

Illinois State University Faculty/Staff Health Status Survey

Key Findings for 2011

**Illinois State University
Health Promotion and Wellness
Division of Student Affairs**



**HEALTH PROMOTION
AND WELLNESS**
Illinois State University

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Introduction

The faculty/staff Health Status Survey was first conducted at Illinois State University in June of 2011 by Health Promotion and Wellness staff. It is one type of needs assessment being used to help collect data about the health behaviors, beliefs and interests of faculty and staff. The survey also asks questions to help identify the health issues that have the biggest impact on work performance. The current plan is to implement the survey every two years during the fall semester to help monitor trends and guide the program planning for the institution to address faculty and staff health needs.

In 2011, the survey was sent out electronically, via email to faculty/staff. There were 1009 members who responded. There were not 1009 responses to each question on the survey and the percentages reported for each item is based on the number of responses for that item.

This report is an executive summary of the key findings from the survey. A copy of the full report can be obtained by request.

A. Physical Activity

On how many of the past 7 days did you do moderate-intensity cardio or aerobic exercise for at least 30 minutes?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
0 day	253	25.3
1 day	122	12.2
2 days	167	16.7
3 days	159	15.9
4 days	103	10.3
5 days	91	9.1
6 days	44	4.4
7 days	60	6.0
<i>Mean</i>		3.5
5-7 days	195	19.5

On how many of the past 7 days did you do vigorous-intensity cardio or aerobic exercise for at least 20 minutes?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
0 days	526	53.2
1 day	101	10.2
2 days	96	9.7
3 days	101	10.2
4 days	69	7.0
5 days	46	4.7
6 days	32	3.2
7 days	17	1.7
<i>Mean</i>		2.4
3-7 days	265	26.8

Physical activity recommendations for adults from the American College of Sports Medicine and the American Heart Association (2007): Moderate-intensity cardio or aerobic exercise for at least 30 minutes on five or more days per week, or vigorous-intensity cardio or aerobic exercise for at least 20 minutes on three or more days per week.

I am satisfied with my current level of energy.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	372	37.0
No	633	63.0

I am satisfied with how my body looks.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	277	27.6
No	726	72.4

B. Blood Pressure and Cholesterol Levels

My blood pressure is within normal ranges.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	848	86.6
No	74	7.6
I don't know	57	5.8

I take prescription medication to manage my blood pressure.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	168	17.3
No	803	82.7

My cholesterol levels are within normal ranges.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	687	70.2
No	141	14.4
I don't know	151	15.4

I take prescription medication to manage my cholesterol levels.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	145	14.9
No	828	85.1

C. Nutrition and Weight Management

In the last week, how many servings of fruits and vegetables on average did you consume each day?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
0	11	1.2
1-2	426	44.7
3-4	350	36.7
5+	167	17.5

Which of the following are you trying to do about your weight?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
not trying anything	113	11.8
Maintain weight	231	24.1
Lose weight	601	62.7
Gain weight	13	1.4

Within the last 12 months, which of the following have you used to lose weight? (check all that apply)

<i>Response options</i>	<i>Frequency</i>	<i>Percent</i>
Not applicable	158	15.7
Eating healthier	708	70.2
Exercise	620	61.4
Diet pills	23	2.3
Laxatives/vomiting	4	0.4
Commercial weight loss program	65	6.4
Other, please specify	68	6.7

Most of the “other” responses included: eat less and portion control.

Please choose the primary reason for trying to do anything about your weight.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Recommended by my healthcare provider	70	8.6
Manage a chronic health condition	84	10.3
Prevent a chronic health condition	110	13.5
Increase my energy levels	146	17.9
Look better	321	39.3
Other, please specify	85	10.4

Most of the “other” responses included: all of the above, feel better, increase energy levels, look better, help manage health problems and/or joint pain, improve overall health.

D. Negative Impact on Work Performance

Within the last 12 months, a lack of quality sleep has contributed to diminished performance and/or productivity at work.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
I did not experience this	219	23.9
Experienced, but work performance NOT negatively impacted	390	42.5
SLIGHTLY negative impact	248	27.0
MODERATELY negative impact	40	4.4
HIGHLY negative impact	21	2.3

Within the last 12 months, a stressful environment within my department/unit has contributed to diminished performance and/or productivity at work.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
I did not experience this	388	42.5
Experienced, but work performance NOT negatively impacted	282	30.9
SLIGHTLY negative impact	181	19.8
MODERATELY negative impact	35	3.8
HIGHLY negative impact	26	2.9

Within the last 12 months, my depression has contributed to diminished performance and/or productivity at work.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
I did not experience this	587	64.4
Experienced, but work performance NOT negatively impacted	184	20.2
SLIGHTLY negative impact	103	11.3
MODERATELY negative impact	18	2.0
HIGHLY negative impact	19	2.1

Within the last 12 months, my anxiety has contributed to diminished performance and/or productivity at work.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
I did not experience this	517	57.3
Experienced, but work performance NOT negatively impacted	248	27.5
SLIGHTLY negative impact	94	10.4
MODERATELY negative impact	25	2.8
HIGHLY negative impact	18	2.0

E. Ergonomic Issues

Within the last 12 months, how often did you experience pain, discomfort or numbness, in your hands, wrists, arms, shoulder, when using a computer or working at your desk?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Never or Rarely	486	54.7
Sometimes	244	27.5
Most of the Time or Always	80	9.1
Not Applicable	78	8.8

Within the last 12 months, how often did you experience pain, discomfort or numbness, in your neck or lower back when using a computer or working at your desk?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Never or Rarely	434	48.8
Sometimes	267	30.0
Most of the Time or Always	118	13.3
Not Applicable	71	8.0

Have you ever had an ergonomic review of your seated work area?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	169	21.1
No	632	78.9

Were you and your department provided recommendations for adjustments and the purchase of equipment to make your area safer?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	143	87.2
No	21	12.8

Was your issue resolved with the ergonomic review and recommendations provided?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	135	87.7
No (please specify)	19	12.3

Responses included: helped, but still have problems, not allowed to make suggested changes.

F. Stress, Sleep and Mental/Emotional Health

Have you felt so depressed that it was difficult to function?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
No, never	439	49.8
No, not in the last 12 months	258	29.3
Yes, in the last 12 months	116	13.2
Yes, in the last 30 days	69	7.8

Have you ever been diagnosed with Depression?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	231	26.4
No	645	73.6

Have you felt overwhelming anxiety?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
No, never	346	39.5
No, not in the last 12 months	219	25.0
Yes, in the last 12 months	194	22.1
Yes, in the last 30 days	118	13.5

Have you ever been diagnosed with Anxiety?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	186	21.1
No	694	78.9

Have you felt overwhelmed by all you had to do?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
No, never	164	18.7
No, not in the last 12 months	149	17.0
Yes, in the last 12 months	287	32.7
Yes, in the last 30 days	278	31.7

Have you experienced difficulty coping with stressful events or situations?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
No, never	257	29.2
No, not in the last 12 months	248	28.2
Yes, in the last 12 months	215	24.4
Yes, in the last 30 days	160	18.2

Within the last 12 months, I have felt my job has become more stressful.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Strongly Disagree or Disagree	280	33.1
Neutral	142	16.8
Strongly Agree or Agree	405	47.9

Have you experienced difficulty falling asleep?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
No, never	191	21.8
No, not in the last 12 months	136	15.5
Yes, in the last 12 months	208	23.8
Yes, in the last 30 days	340	38.9

Have you experienced difficulty staying asleep?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
No, never	193	22.0
No, not in the last 12 months	136	15.5
Yes, in the last 12 months	203	23.2
Yes, in the last 30 days	344	39.3

Have you used a prescription medication to promote sleep?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
No, never	673	76.8
No, not in the last 12 months	88	10.0
Yes, in the last 12 months	49	5.6
Yes, in the last 30 days	66	7.5

Have you used an over the counter medication to promote sleep?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
No, never	557	64.2
No, not in the last 12 months	108	12.5
Yes, in the last 12 months	80	9.2
Yes, in the last 30 days	122	14.1

Have you ever been diagnosed with Sleep Disorder?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Yes	125	14.3
No	749	85.7

G. Sexual Health

Within the last 30 days, I have felt comfortable with my level of sexual activity.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Never or Rarely	196	22.8
Sometimes	171	19.9
Most of the Time or Always	493	57.3

Within the last 30 days, I have felt positive about myself as a sexual person.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Never or Rarely	159	18.6
Sometimes	172	20.1
Most of the Time or Always	523	61.3

Within the last 30 days, I have felt my need for sexual activity is satisfied without conflicting with other needs in my life.

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
Never or Rarely	108	12.8
Sometimes	81	9.6
Most of the Time	658	77.7

H. Topics of Interest, Readiness for Change and Confidence Level

Which of the following topics are of interest to you? (check all that apply)

<i>Response options</i>	<i>Frequency</i>	<i>Percent</i>
Exercise/Physical Activity Levels	521	51.6
Weight Loss	398	39.4
Healthy Meals/Eating for Families	389	38.6
Balance between work and life	324	32.1
Relaxation Techniques	295	29.2
Financial Concerns	277	27.5
Sleep	275	27.3
Stress work-related	204	20.2

Behavior Change	Stages of Change/Readiness				
	Precontemplation	Contemplation	Preparation	Action	Maintenance
Being Physically Active	8%	9%	12%	29%	40%
Losing or Maintaining Weight	9%	8%	12%	35%	32%
Eating Healthfully	8%	6%	8%	36%	42%
Managing Stress	19%	8%	6%	19%	32%

Behavior	Confidence Level		
	Not Confident	Somewhat Confident	Very Confident
Being Physically Active	17%	41%	41%
Losing/Maintaining Weight	20%	45%	29%
Eating Healthfully	12%	48%	40%
Managing Stress	17%	40%	24%

Has your over-spending caused a problem in your life?

<i>Response options</i>	<i>Frequency</i>	<i>Percent of Respondents</i>
No, never	694	79.0
No, not in the last 12 months	93	10.6
Yes, in the last 12 months	57	6.5
Yes, in the last 30 days	34	3.9

If the following were offered to faculty and staff, in which would you participate? (check all that apply)

<i>Response options</i>	<i>Frequency</i>	<i>Percentage</i>
Health screenings	446	44.2
Cooking classes	358	35.5
Fitness Assessment	298	29.5
Health and wellness information provided on website portal	281	27.8
Health Risk Assessment	263	26.1
Nutrition Analysis and guidance on healthy eating	246	24.4
Health/wellness coaching	242	24.0
Stress Management	238	23.6
Informal groups to support healthy living	110	10.9
Parenting Programs	68	6.7
Smoking cessation	37	3.7
Health During Pregnancy courses	22	2.2
Lactation lounges	21	2.1
Other, please specify	40	4.0

Do you have any ideas about how Illinois State University could better support the health and well-being of our faculty and staff?

Most common responses include:

- Outdoor walking paths
- Places to walk indoors for free
- Reduced prices for eating at dining centers
- Safer sidewalks – often slick w/snow and ice
- Concerns about ventilation in some buildings
- Smoke-free campus
- Noon ball at Horton

I. Demographics

What is your age? (open-ended)

<i>Response</i>	<i>Percent of Respondents</i>
20 - 29	17.3
30 - 39	19.2
40 - 49	21.5
50 - 59	29.7
60 - 69	11.6
70 - 75	.6

What is your sex?

<i>Response options</i>	<i>Percent of Respondents</i>
Female	68.4
Male	31.5

Do you have a disability under the ADA?

<i>Response options</i>	<i>Percent of Respondents</i>
Yes	3.9
No	96.1

What is your sexual orientation?

<i>Response options</i>	<i>Percent of Respondents</i>
Heterosexual	92.7
Gay/Lesbian	3.4
Bisexual	2.7
Unsure	0.6
Other, please specify	0.6

What is your race/ethnicity?

<i>Response options</i>	<i>Percent of Respondents</i>
Black or African American	4.2
Asian or Asian American	2.3
Hispanic, Latino/a, or Chicano/a	1.0
Multi-racial/ethnic	1.2
American Indian, Native American, or Native North American	0.1
Pacific Islander	0.1
White or Caucasian	91.1

What is your current relationship status?

<i>Response options</i>	<i>Percent of Respondents</i>
Single (not in a relationship)	19.8
Uncommitted or uncertain dating relationship	2.8
Committed dating relationship or engaged	11.6
Married/Domestic partnership	64.0
Other, please specify	1.7

Other responses included: separated (4), divorced (3), widowed (2)

Are you a part-time or full-time employee?

<i>Response options</i>	<i>Percent of Respondents</i>
Part-time	14.9
Full-time	85.4

Which timeframe fits closest to your typical shift?

<i>Response options</i>	<i>Percent of Respondents</i>
8:00 AM - 4:30 PM	96.2
5:00 PM - 1:00 AM	2.7
11:00 PM - 7:00 AM	1.1

What is your primary appointment type?

<i>Response options</i>	<i>Percent of Respondents</i>
Administrative/Professional	22.5
Civil Service-Hourly	24.9
Civil Service-Exempt	15.9
Faculty Associate	2.1
Faculty-NTT	5.6
Faculty-T/TT	15.4
Graduate/Doctoral Student	13.6