

# 2013 The Freshman Survey:

## Health and Wellness

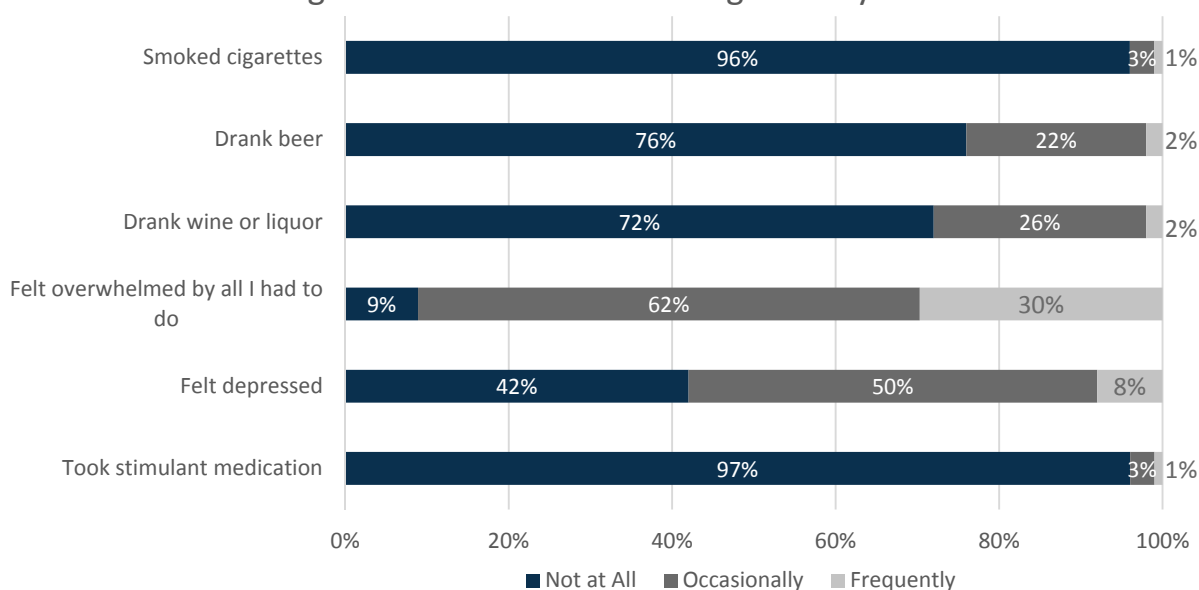
### Introduction

In summer and fall of 2013, first-year students enrolled at Case Western Reserve University (CWRU) were asked to complete the Cooperative Institutional Research Program's *The Freshman Survey (TFS)*. The survey covers a variety of topics related to students' experiences, beliefs, and expectations prior to entering college. Only first-time, first-year students who were 18 years and older were eligible to participate.<sup>1</sup> This report examines the health (broadly defined) and wellness of 2013 first-years.

### Risk behaviors in the past year

The TFS contains items pertaining to health risk behaviors in the past year. Responses to those items are shown below in figure 1 below.

Figure 1: Risk behaviors during senior year



When compared to students at peer institutions<sup>2</sup>, CWRU students reported significantly lower rates of smoking cigarettes (96% not at all at CWRU vs. 91% at peer institutions), drinking beer (76% not at all at CWRU vs. 55% at peer institutions), and drinking wine or liquor (72% not at all at CWRU vs. 51% at peer institutions). However, CWRU students reported feeling depressed at a significantly higher level when compared to students at peer institutions (58% occasionally or frequently at CWRU vs. 43% at peer institutions). Approximately 4% of students indicated they had used stimulant medication "frequently" or "occasionally." This item was included on the CWRU version of the survey and not the national instrument.

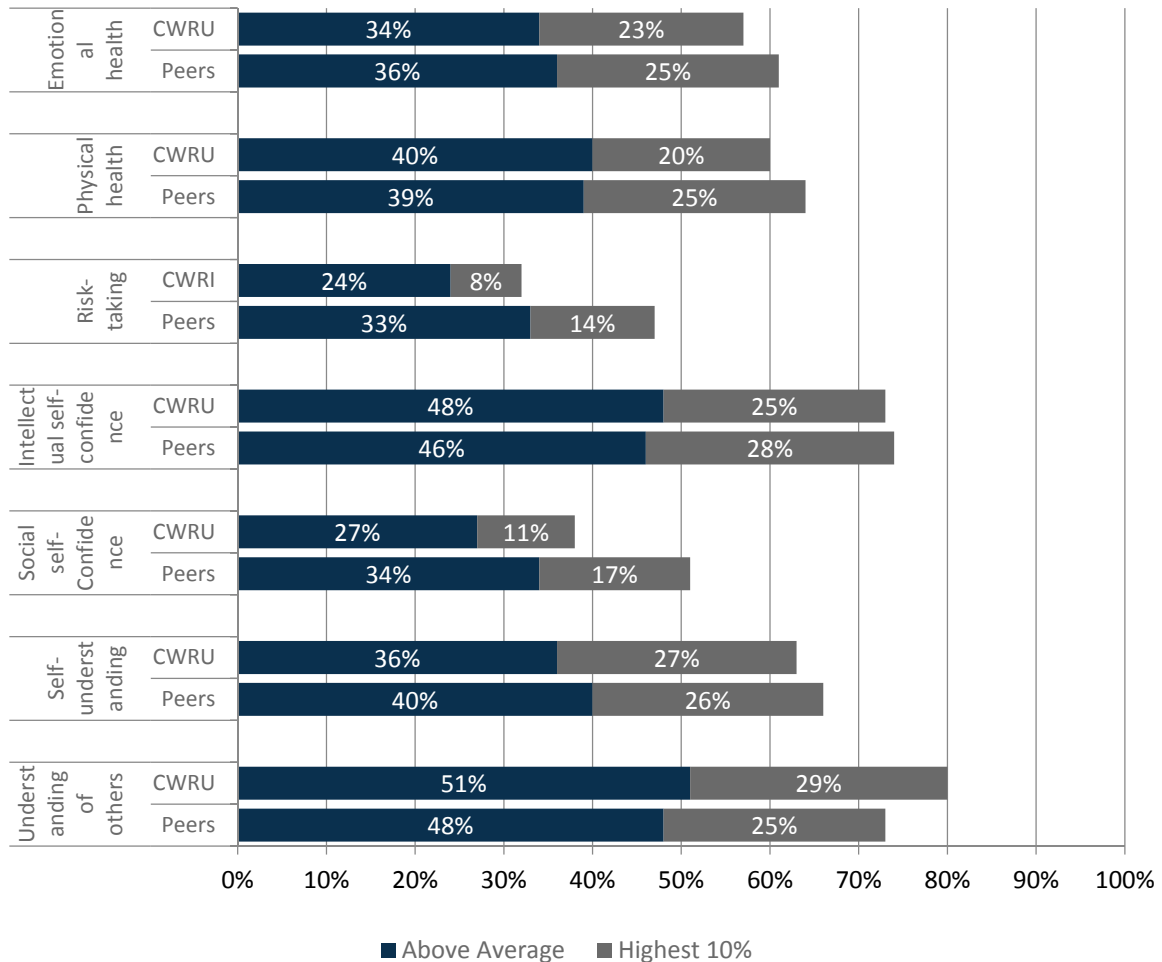
<sup>1</sup> Of the 1,021 eligible students, 522 completed the survey resulting in a 51% response rate. Compared to their peers, women, White/Asian students, and domestic students were more likely to participate in the survey.

<sup>2</sup> Peer universities included: Boston College, Brown University, California Institute of Technology, Duke University, Emory University, Northeastern University, Northwestern University, Rice University, Tulane University, University of Notre Dame, University of Rochester, University of Southern California, and Vanderbilt University

## Self-ratings

Incoming first-year students were asked to rate themselves in comparison to the average person their age. Responses to those items related to health are shown in figure 2 below.

**Figure 2: Self-ratings**

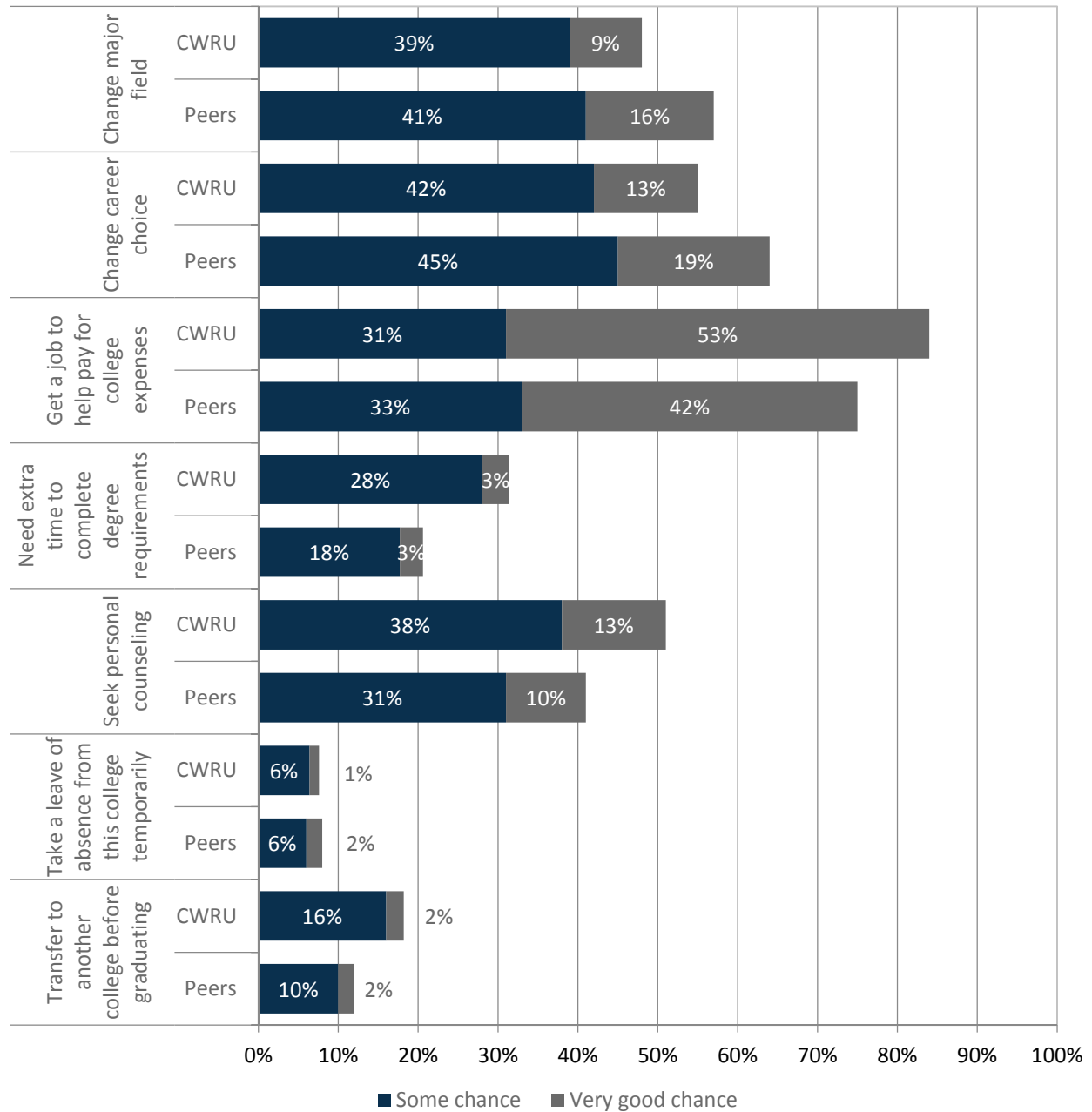


Although most CWRU students rated themselves above average in terms of emotional health (57%), intellectual self-confidence (73%), and physical health (60%), they did so at a significantly lower level when compared to students at peer institutions. About 1/3 of students indicated they were above average in terms of risk-taking and 38% believed they were above average in social self-confidence. However, CWRU students' self-ratings on these items were significantly lower when compared to students at peer institutions. CWRU students indicated they were above average (80%) in their understanding of others, a self-rating significantly higher than those of students at peer institutions.

Incoming CWRU students were also asked to identify their strengths. Of those related to health, the majority of CWRU students indicated they were strong (somewhat strong or a major strength) in their interpersonal skills. However, when compared to their peers, CWRU students rated themselves significantly lower on this measure.

## Expectations for college

CWRU students were asked to estimate the likelihood of engaging in a range of behaviors in their time at college. Responses to those items related to health and well-being are shown in figure 4 below.



The self-reported likelihood that CWRU students would change their major and career choice was significantly lower when compared to peers. However, CWRU students reported significantly higher likelihoods that they would need a job to help pay for college, need extra time to complete degree requirements, transfer to another college, seek personal counseling, or to take a leave of absence.

## Resilience

The 2013 Freshman Survey included a brief resilience scale<sup>3</sup>. The scale was added to CWRU's version of the survey after discussions with the newly formed survey advisory group. Resilience is simply defined as the ability to bounce back from adversity and represents a dynamic process operating across broad levels including community, family, and the individual<sup>4</sup>. Individuals with lower resilience scores may need additional support in the face of adversity.

Linear regression was used to examine the factors that impacted resilience including LGBQ status, URM status, gender, and TFS constructs<sup>5</sup>. The model was able to explain a significant amount of variation,  $r^2=.193$ ,  $F(404)=9.402$ ,  $p<.001$ ) in resilience. Table 1 shows the results of regression analysis. Significant factors are highlighted.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.958	.398		4.913	.000
Lesbian, Gay, Bisexual, Not Sure, Something Else (01)	-.419	.122	-.157	-3.443	.001
URM (01)	.234	.104	.106	2.250	.025
Sex Male (01)	.150	.067	.108	2.229	.026
TFS Habits of Mind Score	-.004	.005	-.045	-.833	.405
TFS Social Agency Score	.004	.005	.048	.766	.444
TFS Social Self-Concept Score	.023	.004	.287	5.337	.000
TFS Academic Self-Concept Score	.008	.005	.086	1.753	.080
TFS Civic Engagement Score	-.010	.005	-.121	-1.936	.054
TFS College Reputation Orientation Score	-.002	.005	-.023	-.484	.629
TFS Pluralistic Orientation	.013	.005	.146	2.756	.006

The regression analysis above shows the relationship of those variables included in the model to resilience. The strength of the relationship is reflected in the standardized beta coefficients. As can be seen above, social self-concept score (positively) and LGBQ status (negatively) were most strongly related to resiliency. Pluralistic orientation (skills and dispositions appropriate for working in a diverse society) was also relatively strongly associated with resiliency. Gender (male) and URM status were also positively related to resiliency score. Consequently, fostering the resiliency of students and enhancing services to those with low social self-concepts, low pluralistic orientations, females, non-URM students, and LGBQ students may help these students better cope with adversity.

<sup>3</sup> Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15(3), 194-200.

<sup>4</sup> Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child development*, 71(3), 543-562.

<sup>5</sup> TFS constructs are designed to capture the experiences and outcomes institutions are often interested in understanding, but that present a measurement challenge because of their complex and multifaceted nature.