Ask and Ye Shall Plan

A Health Needs Assessment of a University Population

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ABSTRACT

Background: In the development process of establishing a Campus Health Resource Centre, a health needs assessment of 691 students was conducted at the University of Manitoba.

Methods: Students were surveyed by their peers to identify the health education needs of this population. The process of the health needs assessment is described and the results have formed the basis for a range of programs and services offered on campus.

Results: Students showed interest in learning about stress management, cold and flu prevention, ergonomics and lifestyle (exercise, nutrition) issues.

Conclusion: Of note is low interest in topics generally thought to be important to students such as contraception, safer sex, and STD/AIDS prevention.

Nursing is traditionally a helping profession that incorporates outreach into the community. The Faculty of Nursing at the University of Manitoba historically has not played a role in the health of the university community. Students and faculty provide clinical services in hospitals and community placements as part of the nursing curriculum, but the Faculty has not been involved in any health promotion activities on the campus itself. The campus houses 25,000 people, of whom approximately 21,000 are students.

In November 1998, a small group of faculty members met to discuss the potential of providing services to students and staff on the university campus. Faculty felt strongly that in planning the services of the Campus Health Resource Centre, the needs of the campus community should be determined through a health needs assessment. A review of the literature confirmed that such an assessment is essential prior to planning any programs. We needed to answer the following question: What do students want to learn about their health?

The mission of the CHRC is to maximize the health of the university community by providing individuals and groups access to preventive and health promotion strategies. Health promotion and prevention of injury and illness are an integral part of nursing practice. The CHRC serves as a teaching and research resource for educational programs, and as a setting for promoting clinical scholarship among faculty.

THE HEALTH NEEDS ASSESSMENT

The American College Health Association¹ has published a set of guidelines for the development, implementation and evaluation of university health programs. The essential steps in the process include preparation for the assessment, information gathering, an analysis of the needs of those surveyed, the reporting of results, using those results in the planning process for program delivery, and finally, evaluating the needs assessment itself.

A review of the literature examining the health needs of a university community was undertaken. Sarvela et al. conducted a health needs assessment in the process of planning a university wellness centre.² The following needs were identified: nutrition,

The translation of the Abstract appears at the end of the article.

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stress management, sexuality, and fitness/exercise. Makrides et al. measured the cardiovascular health needs of Canadian students living in residence³ by examining smoking behaviours, eating patterns, physical activity levels, and perceived stress as well as barriers to a healthy lifestyle. Davies and colleagues⁴ performed a health assessment of perceived health needs of 49 male college students. Alcohol and substance abuse were identified as important issues, as were personal fitness, anger management and relationships. Barth and Johnson⁵ surveyed colleges to identify services provided on campuses across the United States and found that the most commonly utilized health assessments were in the areas of general health, blood pressure, body weight and diet. McEvoy⁶ reported on the establishment of a nurse-managed clinic on the campus of a New York college where medical services had been withdrawn. The preference on this campus was for individual appointments dealing with health examinations, first aid, stress reduction, hypertension and vision screening. A 25-year-old study of health promotion needs of students on two college campuses in the United States identified personal health as the most important issue, with mental health, nutrition, fitness and communicable and non-communicable diseases following in order of importance.⁷ A 1980 review of telephone calls to a student health service suggested a high degree of interest in sexual topics.⁸ Overall, there was a relative lack of literature in the Canadian context.

Development of the tool

A committee was formed to plan the health needs assessment. Faculty from nursing as well as other disciplines on campus participated in the planning process. An anonymous survey was developed to be conducted in a "market research" format. The first section focused on demographic data and on the perceived health status of participants; another section of the survey comprised a list of possible program topics. Respondents were asked to indicate which of the listed programs they would be interested in attending, and to identify the most convenient times for attendance. Ethical approval was granted by the Ethical Review Board of the Faculty of Nursing. Approval to conduct the health needs

assessment was also granted by the administration of the University.

Planning the assessment

The assessment was conducted in the last two weeks of September, a time when students were settling in to university life and after the excitement of orientation had passed. Nursing students from all four years of the program were recruited to be data collectors. It was felt that students would be successful in this role as they could easily approach other students on campus and there would not be a perception of power imbalance that might occur if faculty were to perform this role.

Data collectors attended a training session where the process of the assessment was explained to them and they were given the opportunity to ask questions. They were also given t-shirts that clearly identified them as part of the health needs assessment survey team. Targets were set for each faculty, in order to ensure proportional representation of all faculties on campus. Three graduate students agreed to assist with the assessment and helped with the stratification of the sample by posting the faculties where respondents were needed on a daily basis.

Data collection

Students went out every day for the two weeks of the assessment period. They approached their fellow students, read them a disclaimer about the voluntary and confidential nature of the survey, and asked them to participate. Completed surveys were returned to the faculty office each day and at that time, data collectors would note which students, according to faculty registration, needed to be targeted the next day. Three graduate students scanned the completed surveys each evening and set the targets for the next day. These same graduate students also entered the data for later analysis.

RESULTS

Six hundred and ninety-one (691) students responded to the invitation to participate in the health needs assessment of students from September 21-30, 1999. A record was not kept of how many students refused to participate, however data collectors reported that it was easy to approach other

TABLE I
Demographic Information

Total number of students responding	691
Male	37.3%
Female	62.4%
Marital status	
Single	78.6%
Married	10.3%
Common-law	2.0%
Partner	7.2%
Residence	
Winnipeg	
With family	45.0%
Separate from family	32.1%
On campus	8.0%
Rural	13.0%
Year at University	
One	39.0%
Two	26.2%
Three	18.1%
Four	9.7%
Graduate studies	3.3%
Faculty*	
Architecture	3.6%
Arts	16.2%
Education	5.0%
Engineering	6.3%
Law	1.8%
Management	4.3%
Music	0.8%
Nursing	10.4%
Pharmacy	1.0%
Physical Education	2.8%
Science	15.3%

* does not add up to 100% as almost 20% of the sample are in a special program for first-year students

students and that generally they were interested in responding. Demographic information is presented in Table I. There was no statistically significant difference between male and female students.

When asked to rate their health status, 38.1% described their health as good, 37.8% said their health was very good, and 14% said it was excellent. Only 9.5% stated that their health was poor or fair. Stress was noted as a health concern for over half the sample. Further questions about health elicited responses as presented in Table II. Barriers to health care were overwhelmingly time (47.3%) and income (14%). Most of those surveyed were non-smokers (80.9%); of the 18.4% who did smoke, 13.6% wanted to quit. Most of the sample described themselves as physically active (72.9%) with 35% exercising between two and three times per week. Seventeen percent reported exercising four to six times per week and 14.2% exercised daily. Type of exercise ranged from aerobics to yoga, with individual and organized group activities represented.

Students were presented with a range of programs and services and asked which they would be interested in attending.

TABLE II

Opinions on Personal Health

	Yes (%)	No (%)
Are there areas pertaining to your health that you would like to change?	46.2	51.8
Do you have chronic health problems?	13.3	86.0
Is health care readily accessible to you?	91.6	7.4
Do you have extended health care coverage?	61.6	37.8
Are you currently accessing alternative health care?	13.0	86.0
Would you use alternative health care services if they were available on campus?	56.0	36.8
Are there risks to your health as a result of being on campus?	12.3	85.4
Is stress a health concern for you?	49.6	49.8

They were encouraged to enter multiple responses. The percentages of those interested in attending the following programs are presented in Table III and reflect the actual responses and are not collapsed or categorized. Programs have been planned according to the identified areas of interest as presented in the table.

DISCUSSION

Consistent with other health needs assessments of university students,^{4,5,7} fitness and healthy lifestyles programs were ranked highly as topics of interest (58.8% of sample). Nutrition also ranked highly (57%) and may have overlapped with diet management (37.8%).

Only 15-20% of the student population surveyed indicated an interest in contraception, STDs and AIDS, and safer sex. These topics are often thought to be of high relevance to people in this age group,⁸ however among this sample, these topics did not rate particularly highly. It may be that these students have been exposed to these topics repeatedly over the high school and university years and feel that they have the necessary knowledge to protect themselves. However, interest was shown in the topic areas of women's and men's health, and sexual health. While the choice of wording for these topics may be confounding, and thus a limitation of the assessment, it may also be that students are more interested in healthy sexuality and sexual functioning rather than messages about the potential dangers inherent in sexual activity.

There was also interest in some areas that were not expected. For example, almost 20% of the sample indicated an interest in learning more about death and dying and 31% indicated they would attend a session on cold and flu prevention. Close to 30% stated an interest in ergonomic issues, cancer screening and depression.

CONCLUSION

The health needs assessment as described has provided the Campus Health Resource Centre at the University of Manitoba with much valuable information and has highlighted the priority areas for education and service delivery. For the past year, programs have been developed to meet many of these topic areas, including a cold and flu prevention program in a game show format that we have presented on site as well as in student residences on campus. We have also presented two four-part series on men's and women's health as well as a comprehensive health fair with displays on many of the topic areas identified in the health needs assessment. Sessions on stress management, depression and ergonomic safety have also been presented and evaluated highly by those in attendance. All sessions have been presented in small or large group format.

The insistence of involved faculty on performing this health needs assessment has paid off in a variety of ways. First, the health needs assessment provided us with an accurate (at the time) gauge of health education needs. Many would suggest that students would be most interested in topics related to contraception and safer sex; this proved not to be true. Second, the health needs assessment has provided us with a snapshot of the needs of the campus community on which to base our programming plans for the next few years. Opportunities for nursing student involvement in a process that many learn about but never see operationalized was also a benefit.

As the composition of the campus changes over the years, we plan to assess the needs of our community again. Plans are in place to perform a health needs assessment of students in residence in the near future as we think that these students may have different needs from the general, non-resident student body. The process of identifying the needs of students has been

TABLE III

Percentage Responses to Program Suggestions

Lifestyle	
Diet management	37.8%
Fitness & healthy lifestyles	58.8%
Steroid use	6.9%
Smoking cessation	11.7%
Alternative/complementary therapies	18.1%
Drug & alcohol use	12.7%
Back pain/ergonomic issues	27.2%
Cold/flu prevention	31.5%
Over-the-counter medication use	12.9%
Use of prescription medications	11.0%
Nutrition	
Nutrition	57.0%
Dental hygiene	15.3%
Eating disorders	10.6%
Child Health	
Prenatal classes	6.5%
Well baby care	8.2%
Immunizations	9.1%
Healthy child development	16.8%
Child care	11.9%
Safety	
Safety issues	21.4%
Rape/date rape	16.2%
Sexual harassment	16.9%
Family violence	12.3%
Accidents	15.2%
Dealing with work-related illness	13.7%
Mental/Emotional Health	
Stress management	52.7%
Depression	25.6%
Suicide prevention	10.1%
Dealing with death and dying	19.8%
Sexual Health	
Testicular self exam	10.3%
Men's sexual health	17.2%
Women's sexual health	28.2%
Pregnancy	11.3%
Breast self exam	22.9%
STDs/AIDS	16.6%
Menopause	7.4%
Safer sex	18.4%
Contraception	14.5%
Screening/Chronic Illness	
Men's health	24.9%
Women's health	37.5%
Cancer screening	30.7%
Blood glucose monitoring	11.1%
Asthma/respiratory disease	16.1%
Blood pressure/cardiovascular	20.8%
Osteoporosis	14.3%
Cholesterol	18.4%

an educational one for both faculty involved in planning and implementing as well as the students who worked with us in gathering the information. If you ask, they will tell you and you can plan.

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RÉSUMÉ

Contexte : En prévision de la création d'un Centre de ressources de santé à l'Université du Manitoba, nous avons évalué les besoins de santé de 691 étudiantes et étudiants.

Méthode : Les étudiantes et étudiants ont été sondés par leurs pairs afin de définir leurs besoins de renseignements par rapport à la santé. Les résultats de cette évaluation (dont nous décrivons le processus) ont servi à élaborer l'éventail des programmes et services offerts sur le campus.

Résultats : Les étudiantes et étudiants voulaient en savoir davantage sur la gestion du stress, la prévention du rhume et de la grippe, l'ergonomie et les questions de mode de vie comme l'exercice et l'alimentation.

Conclusion : Contrairement aux résultats prévus, les étudiantes et étudiants ont manifesté peu d'intérêt pour la contraception, les rapports protégés et la prévention du sida et des maladies transmises sexuellement.

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