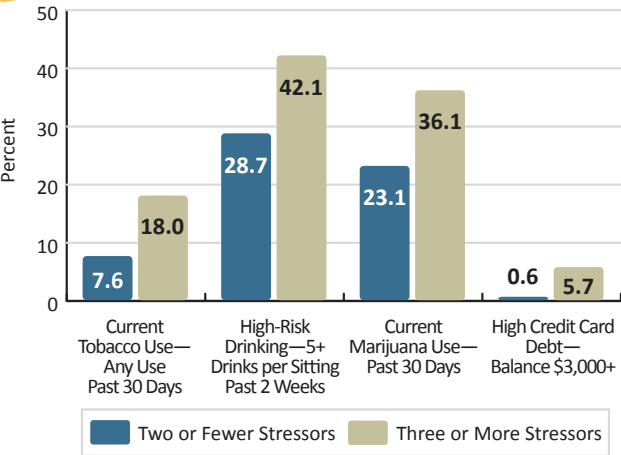
Mental Health Stressors—Past 12 Months

All Students

Stressor	Percent Who Report Experiencing Within Past 12 Months
Arrested	0.4
Attempted Suicide	1.2
Bankruptcy	0.4
Death of Someone Close to You	14.0
Diagnosed With a Serious Mental Illness	10.9
Diagnosed With a Serious Physical Illness	2.7
Excessive Credit Card Debt	2.6
Excessive Debt Other Than Credit Card	3.0
Failing a Class	4.8
Fired or Laid Off From a Job	0.6
Getting Married	0.0
Issues Related to Sexual Orientation	8.1
Lack of Health Care Coverage	4.3
Parental Conflict	12.8
Put on Academic Probation	2.2
Roommate/Housemate Conflict	16.8
Serious Physical Illness of Someone Close to You	14.5
Spouse/Partner Conflict (Includes Divorce or Separation)	4.0
Termination of Personal Relationship (Not Including Marriage)	17.2
Zero of the Above Stressors	43.4
One or Two of the Above Stressors	39.4
Three or More of the Above Stressors	17.2

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

Mental Health Stressors and Risky Behavior*
All Students

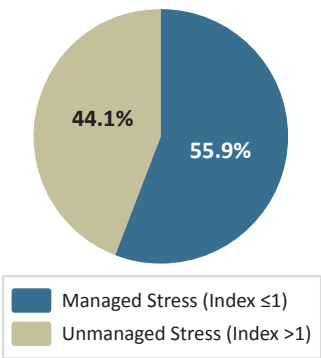


*Number of stressors is based on reported experiences within the past 12 months.

An association appears to exist between the reported number of stressors experienced within the past 12 months and various types of risk-taking behavior. Carleton students experiencing three or more stressors within those 12 months tend to have higher rates of current tobacco use, high-risk drinking, current marijuana use, and high credit card debt compared to students experiencing two or fewer stressors.

Ability to Manage Stress—Past 12 Months
All Students

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



More than two-fifths (44.1%) of Carleton students report that they are unable to manage their stress level. Additional analysis shows that, among these students, 16.7% report a diagnosis of depression within the past 12 months. Approximately three in five (55.9%) Carleton students report that they are able to manage their level of stress; of these, only 5.9% report a diagnosis of depression within the past 12 months.

Stress and Diagnosis of Mental Health, Acute, and Chronic Conditions—Past 12 Months
All Students

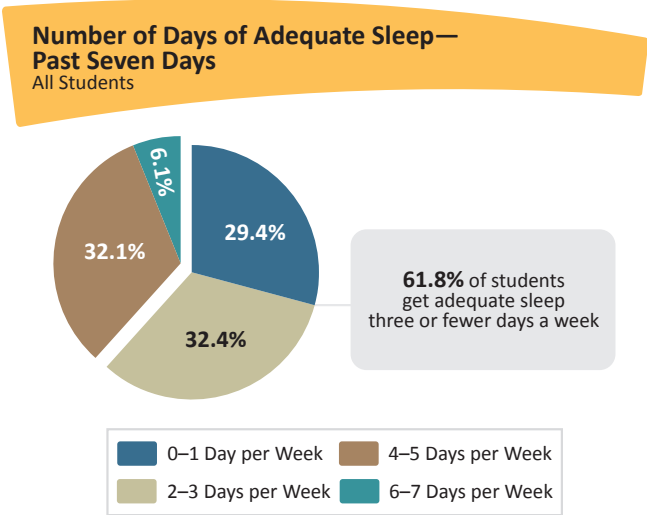
Condition	Percent Who Report Being Diagnosed Within the Past 12 Months	
Anxiety	7.8	15.5
Depression	5.9	16.7
Obsessive-Compulsive Disorder	1.3	2.8
Panic Attacks	3.7	10.0
Social Phobia/Performance Anxiety	2.9	8.1

Managed Stress (Index ≤1)

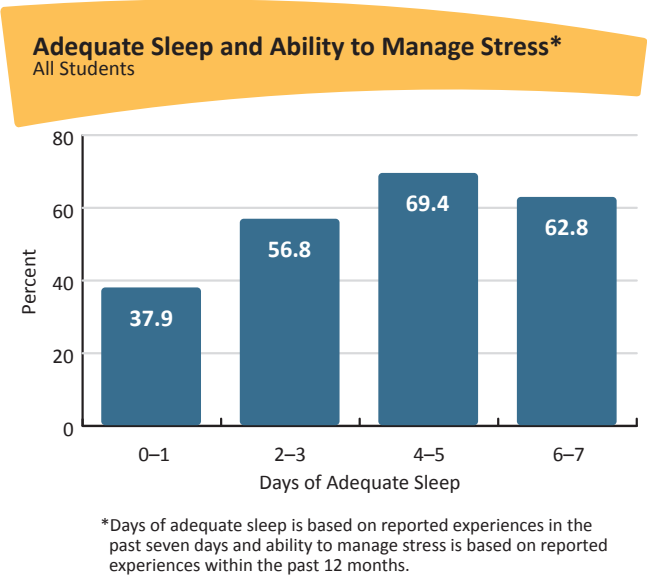
Unmanaged Stress (Index >1)

An association appears to exist between unmanaged stress levels and higher rates of diagnosis for various mental health conditions. For example, 15.5% of Carleton students with unmanaged stress levels report being diagnosed with anxiety within the past year, compared to only 7.8% of students with managed stress levels reporting the same diagnosis.

In response to a question asking Carleton students how often in the past seven days they got enough sleep to feel rested when they woke up in the morning, more than three-fifths (**61.8%**) report receiving adequate sleep on three or fewer of the previous seven days.



Receiving adequate sleep appears to have an impact on students’ ability to manage stress. Only **37.9%** of Carleton students who report receiving 0–1 day of adequate sleep in the past week report that they are able to manage their stress, compared to **69.4%** of students who report 4–5 days of adequate sleep in that period.



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

Students were asked to respond to the following question:

During the past 12 months, how have the following affected your academic performance?

The response options were:

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

Health or Personal Issue	Percent	
Alcohol Use	27.8	10.4
Any Disability (Learning, ADD/ADHA, Physical, etc.)	12.1	60.2
Chronic Health Condition	11.4	32.5
Concern for Family Member or Friend	42.5	33.4
Eating Disorder	10.0	25.0
Excessive Computer/Internet Use	48.5	45.2
Financial Difficulties	21.9	28.5
Food Insecurity	3.4	24.0
Homelessness	0.4	33.3
Marijuana Use	13.4	6.2
Mental Health Issue (Depression, Anxiety, etc.)	45.8	59.6
Pregnancy	0.4	0.0
Relationship Issue with Roommate/Housemate	14.8	30.8
Relationship Issue with Someone Other Than Roommate/Housemate	26.7	43.0
Serious Injury	6.6	56.3
Sexual Assault	6.3	60.0
Sexually Transmitted Infection	1.3	22.2
Sleep Difficulties	41.8	58.1
Stress	73.5	54.7
Upper Respiratory Infection (Cold/Flu, Sinus, Strep, etc.)	39.9	47.6

- Report Having the Issue
- Report the Issue Impacted Academics
(Among Those Who Report Having the Issue)

The four most commonly reported issues among students at Carleton College are stress (73.5%), excessive computer/internet use (48.5%), mental health issues (45.8%), and concern for a family member or friend (42.5%). Among students who report a particular issue, the issues with the greatest impact on academic performance are any disability (60.2%), sexual assault (60.0%), any mental health issue (59.6%), and sleep difficulties (58.1%).

Answering questions about events occurring before age 18, **40.5%** of Carleton students report that a parent or adult in their home swore at them, insulted them, or put them down, and **33.4%** report living with someone who was depressed, mentally ill, or suicidal.

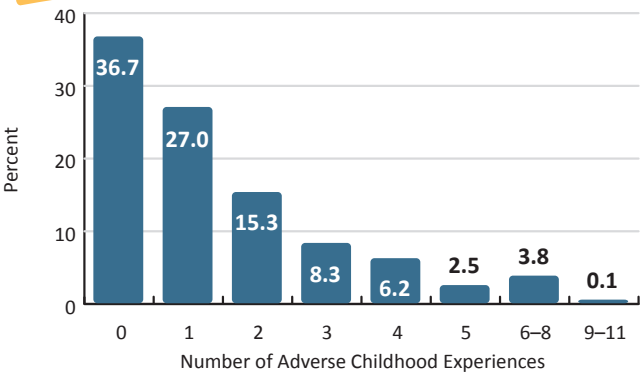
Adverse Childhood Experiences
All Students

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

ACEs Question (Questions pertain to events happening before age 18)	Percent Who Responded Yes, Once, or More Than Once
Did you live with anyone who was depressed, mentally ill, or suicidal?	33.4
Did you live with anyone who was a problem drinker or alcoholic?	12.4
Did you live with anyone who used illegal street drugs or who abused prescription medications?	7.8
Did you live with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility?	3.6
Were your parents separated or divorced?	15.3
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	11.2
How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? (Do not include spanking.)	12.7
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	40.5
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	5.4
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	5.0
How often did anyone at least 5 years older than you or an adult, force you to have sex?	1.4

More than three-fifths (**63.3%**) of Carleton students report experiencing at least one adverse childhood experience.

Number of Adverse Childhood Experiences—Lifetime
All Students



Results

Tobacco Use

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

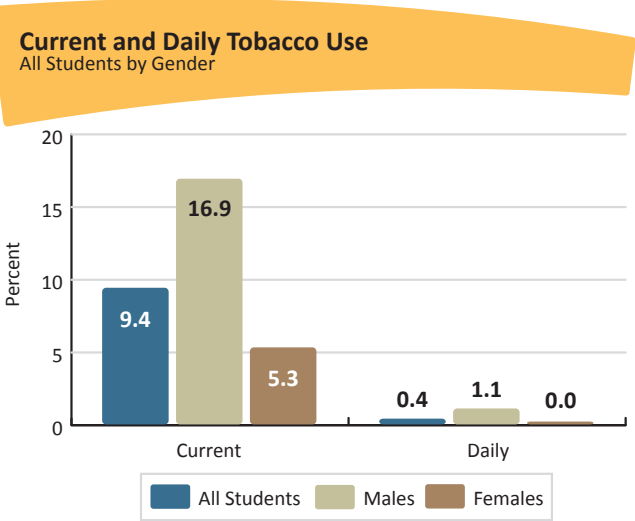
National Comparison

Nearly one-fourth (24.0%) of 18- to 20-year-olds (CBHSQ, 2015) and nearly one-fourth (23.5%) of young adults ages 18–25 report cigarette use in the past 30 days, and 5.2% used smokeless tobacco in the previous month (CBHSQ, 2017). Among full-time college students, 18.7% smoked cigarettes at least one time in the previous year, about one in eleven (8.9%) smoked cigarettes at least one time in the previous 30 days, and about one in 35 (2.6%) smoke cigarettes daily (Schulenberg et al, 2017). Approximately one-tenth (9.7%) of full-time college students smoked e-cigarettes at least one time in the previous year (Johnston et al, 2015). Current cigarette smokers are more likely to use other tobacco products, alcohol, or illicit drugs than nonsmokers (CBHSQ, 2015). Among all current smokers, 68.0% want to completely stop smoking, 55.4% made an attempt to quit in the past year, and 7.4% successfully quit within the past year (CDC, 2017b). Of the 15 million college students in the United States, an estimated 1.7 million will die prematurely due to smoking-related illnesses (Halperin, 2002). The current level of tobacco use among college students clearly poses a major health risk.

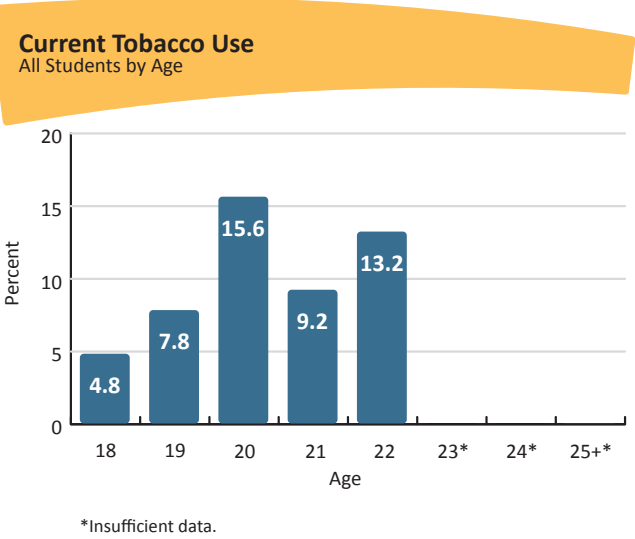
The current rate of tobacco use for students at Carleton College is **9.4%**, with a daily rate of **0.4%**. Compared to females, males report higher rates of current tobacco use and daily tobacco use.

Definition:
Current Tobacco Use

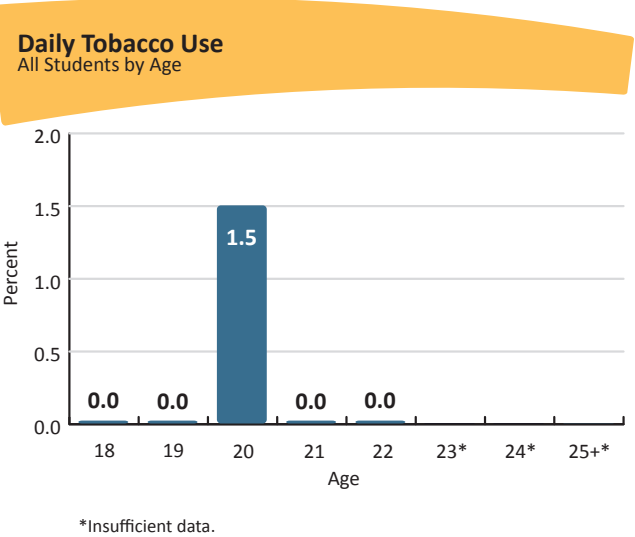
Any tobacco use within the past 30 days. Tobacco use includes both smoking and smokeless tobacco.



Carleton students age 20 report the highest rate of current tobacco use (**15.6%**).

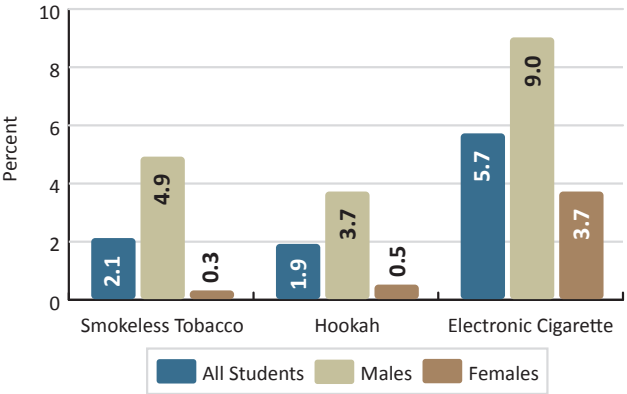


The highest rate of daily tobacco use is found among Carleton students age 20 (**1.5%**).



Current Smokeless Tobacco, Hookah, and Electronic Cigarette Use

All Students by Gender



Overall, **2.1%** of Carleton students report using smokeless tobacco, **1.9%** report using a hookah, and **5.7%** report using an electronic cigarette during the past 30 days.

Definition: Current Smokeless Tobacco Use

Any smokeless tobacco use within the past 30 days.

Definition: Current Hookah Use

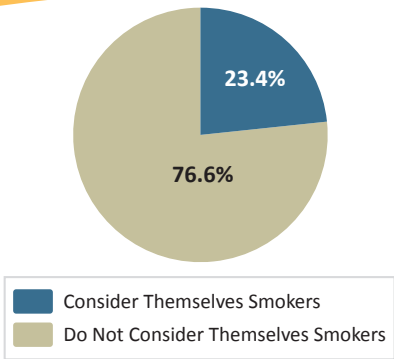
Any use of tobacco from a water pipe (hookah) within the past 30 days.

Definition: Current Electronic Cigarette Use

Any electronic cigarette use within the past 30 days.

Consider Themselves Smokers

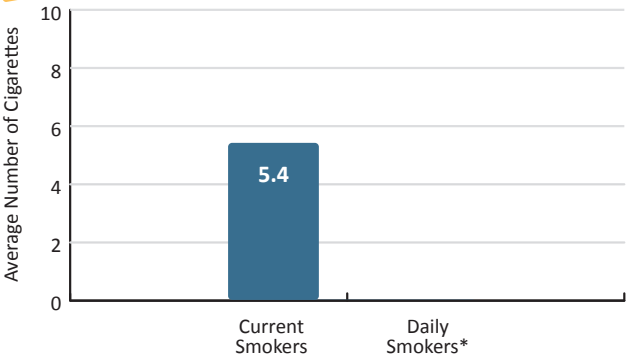
Current Smokers



Among students at Carleton who report smoking tobacco in the past 30 days, **76.6%** do not consider themselves smokers.

Average Number of Cigarettes Smoked Per Week—Past 30 Days

Current vs. Daily Smokers



*Insufficient data.

The average number of cigarettes smoked per week over the past 30 days by Carleton students is **5.4** among current smokers.

Among Carleton students, **55.6%** of nonsmokers and **65.6%** of smokers report being exposed to secondhand smoke on campus (outside) in an average week.

Secondhand Smoke Exposure
All Students

Location	Percent Who Indicate Exposure					
	Nonsmokers		Current Smokers		All Students	
In a Car	2.5	N/A	9.4	N/A	3.1	N/A
Off Campus	5.2	26.2	15.6	37.5	6.1	27.1
On Campus	7.7	55.6	6.3	65.6	7.6	56.5
Where I Live	2.1	7.9	4.7	15.6	2.3	8.5
Other	2.1	8.5	1.6	9.4	2.1	8.5
N/A—Never Exposed	20.4		21.9		20.5	

Inside

Outside

Results

Alcohol Use and Other Drug Use

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

National Comparison

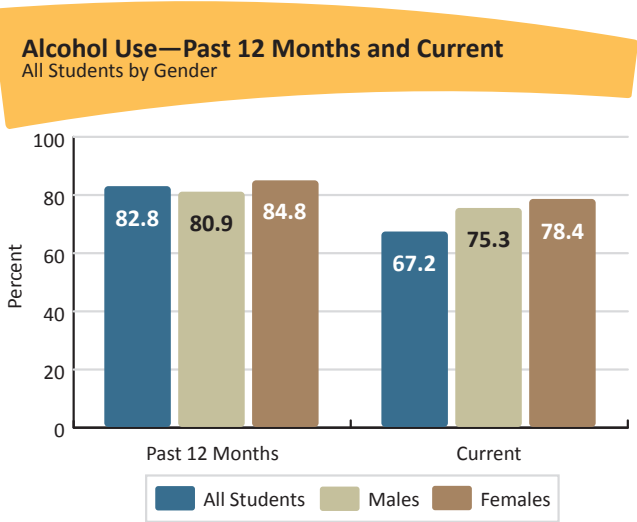
American college students consume alcohol and other drugs at very high rates. Among full-time college students, four in five (81.3%) have consumed alcohol at least one time, nearly four in five (78.9%) have consumed alcohol in the past year, and about three in five (63.2%) consume alcohol monthly (Schulenberg et al, 2017). The rate of binge drinking (consuming five or more alcoholic beverages in a row in the previous two weeks) is highest for those ages 21–25, at 43.3%, and is 28.5% among 18- to 20-year-olds (CBHSQ, 2015). Compared to those not enrolled in college full-time, young adults ages 18–22 who are enrolled full-time are more likely to consume alcohol monthly and to binge drink (CBHSQ, 2015).

More than one-half (54.4%) of full-time college students have used an illicit drug at least once in their lifetime, more than four in ten (42.8%) have used an illicit drug at least once in the past year, and nearly one in four (24.3%) have used an illicit drug in the last month (Schulenberg et al, 2017). Marijuana is the illicit drug of choice for full-time college students, with more than half (51.0%) having used the drug at least once in their lifetime, nearly two in five (39.3%) having used it in the past year, and nearly one-fourth (22.2%) having used it in the past month (Schulenberg et al, 2017). Among full-time college students, 9.8% have used amphetamines, 4.7% have used cocaine, and 4.5% have used hallucinogens in the previous year (Schulenberg et al, 2017).

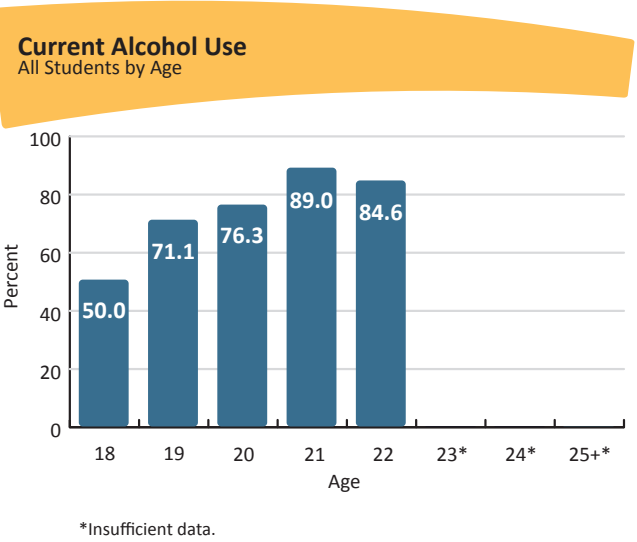
Among Carleton College students, **82.8%** report using alcohol in the past 12 months, and **67.2%** report using alcohol in the past 30 days. Compared to male students, female students report higher rates of alcohol use in the past 12 months and in the past 30 days.

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

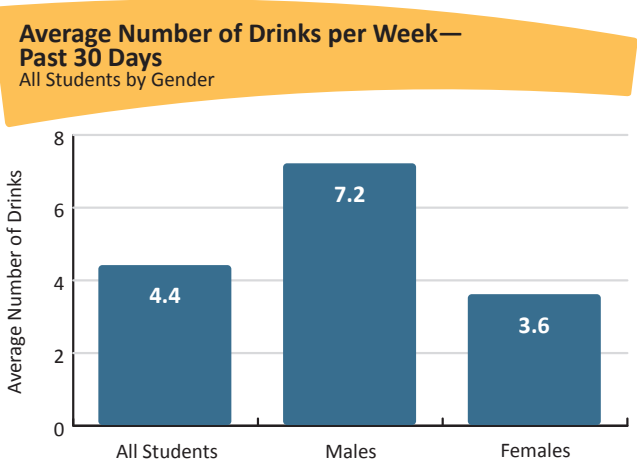
Definition:
Current Alcohol Use
Any alcohol use within the past 30 days.



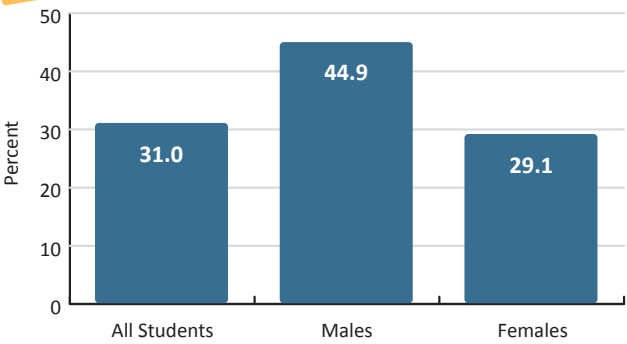
Carleton students age 21 report the highest rate of consuming alcohol in the past 30 days (**89.0%**). One in two (**50.0%**) Carleton students age 18 report consuming alcohol in the past 30 days.



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



High-Risk Drinking
All Students by Gender



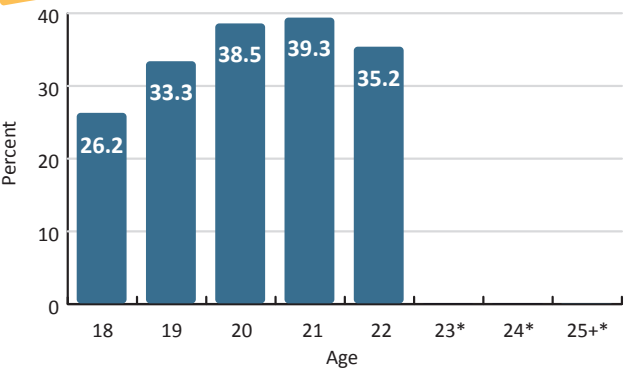
Male students at Carleton report a higher rate of high-risk drinking compared to female students (44.9% vs. 29.1%, respectively).

Definition:

High-Risk Drinking

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

High-Risk Drinking
All Students by Age



*Insufficient data.

Among Carleton students, the peak years for engaging in high-risk drinking are ages 20–21.

High-Risk Drinking Rates on Campus—
Perceived vs. Actual
All Students

Question asked:

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

High-Risk Drinking Status	Students' Perception of High-Risk Drinking by School Peers	Actual High-Risk Drinking Rate
All Students	34.1%	31.0% of All Students
High-Risk Drinkers	39.2%	
Non-High-Risk Drinkers	31.3%	

Students attending Carleton slightly overestimate the rate of high-risk drinking on their campus. The estimate from all students is 34.1%, while the actual rate is 31.0%. Those who have engaged in high-risk drinking estimate a rate of 39.2%, while those who have not engaged in high-risk drinking estimate a rate of 31.3%.

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

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

The average estimated BAC among students at Carleton College, based on the last time the student partied/socialized, is **0.08**. The average is higher for females than for males.

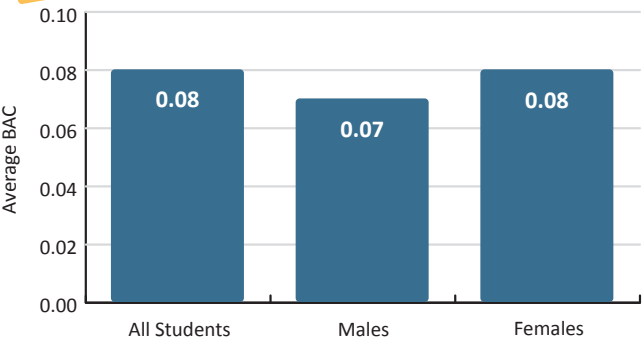
Among Carleton students, the average BAC levels at the most recent socializing/partying occasion range from **0.07** to **0.09**, with an average of **0.08**. Students age 22 report an average estimated level of **0.09**, which exceeds the legal driving limit of 0.08 for individuals of legal drinking age.

Blood Alcohol Content

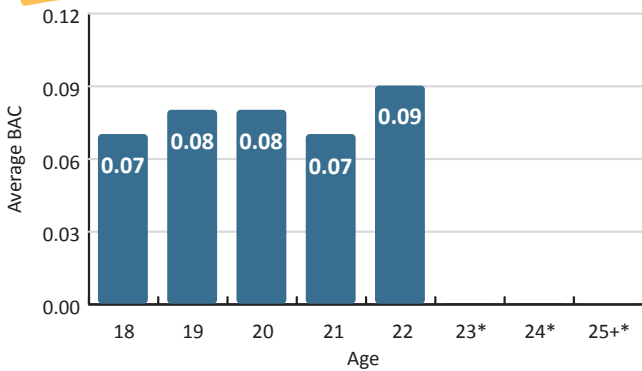
Blood alcohol content (BAC) measures the percentage of alcohol in a person's blood. The calculation of BAC is based on a formula that takes into account the following factors:

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

Average Estimated Blood Alcohol Content
All Students by Gender



Average Estimated Blood Alcohol Content
All Students by Age



*Insufficient data.

Negative Consequences of Alcohol Use— Past 12 Months

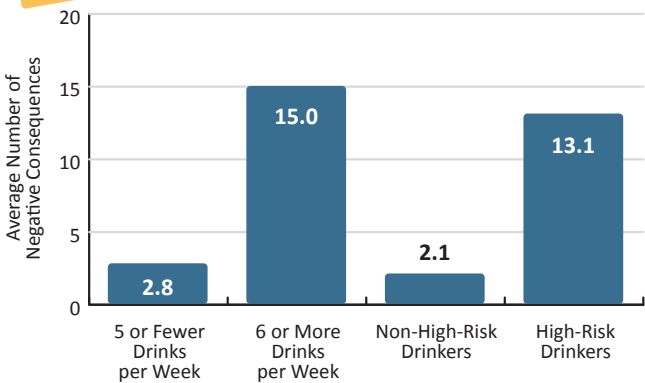
All Students

Negative Consequence Due to Alcohol Use	Percent Who Report Experiencing Within Past 12 Months
Arrested for a DWI/DUI	0.2
Criticized by Someone I Know	14.0
Damaged Property, Pulled Fire Alarm, etc.	1.7
Done Something I Later Regretted	23.6
Driven a Car While Under the Influence	1.6
Got Into an Argument or Fight	9.7
Got Nauseated or Vomited	35.8
Had a Hangover	47.9
Had a Memory Loss	22.6
Have Been Taken Advantage of Sexually	4.0
Have Taken Advantage of Another Sexually	0.8
Hurt or Injured	6.8
Missed a Class	6.8
Performed Poorly on a Test or Important Project	6.7
Seriously Thought About Suicide	3.9
Seriously Tried to Commit Suicide	0.6
Thought I Might Have a Drinking Problem	9.3
Tried Unsuccessfully to Stop Using	1.4
Trouble with Police, Residence Hall, or Other University/College Authorities	4.8

About one in sixty (**1.6%**) Carleton students report having driven a car within the past 12 months while under the influence of alcohol; for the same period, **6.8%** report missing a class and **6.7%** report performing poorly on a test or project as a result of alcohol use.

Average Number of Alcohol-Related Negative Consequences*

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



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

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

Rates for most alcohol-related negative consequences are four or more times higher among Carleton students who engaged in high-risk drinking in the previous two weeks compared to those who did not. About one in twenty (**4.6%**) students who have engaged in high-risk drinking in the past two weeks report driving while under the influence of alcohol one or more times in the past 12 months.

Asked if they would call 911 if someone passes out due to alcohol/drug use and couldn’t be awakened, **64.5%** of all Carleton students report they would be “very likely” to call for emergency assistance.

Most students at Carleton College do not have a fake ID and do not have intentions of obtaining one (**87.7%**). Of those who do have a fake ID, **76.7%** have an ID that someone else made, **20.0%** have someone else’s ID, and **3.3%** have both types of ID.

High-Risk Drinking and Selected Consequences*
All Students

Negative Consequence Due to Alcohol Use	Percent		
Driven a Car While Under the Influence	1.6	0.4	4.6
Got into an Argument or Fight	9.7	4.3	21.7
Have Been Taken Advantage of Sexually (Includes Males and Females)	4.0	2.1	8.3
Missed a Class	6.8	2.4	16.7
Performed Poorly on a Test or Important Project	6.7	2.4	16.2

All Students Non-High-Risk Drinkers High-Risk Drinkers

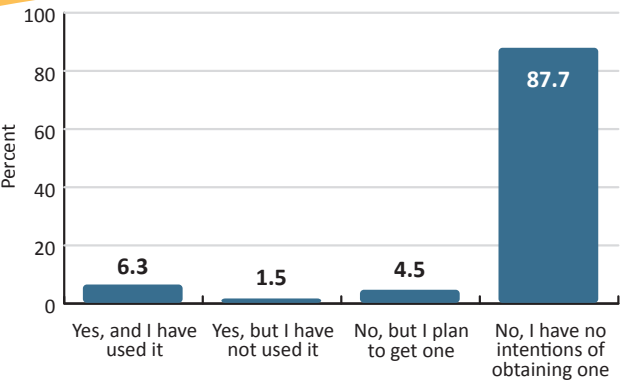
*High-risk drinking is based on behavior in the past two weeks while the rate for negative consequences is based on reported experiences in the past 12 months.

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

Response	Percent		
Very Likely	64.5	61.0	65.6
Somewhat Likely	27.5	32.1	26.1
Somewhat Unlikely	6.5	5.7	6.8
Very Unlikely	1.5	1.3	1.6

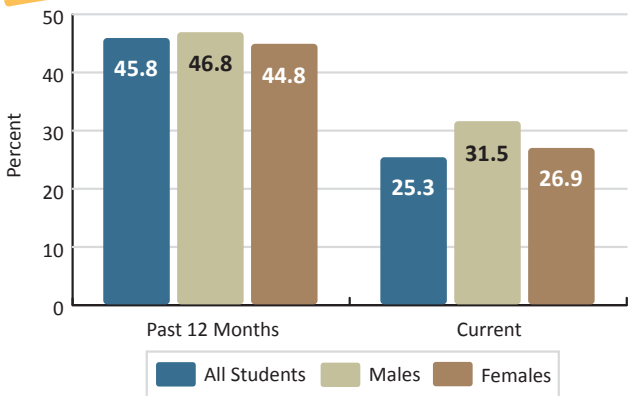
All Students Students Who Did Not Use Alcohol Within the Past 30 Days Students Who Did Use Alcohol Within the Past 30 Days

Fake ID Ownership
All Students under 21 Years of Age



Marijuana Use—Past 12 Months and Current

All Students by Gender



Among all Carleton College students, the rate for any marijuana use within the past 12 months is **45.8%**, while the rate of current use is **25.3%**. Rates are higher for males than for females.

Definition:
Past 12-Month Marijuana Use
 Any marijuana use within the past year.

Definition:
Current Marijuana Use
 Any marijuana use within the past 30 days.

Negative Consequences of Marijuana Use—Past 12 Months

All Students

Negative Consequence Due to Marijuana Use	Percent Who Report Experiencing Within Past 12 Months
Arrested for a DWI/DUI	0.1
Criticized by Someone I Know	2.7
Damaged Property, Pulled Fire Alarm, etc.	0.1
Done Something I Later Regretted	2.3
Driven a Car While Under the Influence	2.8
Got Into an Argument or Fight	0.9
Got Nauseated or Vomited	4.7
Had a Hangover	2.5
Had a Memory Loss	3.4
Have Been Taken Advantage of Sexually	0.4
Have Taken Advantage of Another Sexually	0.1
Hurt or Injured	0.1
Missed a Class	1.4
Performed Poorly on a Test or Important Project	1.3
Seriously Thought About Suicide	1.3
Seriously Tried to Commit Suicide	0.3
Thought I Might Have a Drug Problem	1.8
Tried Unsuccessfully to Stop Using	0.8
Trouble with Police, Residence Hall, or Other University/College Authorities	1.6

More than one in 40 (**2.8%**) Carleton students report having driven a car within the past 12 months while under the influence of marijuana, **1.4%** report missing a class due to marijuana use, and **1.8%** report thinking they might have a drug problem.

Among Carleton students, **9.6%** report having used at least one of the eight listed illicit drugs within the past 12 months, **3.7%** report using another person’s ADHD medication, and **2.1%** indicate that they used another person’s prescription medication (other than ADHD medication). Hallucinogens are the most commonly used illicit drugs (**6.4%**).

Selected Drug Use—Past 12 Months
All Students

Drug	Percent Who Report Use Within Past 12 Months
Amphetamines	0.6
Cocaine	2.1
Ecstasy	2.1
GHB/Rohypnol	0.4
Hallucinogens	6.4
Inhalants	0.0
Opiates	0.3
Sedatives	1.2
Use of at Least One of the Above Listed Drugs	9.6
Use of Another Person’s ADHD Medication	3.7
Use of Another Person’s Medication Other Than ADHD	2.1

Results

Personal Safety and Financial Health

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

National Comparison

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

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

Nearly four in five undergraduate students (77%) carry debit cards, while three in ten carry credit cards (30%) (Sallie Mae, 2013). More than three in five (62%) undergraduate students pay off all cards each month (Sallie Mae, 2013). The average credit card balance per undergraduate student is \$499 (Sallie Mae, 2013). More than two-fifths (41.9%) of college students report participating in some type of gambling activity during the previous school year (LaBrie et al, 2003).

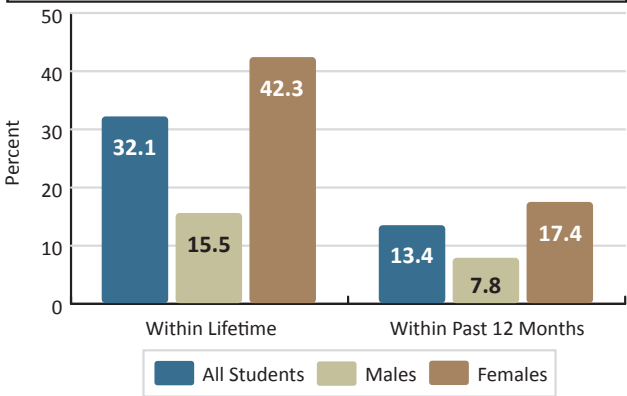
More than two in five (**42.3%**) female students at Carleton College indicate that they have experienced a sexual assault within their lifetime, with **17.4%** experiencing an assault within the past 12 months. Male students at the college have experienced lower sexual assault rates, at **15.5%** within their lifetime and **7.8%** within the past 12 months.

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

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

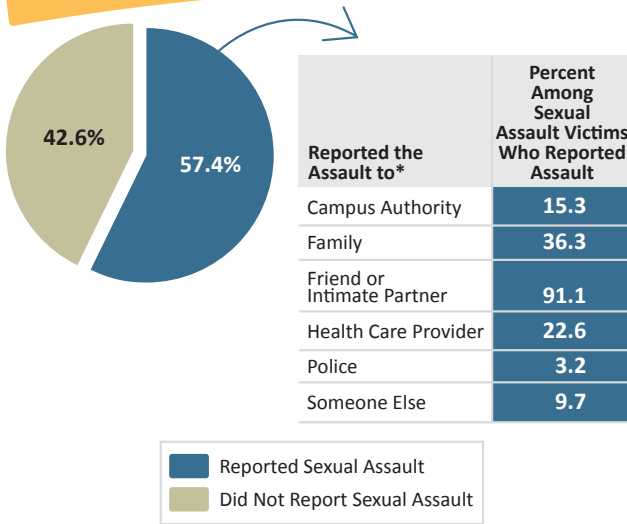
Within your lifetime or during the past 12 months, have you:

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



Of Carleton students who indicate they have experienced a sexual assault within their lifetime (32.1%), nearly three-fifths (**57.4%**) state that they reported the incident. Of these students, **22.6%** reported it to a health care provider, **3.2%** reported it to the police, and **15.3%** reported it to a campus authority.

Sexual Assault Reporting by Victims—Lifetime
Sexual Assault Victims



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

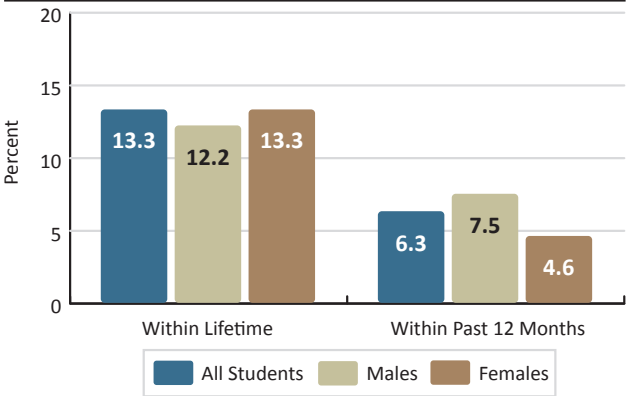
Domestic Violence—Lifetime and Past 12 Months

All Students by Gender

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

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

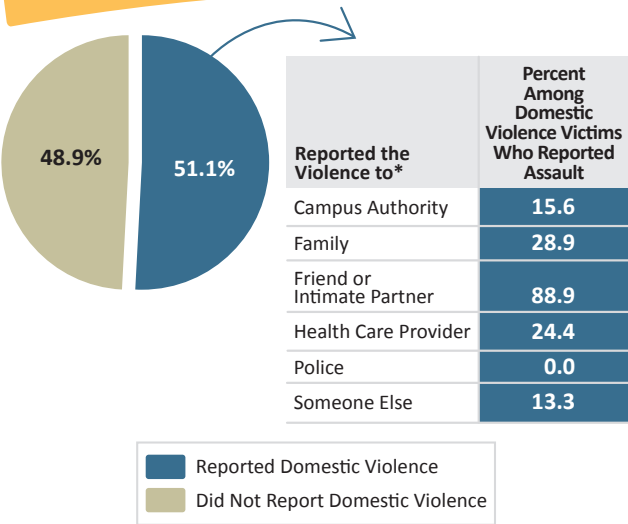
- Been slapped, kicked, or pushed by your significant other or spouse/partner?
- Been hurt by threats, “put-downs,” or yelling by your significant other or spouse/partner?



More than one in eight (13.3%) female students at Carleton, and more than one in nine (12.2%) male students, indicate that they have experienced domestic violence within their lifetime.

Domestic Violence Reporting by Victims—Lifetime

Domestic Violence Victims

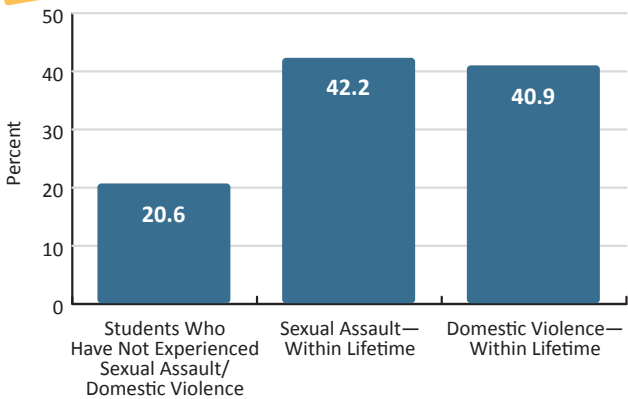


Of Carleton students who indicate that they have experienced domestic violence within their lifetime (13.3%), more than one-half (51.1%) state that they reported the incident. Of these students, 24.4% reported it to a health care provider, 0.0% reported it to the police, and 15.6% reported it to a campus authority.

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

Depression Diagnosis—Lifetime

All Students by Sexual Assault/Domestic Violence



Among Carleton students, 42.2% of those who report being victims of sexual assault, and 40.9% of those who report being victims of domestic violence, say they have been diagnosed with depression within their lifetime. These rates are higher than the lifetime depression rate (20.6%) reported among Carleton students who have not experienced sexual assault or domestic violence within their lifetime.

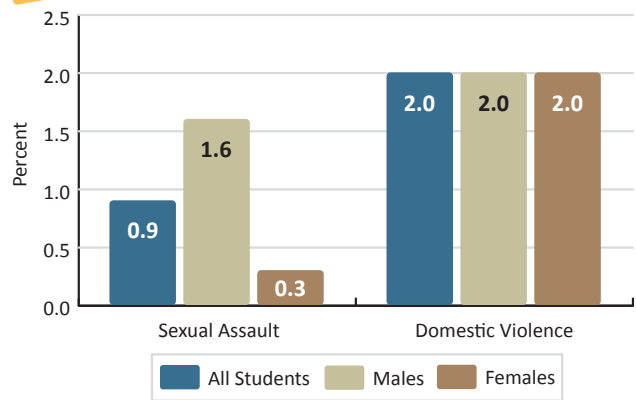
Among Carleton students, **0.9%** report being a perpetrator of sexual assault within the past 12 months. About one in fifty (**2.0%**) students at the college report having been a perpetrator of domestic violence within that same time period.

Further examination of data shows that about one in 18 (**6.1%**) students at the college report either sexually assaulting or inflicting domestic violence on another person within their lifetime. Of these students, **55.8%** indicate that they have been a victim of a sexual assault within their lifetime.

Overall, more than four in five students at Carleton College report having experienced any sort of sexual harassment (**86.2%**). Sexual harassment is more commonly reported by female than by male students at the college (**92.0% vs. 77.7%**, respectively). The most common type of sexual harassment reported was that someone attempted to draw the student into a discussion of sexual matters (**56.5%**).

Sexual Assault and Domestic Violence Perpetrator—Past 12 Months

All Students by Gender



Sexual Harassment

All Students by Gender

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

Type of Harassment	Percent		
Someone told sexual joke/story	51.6	45.5	55.8
Someone attempted to draw you into a discussion of sexual matters	56.5	51.3	60.2
Someone made offensive comments about your appearance	38.2	31.1	43.0
Someone used body language of a sexual nature	31.2	21.1	38.0
Someone attempted to establish a sexual relationship	30.8	21.7	37.3
Someone continued to ask for dates	17.4	8.8	23.4
Someone touched you in a way that made you feel uncomfortable	27.4	16.7	35.2
Someone appeared to bribe you with a reward or special tickets	5.0	3.0	5.9
Someone made you feel threatened through retaliation	6.4	4.2	7.8
Someone treated you badly for refusing to have sex	12.3	8.3	13.5
Someone referred to people of your gender in offensive terms	45.0	22.1	59.2
Someone treated you “differently” because of your gender	46.3	13.7	67.7
Someone made offensive sexist remarks	53.9	33.7	66.7
Someone acted condescendingly to you because of your gender	48.9	16.4	70.4
Any Experience of Sexual Harassment	86.2	77.7	92.0

All Students

Males

Females

Sexual Harassment—Perpetrator

All Students by Gender

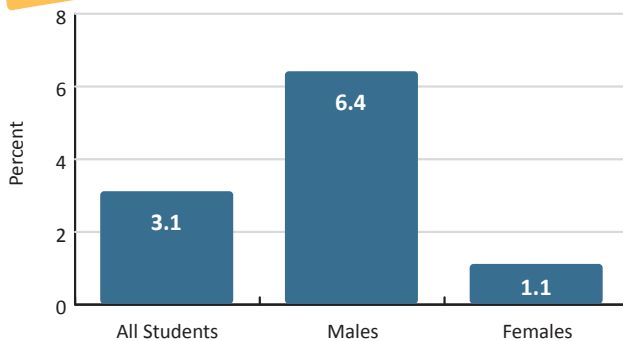
Type of Harassment	Percent								
	Perpetrated by a peer at my college/university			Perpetrated by faculty/staff at my college/university			Perpetrated by someone not at my college/university		
Someone told sexual joke/story	36.8	36.1	37.3	1.3	0.0	1.9	27.5	21.4	31.4
Someone attempted to draw you into a discussion of sexual matters	48.2	46.4	50.3	0.3	0.4	0.0	19.8	15.8	20.7
Someone made offensive comments about your appearance	23.4	22.0	24.5	0.3	0.0	0.5	20.4	12.5	24.5
Someone used body language of a sexual nature	15.8	14.0	16.7	0.3	0.0	0.0	19.9	8.7	27.2
Someone attempted to establish a sexual relationship	21.8	16.3	25.5	0.1	0.4	0.0	12.4	6.5	16.6
Someone continued to ask for dates	10.0	6.5	12.1	0.0	0.0	0.0	9.1	2.3	13.7
Someone touched you in a way that made you feel uncomfortable	16.1	11.7	19.6	0.3	0.4	0.3	12.8	4.5	18.3
Someone appeared to bribe you with a reward or special tickets	2.8	1.1	3.8	0.0	0.0	0.0	2.8	1.9	3.0
Someone made you feel threatened through retaliation	3.1	2.3	3.2	0.1	0.4	0.0	3.6	1.5	5.1
Someone treated you badly for refusing to have sex	6.9	5.3	6.7	0.0	0.0	0.0	6.1	3.0	7.8
Someone referred to people of your gender in offensive terms	28.4	19.4	33.8	2.8	1.9	2.4	26.8	7.6	38.9
Someone treated you “differently” because of your gender	31.9	12.5	45.0	5.9	1.9	7.5	25.0	2.3	39.6
Someone made offensive sexist remarks	35.9	28.8	39.5	5.0	0.8	5.4	31.1	11.7	43.8
Someone acted condescendingly to you because of your gender	33.0	15.3	44.7	5.1	1.5	5.9	26.7	3.8	41.2
Any Experience of Sexual Harassment	75.7	71.5	79.1	10.3	4.3	11.7	55.1	36.5	66.6

■ All Students ■ Males ■ Females

Compared to male students at Carleton, female students were more likely to have experienced sexual harassment from a peer at the college, from a faculty or staff member at the college, and from someone not at school. Overall, the most common sexual harassment experienced from a peer was that someone attempted to draw the student into a discussion of sexual matters (**48.2%**), the most common sexual harassment experienced from a faculty or staff member was someone treating the student “differently” because of their gender (**5.9%**), and the most common sexual harassment experienced from someone not at school was someone making offensive sexist remarks (**31.1%**).

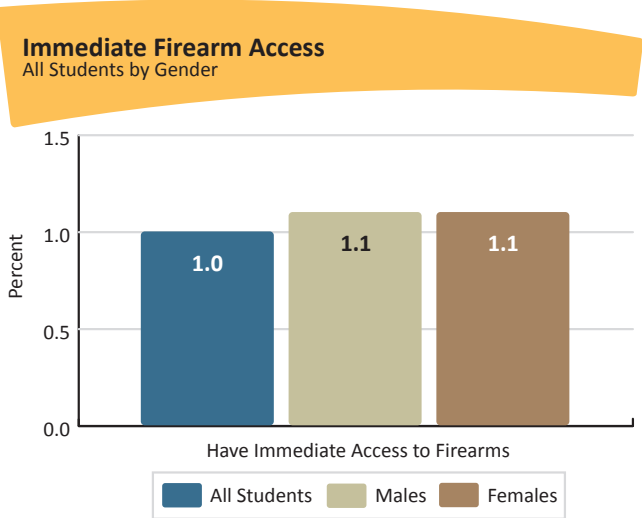
Physical Fight—Past 12 Months

All Students by Gender

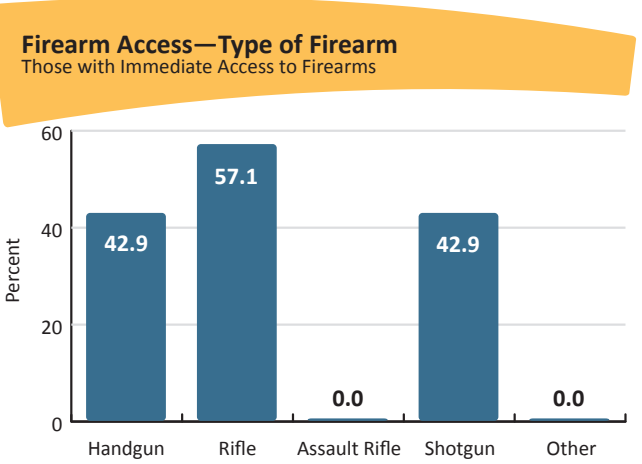


Male students at Carleton College are more likely to report having engaged in a physical fight over the past 12 months compared to female students (**6.4%** vs. **1.1%**, respectively).

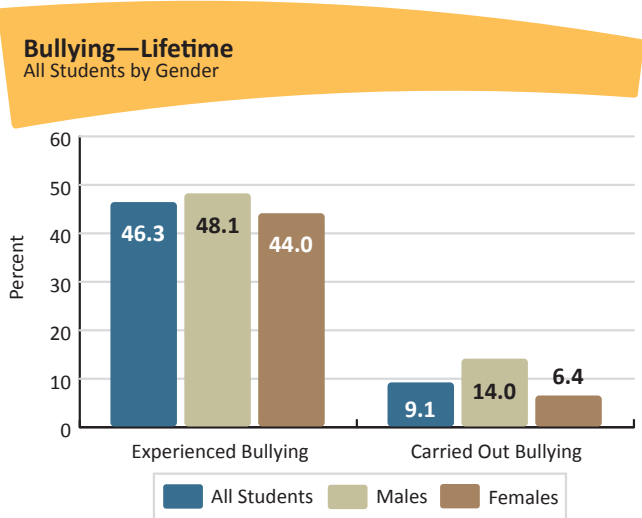
Male and female students at Carleton were equally likely to report having immediate access to a firearm (1.1%). Overall, the total number of Carleton students that reported immediate access to a firearm was small (n=7).



Among students with immediate access to firearms, the most common type of firearm is a rifle (57.1%). Of those with immediate access to firearms, no students (0.0%) reported that they have a license for concealed carry (CCW permit).



Nearly one-half (48.1%) of male students at Carleton report experiencing bullying sometimes or frequently within their lifetime, compared to two in five (44.0%) female students. One in seven (14.0%) male students and one in 16 female students (6.4%) report carrying out bullying sometimes or frequently within their lifetime.



Discrimination Experience—Lifetime

All Students by Gender

Type of Discrimination	Percent		
People Act as if They Are Afraid of You	37.3	43.6	31.0
People Act as if They Think You Are Not Smart	73.5	58.3	84.8
Received Poorer Service Than Other People at Restaurants or Stores	37.9	33.1	39.8
Treated with Less Courtesy or Respect Than Other People	77.5	68.8	82.6
You Are Threatened or Harassed	51.2	35.3	61.5

All Students

Males

Females

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

Discrimination Type/Reason—Lifetime

All Students by Gender

Reason for Discrimination	Percent		
Age	45.5	28.4	55.7
Ancestry or National Origin	20.9	26.0	19.0
Education/Income Level	16.5	20.7	14.8
Gender	67.4	23.1	91.1
Height	20.2	25.4	18.7
HIV Status	0.0	0.0	0.0
Physical Disability	0.8	0.0	1.3
Race	30.3	37.3	27.2
Religion	6.3	7.7	6.6
Sexual Orientation	15.4	14.8	11.5
Shade of Skin Color	15.4	18.9	13.8
Weight	17.7	20.7	16.7
Other Aspect of Physical Appearance	22.6	22.5	23.3
Other	7.3	12.4	4.3

All Students

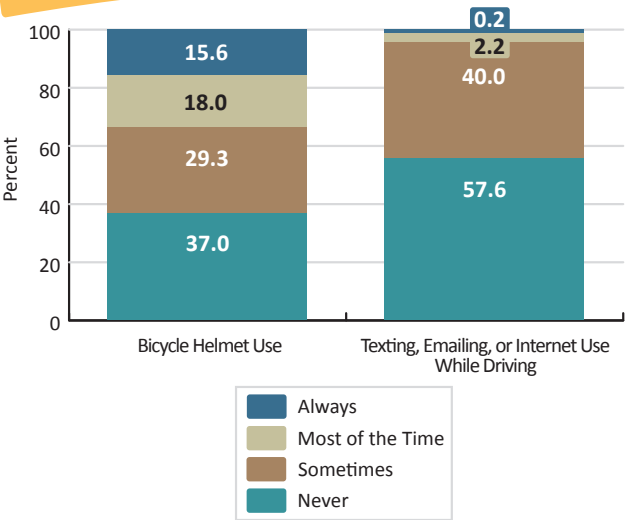
Males

Females

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

Transportation Safety—Past 12 Months

All Students



More than three in four (**77.5%**) Carleton students report being treated with less courtesy or respect than other people within their lifetime, and more than one in two (**51.2%**) report being threatened or harassed.

For male Carleton students, race is the most common reason for discrimination within their lifetime. For female students at the college, gender is the most common reason for discrimination within their lifetime.

Among students at Carleton who ride a bicycle, more than one in three (**37.0%**) report never wearing a helmet while riding in the past 12 months. During the same period, more than two-fifths (**42.4%**) report texting, emailing, or using the internet sometimes, most of the time, or always while driving.

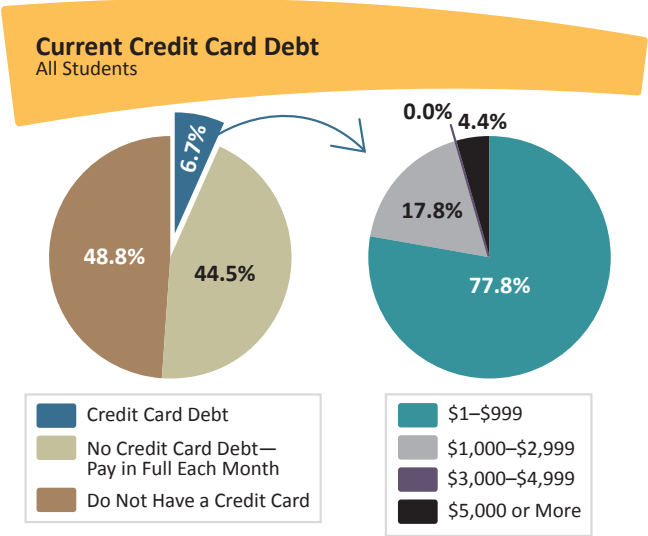
Additionally, one in twelve (**8.4%**) Carleton students report riding in a vehicle during the past 12 months with a driver who was impaired due to alcohol consumption.

Approximately one in 16 (**6.7%**) Carleton students report carrying some level of credit card debt over the past month. Of these students, **4.4%** report the debt as \$3,000 per month or more.

Definition:

Current Credit Card Debt

Any unpaid balance at the end of the past month.

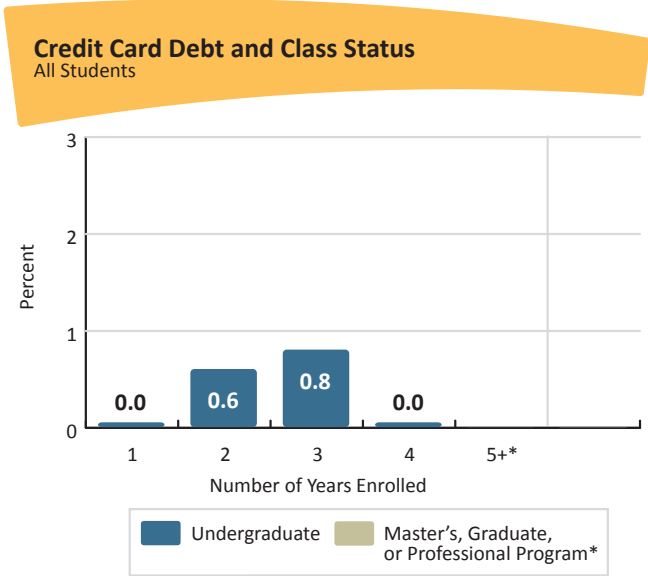


The percentage of Carleton College students with a monthly credit card debt of \$3,000 or more is highest among third-year students (**0.8%**).

Definition:

Credit Card Debt

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



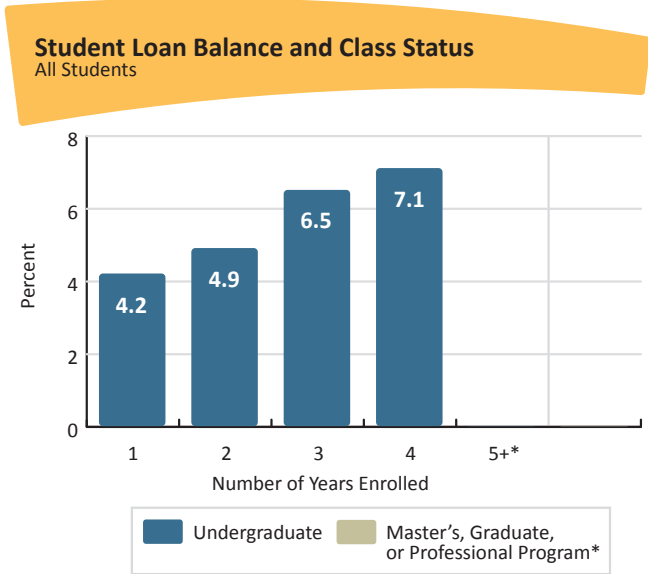
*Insufficient data.

The percentage of Carleton students who report a student loan balance of more than \$25,000 increases from **4.2%** among first-year students to **7.1%** among fourth-year students.

Definition:

Student Loan Balance

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



*Insufficient data.

Results

Nutrition and Physical Activity

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

National Comparison

Research shows that, compared to older adults, young adults in the United States generally eat fewer fruits and vegetables but are more physically active (CDC, 2017a). Young adults ages 18–27 report consuming breakfast an average of 3.1 days per week, and consuming fast food an average of 2.5 days per week (Niemeier, 2006). The rate of obesity among young adults ages 18–24 in Minnesota is 16.1% (CDC, 2017a).

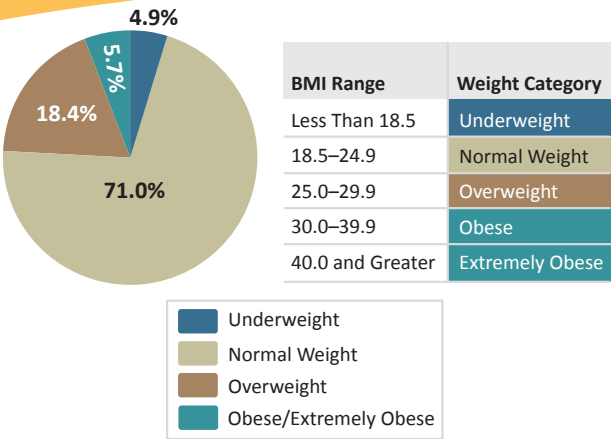
Though research examining food insecurity (see definition on page 34) among young adults is limited, the prevalence of food insecurity and its negative outcomes are issues of increasing concern. Three studies conducted in the United States among college students show that 45%–59% are either food insecure or at risk of food insecurity (Chaparro et al, 2009; Maroto et al, 2015; Patton-Lopez et al, 2014).

Nationwide, 84.4% of young adults ages 18–24, compared to 75.6% of all adults, report participating in at least one physical activity during the last month (CDC, 2017a). More than one-half (53.3%) of 18- to 24-year-olds report participating in 150 minutes or more of aerobic physical activity per week; for all adults, the rate is 50.8% (CDC, 2015a).

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

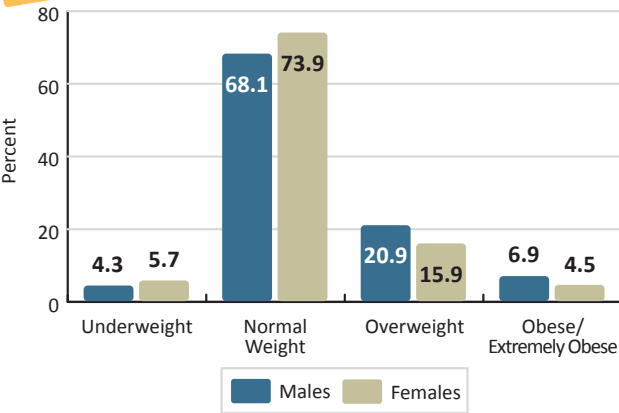
Nearly one-fourth (**24.1%**) of students at Carleton College fall within the overweight or obese/extremely obese category. This is based on self-reported height and weight.

BMI Category
All Students



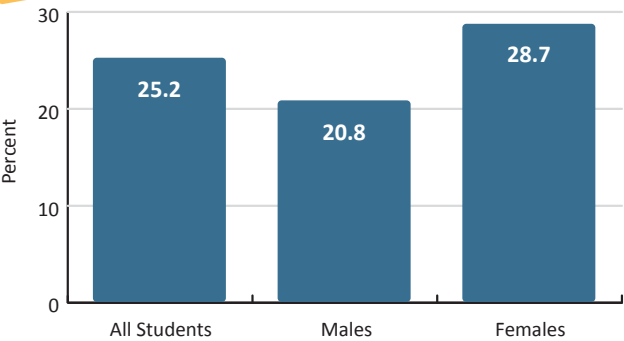
More than one-fourth (**27.8%**) of males and more than one-fifth (**20.4%**) of females at Carleton fall within the overweight or obese/extremely obese category. Additional analysis shows that the average BMI for male Carleton students is **23.6**, and the average BMI for female students is **23.0**. For both male and female students, these averages fall within the normal weight category.

BMI Category
All Students by Gender



More than one in four (**25.2%**) Carleton students report engaging in binge eating over the past 12 months.

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



Meal Patterns
All Students by BMI Category

Behavior	Percent			
Breakfast Consumption (Past 7 Days)				
0 Days per Week	16.1	11.5	20.2	22.2
1–3 Days per Week	32.3	25.7	24.6	27.8
4–7 Days per Week	51.6	62.8	55.2	50.0
Fast-Food Consumption (Past 12 Months)				
1–2 Times per Month or Less	96.8	94.4	87.7	77.8
Once per Week or More	3.2	5.6	12.3	22.2

Underweight

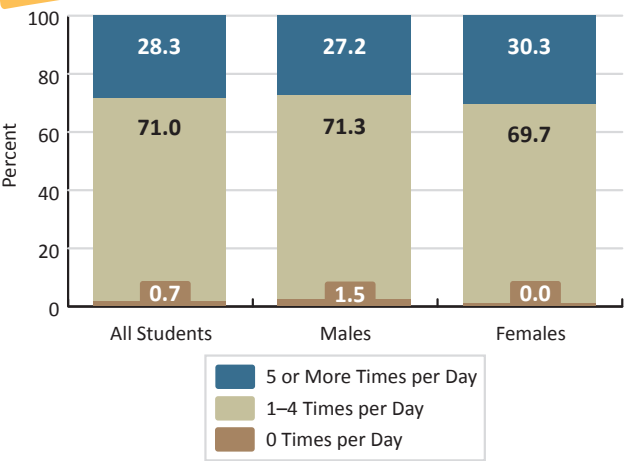
Overweight

Normal Weight

Obese/Extremely Obese

Obese/extremely obese Carleton students report the highest rates of never eating breakfast within the past seven days and of fast-food consumption once per week or more within the past 12 months.

Fruit and Vegetable Consumption—Past Seven Days
All Students by Gender



A majority of Carleton students report consuming fruits and vegetables 1–4 times per day in the past seven days, with only 28.3% consuming fruits and vegetables five or more times per day. On average, male Carleton students consume fruits and vegetables 3.9 times per day and female Carleton students consume fruits and vegetables 4.1 times per day.

Food Insecurity—Past 12 Months
All Students

In the 1990s, the United States Department of Agriculture (USDA) developed a series of questions designed to measure food insecurity. The 18-item Household Food Security Survey (HFSS) serves as the standard for assessing household food security (Bickel et al, 2000). In order to gain some insight into food insecurity among the college population, a validated two-question screening based on the HFSS was selected to appear within the College Student Health Survey (Hager et al, 2010). These two questions inquire whether a household has been worried about having money to buy food, and whether there have been times when members of the household went without food.

Food security is a necessary component to household and personal well-being. Food insecurity, though it is conceptual, measures something different from nutritional deprivation, and can be a precursor to nutritional, health, and developmental problems (Bickel et al, 2000). Mental and physical changes accompanying inadequate food intake have a bearing on learning, productivity, and physical and psychological health (Sharkey et al, 2011; McLaughlin et al, 2012).

Question	Percent			
Within the past 12 months, I worried whether my food would run out before I got money to buy more.	1.3	7.6	88.7	2.3
Within the past 12 months, the food I bought just didn't last and I didn't have money to get more.	1.2	5.4	91.9	1.5

Often True

Never True

Sometimes True

Don't Know

More than one in twelve (8.9%) Carleton students report worrying about whether their food would run out before they had money to buy more. More than one in 16 (6.6%) report experiencing a food shortage and lacking money to buy more within the past 12 months.

Asked to report their consumption of sweetened beverages, **4.1%** of Carleton students report consuming coffee drinks with sugar every day in the past seven days.

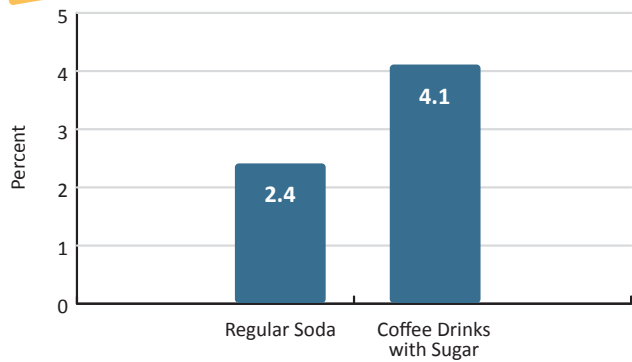
Based on their responses, students were classified into one of three physical activity levels (none/limited, moderate, or high). The high classification meets the CDC’s recommended level of physical activity for moderate- and vigorous-intensity physical activity.

More than three in five (**62.5%**) of Carleton students report levels of physical activity that place them in the high classification, meeting the CDC’s recommendations.

Body mass index is lowest among male and female Carleton students who report moderate physical activity in the past seven days.

Daily Sweetened Beverage Consumption
—Past 30 Days

All Students



Physical Activity Level—Past Seven Days

All Students

Students were asked several questions related to their physical activity level. The survey questions that relate to recommendations outlined by the Centers for Disease Control and Prevention (CDC) are:

In the past seven days, how many minutes did you spend doing the following activities?

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

The CDC recommends that adults:

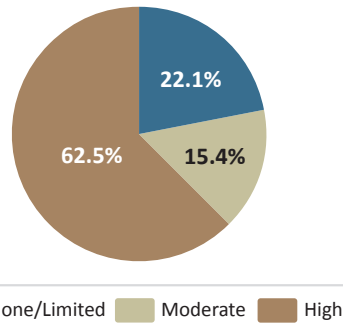
- Engage in 150 minutes of moderate-intensity physical activity every week, and engage in muscle-strengthening activities two or more days a week (CDC, 2015c).

Or

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

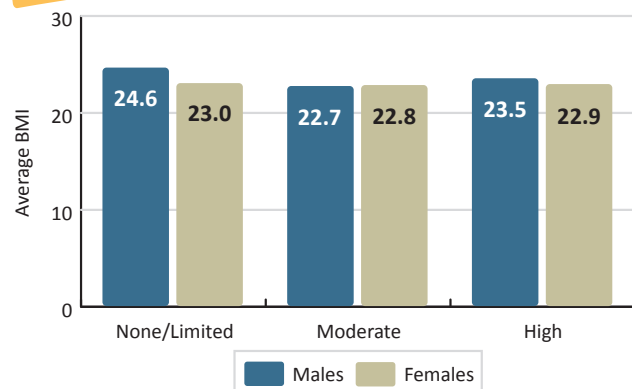
Or

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



Average BMI

All Students by Physical Activity Level and Gender



Results

Sexual Health

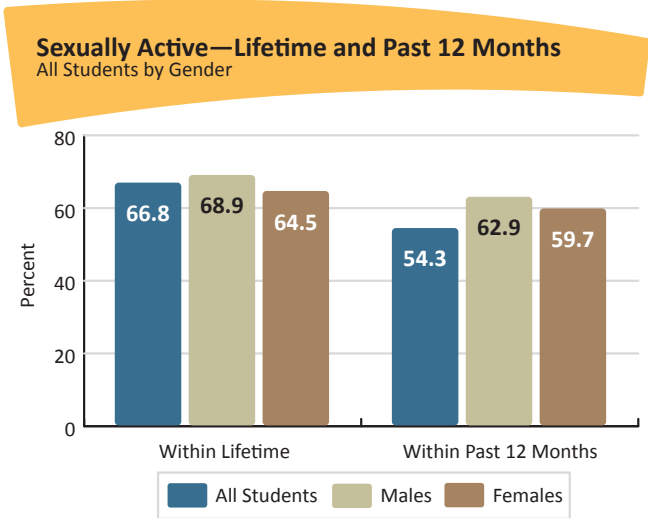
Some of the most important decisions facing college students concern sexual health. Choices relating to sexual behavior have the potential for significant, and often long-term, consequences. Healthy People 2020, a science-based, 10-year agenda for improving the health of all Americans, states that improving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

National Comparison

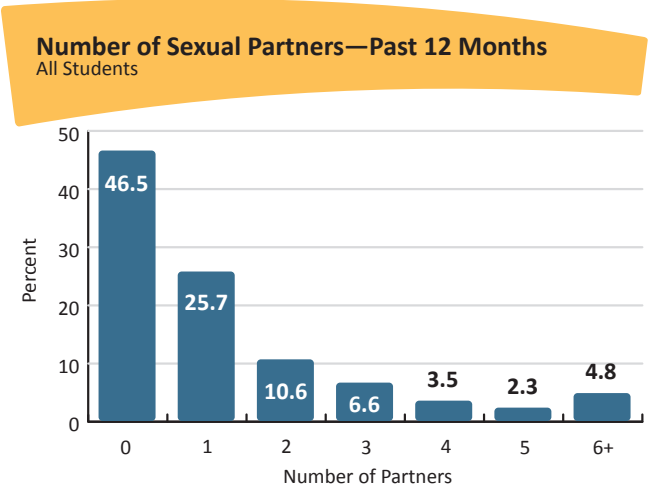
The majority of young adults in the United States are sexually active. Among males ages 18–19 and 20–24, respectively, 60.9% and 70.3% report that they have engaged in vaginal intercourse within their lifetime, 59.4% and 73.5% report that they have received oral sex from a partner of the opposite sex,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

Due to a combination of behavioral, biological, and cultural reasons, sexually active young adults are at increased risk for acquiring sexually transmitted infections (STIs) (CDC, 2015d). The higher prevalence of STIs among young adults reflects multiple barriers to accessing quality STI prevention services: ability to pay, lack of transportation, and concerns about confidentiality (CDC, 2015d). Among all males, 20- to 24-year-olds have the highest rate of chlamydia (1,467.8 cases per 100,000 people) and gonorrhea (539.1 cases per 100,000 people) and the second highest rate of syphilis (35.7 cases per 100,000 people) (CDC, 2015d). Among all females, 20- to 24-year-olds have the highest rates of chlamydia (3,730.3 cases per 100,000 people), gonorrhea (546.9 cases per 100,000 people), and syphilis (5.1 cases per 100,000 people) (CDC, 2015d).

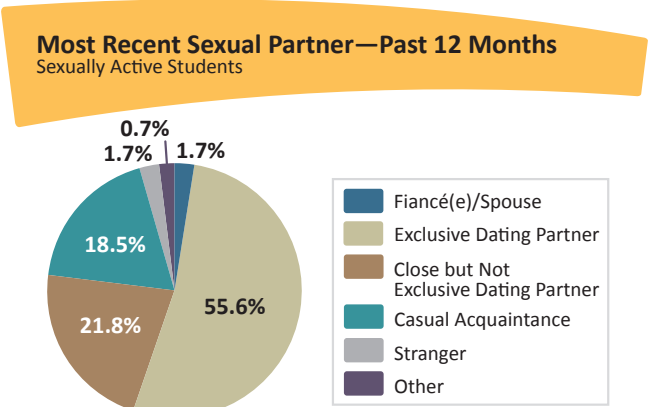
Compared to male students, female students attending Carleton College report lower rates of sexual activity within their lifetime and within the past 12 months.



Nearly three in four (**72.2%**) Carleton students report having 0–1 sexual partners within the past 12 months. On average, Carleton students who were sexually active in the past 12 months had **2.6** sexual partners in that period.

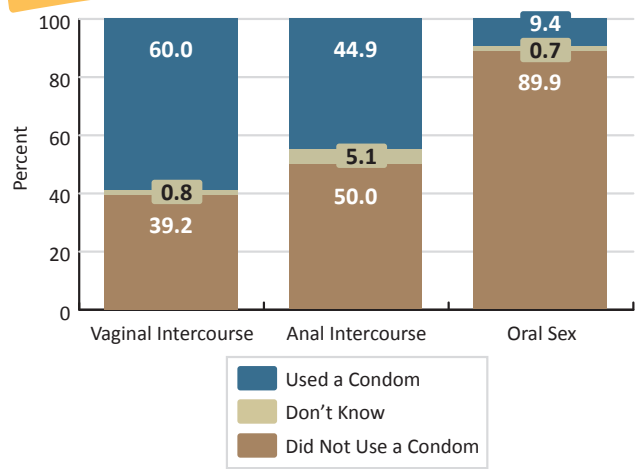


Among Carleton students who report being sexually active within the past 12 months, nearly six in ten (**57.3%**) report that their most recent sexual partner was either a fiancé(e)/spouse or an exclusive dating partner.



Condom Use

Sexually Active Students Within Lifetime
(Does Not Include Those Who Are Married or With a Domestic Partner)



Among Carleton students who report being sexually active within their lifetime, **60.0%** used a condom the last time they engaged in vaginal intercourse, **44.9%** used a condom during the last time they had anal intercourse, and **9.4%** used a condom during their last oral sex experience. Percentages are based solely on those who indicated they engaged in the activity.

Additional analysis shows that of the 66.8% of Carleton students who report being sexually active within their lifetime, **86.8%** have engaged in vaginal intercourse, **95.5%** have engaged in oral sex, and **17.4%** have engaged in anal intercourse.

Pregnancy Prevention Methods

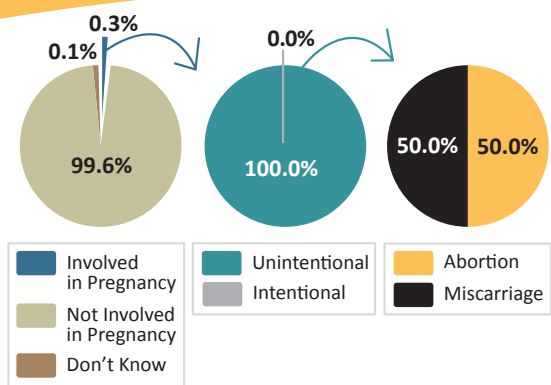
Sexually Active Students Within Lifetime

Type of Method	Percent Who Report Using Method
Birth Control Pills	32.8
Condoms	51.8
Depo-Provera (Shots)	0.4
Diaphragm and Spermicide	0.0
Emergency Contraception	1.3
Fertility Awareness	0.9
Implanon (Hormone Implant)	3.5
Intrauterine Device	24.2
NuvaRing	1.8
Patch	1.3
Sterilization (Hysterectomy, Vasectomy)	0.2
Withdrawal	8.4
Other	1.8
Don't Know/Can't Remember	2.0
Report Not Using any Method of Pregnancy Prevention	1.8

The two methods that Carleton students report using most commonly to prevent pregnancy the last time they engaged in vaginal intercourse are condoms (**51.8%**) and birth control pills (**32.8%**).

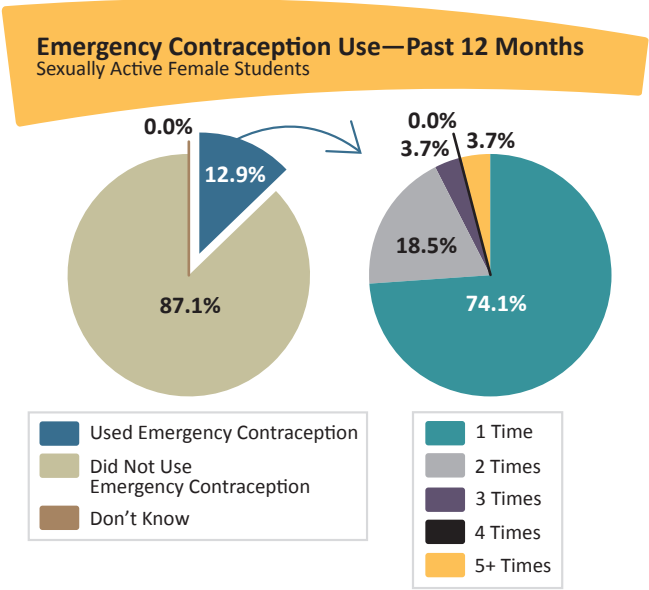
Unintended Pregnancy Outcome—Past 12 Months

All Students

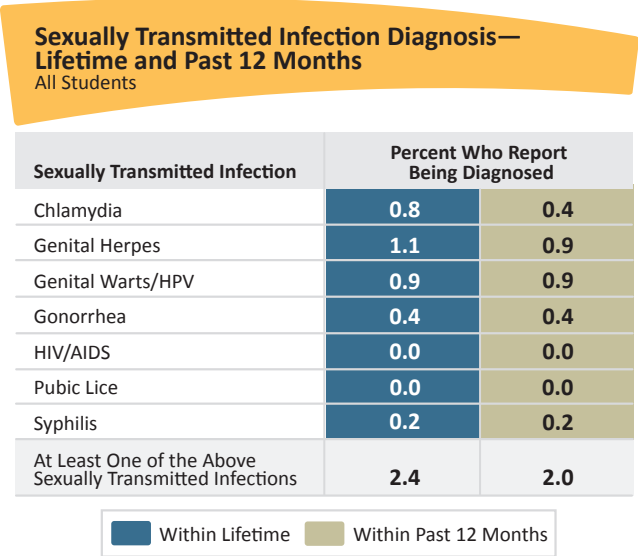


A total of **0.3%** of Carleton students report being involved in a pregnancy within the past 12 months. Of these students, **100.0%** state the pregnancy was unintentional. Among the unintentional pregnancies, **50.0%** resulted in abortion and **50.0%** resulted in miscarriage.

Among sexually active female students at Carleton College, **12.9%** report using emergency contraception within the past 12 months. Among these students, **74.1%** have used it once, **18.5%** have used it twice, and **7.4%** have used it at least three times.



Among Carleton students who have been sexually active within their lifetime, **2.4%** report being diagnosed with a sexually transmitted infection (STI) within their lifetime, and **2.0%** report being diagnosed with an STI within the past 12 months. Genital Herpes is the STI most commonly diagnosed within students’ lifetimes.



Implications

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

Results from the 2018 College Student Health Survey presented in this report offer a comprehensive look at the diseases, health conditions, and health-related behaviors impacting students attending postsecondary schools in Minnesota. Identification of these health-related issues is critical, because the health of college students in Minnesota affects not only their academic achievement but also the overall health of our society.

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

Appendix 1

Colleges and Universities Participating in the 2018 College Student Health Survey

School	Location	Enrollment
Bemidji State University	Cambridge, MN Coon Rapids, MN	6,396
Carleton College	Northfield, MN	1,995
Century College	White Bear Lake, MN	12,395
Hennepin Technical College	Brooklyn Park, MN	7,813
M State—Fergus Falls M State—Moorhead	Fergus Falls, MN Moorhead, MN	8,422
Minneapolis Community & Technical College	Minneapolis, MN	12,255
Pine Technical & Community College	Pine City, MN	2,547
Rainy River Community College	International Falls, MN	441
Rochester Community and Technical College	Rochester, MN	7,515
St. Catherine University	Minneapolis, MN St. Paul, MN	4,724
St. Cloud Technical & Community College	St. Cloud, MN	6,336
University of Minnesota—Crookston	Crookston, MN	2,834
University of Minnesota—Duluth	Duluth, MN	11,168
University of Minnesota—Morris	Morris, MN	1,627
University of Minnesota—Rochester	Rochester, MN	472
University of Minnesota—Twin Cities	Minneapolis, MN St. Paul, MN	51,848
Winona State University	Winona, MN	9,483

Appendix 1 References

Carleton College. (2016). *About Carleton*. Retrieved May 31, 2018, from <http://apps.carleton.edu/about/>.

Minnesota State Colleges and Universities. (2018). *Campuses*. Retrieved May 31, 2018, from <http://www.minnstate.edu/colleges/campuses.html>.

Saint Catherine University. *University Facts*. Retrieved May 31, 2018, from <https://www.stkate.edu/about/university-facts>

University of Minnesota (2018). *Official Enrollment Statistics – Office of Institutional Research*. Retrieved May 31, 2018 from <https://oir.umn.edu/student/enrollment>.

Appendix 2

Carleton College Students Survey Demographics Based on Student Response

	All Students
Average Age (Years)	20.1
Age Range (Years)	18–24
18–24 Years	100.0%
25 Years or Older	0.0%
Average GPA	3.53
Class Status	
Undergraduate—Enrolled One Year	23.8%
Undergraduate—Enrolled Two Years	22.4%
Undergraduate—Enrolled Three Years	17.2%
Undergraduate—Enrolled Four Years	23.9%
Undergraduate—Enrolled Five or More Years	0.0%
Master’s, Graduate, or Professional Program	0.0%
Non-Degree Seeking	0.0%
Unspecified	12.8%
Gender	
Male	34.5%
Female	48.4%
TransMale, TransFemale, Genderqueer, Preferred Another Descriptor (Write-in)	4.1%
Preferred to Not Answer	12.9%
Racial Identity	
American Indian/Alaska Native	1.7%
Asian/Pacific Islander	17.3%
Black or African American	4.3%
Native Hawaiian/Other Pacific Islander	0.3%
White (Includes Middle Eastern)	67.8%
Preferred Another Descriptor (Write-in)	2.5%
Ethnic Identity	
Hispanic or Latino	8.1%
Hmong	0.3%
Somali	0.1%
None of the Above	76.6%
Preferred to Not Answer	1.3%
Sexual Identity	
Heterosexual or Straight	68.3%
Gay or Lesbian	6.1%
Bisexual	12.7%
Not Sure Yet	6.2%
Not Sure What Question Means	0.0%
Preferred Another Descriptor (Write-in)	6.7%
Current Residence	
Residence Hall or Fraternity/Sorority	91.7%
Homeless	0.0%
Other	8.3%
Other Status	
International Student	9.8%
Veteran of United States Armed Forces	0.1%
Reported at Least One Disability	12.2%

Glossary

Credit Card Debt

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

Current Alcohol Use

Any alcohol use within the past 30 days.

Current Credit Card Debt

Any unpaid balance at the end of the past month.

Current Electronic Cigarette Use

Any use of an electronic cigarette within the past 30 days.

Current Hookah Use

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

Current Marijuana Use

Any marijuana use within the past 30 days.

Current Smokeless Tobacco Use

Any smokeless tobacco use within the past 30 days.

Current Tobacco Use

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

High-Risk Drinking

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

Past 12-Month Alcohol Use

Any alcohol use within the past year.

Past 12-Month Marijuana Use

Any marijuana use within the past year.

Student Loan Balance

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

References

- Bickel G, Nord M, Price C, Hamilton W, Cook J. (2000). *Guide to measuring food security, revised 2000*. Washington, DC, United States Department of Agriculture.
- Center for Behavioral Health Statistics and Quality. (2015). *2014 National Survey on Drug Use and Health: Detailed tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD.
- Center for Behavioral Health Statistics and Quality. (2017). *Results from the 2016 National Survey on Drug Use and Health: Detailed tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD.
- Centers for Disease Control and Prevention. (2014). *Adverse Childhood Experiences (ACE) Study*. Retrieved April 29, 2016, from <http://www.cdc.gov/violenceprevention/acestudy/>.
- Centers for Disease Control and Prevention. (2015a). *Behavioral Risk Factor Surveillance System* [survey data]. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved April 25, 2016, from <http://apps.nccd.cdc.gov/brfss>.
- Centers for Disease Control and Prevention. (2015b). *About BMI for adults*. Retrieved May 2, 2016, from http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html.
- Centers for Disease Control and Prevention. (2015c). *How much physical activity do adults need?* Retrieved May 2, 2016, from <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>.
- Centers for Disease Control and Prevention. (2015d). *Sexually transmitted disease surveillance 2015*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved May 9, 2017, from <https://www.cdc.gov/std/stats15/default.htm>.
- Centers for Disease Control and Prevention. (2017a). *Behavioral Risk Factor Surveillance System* [survey data]. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved May 14, 2018, from <https://www.cdc.gov/brfss/brfssprevalence/>.
- Centers for Disease Control and Prevention. (2017b). Quitting smoking among adults—United States, 2001–2015. *Morbidity and Mortality Weekly Report*, 2017;65:1457–1464.
- Chaparro MP, Zaghoul SS, Holck P, Dobbs J. (2009). Food insecurity prevalence among college students at the University of Hawai'i at Manoa. *Public Health Nutrition*, 12(11), 2097–2103.
- Chapman DP, Whitfield CL, Felitti VJ, Dube SR, Edwards VJ, Anda RF. (2003). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82, 217–225.
- Edwards VJ, Holden GW, Felitti VJ, Anda RF. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the Adverse Childhood Experiences Study. *American Journal of Psychiatry*, 160, 1453–1460.
- Hager E, Quigg A, Black MM, Coleman S, Heeren T, Rose-Jacobs R, Cook JT, Ettinger De Cuba SA, Casey PH, Chilton M, Cutts DB, Meyers AF, Frank D. (2010). Development and validity of a brief 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126(1), e26–e32.
- Halperin AC. (2002, March). *State of the union: Smoking on US college campuses. A report for the American Legacy Foundation*. Washington, DC. (unpublished, internal report).
- Herbenick D, Reece M, Schick V, Sanders SA, Dodge B, Fortenberry JD. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14–94. *Journal of Sexual Medicine*, 7(suppl 5), 255–265.
- Hill C, Silva E. (2006). *Drawing the Line: Sexual Harassment on Campus*. Washington, DC: American Association of University Women Educational Foundation. Retrieved May 31, 2018 from: <https://www.aauw.org/files/2013/02/drawing-the-line-sexual-harassment-on-campus.pdf>
- Holmes TH, Rahe RH. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11(2), 213–218.
- Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE, Miech RA. (2015). *Monitoring the Future: national survey results on drug use, 1975–2014: Volume II, College students and adults ages 19–55* Ann Arbor: Institute for Social Research, The University of Michigan.
- LaBrie RA, Shaffer HJ, LaPlant DA, Wechsler H. (2003). Correlates of college student gambling in the United States. *Journal of American College Health*, 52(2), 53–62.
- Maroto ME, Snelling A, Linck H. (2015). Food insecurity among community college students: Prevalence and association with grade point average. *Community College Journal of Research and Practice*, 39(6), 515–526.
- McLaughlin KA, Greif Green J, Alegría M, Costello EJ, Gruber MJ, Sampson NA, Kessler RC. (2012). Food insecurity and mental disorders in a national sample of U.S. adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(12), 1293–1303.
- Minnesota Department of Health. (2013). *Adverse childhood experiences in Minnesota: Findings & recommendations based on the 2011 Minnesota Behavioral Risk Factor Surveillance System*. Retrieved May 14, 2018, from <http://www.health.state.mn.us/divs/cfh/program/ace/>.
- Niemeier HM, Raynor HA, Lloyd-Richardson EE, Rogers ML, Wing RR. (2006). Fast food consumption and breakfast skipping: Predictors of weight gain from adolescence to adulthood in a nationally representative sample. *Journal of Adolescent Health*, 39(6), 842–849.

- Patton-Lopez MM, Lopez-Cevallos DF, Cancel-Tirado DI, Vazquez L. (2014). Prevalence and correlates of food insecurity among students attending a midsize rural university in Oregon. *Journal of Nutrition Education and Behavior*, 46(3), 209–214.
- Sallie Mae. (2013). *How America pays for college 2013. Sallie Mae's National Study of College Students and Parents*. Retrieved May 2, 2016, from https://salliemae.newshq.businesswire.com/sites/salliemae.newshq.businesswire.com/files/doc_library/file/Sallie_Mae_Report_-_How_America_Pays_for_College_Report_FINAL_0.pdf.
- Sanders SA, Reece M, Herbenick D, Schick V, Dodge B, Fortenberry JD. (2010). Condom use during most recent vaginal intercourse event among a probability sample of adults in the United States. *Journal of Sexual Medicine*, 7(suppl 5), 362–373.
- Schiller JS, Clark TC, Norris T. (2018). *Early release of selected estimates based on data from the January–September 2017 National Health Interview Survey*. Retrieved May 14, 2018, from <https://www.cdc.gov/nchs/nhis/releases/released201609.htm#1>.
- Sharkey JR, Johnson CM, Dean WR. (2011). Relationship of household food insecurity to health-related quality of life (HRQOL) in a large sample of rural and urban women. *Women & Health*, 51(5), 442–460.
- Schulenberg JE, Johnston LD, O'Malley PM, Bachman JG, Miech RA, Patrick ME. (2017). *Monitoring the Future: national survey results on drug use, 1975–2016: Volume II, College students and adults ages 19–55* Ann Arbor: Institute for Social Research, The University of Michigan.
- Sinozich S, Langton L. (2014). *Rape and sexual assault victimization among college-age females, 1995–2013*. (Report NCJ248471). Washington, DC: US Department of Justice. Bureau of Justice Statistics.
- Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 State Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Sternthal M, Slopen N, Williams DR. (2011). Racial disparities in health: How much does stress really matter? *DuBois Review: Social Science Research on Race*, 8(1), 95–113.
- U.S. Department of Education, National Center for Education Statistics. (2015). *Digest of Education Statistics: 2014*. Retrieved April 29, 2016 from, <http://nces.ed.gov/programs/digest/>
- U.S. Department of Education, National Center for Education Statistics. (2016). *Digest of Education Statistics – Advance Release of Selected 2016 Digest Tables*. Retrieved May 18, 2018, from, https://nces.ed.gov/programs/digest/2016menu_tables.asp
- U.S. Department of Education, National Center for Education Statistics. (2017). *Digest of Education Statistics – Advance Release of Selected 2017 Digest Tables*. Retrieved May 18, 2018, from, https://nces.ed.gov/programs/digest/2017menu_tables.asp
- U.S. Department of Health and Human Services. (2016). *Reproductive and sexual health*. Retrieved May 2, 2016, from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Reproductive-and-Sexual-Health>.
- Williams DR, Yu Y, Jackson JS, Anderson NB. (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. *Journal of Health Psychology*, 2(3), 335–351.

2018 Boynton Health Survey Team

Principal Investigator

Katherine Lust, Ph.D., M.P.H., R.D.
612-624-6214 • lustx001@umn.edu

Report Coordinator

Meghan Mason, Ph.D., M.P.H.

Graphic Design and Editing

Amy Bartkus
Susan Everson, Ph.D.


Public Health, Communications and Marketing

Dave Golden
Anne Hodgson
Kirk Marshall
Kelly Towle
Margaret VanEchaute
Holly Ziemer

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410 Church Street S.E., Minneapolis, MN 55455
Phone 612-625-6410

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