
Housing Wellness Survey 2011

How UNC Can
Support Student
Health

Counseling & Wellness Services

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Introduction

Purpose

Since 2009, Counseling & Wellness Services (CWS) and the Department of Housing & Residential Education (DHRE) have distributed the Housing Wellness Survey to students each spring. As outlined in the Strategic Plan 2010-2013, CWS seeks to promote health and wellness on campus and to collaborate to shape a campus environment that encourages healthier choices for students, faculty, and staff at UNC. The residential community plays a significant role in setting the tone for each student's experience at Carolina and therefore is an important environment in which to promote health and wellness. Many UNC students live in on-campus housing at some point in their academic careers, often early-on, making it a context in which a precedent can be set for healthy living.

The Housing Wellness Survey is designed to measure students' beliefs, status, and needs regarding health and wellness within on-campus housing. The data will inform the DHRE and CWS on the current health and wellness status of UNC's student residents and on specific ways to improve these qualities in the housing community through environmental changes, educational programs, or other initiatives.

Methods

The survey was distributed via Community Directors (CDs) within the residence halls. The CDs sent emails to their Resident Advisors (RAs) and residents asking them to fill out the survey. The survey was open for one month between March – April, 2011. Rather than sample participants, the entire residential community was asked to complete the survey. Incentive items (water bottles, exercise balls, exercise videos, etc.) were given to randomly selected students who completed the survey.

In total, 1216 students participated in the survey which consisted of 147 open- and closed-ended questions with a final question about entering the drawing for an incentive item (see Appendix A for a complete list of survey questions). The survey was designed and analyzed, in part, using StudentVoice, an online survey tool. Codebooks were created for and used to code open-ended responses (see Appendix B). Not all participants answered each question, so the percentages and frequencies presented throughout the report are relative to that particular question's sample size *n* as shown.

Results and Discussion

Demographics

Respondents were primarily White/Caucasian female first and second year students with GPAs of 2.6 or above. Figure 1 shows the distribution of respondents by housing community from Question 2 (Q2).

Gender (n = 574)

Male 137
 Female 430
 Prefer not to respond 7

Academic Classification (n = 574)

First year 262
 Sophomore 171
 Junior 88
 Senior 49
 Graduate student 4

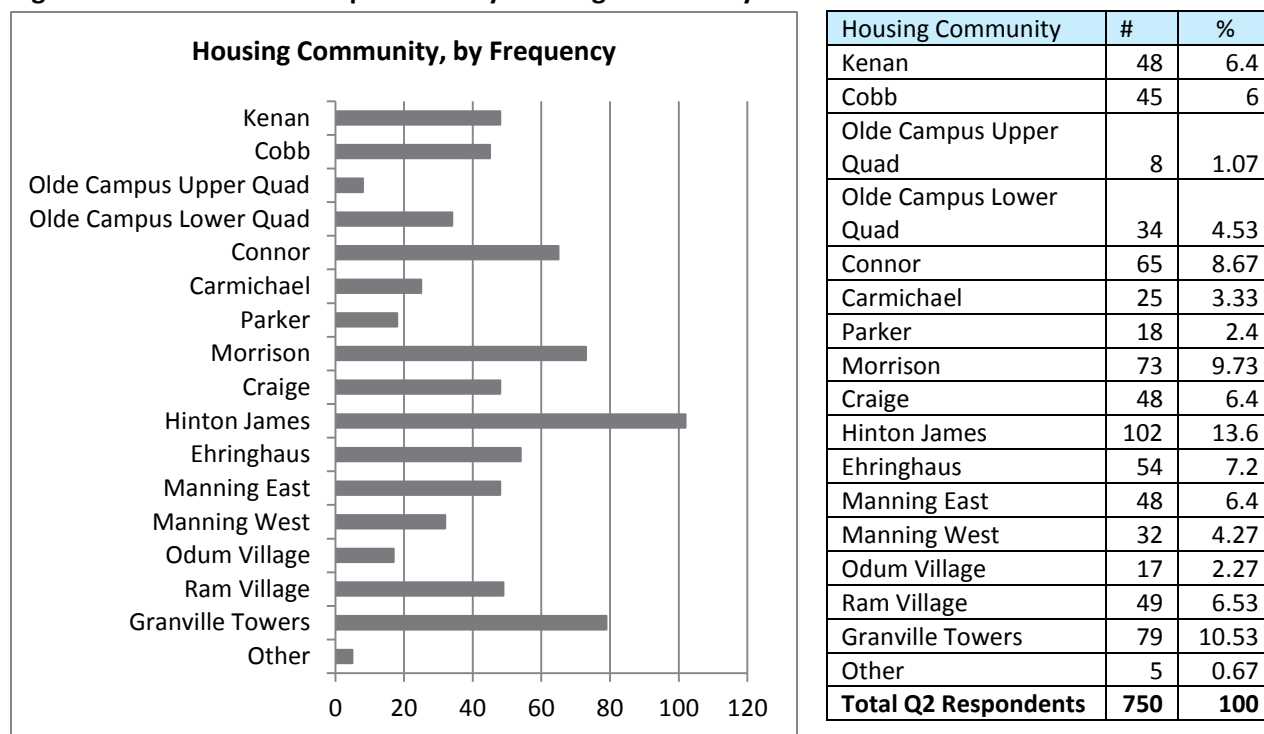
Ethnicity (n = 574)

Asian/Asian American 58
 Black/African American 38
 Hispanic 22
 Native American/
 Alaskan Native 3
 White/Caucasian 412
 Other 16

GPA Range (n = 574)

1.5 or lower 0
 1.6 – 2.0 6
 2.1 – 2.5 26
 2.6 – 3.0 115
 3.1 – 3.5 243
 3.6 or higher 184

Figure 1. Distribution of Respondents by Housing Community



Health and Wellness

Students' Definitions

In Questions 3 – 5, students were asked to define health and wellness in their lives and to differentiate between the two concepts. Exploring students' beliefs around health and wellness can help us at CWS and the DHRE to better understand how to communicate with students about these topics and how to effectively promote healthy behaviors. See Appendix B for a full list and description of the codes assigned to students' responses.

Health:

The majority of respondents to Question 3 defined health as physical in some way. Some referred to the condition of the body or simply 'physical health,' for example, and many mentioned exercise, nutrition, the absence of disease or ailments, and/or the ability to function on a daily basis. Many, though fewer, students described health as including mental and emotional health, particularly as they relate to stress and practicing stress reduction.

Wellness vs. Health:

Most students view health and wellness as somewhat different, whether they said so explicitly or it was implied by their response to Question 5. Included in 'different' was the idea that wellness focuses on mental health and health focuses on the body, though some students thought of these distinctions as slight and still considered health and wellness as the same or similar concepts. Many students described wellness as a more general, encompassing concept than health, some saying health is part of wellness. Some similarly defined health as a tangible, objective measure of the state of the body.

Recommendations:

At CWS, we use the American College Health Association's definition of health:

"Health encompasses the capacity of individuals and communities to reach their potential...[It] is not solely a biomedical quality measured through clinical indicators... Health transcends individual factors and includes cultural, institutional, socioeconomic, and political influences."¹

Our definition of wellness comes through in our vision of creating a campus that is an inspiring and healthy place to learn, work, play and live. Wellness can be thought of as the positive health status of multiple aspects of a person's life, including one's physical and mental/emotional health as well as one's physical, social, and at UNC, learning environments.² Students' ideas about health and wellness this year echo those shared with us in years past. **To broaden their ideas about health and wellness, the UNC community should:**

- Continue to promote the idea of health as pertaining to more than physical health
- Help students think of health and wellness as applying to their environments as well as their person. This could foster a culture around healthy communal living in campus housing and at UNC in general.

¹ American College Health Association (ACHA) (2005). *Standards of practice for health promotion in higher education*. Baltimore, MD: Standards of Practice for Health Promotion in Higher Education Committee.

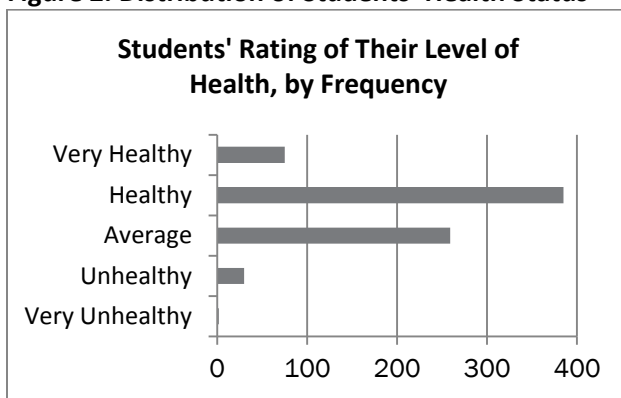
² Corbin, C. B. & Pangrazi, R. P. (2001). Toward a uniform definition of wellness: A commentary. *President's Council on Physical Fitness and Sports Research Digest*, 3(15).

Students' Health Status

In Questions 6 and 7, students were asked to rate their current health status and note if and how it has changed since they moved on campus (see Figure 2 and Figure 3 below, respectively). Compared to 2010, the health of our student residents has improved, as 4.99% more consider themselves “very healthy,” 4.49% more are “average,” and 6.74% fewer students rate themselves as “unhealthy” or “very unhealthy.”

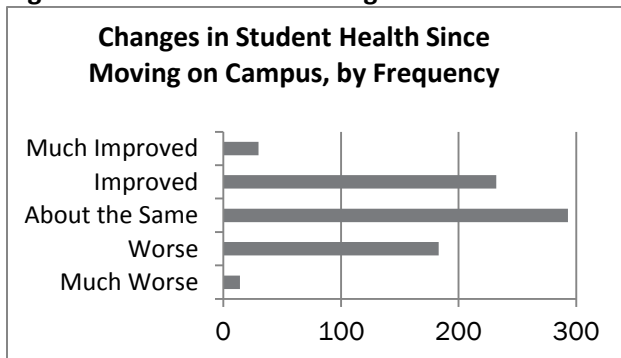
However, the degree to which students say that living on-campus affects their health has remained relatively similar to last year’s impact. Together, these pieces of information suggest that incoming students are increasingly healthy and that the majority of UNC’s students living in the residence halls fit that description as well. However, there are ways that the DHRE can attempt to heighten the positive impact housing has on students’ lives.

Figure 2. Distribution of Students’ Health Status



Rating	#	%
Very Healthy	75	9.99
Healthy	385	51.26
Average	259	34.49
Unhealthy	30	3.99
Very Unhealthy	2	0.27
Total Q6 Respondents	751	100

Figure 3. Distribution of Changes in Students’ Health Status



Rating	#	%
Much Improved	30	3.99
Improved	232	30.85
About the Same	293	38.96
Worse	183	24.34
Much Worse	14	1.86
Total Q7 Respondents	752	100

Recommendations:

CWS promotes the idea that a supportive environment is the most critical factor in changing individuals’ health behavior. Thomas Frieden, the director of the Centers for Disease Control and Prevention (CDC), also upholds this notion through his discussion of the Health Impact Pyramid.³ **Educational programming is important, but the physical and social environmental contexts have to be ready for it** – the environment needs to be set up in such a way that healthy individual behaviors will be the

³ Frieden, T. (2010). A framework for public health action: The Health Impact Pyramid. *American Journal of Public Health, 100*(4), 590 – 595.

default.³ The DHRE and CWS will best be able to increase their positive impact on student residents' health by implementing environmental-level changes, some of which will be discussed shortly.

Secondly, the DHRE and CWS could work to impact the social norms in the residence halls. Advertising for health and wellness-related activities, events, or programs should **emphasize the descriptive norm⁴ that 61.26% of residents rate themselves as healthy or very healthy!** This will help encourage those who rated themselves as average or worse to take action to improve their health because their peers are already doing it.

Health Factors Impacting Students' Success

In questions 8 – 99, students were asked to note whether or not they participate in, and then rank, activities that help them succeed at Carolina and experiences that hinder their success at UNC. Table 1 below shows the “top 10” of each category, based on the percentage of students who rated the activity as 1 (helps me the most/has most negative impact on my success). See Appendix C for the complete lists of activities and rankings.

Table 1. Top 10 Health Factors Impacting Students' Success

Activities that Help Success	Experiences that Hinder Success
Managing Time Effectively	Procrastination
Practicing Spirituality/Religion	Stress
Retaining a Positive Attitude	Anxiety
Having Good Study Skills	Sleep Difficulties
Keeping a Good Sleep Schedule	Depression
Balancing Social & Academic Priorities	Other
Other	Internet Use
Relaxing	Relationship Difficulties
Being Physically Active	Chronic Health Problem or Illness
Planning for My Future	Over-scheduled Lifestyle

This year's results cannot be compared directly to those found in 2009 and 2010 because a different survey program was used to collect and analyze the data. Still, these lists show most of the same activities or experiences as in years past. **Importantly, the activities that help success, such as managing time effectively or having good study skills, are strategies in and of themselves for minimizing the experiences that hinder success, such as stress or sleep difficulties.**⁵

Residents also answered an open-ended question about their biggest challenge to staying healthy and well (see Question 142 in Appendix B). Many did suggest that time management, particularly scheduling time to exercise and balancing that with other activities, is a major concern. The most common response category, however, was food-related challenges. These responses included the quality of food in the dining halls, the cost and availability of healthy options, and the ability to cook for oneself due to time or kitchen space, among other issues.

⁴ Cialdini, R. B. (2003). Crafting normative messages to protect the environment. *Psychological Science*, 12(4), 105-109.

⁵ Campus Health Services. (2006). Top ten strategies for wildly effective stress management. Retrieved from http://campushealth.unc.edu/index.php?option=com_content&task=view&id=464&Itemid=65.

Recommendations:

It is necessary to support students in all of the helping activities shown above and in Appendix C, particularly those near the top of the list. However, the results show that most students surveyed are already participating in those activities. Another approach, then, could be to **increase participation in the lower ranked activities**, such as educational programs on campus and in the residence halls, **but focus these activities on the topics with which students struggle**, such as time management, nutrition, stress, sleep, and healthy relationships. Doing so could also improve how helpful students find these activities. The new [RA Health Programming Guide](#), informed by student responses to this survey, provides ready-to-go materials for RAs to conduct workshops on these and other topics. Beyond this, the DHRE and CWS can connect students with resources in order to establish a culture, or social environment, within the residence halls that values mental and physical health to establish an expectation for self-care at UNC.

In addition to the educational programs and resources that can address the individual-level student experience, there are several environmental changes that the DHRE and CWS could consider implementing and/or supporting. Many students suggested that the food in the dining halls is unhealthy and that the serving set-up is conducive to overeating due to either large portions given or the buffet-style dining. They also explained that the desserts are located in a prominent location that facilitates over-indulging. **The DHRE and CWS can continue the dialogue with Carolina Dining Services** around offering a variety of healthy options, encouraging appropriate serving sizes, and placing healthy food in easily accessible locations while removing less nutritious foods from the convenient areas of the dining halls.

The DHRE might also consider making healthy foods and/or cooking areas more available in the residence halls themselves. When asked about the vending machines:

- A total of 64.93% of 576 respondents said they currently use the vending machines
- A total of 54.55% of 374 respondents said they would be willing to pay more for healthier vending options
- A total of 56.44% of 202 respondents said they would be more likely to use the vending machines if they had healthier options

This feedback might be valued by the vending machine companies with which we have contracts. Still, the DHRE could consider finding other ways to offer healthy food in the residence halls as well.

Student Needs

Student Recommendations for DHRE Priorities

In questions 100 – 135, students were asked to mark how much a given item would support their health and wellness and to what extent the DHRE should prioritize that item compared to the 2010-2011 year (see Appendix D for a complete table detailing students' responses).

Expanding beyond suggestions from past years, students rated the following areas as being potentially supportive of their health and wellness and as needing more attention from the DHRE (in order of prioritization need by rating average):

1. The ability to check out exercise equipment
2. Relaxation spaces in and around residence halls
3. More outdoor community spaces
4. More events with healthy food
5. Facility cleanliness
6. Improving room environments
7. Other
8. Promoting campus resources
9. Supportive housing staff

Some of these areas were addressed in other closed-ended and open-ended questions as well. Out of 576 respondents, **72.22% said “not applicable/have not used” when asked how effective is the exercise equipment we have added to our front desk** in Question 139. In their open-ended responses to Question 140, students explained whether or not there is a need for more exercise equipment: 58.73% of 504 said yes. Many of those who answered “no” said they use the campus gyms. However, responses in both the “yes” and “no” categories corresponded with Question 139 and demonstrated that **many students simply were not even aware that exercise enhancements are available.**

Using marketing techniques to promote campus resources, including the exercise equipment available in the residence halls and resources in other departments, **is one of the areas in which the DHRE could focus much attention.** The [RA Health Programming Guide](#) includes resource sheets relevant to the different health topics that could be used to help the DHRE with this effort, in addition to publicizing in other ways what UNC has to offer. We also encourage the DHRE to increase the number of hall desks offering exercise equipment. See Question 140 in Appendix B for the types of equipment students would like to have available.

The Number One Thing Residences Halls Can Do

In Question 143, students were open-endedly asked to explain the number one thing their residence hall could do/provide to help them be healthier or more well at UNC (see Appendix B). Their responses are consistent with those throughout the survey, and are quite similar to those received in last year’s survey based on frequency and content. Though the order has shifted, the top four areas for improvement this year and the last two years have been around nutrition, fitness, the hall environment, and community building. Out of 480 respondents, 51 felt the residence halls are doing well already, but others had ideas for changes.

First and foremost, as seen elsewhere, students requested the residence halls make improvements around food and the facilitation of balanced eating. This included a variety of suggestions such as:

- Educational programming
- Healthier vending machine options
- Having communal resources like a garden, kitchen, or refrigerator for each hall or floor
- Hall dinners and group trips to the grocery store, to address both community building and health

This same intersection between community and health also appears in students’ request for exercise initiatives (third-most suggested), specifically group workouts or fitness classes. Some responses that focused on community building also asked that these activities be started early in the year.

Matching their responses to Questions 100 – 135, the second-most frequent suggestion was for environmental changes. This included improving the air quality in the residence halls with air filters and humidifiers, keeping halls and bathrooms cleaner, and creating indoor spaces for relaxation or exercise, among other ideas.

Recommendations:

The residents provided many suggestions, some of which are more easily executable than others. Keeping in mind the current economic climate, it might be more realistic to **focus on educational programs and environmental-level changes in the form of policy and policy enforcement**, rather than changes to the physical space in and around the residence halls. For example, requiring RAs and CDs to better enforce quiet hours and/or to facilitate hall events would not require many additional resources but would contribute to creating an atmosphere more conducive to healthy living in the halls. Some students also mentioned that a wellness counselor would be useful to have in the residence halls. CWS and the DHRE can engage in dialogue about ways to implement a wellness staff within halls or to potentially train RAs to serve as such staff.

Health Programs Students Would Attend

In Question 141, residents described what types of health and wellness programs they and their friends attend or would attend in the residence halls. As in 2009 and 2010, **programs offering free (healthy) food, nutrition education (especially cooking classes), and/or fitness opportunities** were common responses (see Appendix B for a complete list). This year's students also often mentioned group fitness classes, yoga in particular but also including Pilates, Zumba, running, sports like basketball or soccer. One suggestion made by several residents was to have tournaments between halls that offer incentives to encourage participation. CWS and the DHRE could start a conversation with Campus Recreation about the possibility of facilitating these hall competitions. Similarly, students suggested points-based incentives to motivate individuals within halls to exercise or make other healthy choices.

Recommendations:

As in years past, students' responses point to the need to use experiential, interactive learning opportunities as opposed to just lecture series: one student said they would attend "interactive [programs]. Broad, but much more effective than lectures," and this sentiment was shared by others. According to several theories, like the Social Cognitive Theory or the Integrated Behavioral Model, an important component of health behavior change is the cultivation of self-efficacy to perform a given behavior through skills-based learning.^{6,7} **Empowering residents with the skills they need to eat balanced diets in the dining halls or to enjoy exercise by doing it with others will best enable them to make healthy choices and carry this lifestyle through their years at Carolina and beyond.**

Also resonating with past years' data, students suggest that the timing of events is what caused some of those who do not or would not attend events to respond as such. They recommend that programs not take place mid-day when residents are in class, but be offered in the evening or even later at night when

⁶ McAlister, A. L., Perry, C. L., & Parcel, G. S. (2008). How individuals, environments, and health behaviors interact: Social Cognitive Theory. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp.67-96). San Francisco, CA: Jossey-Bass.

⁷ Montano, D. E. & Kasprzyk, D. (2008). Theory of Reasoned Action, Theory of Planned Behavior, and the Integrated Behavioral Model. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp.67-96). San Francisco, CA: Jossey-Bass.

students might have more free time. Furthermore, some students said they would be more likely to attend short programs due to their busy schedules.

Conclusion

Our students are predominantly healthy, but there is still room for improvement. Compared to the Housing Wellness Survey results from 2009 and 2010, undergraduates at UNC living in the residence halls continue to struggle with time management and its consequences, such as stress, anxiety, sleep difficulties, and balancing healthy living with the rest of their schedule. While some students understand these issues as part of health and wellness, throughout the survey it was apparent that many are most concerned with nutrition and fitness. CWS and the DHRE can help address these topics for students, but also help them expand their ideas about health and wellness as well to include areas of their life beyond their physical health.

Some of the most salient student recommendations have reappeared over the last three years, such as **healthier vending machines, opportunities for group fitness, the availability of healthy food in the residence and dining halls, and promoting campus resources**. Importantly, these are all environmental-level changes as they alter the physical and social context of what is available in the direction of healthier options.³ Though these types of changes require more commitment and collaboration on the part of the institution than smaller educational programs, they are necessary for enabling living on campus to have a positive impact on students' health.³

Still, educational programs are both desired by some students and useful as well, particularly in that they enable community building through health and wellness. In fact, these programs may be quite helpful in addressing mental health concerns by creating a culture that supports talking about time management, stress, and self-care. **To make these programs most attractive to students, they should be interactive, skills-based, and well-publicized.**^{6,7} Residence hall programs should be advertised ahead of time through multiple venues, such as email, facebook, flyers, and bulletin boards. These announcements can use social norming and marketing techniques to encourage residents to want to learn how to make healthy choices.^{4,8} For example, they can use social math (giving social meaning to numbers) to demonstrate why a given health behavior is important.⁸

In sum, there are many ways to improve the health of Carolina's students, whether through residence hall programs or collaboration across departments to change UNC's physical and social environment. Residential housing contributes significantly to shaping the student experience, but it is not the only department that does so, **making interdepartmental discussion of health and wellness a highly recommended effort**. Please contact Counseling & Wellness Services for further support in making changes, implementing programs, or promoting resources.

⁸ Wallack, L., Woodruff, K., Dorfman, L., & Diaz, I. (1999). *News for a change: An advocate's guide to working with the media*. Thousand Oaks, CA: SAGE Publications.

Appendices

Appendix A: Survey Questions

The following list shows the questions students were asked. Questions marked with an asterisk* and “Other” options for some items were open-ended questions for which students wrote their own responses. All other questions were closed-ended and response options were provided. In questions 8-99 students reported whether or not they participated in or experienced the given activity and ranked how much the activity impacts their ability to succeed at Carolina. In questions 100 – 135, students answered each sub-question for each given recommendation.

1. Are you currently living in a community within the Department of Housing and Residential Education?

2. In which housing community do you live?

*3. How do you define health for your life?

*4. How do you define wellness for your life?

*5. How is wellness different/the same as health?

6. How would you rate your level of health?

7. My health has been _____ since moving on campus.

8 – 55. Please rate the activity below based on your experience, and then rank how much the following activities improve your ability to succeed at Carolina.

Sub-question: Please rank (with 1 = helps me the most)

56 – 99. Please rate the activity below based on your experience, then rank the activity by how much it hinders your ability to succeed at Carolina.

Sub-question: Please rank (with 1 = most negative impact to your success)

100 – 135. The Department of Housing and Residential Education would like to implement your recommendations in order to create an environment that better supports your health and wellness. Please use the columns below to assist us in identifying areas to focus our attention.

Sub-questions:

To what level do you believe this area will support your health and wellness?

Compared to this year, how should your community prioritize / do more of this area?

136. Do you currently use the vending machines?

137. Would you be willing to pay more for healthier vending options?

138. Would you be more likely to use the vending machines if they had healthier options?

139. How effective is the exercise equipment we have added to our front desk?

*140. Is there a need for more exercise equipment? Yes (why?) No (why not?)

*141. What kinds of programs do/would you and your friends attend in the residence hall on health and wellness?

*142. What is your biggest challenge to staying healthy and well?

*143. What is the number one thing your residence hall could do/provide to help you be healthier or more well at UNC?

144 – 147. Demographic questions.

Appendix B: Coded Open-Ended Responses

The following tables show the codes, code definitions, and response frequencies for each of the qualitative questions. Note that a person's response could be assigned more than one code if it fit within multiple categories, even beyond what is defined as a double code (DC) below.

Question 3. How do you define health in your life? (n = 752)

Code	Code Definition	Frequency
Absence of Sickness	Mention of the absence of sickness, disease, illness, and/or injury. DC with Physical Health.	144
Wellbeing	Mention of wellbeing or wellness, overall health or upkeep.	97
Balance	Mention of balance that does not refer to balanced diet. Could refer to balance of various components, such as sleep, nutrition, exercise, etc. Also refers to balance between school/work and social life. Does not apply to stability (ex: emotional stability).	34
Physical Health	Any mention of physical health, condition of the body, or being in shape. DC with mentions of Fitness, Nutrition, etc.	680
Mental Health	Any mention of mental health, including stress, stress reduction, or the absence of stress.	156
Emotional Health	Any mention of emotional health, including happiness, feeling at peace, content.	106
Spiritual Health	Any mention of the spirit or religion.	17
Functional	Includes being able to do daily activities or what one wants to do. DC with Physical Health.	71
Fitness	Any mention of fitness, being active, being in shape, being physically fit, or exercising, including any specific exercise activity like running, etc. DC with Physical Health.	392
Nutrition	Any mention of balanced diet, eating healthy, eating vegetables. Includes avoiding junk food (DC with Avoiding Unhealthy Behaviors). DC with Physical Health.	346
Sleep	Any mention of sleep, including naps. DC with Physical Health.	75
Social	Any mention of social life, friends, or family.	22
Environment	Any mention of living conditions, environment, or atmosphere.	8
Healthy Weight	Any mention of weight, BMI, or body fat percentage. Includes avoiding obesity (DC with Prevention).	22
Cardiovascular Health	Any mention of cardiovascular health, including blood pressure.	9
Positive	Any mention of health as including a positive attitude or outlook. Happy, content, etc.	42
Safety	Any mention of health as including safety.	6
Other Healthy Behaviors	Includes hygiene, safe sex, taking vitamins, drinking water, preparing for class, etc. DC with Avoiding Unhealthy Behaviors and with Wellbeing to describe overall healthy lifestyle.	47
Avoiding Unhealthy Behaviors	Includes smoking, binge drinking, eating junk food, laziness, etc.	40
Important	Any mention of health being important or highly valued.	20
Choice	Any mention of health as a choice or responsibility.	13
Privilege	Any mention of health as a privilege.	1
Skill	Any mention of health as a skill.	4
Prevention	Any mention of health as a way to prevent disease, obesity, or other unhealthy conditions. Also applies to mention of enabling future health.	22
Missing Data	Any data that is missing.	1
Other	Anything that doesn't fit into another code, such as "average", changes from before college to during college, everything in moderation (DC as Balance).	48
Challenges	Overcoming challenges of daily life like eating in dining halls, busy schedule, etc.	13

Question 5. How is wellness different/the same as health? (n = 726)

Code	Code Definition	Frequency
Same	A description of health and wellness as being the same or similar. DC with others as necessary (ex: if someone says they are basically the same but one focuses on physical and one on mental health or says they overlap in meaning)	184
Different	A description of health and wellness as being different. DC with others as necessary (ex: if someone only says that one focuses on physical and one on mental health)	501
Wellness as Mental	Any mention of wellness as focused on mental, emotional, social, spiritual health, as internal, of the mind, or about feelings. Also mentions of wellness as "adding" mental component.	319
Health as Physical	Any mention of health as focused on physical health, the body, as external.	281
Intertwined	Any mention of health and wellness as interconnected, affecting each other. DC as Same . Use when explicitly says that they affect each other.	66
Separate	Any mention of health and wellness as separate, as being able to have one without the other. DC as Different . Use when explicitly says that they do not affect each other.	23
Wellness as Part of Health	Description of health as including wellness by definition, of wellness impacting or encompassing health, of wellness as way to get to health. DC as Different unless says they are similar. Can DC with Intertwined or Separate if applicable.	60
Health as Part of Wellness	Description of wellness as including health by definition, of health impacting or encompassing wellness, of wellness as <i>both</i> physical and mental health. Also applies to description of wellness as coming from health or as how one feels about their health. DC as Different unless says they are similar. Can DC with Intertwined or Separate if applicable.	148
Wellness as General	A description of wellness as a condition or lifestyle, as broad, subjective, inclusive, encompassing multiple areas of life beyond health.	143
Health as Acute	A description of health as tangible, objective, acute, as made up of lifestyle choices, as something that fluctuates, as something that is measureable or diagnostic.	93
Both Important	Any mention of health and wellness as both being important.	21
Health Important	Any mention of health as more important than wellness.	6
Wellness Important	Any mention of wellness as more important than health.	4
Both Require Maintenance	Any description of both health and wellness as needing maintenance, requiring lifestyle choices or habits.	24
Time Differences	Any mention of wellness as more long-term than health or vice versa. In notes, comment on which is more common.	15
Wellness and Sickness	Any mention of wellness as related to (the absence of) sickness.	18
Other	Miscellaneous responses.	62
Missing Data	Any data that is missing or incomplete (ex: "see above", "no", "it's not")	21

Question 140. Is there a need for more exercise equipment?

Yes (why?) (n = 296)

Code	Code Definition	Frequency
Variety	Any mention of need a wider variety of equipment, more exercise equipment, more sports equipment.	30
Availability/Access	Any mention of current availability or access to gym/exercise equipment as challenging, mention of more equipment as solution.	86
Convenience	Any mention of more equipment as being convenient because of time saved, of ability to exercise regardless of weather, of saving money.	48
Privacy	Any mention of more equipment enabling people to work out in private.	8
Need Publicity	Any mention of needing to better advertise the availability of exercise equipment in the dorms, or any mention of someone not knowing it was available.	103
Increase Exercise	Any mention of more equipment as increasing or promoting exercise and health.	25
Want Space	Any mention of wanting more or designated space to exercise in the dorms.	4
Want DVDs	Any mention of wanting exercise DVDs.	22
Want Bikes	Any mention of wanting bikes available.	6
Want Cardio Equipment	Any mention of wanting cardio equipment available.	6
Want Weights	Any mention of wanting weights available.	10
Want Other Equip.	Any mention of wanting other equipment available, like yoga mats, etc. Please note what this other equipment is.	28
Other	Miscellaneous responses.	18

No (why not?) (n = 208)

Code	Code Definition	Frequency
Gym	Any mention of using the gyms available or gym equipment being better than what's available in dorms.	111
Have Enough	Any mention of there already being enough available.	30
Inconvenient	Any mention of borrowing equipment as inconvenient (time, place) or unsanitary.	2
Need Publicity	Any mention of needing to publicize availability of exercise equipment, any mention of someone not knowing it was available.	49
Don't Use	Any mention of person not using the equipment already available. DC with others as necessary (Ex: don't use because not enough space)	55
Space	Any mention of there not being enough space to workout in the dorms.	5
Other	Miscellaneous responses.	11

Question 141. What kinds of programs do/would you and your friends attend in the residence hall on health and wellness? (n = 502)

Code	Code Definition	Frequency
Sports	Any mention of wanting sports events, such as intramural teams, etc.	23
Food	Any mention of wanting events with free food.	151
Group Exercise	Any mention of wanting group exercise events, such as yoga classes.	131
Exercise Topic	Any mention of wanting to learn about exercise. Can DC with Group Exercise if say want to learn about exercise beyond doing it.	77
Nutrition Topic	Any mention of wanting to learn about nutrition, healthy eating (DC with finances if about eating on a budget). Can DC with Food if talking about cooking, etc. and not just learning about food.	132
Sexual Health Topic	Any mention of wanting to learn about sexual health. Includes wanting free condoms available.	19
Healthy Relationships Topic	Any mention of wanting to learn about healthy relationships or interpersonal communication.	5
Finances Topic	Any mention of wanting to learn about money, budgeting.	4
Stress Topic	Any mention of wanting to learn about stress reduction or wanting events focused on relaxation, etc.	24
General Health Topic	Any mention of wanting general health events that doesn't fit into other health topic codes.	9
Community Building	Any mention of wanting events that will build community.	10
Fun	Any mention of wanting events focused on fun, relaxation, games, etc. Can DC with Stress Topic if seems appropriate.	17
Wouldn't Go	Any mention of not attending current events or that wouldn't go to events. If reason given, note (ex: timing of event)	91
Other	Miscellaneous responses.	27
Free	Any mention of wanting free take-away items, such as food, etc.	21

Question 142. What is your biggest challenge to staying healthy and well? (n = 539)

Code	Code Definition	Frequency
Balance	Any description of needing to balance multiple activities.	125
Food	Any mention of the availability of/access to (un)healthy food. Can be DC with Mental Health if about stress eating.	269
Body Image	Any mention of body image, weight, or eating disorders. DC with Mental Health.	8
School	Any mention of school, classes, or homework. Can be DC with Balance if talked about as something they balance with other activities.	67
Mental Health	Any description of stress, anxiety, depression, or other mental health issues. Can be DC with Food and Body Image as necessary.	67
Time	Any mention of time, a busy schedule, time management, etc.	199
Exercise	Any mention of exercise or physical activity. Can be DC with Balance if talked about as something they balance with other activities.	155
Social	Any mention of social life or activities, family, friends, extracurriculars. Can be DC with Balance if talked about as something they balance with other activities.	19
Sleep	Any mention of sleep or lack of sleep. Can be DC with Balance if talked about as something they balance with other activities.	65
Motivation	Any mention of motivation or laziness.	63
Money	Any mention of money. Can be DC with Food or Exercise if in reference to something being expensive or cheap.	26
Other	Miscellaneous responses	44
Missing Data	Any missing data, such as "I don't know" or "n/a."	2

Question 143. What is the number one thing your residence hall could do/provide to help you be healthier or more well at UNC? (n = 480)

Code	Code Definition	Frequency
Community Building	Any mention of building community in the residence hall through social events, cultivating respect, etc.	74
Exercise Opportunities	Any mention of increasing opportunities through exercise through space, equipment, classes (like yoga), or other means. Please note common suggestions. Can DC with Community Building or Environment as appropriate (ex: group exercise could be community building if discussed in that way. Simply asking for yoga classes does not apply there.)	95
Food	Any mention of food, including needing healthy food at social events and in vending machines, needing more kitchens, meal plans, or grocery stores, etc. Please take note of common or good suggestions. DC with other codes like Community Building or Environment as appropriate (ex: kitchen space would be environment and food)	152
Publicity	Any mention of needing more publicity for resources or events.	58
Quiet Hours	Any mention of needing to enforce quiet hours. DC with Environment.	40
Environment	Any mention of needing to improve the environment in terms of air quality, cleanliness, quiet hours, furniture, etc. DC with Quiet Hours, Exercise, Food, Relaxation, or Outdoors as necessary.	138
Relaxation	Any mention of wanting space or programs to help with relaxation or stress reduction. DC with Community Building or Environment as necessary.	27
Health Programs	Any mentions of wanting health programs, including educational programs (DC with exercise, food, or relaxation as appropriate), or things like providing condoms.	44
Outdoors	Any mention of wanting space or programs outdoors. DC with other codes as necessary (ex: if ask for outdoor exercise area, code with Exercise Opportunities)	12
Doing Well	Any mention of the residence halls as doing well already.	51
Other	Miscellaneous responses. Please note important suggestions.	24
Missing Data	Missing data or responses that only say "I don't know"	5

Appendix C: Complete Rankings for Questions 8 – 99

Questions 8 – 55. Activities that Help Students Succeed

(Note different sample size n for each question. Participants answered two questions for each activity, whether or not they participate in it and how they rank it in terms of helpfulness. They could rank more than one activity as 1)

Activity	# Participate/ # Respondents	% Doing	% Ranked Activity as What Helps Me the Most (1)
Managing Time Effectively	682 / 707	96.46	41.12 (287 / 698)
Practicing Spirituality/Religion	423 / 655	64.58	30.10 (158 / 525)
Retaining a Positive Attitude	643 / 662	97.13	29.80 (191 / 641)
Having Good Study Skills	592 / 639	92.64	25.12 (151 / 601)
Keeping a Good Sleep Schedule	563 / 659	85.43	23.46 (141 / 601)
Balancing Social & Academic Priorities	612 / 638	95.92	22.76 (140 / 615)
Other	190 / 732	25.96	18.80 (50 / 266)
Relaxing	618 / 640	96.56	16.69 (103 / 617)
Being Physically Active	670 / 712	94.10	13.20 (94 / 712)
Planning for My Future	596 / 640	93.12	12.21 (73 / 598)
Making Healthy Sexual Decisions	522 / 640	81.56	10.19 (55 / 540)
Creating Community	428 / 611	70.05	9.13 (44 / 482)
Eating Healthy	663 / 703	94.31	8.88 (62 / 698)
Using My Creativity	589 / 651	90.48	7.72 (48 / 622)
Being Assertive	538 / 637	84.46	7.08 (40 / 565)
Being Active in Extracurricular Activities	646 / 712	90.73	5.97 (40 / 670)
Managing My Finances Well	589 / 661	89.11	5.43 (33 / 608)
Being in Nature	552 / 705	78.30	5.23 (34 / 650)
Volunteering in Community	526 / 710	74.08	4.24 (26 / 613)
Promoting Social Justice	362 / 652	55.52	3.78 (18 / 476)
Attending Educational Programs on Campus	406 / 604	67.22	2.38 (11 / 463)
Attending Education Programs in My Residence Hall	210 / 605	34.71	1.50 (5 / 334)

“Other” responses included activities such as:

- Social relationships with friends, family, partners, community (Greek), or pets as well as social events
- Staying healthy through balanced eating and exercise
- Academic engagement in class and with teachers, advisors, or study groups
- Having a job or extracurricular activity
- Hobbies such as music, reading, or writing

Questions 56 – 99. Experiences that Hinder Students' Success

(Note different sample size n for each question. Participants answered two questions for each item, whether or not they experience it and how they rank it in terms of negative impact. They could rank more than one experience as 1.)

Experience or Activity	# Experience / # Respondents	% Experiencing	% Ranked as Most Negative Impact (1)
Procrastination	509 / 583	87.31	28.46 (146 / 513)
Stress	565 / 591	95.60	26.52 (151 / 569)
Anxiety	521 / 591	88.16	18.83 (100 / 531)
Sleep Difficulties	443 / 590	75.08	15.57 (71 / 456)
Depression	269 / 592	45.44	15.36 (49 / 319)
Other	69 / 580	11.90	15.00 (15 / 100)
Internet Use	427 / 587	72.74	9.79 (43 / 439)
Relationship Difficulties	351 / 592	59.29	9.04 (35 / 387)
Chronic Health Problem or Illness	149 / 592	25.17	8.80 (19 / 216)
Over-scheduled Lifestyle	397 / 587	67.63	7.97 (33 / 414)
Eating Disorders/Body Image Issues	211 / 586	36.01	7.63 (20 / 262)
Discrimination	100 / 585	17.09	5.17 (9 / 174)
Temporary Colds/Illnesses	468 / 585	80.00	5.06 (24 / 474)
Sexual Concerns	63 / 586	10.75	5.04 (7 / 139)
Violence	26 / 594	4.38	4.20 (5 / 119)
Finances	256 / 585	43.76	3.73 (11 / 295)
Injuries	96 / 588	16.33	3.70 (6 / 162)
Alcohol/Drug Use	135 / 584	23.12	3.48 (7 / 201)
Anger, Conflict	232 / 582	39.86	3.00 (8 / 267)
Gambling	10 / 587	1.70	2.08 (2 / 96)

“Other” responses included experiences such as:

- Laziness
- Having too much to do and/or pressure to perform with homework, at jobs, or with hobbies
- Distractions like noise
- Personal problems such as those with family, social life, or mental health
- Feeling unsupported by UNC administration or teachers

Appendix D: Complete Table for Questions 100 – 135

Questions 100 – 135. How Much a Recommendation Will Support Health and Wellness (A) and How Community Should Prioritize It Compared to This Year (B)

Recommendation	How much recommendation will support health and wellness				Mean A	How community should prioritize recommendation compared to this year				Mean B
	A Great Deal (3)	A Little Bit (2)	Not Much (1)	Total Responses A		More (3)	Right Amount (2)	Less (1)	Total Responses B	
Better enforcement of quiet hours	174	152	243	569	1.88	205	292	66	563	2.25
More events with healthy food	233	193	143	569	2.16	284	234	46	564	2.42
Better education on health topics	90	240	237	567	1.74	131	368	63	562	2.12
More health messages around the building	85	225	257	567	1.70	122	372	66	560	2.10
More healthy community activities	138	260	164	562	1.95	219	300	43	562	2.31
Ability to check out exercise equipment	283	193	92	568	2.34	341	183	37	561	2.54
Relaxation spaces in and around residence hall	315	189	63	567	2.44	324	216	26	566	2.53
Stricter enforcement of drug and alcohol policies	96	115	356	567	1.54	101	333	130	564	1.95
Facility cleanliness	252	210	105	567	2.26	220	337	8	565	2.38
More bike racks	74	140	351	565	1.51	90	389	85	564	2.01
More outdoor community spaces	265	195	105	565	2.28	287	254	24	565	2.47
Promote campus resources	206	265	96	567	2.19	201	330	32	563	2.30
Improve my room environment	262	207	97	566	2.29	237	299	26	562	2.38
Supportive housing staff	146	272	148	566	2.00	97	437	30	564	2.12
Someone to talk to if I have questions or issues	159	240	167	566	1.99	113	409	38	560	2.13
Other	95	48	65	208	2.14	109	52	43	204	2.32

“Other” responses included recommendations such as:

- Community building between halls and floors in the residence halls through social events like mixers, competitions, and open door policies
- Improving amenities including wireless internet, laundry facilities, cleaner bathrooms, and common spaces
- Improving email communication with residents
- Improving relationships between residence hall staff and students
- Providing Safe Zone and Haven trainings
- Promoting campus resources
- Providing healthy food