Introduction

Creating a campus culture of wellness requires Minnesota State, Mankato to develop an institutional plan that will result in an all-encompassing wellness program for all members of our campus community. Positive health and wellness are conducive to effective teaching and learning. Minnesota State Mankato recognizes the relationship between physical, mental, social, intellectual, and spiritual well being and the vital role health, mental health, recreation and other programs and services play in assisting members of our campus community in achieving optimal wellness.
For students, optimal wellness can increase retention, decrease absenteeism, and positively impact academic and personal success. For faculty and staff, maintaining optimal health and wellness reduces illnesses and optimizes personal and professional performance. Given the important and well documented linkages between health and success, Minnesota State Mankato seeks to identify deliberate ways to assist the University community in optimizing health and wellness in an effort to enhance intellectual proficiency, work performance, and overall individual well being.

Evidence Based Practices

In November of 2000, the US Department of Health and Human Services (DHHS) published the Healthy People 2010: Objectives for Improving Health. This document was created after extensive research identifying health disparities in the US population. The objectives identified in this document were compared to the findings of Minnesota State Mankato for faculty, staff, students, and administration and contributed to the following recommendations.

In 2006, the ACHA task force on national health objectives created Health Campus 2010. This document is similar in format to the Health People 2010 document created by DHHS to eliminate health disparities. Specifically, this document focuses on the challenges faced by colleges and universities. The premise of this document is that “Universities and colleges serve as employers, educators, health care providers, residence, recreation facilities, research and production centers, and social communities. Students are future leaders, role models, policy makers, and educators. Universities and colleges offer supportive environments for change and unique opportunities for health action.” (ACHA, 2006, p. 7)

According to the ACHA Health Campus 2010 document, the leading health indicators that reflect a major public concern in the US were identified based on their ability to “motivate action, the availability of data to measure their progress and their relevance to broad public health issues (ACHA, 2006, p.7). These indicators are physical activity, overweight/obesity, tobacco use, substance use, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care.

ACHA has identifies the following “high priority” issues specifically for campus settings:

- Alcohol and other drug use
- Sexual health
- Social and emotional health
- Coping with stress in competitive educational environments
- Intentional and unintentional injury
- Nutrition
- Psychological relationships with food
- Health services costs and availability of insurance
- Links between campus health services and other academic and service departments
In 2005 Minnesota State Mankato began conducting research with the National Institute of Alcohol and Alcoholism (NIAAA) to assess the benefit of a social norms programs coupled with alternative alcohol free events to assess the impact this type of intervention may have on student alcohol use. This evidence based program is one example of Minnesota State Mankato’s willingness to directly address the issues faced by students in the areas of health and wellness. Minnesota State Mankato must continue to make a commitment to evidence base programs and evaluation of those programs.

**Definition of Wellness:**

To ensure consistency in understanding and common language, the following definition of wellness was used for all data collection. A broad definition was chosen encompassing of all programs and services provided so campus initiatives in this area were not unintentionally excluded.

**WELLNESS**

(Adopted from http://wellness.ndsu.nodak.edu/education/dimensions/shtml)

Wellness is an **active**, lifelong **process** of becoming aware of **choices** and making **decisions** toward a more **balanced** and **fulfilling life**.

Wellness combines seven dimensions of well-being into a quality way of living. These dimensions include: physical (body), intellectual (mind), emotional (feelings), social (family, friends, relationship), occupational (career, skills), environment (air, water, food, safety), and spiritual (values, purpose, intuition, vitality). Overall, wellness is the ability to live life to the fullest and to maximize personal potential in a variety of ways. Wellness places responsibility on the individual; it becomes a matter of self-evaluation and self-assessment. Wellness involves continually learning and making changes to enhance personal wellness.

**Physical (Body)**

*A healthy body is maintained by good nutrition, regular exercise, avoiding harmful habits, making informed and responsible decisions about health, and seeking medical assistance when necessary.*

Physical wellness requires that steps be taken toward:

- eating a well-balanced diet,
- getting plenty of physical activity and exercise as health and physical ability permit,
- maintaining proper weight,
- getting enough sleep,
- avoiding risky sexual behavior,
- limiting exposure to environmental contaminants, and
⇒ restricting intake of harmful substances.

**Intellectual (Mind)**

*A state in which the mind is engaged in lively interaction with the world.*

Intellectual wellness involves unbridled curiosity and ongoing learning. This dimension of wellness implies application of learning, creation of opportunities to learn, and engagement with the world around you.

**Emotional (Feelings)**

*The ability to understand ones own feelings, accept limitations, achieve emotional stability, and become comfortable with emotions.*

Emotional wellness implies the ability to express emotions appropriately, adjust to change, cope with stress in a healthy way, and enjoy life despite its occasional disappointments and frustrations. It also means developing the ability to address problems or conflicts in an appropriate and constructive manner.

**Social (Family, Friends, Relationships)**

*The ability to relate well to others, both within and outside the family unit.*

Social wellness endows us with the ease and confidence to be welcoming, friendly, and affectionate toward others. Social wellness involves not only a concern for the individual, but also an interest in humanity and the environment as a whole.

**Occupational (Career, Skills)**

*Recognizing and making use of your gifts, skills and talents in order to gain purpose, happiness and enrichment in your life.*

Occupational wellness means successfully integrating a commitment to work into a total lifestyle that is satisfying and rewarding. The development of occupational satisfaction and wellness is strongly related to attitude about work.

**Environmental (Air, Water, Food, Safety)**

*The capability to live in a clean and safe environment that is supportive of health.*

The quality of today's environment has a direct effect on personal wellness. To enjoy environmental wellness, we require clean air, pure water, quality food, adequate shelter, satisfactory work conditions, personal safety, and healthy relationships. The development of a comfortable, inspirational environment that enhances rather than just maintain overall wellness is the desired outcome.
Spiritual (Values, Purpose, Intuition, Vitality)

*The sense that life is meaningful and has a purpose; the ethics, values and morals that guide and give meaning and direction to life.*

Spiritual wellness is a search for meaning and purpose, and truth in human existence.

**Committee Charge:**

The charge to this strategic priority task force included the following:

1. To identify the health and wellness needs of the Minnesota State Mankato campus.

2. To recommend evidence based programs and services that assist faculty, staff and students to optimize their wellness and enhance personal and professional productivity.

3. To work as a university community to make recommendations that optimally address health and wellness issues that impact absenteeism, worker’s compensation and other cost of care issues for Minnesota State Mankato.

4. To work with the professional development task force to identify faculty/staff professional development education initiatives that address major health concerns on our campus leading to worker’s compensation claims.

5. To make recommendations that incorporate wellness initiatives into campus professional development and to suggest strategies to include wellness issues and information into the curriculum.

6. To review support services for health and wellness initiatives and make recommendations for any needed infrastructure.

7. To utilize campus student health and wellness data and employee health insurance claims data to recommend programmatic initiatives that align with the Healthy Campus 2010 National Objectives and Healthy People 2010 National Standards.

8. To present a preliminary proposal to the President for campus consideration May, 2006.

While timelines were adjusted, these goals were accomplished through the creation of four sub–groups charged with gathering data and analyzing data about different aspects of campus health and wellness for students, faculty, and staff.
Group 1 – Student Health/Wellness Data Analysis

Group Members:
Jason Djuren, Carol Jensen, Tammy Kunze, Nancy Rolfsrud, Christine Connolly, Gary Urban, Jen Myers (Group Leader)

Charge:
The charge of this group was to analyze the American College Health Association (ACHA) National College Health Assessment (NCHA) data for Minnesota State Mankato Mankato (2004) and compare it to the ACHA-NCHA national data (2004). This tool has been used for more than 10 years and tested for reliability and validity. 1100 randomly selected students participated in the Minnesota State Mankato survey and over 94,000 participated in the national survey.

Process:
This group began by reviewing the Minnesota State Mankato data and determining trends and major areas where health behavior was less positive than the national average or areas that most negatively impacted academic learning. Once trends were identified data was compared to national data to determine if there were statistical differences in the data and to determine correlation that might exist between the variables being analyzed.

Summary Findings:
The most commonly reported health problems by students at Minnesota State Mankato are:
⇒ Back pain
⇒ Allergies
⇒ Sinus infections
⇒ Depression

The major factors affecting academic performance are:
⇒ Stress
⇒ Sleep difficulties
⇒ Cold/flu/sore throats
⇒ Relationship difficulties
⇒ Alcohol use

Areas where Minnesota State Mankato patterns of behavior are less positive than the national average:
⇒ Alcohol use
⇒ Depression/anxiety

Statistical analyses where correlations were found:

1. Back Pain and Exercise
⇒ Back Pain was seen more commonly in individuals who exercise vigorously and/or strength train 3.3 days or more.

Recommendation:
Educate Minnesota State Mankato students on lifting and strength training to avoid injury. Back pain was the number one problem indicated by students. Collect more information is needed on causes of back pain for students.

2. Sleep Difficulties
⇒ There is a inverse correlation between sleep difficulties and academic performance.

Recommendation:
⇒ Identify evidence based programs to impact sleep issues as they affect academic performance.

There is an inverse correlation between online computer games and academic performance.

Recommendation:
⇒ Determine if there is a relationship between sleep difficulties and online computer games.
⇒ Little has been done on campus to address online computer gaming. Questions should be added to the NCHA survey tool for 2007 to explore online computer gaming.

3. Alcohol Use/Abuse
⇒ Students involved in physical fights are more likely to have used alcohol than other students.
⇒ Students who keep track of alcohol they consume drink significantly less than those who don’t.
⇒ There is an inverse correlation between number of drinks consumed and academic performance.

Recommendations:
⇒ Continue to provide evidence based alcohol initiatives that have the potential to impact drinking behaviors. The NIAAA grant recently received is a great example of this. Mixed and inaccurate messages on campus must be eliminated for these programs to be effective. Education for students, faculty and staff is needed to correct misperceptions about alcohol at Minnesota State Mankato.
⇒ Enhance campus and community leadership and collaboration in the area of alcohol. This is not just a campus problem but a community problem.
⇒ The Alcohol Working Group is presently assessing programs and services on campus and in the community to create a logic model as a way of strategically impact drinking behaviors. Continue this initiative as the starting point for a long term alcohol strategic plan.
⇒ Develop base funding for alcohol initiatives. Ability to implement alcohol initiatives cannot be contingent upon grant funding.
⇒ Explore the benefits of adding a credit course on alcohol to the curriculum for all freshmen.
4. Emotional abuse
⇒ Students in an emotionally abusive relationship during the last two years are more likely to consider attempting suicide than those not in an emotionally abusive relationship.
Recommendation:
⇒ Increase the number of professional staff to address issues of abuse. As more students are reporting abuse issues there is more of a need for services in this area. The addition of summer counseling hours and a sexual violence education coordinator is a great start but other support services, including staff training in this area are needed for our campus to adequately respond.

5. Depression
⇒ Students diagnosed with depression are more likely to attempt suicide (most prevalent in females).
⇒ Both nationally and locally, the numbers of students on campuses being treated through counseling and student health services for depression is increasing. There is need for increased services in this area to provide education to assist students and staff in recognizing depression and assisting students with appropriate referrals.
Recommendation:
⇒ Continue to provide psychiatric consult services. Most of the MnSCU four-year institutions already have this in place and strongly support its value to campuses.

The American College Health Association survey tool can be found in the Appendix.

The Minnesota State University, Mankato Executive Summary from the American College Health Association (ACHA) National College Health Assessment (NCHA) Spring 2004 summary data can be found at: http://www.mnsu.edu/shs/NCHA2004.pdf
Group 2: Health Costs to the University

Group Members:
Kaye Herth, Therese Mullins, Rob McGinn, Mary Visser, and Penny Knoblich (Group Leader)

Charge:
The charge for this group was to gather and analyze existing data on health and wellness of Minnesota State University, Mankato employees to establish a baseline estimate of yearly health-related costs to the institution. These data may be used at a later point to determine whether health and wellness programs initiated as a result of Task Force recommendations have an impact on specific health-related costs.

Process:
The group examined campus data from Human Resources, Environmental Health and Safety, and state-wide data from the Department of Employee Relations (DOER) where consistent health-related information has been gathered in the past. These included:

⇒ Average sick leave hours used over the past 3 years by bargaining unit and age group, OSHA Summary of Work-related Injuries and Illnesses (compiled by Therese Mullins and Minnesota State University, Mankato Human Resources Staff)
⇒ Worker’s compensation injuries over the past 3 years including type and classification of injury, body part affected, and cost to the university (compiled by Rob McGinn and Minnesota State University, Mankato Environmental Health and Safety Staff)
⇒ Aggregate data from health surveys conducted by Blue Cross/Blue Shield, Preferred One, and Health completed by State of Minnesota employees in fall 2005 (compiled by Penny Knoblich, with data supplied by Ricka Stenerson, Manager, Health Risk Management, DOER)

Summary Findings:

Average sick leave hours. Sick leave data were compiled to show average number of hours of sick leave used over several fiscal years (2003-2005). The data were compiled in charts and graphs and tables showing the average number of days used by females and males by age category within each employee group. The age categories were divided into five year increments (e.g. ages 25-29, 30-34 and so on).

Data for Classified Staff includes the following bargaining units and personnel groups:
AFSME – bargaining unit numbers 202, 203, 204, 206, and 207
MAPE – bargaining unit 214
MMA – bargaining unit 216
Commissioner’s Plan – personnel group 217 and 213
Data were not compiled for the following bargaining units because there are so few employees in each group:
MNA – bargaining unit 205
MGEC – bargaining unit 212
Managerial Plan – personnel group number 220 Classified

For the Classified Staff, reliable data were only available for FY2004 and FY2005. The FY2003 data were inconsistent with the finding for FY2004 and FY2005. This was attributed to the fact that the state underwent a payroll system upgrade in FY2003 and the upgrade may have affected the data stored for that year. These data were omitted from the Classified Staff graphs and tables.

Data for Unclassified Faculty and Administrators included the following bargaining units and personnel groups:
IFO – bargaining unit 209
MSUAASF – bargaining unit 211
Administrators- personnel group number 220 Unclassified

For Unclassified employees, apparently reliable data were available for FY2003, FY2004, and FY2005. The sick leave data for Unclassified employees are stored and tracked in a MnSCU personnel system that was not affected by the statewide payroll system upgrade.

The Sick Leave Usage by Fiscal Year and Gender included all employees who are eligible to accrue and use sick leave regardless of bargaining unit or personnel plan. The data shows the number of days of sick leave used by males and females for FY2004 and FY 2005.

None of the data include the reasons that employees use sick leave. Those data are not compiled by Human Resources or tracked in any other system.

**Worker’s Compensation Injuries.** Injuries were compiled by date, cause, body part affected, and total cost incurred for FY2002, FY2003, FY 2004, and FY2005. Data from injuries that were considered to be unpreventable (“Acts of God”) were removed from the data. Any potentially identifying information was also removed from the information.

Totals and averages for the years show a steady increase as follows:

<table>
<thead>
<tr>
<th>FYYear</th>
<th>Total Cost</th>
<th>Average Cost/Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$13,005</td>
<td>$351</td>
</tr>
<tr>
<td>2003</td>
<td>$55,712</td>
<td>$1296</td>
</tr>
<tr>
<td>2004</td>
<td>$95,830</td>
<td>$2,039</td>
</tr>
<tr>
<td>2005</td>
<td>$247,744</td>
<td>$8,543</td>
</tr>
</tbody>
</table>

**Health Information from Insurance/HMO Surveys**
Surveys were administered to all state employees in fall of 2005. Each insurance group administered a unique survey to constituents. The following table presents the survey results for each insurance group. The number (%) indicates the per cent of respondents that fell into that category, based on the answers they chose for the questions pertaining to the category. Boxes left empty indicate no findings from that organization survey or information.

<table>
<thead>
<tr>
<th>Findings</th>
<th>Health Partners</th>
<th>Blue Cross/Blue Shield</th>
<th>DOER</th>
<th>National Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight:</td>
<td>38%</td>
<td>38%</td>
<td>39%</td>
<td>Overweight &amp; obese 65%</td>
</tr>
<tr>
<td>Obese</td>
<td>29%</td>
<td>28%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Below activity recommendations</td>
<td>34%</td>
<td>67%</td>
<td>60%</td>
<td>54%</td>
</tr>
<tr>
<td>Flexibility</td>
<td>45%</td>
<td>34%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strength training</td>
<td>66%</td>
<td>70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>0.8%</td>
<td>5.2% (pre = 28%)</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>High risk for diabetes</td>
<td>16%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td>1.2%</td>
<td></td>
<td>2.4%</td>
<td></td>
</tr>
<tr>
<td>High risk for HD</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes and HD</td>
<td>0.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco use</td>
<td>12%</td>
<td>12%</td>
<td>10.6%</td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td>21%</td>
<td>6% (pre = 38%)</td>
<td>2.5%</td>
<td>(borderline 42%)</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>27%</td>
<td>22%</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female &gt; 43</td>
<td>36%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male &gt; 34</td>
<td>38%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low fruits and veg (&lt;5/day)</td>
<td>70%</td>
<td>61%</td>
<td>60%</td>
<td>77%</td>
</tr>
<tr>
<td>Low whole grain (&lt; 3/day)</td>
<td></td>
<td></td>
<td>61%</td>
<td>80%</td>
</tr>
<tr>
<td>Dairy (&lt; 3/day)</td>
<td>41% (insufficient Ca++)</td>
<td>61%</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>Infrequent breakfast</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>3%</td>
<td></td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Oral health</td>
<td>40% high risk for cavities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>34% high risk</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
for periodontal disease

<table>
<thead>
<tr>
<th>Emotional health concerns</th>
<th>53%</th>
<th>Stress has affected health 35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhealthy stress</td>
<td>8%</td>
<td>Job stress: 34% Job: 23%</td>
</tr>
<tr>
<td>Sleep</td>
<td>31% suboptimal</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>1.7%</td>
<td>9.9% 6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preventative screening (obtained as recommended):</th>
<th>93%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol</td>
<td></td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>64%</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>96%</td>
</tr>
<tr>
<td>Pap test</td>
<td>93% 87%</td>
</tr>
<tr>
<td>Mammogram</td>
<td>77% 65%</td>
</tr>
</tbody>
</table>

**Cost Summary:**
(Data from Deloitte, *State of Minnesota Health Risk Management Update, January 2006.*)

For all costs incurred for each disease, breakdown of expense is as follows:
- Physician: 40%
- Pharmacy: 22%
- Inpatient: 20%
- Outpatient: 17%

Cost increase: 15% from 2002 to 2003; 3.7% from 2003 to 2004

No data were available on the number of physician visits/member.

**High Impact Diseases**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cost/member/year (2004)</th>
<th>% members diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>$6814</td>
<td>4</td>
</tr>
<tr>
<td>Diabetes type I</td>
<td>$17,600</td>
<td>0.8</td>
</tr>
<tr>
<td>Diabetes type II</td>
<td>$9632</td>
<td>3</td>
</tr>
<tr>
<td>Hypertension/high cholesterol</td>
<td>$7571</td>
<td>18</td>
</tr>
<tr>
<td>Mental Health/depression</td>
<td>$8643</td>
<td>4.5</td>
</tr>
<tr>
<td>Mental health (other)</td>
<td>$7587</td>
<td>11.1</td>
</tr>
<tr>
<td>Severe Heart condition (CHF)</td>
<td>$18,442</td>
<td>1.7</td>
</tr>
<tr>
<td>Severe Heart condition (other)</td>
<td>$17,806</td>
<td>3.2</td>
</tr>
<tr>
<td>Low back pain</td>
<td>$6216</td>
<td>13.1</td>
</tr>
</tbody>
</table>
Top risk factors: (Data from Blue Print for Health; custom solutions; Personal Profile Aggregate Results)
⇒ PreferredOne: Nutrition, weight, physical inactivity, cancer.
⇒ BCBS: nutrition, weight, stress, physical inactivity
   Most costly risk factors: cardiovascular disease, weight, depression, stress
⇒ HealthPartners: Nutrition, physical inactivity, weight.

Summary:
⇒ To the group’s knowledge, sick leave time has never been systematically examined by the university. Due to the multi-faceted use of sick leave time in general, it is difficult to summarize these data at this time.

⇒ Workers compensation data also presented some interesting challenges to interpretation. As health care costs increase, costs per injury also increase and one or two higher-cost injuries that may not have been preventable each year may slant the data.
⇒ Recently-implemented health care surveys by insurance providers may be a useful way to monitor the health and wellness of faculty and staff. The results from each survey consistently highlighted problem areas for state employees as nutrition, stress, overweight/obesity, and physical activity. These are areas that have been demonstrated to be impacted by education and intervention programs.

Recommendations:
⇒ We recommend that the university find a way to organize/categorize sick leave further to provide an index of the effectiveness of wellness initiative in the future. This may require a commitment of additional resources to develop a systematic way of recording this information.

⇒ We recommend that the university create other ways to categorize Worker’s Compensation data so that true costs per injury can be determined so that less preventable injuries can be more clearly separated from those that may be preventable. Programs should be implemented to reduce preventable injuries in campus workspaces.

⇒ We encourage the university to work with DOER to gain annual access to this health survey information as a way to monitor the health and wellness of campus employees. We suggest that the data be summarized by smaller constituent group rather than all state employees to provide more data about our faculty and staff to more carefully target programs to real needs.
Group 3 - Needs/Interests Assessment Faculty /Staff

**Group Members:** Mark McCollough, Jeff Pribyl, Mary Visser, Judith Luebke (Group Leader)

**Charge:** The charge for this group was to gather and perform preliminary analyses of faculty and staff expressed needs and interests related to health and wellness.

**Process:** The group created a health and wellness survey to be distributed electronically to faculty and staff during April 2006. This survey was created using as templates of other health and wellness surveys used by different US and Canadian groups wishing to gather similar information from various populations. The group developed the survey and distributed it to other members of the Task Force for comment before finalizing it. Institutional Review Board approval for the survey was applied for and granted in March 2006. The final version was given to Minnesota State University, Mankato, IT Services to transform into Zoomerang® format for electronic delivery. The appearance and delivery mechanisms for the survey were also carefully examined. By carefully editing the document and its appearance, the group hoped to elicit the highest possible response from the campus employees.

Incentives were provided for completion of the survey. These included 4 yearly passes to Minnesota State Parks, a fitness assessment courtesy of Campus Recreation, and a dietary assessment courtesy of Health Education. Respondents could opt to enter by providing their name and contact information. Names were selected at random from the list of those who entered.

The survey consisted of several sections as follows. Each section provided opportunity at the end for participants to make individual comments.

- The first part requested self rated health of the individual (excellent, good, fair, poor) then asked respondents to identify their preference for obtaining health-education related information on a wide range of topics. Options for delivery of each included:
  - Web-based information
  - Seminar/class
  - Help group
  - “Ask an expert”
  - Telephone hotline
  - I am currently not interested in this topic
- The next section asked respondents to indicate whether they would be likely to participate in a number of different health promotion activities if they were offered at the workplace over the next year. These included screening programs and health behavior change programs, A disclaimer indicating that not all activities could be offered and if they were, some individual employee expense would be involved. A simple “yes” or “no” response was requested for each topic.
preferred times for participation in activities from the following options. More than 1 time could be selected.

- Before work
- During lunch at work
- After work

**Outcomes:** The survey was delivered to all faculty and staff with email addresses through the university system during the last two weeks of April 2006. A total of 348 complete surveys were returned, with 24 partial responses provided to individual questions without completion of the whole survey. Additionally, 397 people visited the survey. A total of 1519 invitations to respond were given for a completed survey response rate of about 23%. Paper copies were made available for those who did not have access to the survey or who could not complete the survey electronically. One paper a pencil survey was completed. Approximately 250 people entered into the drawing and 6 names were drawn from this group with prizes awarded in May 2006.

- Comparison of the number of responses by bargaining unit to MnSCU-reported membership indicated the following percentage responses from the larger unions:
  - IFO - 136 of 1163 (12%)
  - AFSCME – 94 of 413 (23%)
  - MSUAASF – 55 of 143 (38%)
  - MAPE – 20 of 76 (26%)

**Initial analysis of information:** Responses were examined first by total sample, then age group, gender, and bargaining unit. The purpose of this further breakdown of the was to determine whether certain subgroups might have a particular interest in a topic, program, or method of delivery. Programs could be more efficiently aimed toward that group rather than the total campus population. Overall general responses to the survey as a whole group as well as individual comments are included in the report appendices.

### Overall Health Status

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>N</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>56-60</td>
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<td>100%</td>
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Summary:
It is clear that the data collected can be further analyzed in many ways to provide a more in-depth analysis of responses to questions. For the purposes of this preliminary analysis, the group presents the following general summary of the data collected:

- The response rate was comparable to those found in other surveys related to health and wellness.
- As with other health-related information dealing with general issues, more females chose to respond to the survey than males (69.5% to 29.5%). These results do not mirror the MnSCU-reported gender breakdown of 53% females and 47% males.
- More faculty and staff over the age of 40 responded as compared to those who were younger in age. This does make sense given the average age of female employees is 47 years and males is 48 years.
- Web-based delivery was generally preferred for most health-related information with particular exceptions noted below.
  - Male respondents tended to prefer web-based information over other ways to receive information.
  - Female respondents were more likely to indicate a willingness to participate in a seminar or class.
  - Respondents between 45 and 55 years of age were more likely to be interested in a seminar/class than other respondents.
  - IFO members were more likely to prefer web-based delivery than to participate in a seminar or class.
  - AFSCME members were more interested in participating in seminars or classes as compared to other bargaining units.
- Health education information was of interest to the total sample:
  - nutrition
  - fitness
  - workplace ergonomics
  - personal safety
  - managing health conditions/disease prevention
  - immunization and screening for common conditions
  - stress management
  - financial management
- Health education issues related to parenting and eating disorders were of less interest to the total sample.
- Likelihood of participation in health promotion programs (possibly at some cost to employee).

<table>
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<tr>
<th>Bargaining Unit</th>
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<th>20</th>
<th>94</th>
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<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<td>Others</td>
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<td>7%</td>
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### Activity

<table>
<thead>
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<tr>
<td>Corporate Fitness Rates</td>
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<td>Stress Testing</td>
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<td>38</td>
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<td>On-site, low impact exercise</td>
<td>63</td>
<td>37</td>
</tr>
<tr>
<td>Cardiac Rehabilitation</td>
<td>46</td>
<td>54</td>
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<td>Stretching</td>
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<td>41</td>
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<td>Walk-fit programs</td>
<td>63</td>
<td>37</td>
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<tr>
<td>Yoga</td>
<td>59</td>
<td>41</td>
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<tr>
<td>Strength training</td>
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<td>36</td>
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<tr>
<td>Pilates</td>
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<td>51</td>
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- Likelihood of participation in campus immunizations (possibly at some cost to employee)

### Immunization

<table>
<thead>
<tr>
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<th>Yes%</th>
<th>No%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flue shots</td>
<td>77</td>
<td>23</td>
</tr>
<tr>
<td>Tetanus</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>Hep B</td>
<td>46</td>
<td>54</td>
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- Likelihood of participation in health screening programs (possibly at some cost to employee)

### Screening

<table>
<thead>
<tr>
<th>Screening</th>
<th>Yes%</th>
<th>No%</th>
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</thead>
<tbody>
<tr>
<td>Blood pressure check</td>
<td>70</td>
<td>30</td>
</tr>
<tr>
<td>Blood sugar (diabetes)</td>
<td>57</td>
<td>43</td>
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<tr>
<td>Cholesterol</td>
<td>78</td>
<td>22</td>
</tr>
<tr>
<td>Blood screening</td>
<td>53</td>
<td>47</td>
</tr>
<tr>
<td>Cardiovascular EKG</td>
<td>48</td>
<td>52</td>
</tr>
<tr>
<td>Skin Cancer</td>
<td>63</td>
<td>37</td>
</tr>
<tr>
<td>Body fat</td>
<td>66</td>
<td>34</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>62</td>
<td>38</td>
</tr>
<tr>
<td>Diet analysis</td>
<td>65</td>
<td>35</td>
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<tr>
<td>Vision</td>
<td>58</td>
<td>42</td>
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<tr>
<td>Hearing</td>
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<td>35</td>
</tr>
<tr>
<td>Dental health</td>
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<tr>
<td>Depression</td>
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<td>68</td>
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<tr>
<td>TB</td>
<td>33</td>
<td>67</td>
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<tr>
<td>Eating disorders</td>
<td>20</td>
<td>60</td>
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- Likelihood of participation in health behavior change programs (possibly at some cost to employee)

### Health Behavior Change

<table>
<thead>
<tr>
<th>Health Behavior Change</th>
<th>Yes%</th>
<th>No%</th>
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</thead>
<tbody>
<tr>
<td>Smoking cessation</td>
<td>48</td>
<td>52</td>
</tr>
<tr>
<td>Stress management</td>
<td>52</td>
<td>48</td>
</tr>
<tr>
<td>Time management</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>Weight management</td>
<td>59</td>
<td>41</td>
</tr>
</tbody>
</table>

- Respondents were asked to indicate their preferred time for participation in health promotion activities. They could check more than one time

### Time

<table>
<thead>
<tr>
<th>Time</th>
<th>Number of responses</th>
<th>Response ratio</th>
</tr>
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<tbody>
<tr>
<td>Before work</td>
<td>95</td>
<td>28%</td>
</tr>
<tr>
<td>During lunch at work</td>
<td>240</td>
<td>72%</td>
</tr>
</tbody>
</table>
After work

163
49%

- After each section space was provided for comments. Some respondents took advantage of the opportunity to write in comments. All were saved as part of the Excel file of responses. These are included in the appendix.

Recommendations:

⇒ We recommend that further statistical analysis of these data be performed to more effectively examine the data beyond this preliminary summary.

⇒ We recommend that the university develop a systematic method to gather and respond to employee requests for health and wellness-related education, services, and programs.
Group 4 - Compilation of Existing Services and Program

Group members:
Lindsay Gullingsrud, Pehn Van Lo, Lori Lamb, Christine Connolly, Toya Schmidtke, Sue Fredstrom, Jennifer Guyer-Wood (Group Leader)

Charge:
The charge of this group was to compile a list of existing programs and campus offerings related to health and wellness and from this list of offerings identify gaps and overlap that might exist in programs and services.

Process:
This group collected survey data from academic and student affairs departments, student groups, and other key constituents on campus working in the area of health and wellness. The goal of this group was to assess the programming and services presently available at Minnesota State Mankato for students and staff. The following survey questions were asked:

1. Please describe or attach supporting documents demonstrating any health or wellness programming or services you provide to Minnesota State Mankato students.

2. Do you conduct assessments of usage and/or effectiveness for these programs? (yes or no). If so, please briefly describe or attach the assessment tool.

3. Please describe or attach supporting documents demonstrating any health or wellness programming or services you provide to Minnesota State Mankato faculty and staff.

4. Do you conduct assessments of usage and/or effectiveness for these programs? (yes or no). If so, please briefly describe or attach the assessment tool.

5. Are there any courses taught within your department which include health and/or wellness components? Please describe and/or attach a syllabus.

Data gathered were summarized to determine the array of programs and services offered; gaps in programs and services; and duplications in programs and services. Once this was complete the committee reviewed what evaluation, if any, existed for present programs and services and if these services are evidence based. Summary findings are as follows:

**Summary and Recommendations for Student Health/ Wellness Program and Services (Survey Questions 1 and 2)**

After careful analysis, it is clear that there are many services available on campus in the area of health and wellness but there are also gaps that exist.
While attempting to categorize these services in a way that assesses duplication and identifies gaps, it became apparent that many of these services cross multiple areas of wellness. The category in which they are listed may not reflect the full scope of service described but only provides an attempt to identify the breadth and scope of the program under one category. For example – alcohol and drug services assist a student with physical health issues (withdrawal), emotional health issues (addiction), social health issues (coping), and intellectual health issues (academic success). As opposed to duplicating this topic four times it is listed in the area of emotional health since many of the services described as available link with the emotional health components of alcohol use.

The following health and wellness services presently exist at Minnesota State Mankato:

**Physical Health**

A broad spectrum of physical health programming occurs at Minnesota State Mankato. Services include medical care for acute and chronic conditions, prevention services including education, vaccinations, pre-employment physicals, required educational and employment immunizations to work in certain settings, or verification of health status (i.e. annual TB screening) for occupational reasons. While these services are excellent, the NCHA data demonstrates that students are negatively impacted academically by physical health issues more so than any other area. Wellness must be viewed as a developmental issue. NCHA data indicates that allergies are a major health complaint of students and that cold, flu and sore throats are major contributing factors keeping students out of class, missing exams or performing poorly on exams. For many first year students, this is the first time living away from home and decisions regarding medical treatment, prevention, annual exams and other important health issues may be neglected.

**Recommendation:**

⇒ Present education that addresses health and wellness as a developmental issue. Students understanding when to seek treatment can help prevent time lost from class as well as contagion to others. Airborne infections are a major contributing factor to decreased academic performance (ACHA, 2004) and Minnesota State Mankato must do all it can to decrease this impact. Provide comprehensive education to freshmen about when to seek treatment. Provide soap in the restrooms and anti-microbial cleaning solutions in all dining halls, and post directions around campus that remind people to wash hands thoroughly, cover coughs and colds, and provide other hygiene messages. Many colds and flus are preventable and as a residential campus, Minnesota State Mankato has the unique ability to provide prevention information. Post hand washing signs can be posted in every bathroom, dining hall and other prominent locations.

Nutrition assessment, education and referral services are also available at Minnesota State Mankato and have provided the ability to assist students with eating disorders, monitor and manage nutrition related issues that affect student academic success (for example,
diabetes, cholesterol, hypertension, triglycerides). In the past it was less common to see these conditions in college aged students but today several factors have contributed to the increased needs for nutrition assistance in colleges. Students today are more sedentary and symptoms seen in 40-50 year olds of the past are now seen in 20-30 year olds. As the average age college students get older, the health issues and concerns are broadening. Nutrition status has also been shown to impact cognitive function related to memory, test grades, and class attendance (Rempersaud, Pereira, Girard, Adams, & Metzl, 2005). A study looking at academic performance among first year college students also found a correlation between eating breakfast and academic performance (Trockel, Barnes, Egget, 2000).

**Recommendation:**
⇒ Expand marketing of nutrition education to impact student success. Link these services with student nutritional needs and interests.

**Recommendation:**
⇒ While nutrition services are available to students one of the difficulties addressed anecdotally by students is the affordability of healthy nutrition choices on campus. Establish collaborative efforts among dining services, the nutritionist in Health Education and the faculty teaching in Family and Consumer Science are essential to ensuring that healthy, nutritious and appealing options are affordable for students when dining on campus.

**Health Education** - A campus needs assessment is conducted bi-annually using the National College Health Assessment (ACHA, 2004) Survey tool. This tool looks at both health indicators and academic impacts. Data from this tool must be used for determining needed health education programming. While some departments and programs use this data regularly, others plan health related programs without consideration of the benefit of the program to the campus.

**Recommendation:**
⇒ Align health education needs with wellness resources to better address health needs to directly impact academic performance. All health and wellness programs should have an evaluation/assessment component built into each program to measure program effectiveness based on behavioral change. Use the Healthy People 2010 document or the ACHA Healthy Campus 2010 document as benchmarks in assessing where changes and programming need to occur.

**Physical Activities:** Programming that enhances physical health occurs in physical activity classes, recreational, intramural and club sports, ROTC, dance, drama and other programs and through personalized exercise prescriptions, customized exercise plans, and personal training opportunities. Each of these programs offers variety and opportunity for student to find a physical venue to meet their health and wellness needs on campus.

**Recommendation:**
Promote availability of these services to enhance participation. While some programs have done this well, others are just beginning to benefit from marketing.

**Study Abroad:** This program offers information to students traveling prior to their departure. Health and safety issues are important components of this information.

**Recommendation:**

⇒ Offer more comprehensive and current medical information to students through coordination between the study abroad programs and the Student Health Services. Students traveling abroad often need immunizations, information about sanitation, and other health related information to keep them safe. They may also need follow-up for TB screening upon return. This is an opportunity for travel abroad programs to work closely with campus health services to ensure adequate information and time is provided to protect students as they travel.

**Intellectual Health**

Academic coursework is taught in the area of health and wellness through many departments (see question 5) and through many programs. Offerings such as First Year Experience classes have built-in health and wellness opportunities for students in many of the course sections.

**Recommendation:**

⇒ Share the NCHA data should be shared more broadly so health education can be integrated into a variety of disciplines with actual campus data being shared with students.

A variety of education workshops are available through the Health PRO’s (peer education program), PSEO programs, residence hall programs, international student office, counseling center, RSO’s, SLD/SL, Women’s Center and academic departments across campus. In this area there is both collaboration and duplication. Success of programming in these areas is not always compared to evidence based theories.

**Recommendation:**

⇒ Evaluate health and wellness programs to determine which programs are best suited to meet health education needs in each area. While many programs are offered, few have been evaluated for their ability to demonstrate success in impacting behavior change.

**Emotional Health**

**Alcohol Use:** Alcohol is a major contributing factor to illness, poor academic performance, violence and vandalism on and around college campuses. Services for alcohol are broad based at Minnesota State Mankato and seem collaborative, preventing duplication. Much has been done with much remaining to be done. The recently
received NIAAA grant will assist in assessing the values of programs and services in this area. Recent revisions of the alcohol policy and the addition of the matrix topology and logic model will provide a comprehensive alcohol strategic plan for Minnesota State Mankato to follow.

Recommendation:
⇒ Continue to build campus and community relationships that support evidence based programming in the area of alcohol misuse. Eliminating programs and services that send a mixed message about alcohol. This includes alcohol free programs that define that campus by inaccurate norms, advertisement and coupon books that promote drinking and other inconsistencies that misalign with the goal of responsible behavior decisions.

Mental Health: These services comprise a growing need on the Minnesota State Mankato campus. There is a direct correlation between mental health wellness and academic performance (Turner, 2000; Gerdes & Mallinckrodt, 1994; Kitzrow, 2003; and Sharkin, 2004). While counselors are available M-F at Minnesota State Mankato, there is a continued need for evening, weekend and emergency support for mental health situations. Counseling resources are inadequate and psychiatric services are limited. Many MnSCU campuses have had these resources in place for years.

Recommendation:
⇒ Hire additional counselors for counseling services. The amount of time available to provide direct patient counseling services does not adequately meet student needs for counseling as more students seek service and the needs become more complex.

Recommendation:
⇒ Continue Psychiatric services for the campus. As student demographics continue to change, more students who are entering colleges and universities are dealing with major mental illnesses. Psychiatric treatment, consultation and emergency on-call treatment are necessary components to academic success on college campuses. We know that when stabilized, students with psychological illnesses do well in school and often represent the top students graduating. However, when care is not available this directly contributes to academic failure. Fifteen percent of Minnesota State Mankato students self identified as having depression (ACHA, 2004) and depression has been identified by these students a major contributing factor to academic difficulties. This figure does not include those dealing with anxiety, bipolar disorders, eating disorders, substance disorders or other mental health issues. As the college student demographic changes, these challenges will only become more complex. Minnesota State Mankato must put a plan in place to be able to support students in acute crisis and students dealing with major mental disorders. Access to a psychiatrist will better allow Minnesota State Mankato to adequately address more complex mental health situations that occur both days and evenings and will provide expert consultative services to
health services, counseling services, residential life and other departments dealing
daily with mental health issues.

Emotional Connection: Welcome Week, First Year Experience, and Orientation all
provide programs that contribute to the emotional and intellectual health of students. The
programs assist new students in identifying with the campus. Connectedness directly
affects retention. It is easy for programs like this to be refocused due to time constraints
but it is important that these programs do not lose their ability to deliberately connect
students to campus services and programs. The literature supports that these connections
contribute to academic success (Upcraft & Gardner, 1989; Stassen, 2003).

Recommendation:
⇒ Maintain orientation as a way for student to learn about the entire campus
environment. The changing student demographic dictates that students today seek
schools not only for academic programs but also for the array of services provided
that meet their needs.

Social Health

Recognition Events: Many academic colleges and programs offer scholarships, dinners,
Dean’s receptions and awards in recognition of outstanding students, academic success,
and personal achievement. These programs validate the important contribution of
students to the learning process and encourage students to go beyond what they see as
their personal best to achieve a greater goal.

Recommendation:
⇒ Continuation recognition events to acknowledge student contribution and learning
successes.

Many student organizations offer a variety of health and wellness activities that include
games, sports, cultural events and informal gatherings. These services provide students
with opportunities to connect with other students and engage in the Minnesota State
Mankato experience outside of the classroom.

Recommendation:
⇒ While student groups were invited to complete the survey we did not get a broad
response rate from students groups. Reach out specifically to students groups in
an effort to compile a broad list of programs and activities offered for students
and by students. Sharing this information throughout campus may assist students
in identifying social activities of interest.

Service projects such as Hurricane Katrina guides, rebuilding communities, Campus
Kitchens, fundraising, food donations and other service learning programs provide a
value to the campus and community. We were not able to ascertain data to support these
types of programs but anecdotally it is clear that they provide lifetime learning for
students, an emotional connection to the global world around them, academic and world experience about society, and a connectedness to a community.

Recommendation:
⇒ Continue to coordinate service learning opportunities for students. Evaluation of the value of these programs may be difficult as much of the value is quantified by number of meals services, houses built, and so forth. However it is more difficult to quantify the intrinsic value of these programs to student learning, connectedness to a community, and value to future decision making.

**Occupational health**

_Career Services_: At Minnesota State Mankato include counseling, job search, internships, advising, mentoring programs and career days. All of these programs support occupational health and assist students in successfully completing academic training and securing a job. These services exist at departmental and divisional levels as well as within programs such as first year experience and career development. We know that these programs play an integral role in academic success.

Recommendation:
⇒ Assess career services to benchmark outcomes against retention, academic success, and career goals for students.

**Spiritual Health**

Structured and non-structured spiritual religious offerings are available throughout campus and seem accessible for those seeking to connect with these groups. Offerings like yoga allow students to connect with themselves for oneness of body and mind. The availability of programs like NA/AA also supports the spiritual health of individuals in recovery.

Recommendation:
⇒ Compile a directory of spiritual and personal growth offerings available on campus. Make this directory available to students at residence halls, 1st year experience, student activities, and student government.

Recommendation:
⇒ Survey campus ministries for a more comprehensive compilation of spiritual health services on campus. Campus ministries was inadvertently neglected in the data collection.

**Summary and Recommendations for Faculty and Staff Health/Wellness Program and Services (Survey Questions 3 and 4)**

After analysis of the results of question 3, it is clear that there are many more services available on campus in the area of health and wellness for students than there are for
employees. Many of the programs and services focus on physical health, including fitness, nutrition, and disease prevention.

While attempting to categorize these services in a way that assesses duplication and identifies gaps, it became apparent that many of these services cross multiple areas of wellness and the category they are listed in does not reflect the full scope of service described but is rather an attempt to identify the breadth and scope of the program under one category.

The following health and wellness services presently exist at Minnesota State Mankato for faculty and staff:

**Occupational health**
Opportunities for professional development are provided by unions and divisions on campus, including reimbursement for taking university classes, attending professional development events and training, and obtaining funding for conference attendance and training from some unions. Professional Development Day, held every January, allows Minnesota State Mankato employees to learn about topics to assist them in their professional growth. Some departments provide mentoring, social gatherings, and training to support occupational health of their employees. The unions on campus provide support and advocacy for employees, attributing to occupational health.

Recommendation:
⇒ Assess skills needed for professional development and improvement. Assist employees in their career development needs, including career advancement skills. Provide opportunities to all campus employees for conference attendance and support for continued learning.

**Emotional/Mental Health**
The Women’s Center and the Sexual Violence Education Coordinator provide services to the campus community including advising and support, education, and educational events in the areas of sexual violence, body image and eating disorder awareness. The department of Military Science conducts assessment every semester to identify potential emotional difficulties in their staff. The Center for Excellence in Teaching and Learning provides education, development, and mentorship opportunities to address emotional health of faculty members.

The university as a whole, and divisions within, hold events throughout the year to recognize outstanding achievement and service to the institution. The Wellness Committee also provides programming, including workshops on topics such as Aging and Caregiving, to help employees attend to their emotional health. Minnesota State Mankato employees and their family members can receive free confidential counseling and referrals through the Employee Assistance Program.

Recommendation:
Expand services and programming to address prevention of emotional and mental health problems and to promote awareness. Many of the programs on campus in this area focus on educating staff to identify issues with students and to assist students. More services need to address helping staff members with emotional health. A survey for faculty and staff to determine if the campus environment is supportive of mental and emotional health issues and to determine if educational and support services are sufficient and accessible.

**Spiritual Health**
Structured and non-structured religious offerings are available throughout campus, but these services appear to focus on student spirituality. The Wellness Committee and Campus Recreation offer yoga programs that are open to staff. There are opportunities to help others available to staff including Campus Kitchens through Student Leadership Development and Service Learning.

Recommendation:
⇒ Provide more education and services to staff regarding referrals to and availability of spiritual health on campus.

Recommendation:
⇒ Survey campus ministry groups to better understand if these services are available to faculty and staff.

Recommendation:
⇒ Many employees may meet their spiritual needs off campus. Assess employees to determine their spiritual needs and programming interests. New employees coming to Minnesota State Mankato could benefit from information on diverse worship and spiritual opportunities in the area.

**Physical Health**
There are a number of services and programs aimed at assisting employees with physical health. The Environmental Health and Safety department conducts ergonomic assessments and education to ensure that employee workstations are conducive to physical health. This department also educates employees on workplace safety, including lifting to prevent injuries. The Wellness Committee provides many workshops and programs, including the Flu Shot Campaign, the “Do” Campaign, and the YMCA Shape Up Challenge. Health Services provides flu shots, TB screening, Hepatitis B immunization, nutrition assessments, and smoking cessation assistance to staff. Campus Recreation services are open to faculty and staff and include exercise testing and plans and personal training services as well as use of the Campus Recreation Facility. The Student Leadership Development and Service Learning Department conducts activities that are open to employees including HIV Testing, blood drives and the Maverick 5K. Other departments provide opportunities to address physical health including Residential Life’s Family Weekend 5K and physical training through Military Science.

Recommendation:
⇒ Assess the needs of faculty and staff for additional physical health programs and activities and assess the effectiveness of existing services and the number of employees served.

**Intellectual Health**
As stated in the Occupational Health section, there are opportunities for faculty and staff to learn and grow intellectually. These opportunities include attending events on campus on a variety of topics, Professional Development Day, opportunities to take classes and attend conferences, and services through the Center for Excellence in Teaching and Learning.

Recommendation:
⇒ Developed a procedure so that all employees (all unions and divisions) are allowed to access funding for professional conferences and educational opportunities.

**Environmental Health**
The Environmental Health and Safety Department conducts air quality evaluations on campus. Campus Security provides patrol and emergency services to ensure that Minnesota State Mankato is a safe environment. The Facilities Management Department sponsors a yearly Earth Day Clean-Up event.

Recommendation:
⇒ Provide more education about environmental safety and awareness and environmental quality so employees can be aware of hazards in their work areas and improve workplace safety.

**Summary – Question 5 – Course Offerings**
Survey question 5 was a summary compilation of courses offered that include health and wellness components. Many of the faculty graciously shared course syllabi as well as pertinent information about the offering. For a complete list of course identified by faculty as containing a health and wellness components, please see Appendix.

**Summary Recommendations:**
This task force critically evaluated health and wellness services to determine needs, gaps and redundancies and to make recommendations on future efforts in the area for Minnesota State Mankato. In addition to the sub group recommendations the following general recommendations are offered:

⇒ The Web site created by the health and wellness task force should remain active, shared with students, faculty and staff and be utilized as a source of data gathering, information sharing, and evidence based programming.
While the task force has completed its assessment, there is a need for a campus consortium on health and wellness to exist to carry out the recommendations of the task force and continue to identify campus health and wellness issues that impact academic performance for students and job performance for faculty and staff.

The definition of wellness was established and agreed upon early on by this strategic task force. However, as this definition was used to assess student, faculty and staff wellness one factor continued to permeate many discussions. This factor was financial wellness. Changing the definition midstream was not conducive to a consistent document but several on the committee felt it necessary to mention this important component now being looked at on many campuses as a factor affecting wellness today. As financial resources become more scarce, there is more pressure on students to absorb larger loans, work more hours and pay bigger bills. These impacts stress, sleep and time that students can spend studying and achieving academic success. Therefore, continued focus on health and wellness at Minnesota State Mankato must include a discussion of financial wellness and its impact on academic success.

There are services available to assist employees with financial planning. However, financial difficulties affect stress levels and work performance. Additional services and resources could be provided in this area. Continued focus on health and wellness at Minnesota State Mankato must include a discussion of financial wellness and its impact on employees as well as students.

Overall, much of the education and programming in the areas of health and wellness for employees outside of physical health is aimed at allowing staff to help students with health and wellness needs. Focus more attention and resources should focus on educating employees on overall personal wellness to help with employee retention, effectiveness, and costs containment.

There is a need to better communicate about the activities that are available to prevent redundancy and foster collaboration among departments and programs.

Smoking rates at Minnesota State Mankato have gone down over the last 5 years and continue to decline. National, state and local efforts continue to encourage smoke free environments for the health and safety of all. While Minnesota State Mankato has taken steps to move in this direction, there are still opportunities for improvement in the area. It is very clear that a majority of students, faculty and staff members support a smoke free campus. The new policy in effect is taking steps in this direction. However, Minnesota State Mankato needs to take final step to eliminate smoking from all buildings and entranceways.

As data was collected, all information gathered and meeting minutes was made available via the following web site: http://www.mnsu.edu/workgroups/campuswellness/
Bibliography


American College Health Association

National College Health Assessment

Instructions:

The following questions ask about various aspects of your health.

To answer the questions, fill in the oval that corresponds to your response.

Select only one response unless instructed otherwise.

Use a No. 2 pencil or blue or black ink pen only. Do not use pens with ink that soaks through the paper.

This survey is completely voluntary. You may choose not to participate or not to answer any specific question. You may skip any question you are not comfortable in answering.

This survey is completely anonymous. Please make no marks of any kind on the survey which could identify you individually.

Composite data will then be shared with your campus for use in health promotion activities.

Thank you for taking the time and thought to complete this survey.

We appreciate your participation!
1. Considering your age, how would you describe your general health?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor
   - Don’t know

2. On which of the following health topics have you ever received information from your college or university?
   (Select all that apply)
   - Tobacco use prevention
   - Alcohol and other drug use prevention
   - Sexual assault/relationship violence prevention
   - Violence prevention
   - Injury prevention and safety
   - Suicide prevention
   - Pregnancy prevention
   - AIDS or HIV infection prevention
   - Sexually transmitted disease (STD) prevention
   - Dietary behaviors and nutrition
   - Physical activity and fitness
   - None of the above

3. Do you usually get health-related information from any of the following sources?
   - Yes
   - No
   - Sometimes
   - Never
   - Rarely
   - Most of the time
   - Always

4. Within the last school year, how often did you:
   - Wear a seatbelt when you rode in a car?
   - Wear a helmet when you rode a bicycle?
   - Wear a helmet when you rode a motorcycle?
   - Wear a helmet when you were inline skating?

5. Within the last school year, were you:
   - In a physical fight?
   - Physically assaulted (do not include sexual assault)?
### 7. Within the last school year, have you experienced:
- Verbal threats for sex against your will?
- Sexual touching against your will?
- Attempted sexual penetration (vaginal, anal, oral intercourse) against your will?
- Sexual penetration (vaginal, anal, oral intercourse) against your will?

### 8. Within the last school year, have you been in a relationship that was:
- Emotionally abusive?
- Physically abusive?
- Sexually abusive?

---

### The next 11 questions ask about alcohol, tobacco, and drugs.

#### 9. Within the last 30 days, on how many days did you use: (Mark one for each row)
- Cigarettes
- Cigars
- Smokeless tobacco
- Alcohol (beer, wine, liquor)
- Marijuana (pot, hash, hash oil)
- Cocaine (crack, rock, freebase)
- Amphetamines (diet pills, speed, meth, crank)
- Rohypnol (roofies), GHB or Liquid X (intentional use)
- Other drugs

#### 10. Within the last 30 days, how often do you think the typical student at your school used: State your best estimate. (Mark one for each row)
- Cigarettes
- Cigars
- Smokeless tobacco
- Alcohol (beer, wine, liquor)
- Marijuana (pot, hash, hash oil)
- Cocaine (crack, rock, freebase)
- Amphetamines (diet pills, speed, meth, crank)
- Rohypnol (roofies), GHB or Liquid X (intentional use)
- Other drugs

---

**One drink or alcoholic beverage is defined as a 12 oz. beer, a 4 oz. glass of wine, a shot of liquor, or a mixed drink.**

#### 11. Within the last 30 days, did you:
- Drive after drinking any alcohol at all
- Drive after having 5 or more drinks

---

**PAGE THREE**

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14. **In the last two weeks**, on how many occasions did you drink the same or more alcohol as indicated in item #13? State your best estimate. (If less than 10, code answers as 00, 01, 02, etc.)

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<td>3</td>
<td>4</td>
<td>5</td>
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</table>

15. How many alcoholic **drinks** do you think the typical student at your school had the last time he/she "partied"/socialized? (If less than 10, code answers as 00, 01, 02, etc.)

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<tbody>
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<td>4</td>
<td>5</td>
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</tbody>
</table>

16. **Think back over the last two weeks**. How many times, if any, have you had five or more alcoholic drinks at a sitting?

- None
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times
- 8 times
- 9 times
- 10 times or more

(Please mark the appropriate column for each row)

17. **During the last school year**, if you "partied"/socialized, how often did you...

- Alternate non-alcoholic with alcoholic beverages
- Determine, in advance, not to exceed a set number of drinks
- Choose not to drink alcohol
- Use a designated driver
- Eat before and/or during drinking
- Have a friend let you know when you’ve had enough
- Keep track of how many drinks you were having
- Pace your drinks to 1 or fewer per hour
- Avoid drinking games
- Drink an alcohol look-alike (non-alcoholic beer, punch etc.)

(Please mark the appropriate column for each row)

18. **If you drink alcohol**, within the **last school year**, have you experienced any of the following **as a consequence of your drinking**?

- Physically injured yourself
- Physically injured another person
- Been involved in a fight
- Did something you later regretted
- Forgot where you were or what you did
- Had someone use force or threat of force to have sex with you
- Had unprotected sex

(Please mark the appropriate column for each row)

19. **Within the last 30 days**, what percent of students at your school used? State your best estimate.
The next 11 questions ask about sex behavior, perceptions, and contraception.

20. Within the last school year, with how many partners, if any, have you had sex (oral, vaginal, or anal)? (If less than 10, code answers as 00, 01, 02, etc.)

21. Within last school year, were your sexual partner(s), if any, N/A Female Male Both Male and Female

22. Within the last school year, with how many partners do you think the typical student at your school has had sex (oral, vaginal, or anal)? (If less than 10, code answers as 00, 01, 02, etc.)

23. Within the last 30 days, if you are sexually active, how often did you or your partner(s) use a condom during:

- Oral sex?
- Vaginal Intercourse?
- Anal Intercourse?

(Please mark the appropriate column for each row)

24. How many times within the last 30 days do you think the typical student at your school has had:

- Oral sex?
- Vaginal Intercourse?
- Anal Intercourse?

(Please mark the appropriate column for each row)

25. Within the last 30 days, if you are sexually active, how often did you or your partner(s) use a condom during:

- Oral sex?
- Vaginal Intercourse?
- Anal Intercourse?

(Please mark the appropriate column for each row)

26. Within the last 30 days, how often do you think the typical student at your school has used a condom during:

- Oral sex?
- Vaginal Intercourse?
- Anal Intercourse?

(Please mark the appropriate column for each row)
27. If you are sexually active, did you use a condom the last time you had:  
- Oral sex?  
- Vaginal Intercourse?  
- Anal Intercourse?  

28. If you have had vaginal intercourse, what method did you or your partner use to prevent pregnancy the last time? (Select all that apply)  
- Have not had vaginal intercourse  
- Birth control pills  
- Depo Provera (shots)  
- Norplant (implant)  
- Condoms (male or female)  
- Diaphragm/Cervical cap/Sponge  
- Spermicide (e.g. foam)  
- Fertility awareness  
- Withdrawal  
- Other method  
- Nothing

29. Within the last school year, if you are sexually active, have you or your partner(s) used emergency contraception ("morning after pill")?  
- No  
- Yes  
- Don't know  
- Not sexually active

30. Within the last school year, have you unintentionally become pregnant or gotten someone else pregnant?  
- No  
- Yes  
- Don't know

31. Have you ever been tested for HIV infection?  
- No  
- Yes  
- Don't know

32. Which of the following best describes you?  
- Heterosexual  
- Bisexual  
- Gay/Lesbian  
- Transgendered

33. If you have a credit card(s) how much total credit card debt did you carry last month? That is, what was the total unpaid balance on all of your credit cards (that you are responsible for paying)?  
- None, I don't have any  
- $1 - $99  
- $100 - $249  
- $250 - $499  
- $500 - $999  
- $1,000 - $1,999  
- $2,000 - $2,999  
- $3,000 - $3,999  
- $4,000 - $4,999  
- $5,000 - $5,999  
- $6,000 or more

34. What is your approximate cumulative grade average?  
- A  
- B  
- C  
- D/F  
- N/A

35. How do you describe your weight?  
- Very underweight  
- Slightly underweight  
- About the right weight  
- Slightly overweight  
- Very overweight

36. Are you trying to do any of the following about your weight?  
- I am not trying to do anything  
- Lose weight  
- Gain weight  
- Stay the same weight

37. Within the last 30 days, did you do any of the following? (Select all that apply)  
- Exercise to lose weight  
- Diet to lose weight  
- Vomit or take laxatives to lose weight  
- Take diet pills to lose weight  
- I didn't do any of the above

38. How many servings of fruits and vegetables do you usually have per day? (1 serving = 1 medium piece of fruit, 1/2 cup chopped, cooked or canned fruits/vegetables, 3/4 cup fruit/vegetable juice, small bowl of salad greens, or 1/2 cup dried fruit)?  
- I don't eat fruits and vegetables  
- 1-2  
- 3-4  
- 5 or more

39. On how many of the past 7 days did you:  
- Participate in vigorous exercise for at least 20 minutes or moderate exercise for at least 30 minutes?  
- Do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?  
- Get enough sleep so that you felt rested when you woke up in the morning?
### The next 4 questions ask about mental and physical health.

(Please mark the appropriate column for each row)

<table>
<thead>
<tr>
<th>40. Within the last school year</th>
<th>how many times have you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1-2 times</td>
</tr>
<tr>
<td></td>
<td>3-4 times</td>
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<tr>
<td></td>
<td>5-6 times</td>
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<td></td>
<td>7-8 times</td>
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<td></td>
<td>9-10 times</td>
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<td></td>
<td>11 or more times</td>
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<tr>
<td>Felt things were hopeless</td>
<td></td>
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<tr>
<td>Felt overwhelmed by all you had to do</td>
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<tr>
<td>Felt exhausted (not from physical activity)</td>
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<tr>
<td>Felt very sad</td>
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<tr>
<td>Felt so depressed that it was difficult to function</td>
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<tr>
<td>Seriously considered attempting suicide</td>
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<tr>
<td>Attempted suicide</td>
<td></td>
</tr>
</tbody>
</table>

41. Have you ever been diagnosed with depression?

- [ ] Yes
- [ ] No

(If you responded “no,” please go to question 42)

- [ ] Yes
- [ ] No

If Yes: Have you been diagnosed with depression within the last school year?

- [ ] Within the last school year

Are you currently in therapy for depression?

- [ ] Yes
- [ ] No

Are you currently taking medication for depression?

- [ ] Yes
- [ ] No

(Please mark the appropriate column for each row)

<table>
<thead>
<tr>
<th>42. Have you:</th>
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<tbody>
<tr>
<td>Been vaccinated against hepatitis B?</td>
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<tr>
<td>Been vaccinated against meningococcal disease (meningococcal meningitis)?</td>
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<tr>
<td>Been vaccinated against varicella (chicken pox)?</td>
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<tr>
<td>Been vaccinated with measles, mumps, rubella (2 shots)?</td>
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<tr>
<td>Been vaccinated against influenza (the flu) in the last year?</td>
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<tr>
<td>Had a dental exam and cleaning in the last year?</td>
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<tr>
<td>(Males) Performed testicular self exam in the last month?</td>
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</tbody>
</table>

43. (Please make two marks in the appropriate columns for each row)

<table>
<thead>
<tr>
<th>Have you ever been diagnosed with any of the following?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Within the last school year, have you had any of the following?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Allergy problems</td>
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<tr>
<td>Anorexia</td>
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<tr>
<td>Anxiety Disorder</td>
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<tr>
<td>Asthma</td>
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<td>Bulimia</td>
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<td>Chronic Fatigue Syndrome</td>
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<td>Depression</td>
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<tr>
<td>Diabetes</td>
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<td>Endometriosis</td>
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<td>Genital herpes</td>
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<tr>
<td>Genital warts/HPV</td>
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<td>Hepatitis B or C</td>
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<td>High blood pressure</td>
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<tr>
<td>High cholesterol</td>
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<tr>
<td>HIV infection</td>
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</tbody>
</table>

| Repetitive stress injury (e.g. carpal tunnel syndrome) |    |    |
| Seasonal Affective Disorder                            |    |    |
| Substance abuse problem                                |    |    |
| Back pain                                              |    |    |
| Broken bone/fracture                                   |    |    |
| Bronchitis                                             |    |    |
| Chlamydia                                              |    |    |
| Ear infection                                           |    |    |
| Gonorrhea                                              |    |    |
| Mononucleosis                                          |    |    |
| Pelvic Inflammatory Disease                            |    |    |
| Sinus infection                                         |    |    |
| Strep throat                                           |    |    |
| Tuberculosis                                           |    |    |
44. Within the last school year, have any of the following affected your academic performance? (Please select the most serious outcome for each item below)

- Alcohol use
- Allergies
- Assault (physical)
- Assault (sexual)
- Attention Deficit Disorder
- Cold/Flu/Sore throat
- Concern for a troubled friend or family member
- Chronic illness (diabetes, asthma, etc.)
- Chronic pain
- Death of a friend or family member
- Depression/Anxiety Disorder
- Seasonal Affective Disorder
- Drug use
- Eating disorder/problem
- HIV infection
- Injury
- Internet use/computer games
- Learning disability
- Mononucleosis
- Pregnancy (yours or your partner’s)
- Relationship difficulty
- Sexually transmitted disease
- Sinus infection/ear infection/bronchitis/strep throat
- Sleep difficulties
- Stress
- Other

45. How old are you?

0
1
2
3
4
5
6
7
8
9

46. What is your sex?

- Female
- Male

47. What is your height in feet and inches?

0
1
2
3
4
5
6
7
8
9

48. What is your weight in pounds?

0
1
2
3
4
5
6
7
8
9

49. Year in school:

- 1st year undergraduate
- 2nd year undergraduate
- 3rd year undergraduate
- 4th year undergraduate
- 5th year or more undergraduate
- Graduate or professional
- Adult special
- Other

50. Are you a full-time student?

- Yes
- No

51. How do you usually describe yourself? (Mark all that apply)

- White - not Hispanic (includes Middle Eastern)
- Black - not Hispanic
- Hispanic or Latino
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other

52. Are you an international student?

- Yes
- No

53. What is your current relationship status?

- Single
- Married/domestic partner
- Engaged or committed dating relationship
- Separated
- Divorced
- Widowed
- Parent/guardian’s home
- Other university/college housing
- Off-campus housing
- Campus residence hall
- Other

54. Where do you currently live?

- Campus residence hall
- Fraternity or sorority house
- Parent/guardian’s home
- Other university/college housing
- Off-campus housing
- Parent/guardian’s home
- Other

55. Are you a member of a social fraternity or sorority? (National Interfraternity Conference, National Panhellenic Conference, or National Pan-Hellenic Council)

- Yes
- No

56. How many hours a week do you work for pay?

- 0 hours
- 1-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40 hours
- more than 40 hours

57. How many hours a week do you volunteer?

- 0 hours
- 1-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40 hours
- more than 40 hours

58. Do you have any kind of health insurance (including prepaid plans such as HMOs - health maintenance organizations)?

- Yes
- No
- Not sure

The next question asks about impediments to academic performance.

- Received an incomplete or dropped the course
- Received a lower grade in the course
- I have experienced this issue but my academics have not been affected
- This did not happen to me/not applicable

Thank you for completing this survey!
Average Sick Leave Usage in Hours For Faculty (Barg 209)

by Fiscal Year, Age, Gender

Average Number of Sick Hours Taken

Age Groups By Fiscal Year

2003 2004 2005
Minnesota State Mankato
Average Sick Leave Usage in Hours For MSUAASF (Barg 211)
by Fiscal Year, Age, Gender

Age Groups By Fiscal Year

211

2003 2004 2005
Minnesota State Mankato
Average Sick Leave Usage in Hours For MnSCU Administrators (Barg 220)
by Fiscal Year, Age, Gender

Age Groups By Fiscal Year

2003 2004 2005
Minnesota State Mankato
Average Sick Hours taken for Commissioner's Plan (Barg 217 & 213)
By Fiscal Year and Gender

Age Groups and Gender By Fiscal Year

2004
2005
Minnesota State Mankato
Average Sick Hours taken for AFSCME (Barg 202, 203, 204, 206, 207)
By Fiscal Year and Gender

AFSCME
Age Groups and Gender By Fiscal Year
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Fiscal Year</th>
<th>Hours</th>
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<tbody>
<tr>
<td>25-29 Yrs</td>
<td>2004</td>
<td>F</td>
<td>M</td>
<td>F</td>
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<td>55-59 Yrs</td>
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Average Sick Hours taken for MAPE (Barg 214)
By Fiscal Year and Gender
Minnesota State Mankato
Average Sick Hours taken for MMA (Barg 216)
By Fiscal Year and Gender

Age Groups and Gender By Fiscal Year

2004
2005
216
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1/8/2004 Caught in, Under, Between | Fingers | $78
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1/21/2004 Struck against Stationary Object | Fingers | $163
1/27/2004 Bodily Reaction - No contact | back | $427
1/30/2004 Fall to Walking, Working Surface | ankles | $99
2/3/2004 Struck against Stationary Object | Toes | $111
2/6/2004 Nonclassifiable | back | $0
2/11/2004 Fall to Walking, Working Surface | Head | $728
2/12/2004 Bodily Reaction - No contact | Fingers | $581
2/13/2004 Overexertion | Chest | $0
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<td>Knees</td>
<td>$2,000</td>
</tr>
<tr>
<td>9/12/2005</td>
<td>Fall to Walking. Working Surface</td>
<td>Knees</td>
<td>$2,000</td>
</tr>
<tr>
<td>9/16/2005</td>
<td>Bodily Reaction - No contact</td>
<td>Multiple Parts</td>
<td>$2,000</td>
</tr>
<tr>
<td>9/21/2005</td>
<td>Overexertion</td>
<td>back</td>
<td>$13,066</td>
</tr>
<tr>
<td>9/30/2005</td>
<td>Fall on or down stairs</td>
<td>Shoulders</td>
<td>$2,000</td>
</tr>
<tr>
<td>10/1/2005</td>
<td>Overexertion</td>
<td>Shoulders</td>
<td>$2,000</td>
</tr>
<tr>
<td>10/7/2005</td>
<td>Fall to Walking. Working Surface</td>
<td>knees</td>
<td>$2,000</td>
</tr>
<tr>
<td>10/11/2005</td>
<td>Fall to Walking. Working Surface</td>
<td>Multiple Parts</td>
<td>$129</td>
</tr>
<tr>
<td>10/17/2005</td>
<td>Overexertion</td>
<td>elbows</td>
<td>$2,000</td>
</tr>
<tr>
<td>11/8/2005</td>
<td>Overexertion</td>
<td>back</td>
<td>$2,000</td>
</tr>
<tr>
<td>11/9/2005</td>
<td>Overexertion</td>
<td>Multiple Parts</td>
<td>$2,000</td>
</tr>
<tr>
<td>11/23/2005</td>
<td>Fall to Walking. Working Surface</td>
<td>Multiple Parts</td>
<td>$2,000</td>
</tr>
<tr>
<td>11/30/2005</td>
<td>Overexertion Lifting Objects</td>
<td>Shoulders</td>
<td>$2,000</td>
</tr>
<tr>
<td>12/6/2005</td>
<td>Struck against Stationary Object</td>
<td>mouth</td>
<td>$2,000</td>
</tr>
<tr>
<td>12/17/2005</td>
<td>Fall to Walking. Working Surface</td>
<td>Multiple Parts</td>
<td>$38,060</td>
</tr>
</tbody>
</table>

Total Cost 2005 $247,744
Average 2005 $8,543

Total Cost 2003-2005 $580,524
Average 2003-2005 $3,698
In January 2006, the Minnesota State University, Mankato Health and Wellness Strategic University Priority Task Force was established to help determine how best to promote health and wellness of member of our campus community. To fulfill this mission, the Task Force needs your assistance.

The purpose of this survey is to determine what wellness and health promotion activities and services are of interest to Minnesota State, Mankato faculty, staff, and administrators. Your responses to this survey will be of fundamental importance in determining the feasibility of providing specific activities and services to our campus community. While not all programs, services and activities listed on this survey may be offered on campus in the future, your opinions are crucial to helping us make recommendations for health and wellness programs.

Completion of this Health and Wellness Needs & Interest should take approximately 10 minutes of your time. Your responses to the survey will be confidential and no names or other identifying information will be attributed to the data collected. Your completion of the instrument is an indication of your consent to participate in this survey.

As a thanks for your time, you are invited to place your name in a drawing for one of 7 prizes to be awarded to those who complete the survey: 4 Minnesota State Park Passes, 2 Dietary Analysis and Consultation (with Registered Dietician Pauline Genter), and a Fitness Assessment (from Jen Bruns, Fitness Program Coordinator, Campus Recreation).

If you have any questions about this survey or the progress of the Health and Wellness Strategic University Priority Taskforce, please contact:

Mary Visser,  
Task Force Co-chair  
Human Performance  
HC 1400  
507.389.2672  
mary.visser@mnsu.edu

Christine Connolly,  
Task Force Co-chair  
Student Health Services  
CC 21  
507.389.5591  
christine.connolly@mnsu.edu
The results of your survey are displayed below. If your survey includes text responses, click the "View" button to read individual results. To exclude a particular response, click the Included Responses button. You can then view the set of individual responses that are currently included and select those you wish to exclude. Results below contain only Included responses.

Responses:  
- Completes only
- Partials only
- Completes & Partials

1. In comparison with other people of your age, how do you rate your current overall health status?

<table>
<thead>
<tr>
<th></th>
<th>82%</th>
<th>72%</th>
<th>18%</th>
<th>23%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>8</td>
<td>72</td>
<td>18</td>
<td>23</td>
</tr>
<tr>
<td>Fair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: 346

2. Health Education Programs: For each of the following health topics, please indicate your preference for method of obtaining information about that topic.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Web Based Info</td>
<td>40%</td>
<td>56%</td>
</tr>
<tr>
<td>Seminar/Class</td>
<td>13%</td>
<td>17%</td>
</tr>
<tr>
<td>Help Group</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>&quot;Ask an Expert&quot;</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Telephone Helpline</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>I'm not currently</td>
<td>32%</td>
<td>11%</td>
</tr>
<tr>
<td>interested in topic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Launch Date: Apr 6 2006 12:12PM
Modified Date: 
Close Date: 
Email Invites: 1519
Visits: 397
Partials: 24
Completes: 348
3. Mammograms & Other Cancer Screening Measures  
- 45% of respondents chose Web Based Info  
- 12% chose Seminar/Class  
- 1% chose Self-Help Group  
- 21% chose “Ask an Expert”  
- 1% chose Telephone Helpline  
- 19% chose “I’m not currently interested in this topic”  

4. Heart Disease Prevention  
- 54% of respondents chose Web Based Info  
- 17% chose Seminar/Class  
- 1% chose Self-Help Group  
- 15% chose “Ask an Expert”  
- 1% chose Telephone Helpline  
- 12% chose “I’m not currently interested in this topic”  

5. Stroke Prevention  
- 52% of respondents chose Web Based Info  
- 15% chose Seminar/Class  
- 1% chose Self-Help Group  
- 15% chose “Ask an Expert”  
- 1% chose Telephone Helpline  
- 16% chose “I’m not currently interested in this topic”  

3. Please continue  

<table>
<thead>
<tr>
<th>Topic</th>
<th>1 Web Based Info</th>
<th>2 Seminar/Class</th>
<th>3 Self-Help Group</th>
<th>4 “Ask an Expert”</th>
<th>5 Telephone Helpline</th>
<th>6 “I’m not currently interested in this topic”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cholesterol Reduction</td>
<td>48%</td>
<td>17%</td>
<td>2%</td>
<td>17%</td>
<td>1%</td>
<td>15%</td>
</tr>
<tr>
<td>2. Home Safety</td>
<td>50%</td>
<td>11%</td>
<td>1%</td>
<td>7%</td>
<td>1%</td>
<td>30%</td>
</tr>
<tr>
<td>3. Substance Abuse</td>
<td>33%</td>
<td>7%</td>
<td>1%</td>
<td>6%</td>
<td>3%</td>
<td>51%</td>
</tr>
<tr>
<td>4. Headache Prevention &amp; Treatment</td>
<td>41%</td>
<td>13%</td>
<td>1%</td>
<td>16%</td>
<td>1%</td>
<td>28%</td>
</tr>
<tr>
<td>5. Cold / Flu Prevention &amp; Treatment</td>
<td>57%</td>
<td>9%</td>
<td>2%</td>
<td>10%</td>
<td>2%</td>
<td>19%</td>
</tr>
</tbody>
</table>

4. Please continue  

<table>
<thead>
<tr>
<th>Topic</th>
<th>1 Web Based Info</th>
<th>2 Seminar/Class</th>
<th>3 Self-Help Group</th>
<th>4 “Ask an Expert”</th>
<th>5 Telephone Helpline</th>
<th>6 “I’m not currently interested in this topic”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Financial Management</td>
<td>24%</td>
<td>39%</td>
<td>1%</td>
<td>20%</td>
<td>1%</td>
<td>15%</td>
</tr>
<tr>
<td>2. Job Stress Management</td>
<td>30%</td>
<td>38%</td>
<td>6%</td>
<td>10%</td>
<td>1%</td>
<td>16%</td>
</tr>
<tr>
<td>3. Accepting Change</td>
<td>27%</td>
<td>27%</td>
<td>8%</td>
<td>10%</td>
<td>0%</td>
<td>28%</td>
</tr>
<tr>
<td>4. Parenting Difficulties</td>
<td>18%</td>
<td>17%</td>
<td>6%</td>
<td>8%</td>
<td>1%</td>
<td>50%</td>
</tr>
<tr>
<td>5. Healthy Aging</td>
<td>39%</td>
<td>30%</td>
<td>4%</td>
<td>10%</td>
<td>0%</td>
<td>16%</td>
</tr>
</tbody>
</table>

5. Please continue  

<table>
<thead>
<tr>
<th>Topic</th>
<th>1 Web Based Info</th>
<th>2 Seminar/Class</th>
<th>3 Self-Help Group</th>
<th>4 “Ask an Expert”</th>
<th>5 Telephone Helpline</th>
<th>6 “I’m not currently interested in this topic”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Managing Chronic Health Conditions</td>
<td>34%</td>
<td>11%</td>
<td>5%</td>
<td>16%</td>
<td>1%</td>
<td>32%</td>
</tr>
<tr>
<td>(diabetes, hypertension, ...)</td>
<td>117</td>
<td>37</td>
<td>16</td>
<td>56</td>
<td>5</td>
<td>111</td>
</tr>
<tr>
<td>2. Managing Chronic Pain (neck &amp; shoulder injuries, back injuries, ...)</td>
<td>29%</td>
<td>15%</td>
<td>5%</td>
<td>18%</td>
<td>1%</td>
<td>33%</td>
</tr>
<tr>
<td>3. Controlling Anger / Emotions</td>
<td>26%</td>
<td>20%</td>
<td>9%</td>
<td>8%</td>
<td>0%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>90</td>
<td>67</td>
<td>32</td>
<td>28</td>
<td>1</td>
<td>124</td>
</tr>
</tbody>
</table>
4. Healthy cooking (meals/snacks) 39% 42% 3% 6% 0% 10%
133 143 9 22 1 34
45% 32% 3% 8% 0% 11%
155 109 11 29 1 37

5. Healthy eating (do’s & don’ts) 38% 35% 9% 10% 1% 7%
132 120 30 35 3 23
41% 25% 2% 15% 1% 24%
116 82 6 53 4 83
34% 24% 2% 15% 1% 24%
22% 7% 4% 7% 1% 52%
96 24 15 25 2 178

6. Please continue

<p>| The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option |</p>
<table>
<thead>
<tr>
<th>1 Web Based Info</th>
<th>2 Seminar/Class</th>
<th>3 Self-Help Group</th>
<th>4 “Ask an Expert”</th>
<th>5 Telephone Helpline</th>
<th>6 I’m not currently interested in this topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activities for health &amp; fitness</td>
<td>38% 35% 9% 10% 1% 7%</td>
<td>132 120 30 35 3 23</td>
<td>116 82 6 53 4 83</td>
<td>22% 7% 4% 7% 1% 52%</td>
<td>96 24 15 25 2 178</td>
</tr>
<tr>
<td>Ergonomics in the Workplace</td>
<td>34% 24% 2% 15% 1% 24%</td>
<td>116 82 6 53 4 83</td>
<td>22% 7% 4% 7% 1% 52%</td>
<td>96 24 15 25 2 178</td>
<td></td>
</tr>
<tr>
<td>Personal Safety</td>
<td>41% 25% 2% 7% 1% 24%</td>
<td>116 82 6 53 4 83</td>
<td>22% 7% 4% 7% 1% 52%</td>
<td>96 24 15 25 2 178</td>
<td></td>
</tr>
<tr>
<td>Eating disorders</td>
<td>28% 7% 4% 7% 1% 52%</td>
<td>116 82 6 53 4 83</td>
<td>22% 7% 4% 7% 1% 52%</td>
<td>96 24 15 25 2 178</td>
<td></td>
</tr>
</tbody>
</table>

7. If Other - please specify here

Please indicate if you would be likely to participate in each of the following Health Promotion activities if it was offered at work during the next year.

Please note that not all activities may be offered. Cost of some activities offered may be at individual employee’s expense.

Every effort will be made to ensure that necessary individual fees for offered activities are minimal.

| The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option |
| 1 Yes | 2 No |
| Corporate Fitness Membership Rates | 55% 45% |
| 188 154 |
| Exercise Tolerance (STRESS) Testing | 62% 38% |
| 214 130 |
| On-Site, Low-impact Exercise Equipment | 64% 36% |
| 218 123 |
| Prescribed Exercise Programs (such as cardiovascular rehabilitation) | 47% 53% |
| 160 180 |
| Stretching Programs | 60% 40% |
| 205 137 |
| Walk-Fit Programs | 64% 36% |
| 217 124 |
| Yoga | 59% 41% |
| 202 139 |
8. Strength Training 64% 36%
   219          122
9. Pilates 49% 51%
   163          173

9. If Other - please specify here:
   VIEW 32 Responses

**Immunization Programs:** Some immunizations may be at individual employee’s expense. Every effort will be made to ensure that necessary individual fees for immunizations are minimal.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu shots</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>Tetanus Shots</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>Hepatitis 'B' Vaccine</td>
<td>46%</td>
<td>54%</td>
</tr>
</tbody>
</table>

10. individual fees for immunizations are minimal.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu shots</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>Tetanus Shots</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>Hepatitis 'B' Vaccine</td>
<td>46%</td>
<td>54%</td>
</tr>
</tbody>
</table>

11. If Other - please specify here:
   VIEW 8 Responses

**Screening Programs:** Some screenings may be at individual employee’s expense. Every effort will be made to ensure that necessary individual fees for screenings are minimal.

<table>
<thead>
<tr>
<th>Screening</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure Checks</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Blood Sugar (diabetes)</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>Cholesterol Levels</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>Blood Screenings</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>Cardiovascular (EKG’s)</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>Skin Cancer</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>Body Fat Testing</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>Diet Analysis</td>
<td>65%</td>
<td>35%</td>
</tr>
</tbody>
</table>
10. Vision 58% 195
   42% 143

11. Hearing 65% 218
   35% 118

12. Dental Health Screening 33% 110
   67% 226

13. Depression Screening 32% 108
   68% 225

14. Tuberculosis (TB) Screening 33% 110
   67% 224

15. Eating Disorders 20% 68
   80% 265

13. If Other - please specify here:
   12 Responses

14. Health Behavior Change Programs: Some health behavior programs may
be at individual employee's expense. Every effort will be made to ensure that
necessary individual fees for health behavior programs are minimal.

15. If Other - please specify here:
   5 Responses

Please indicate which of the following times you would
prefer health promotion activities: Please check all that
apply.

<table>
<thead>
<tr>
<th>Time</th>
<th>Number of Responses</th>
<th>Response Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Work</td>
<td>95</td>
<td>28%</td>
</tr>
<tr>
<td>During Lunch at Work</td>
<td>240</td>
<td>72%</td>
</tr>
<tr>
<td>After Work</td>
<td>163</td>
<td>49%</td>
</tr>
</tbody>
</table>

ANY OTHER INTERESTS, NEEDS, OR SUGGESTIONS (PLEASE
SPECIFY) Please list any positive (or negative) comments about current or
future Health or Wellness programs. List any suggestions on how we can
improve the current program or things you would like to see implemented.
Your input is an IMPORTANT element to the success of our program.

Demographics: Your responses to the following demographic questions are optional. You are not required to answer this section however your answers will be helpful to the Health and Wellness Task Force in planning health promotion activities and programs that meet your needs. Please check the categories that apply to you.

18. Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Responses</th>
<th>Response Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>100</td>
<td>30%</td>
</tr>
<tr>
<td>Female</td>
<td>237</td>
<td>70%</td>
</tr>
<tr>
<td>Total</td>
<td>337</td>
<td>100%</td>
</tr>
</tbody>
</table>

19. Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Responses</th>
<th>Response Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>26-30</td>
<td>29</td>
<td>9%</td>
</tr>
<tr>
<td>31-35</td>
<td>28</td>
<td>8%</td>
</tr>
<tr>
<td>36-40</td>
<td>33</td>
<td>10%</td>
</tr>
<tr>
<td>41-45</td>
<td>43</td>
<td>13%</td>
</tr>
<tr>
<td>46-50</td>
<td>45</td>
<td>13%</td>
</tr>
<tr>
<td>51-55</td>
<td>83</td>
<td>25%</td>
</tr>
<tr>
<td>56-60</td>
<td>47</td>
<td>14%</td>
</tr>
<tr>
<td>61-65</td>
<td>20</td>
<td>6%</td>
</tr>
<tr>
<td>Over 65</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>336</td>
<td>100%</td>
</tr>
</tbody>
</table>

20. Bargaining Unit (Employment Category)

<table>
<thead>
<tr>
<th>Employment Category</th>
<th>Number of Responses</th>
<th>Response Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>IFO</td>
<td>132</td>
<td>40%</td>
</tr>
<tr>
<td>MAPE</td>
<td>19</td>
<td>6%</td>
</tr>
<tr>
<td>AFSCME</td>
<td>93</td>
<td>28%</td>
</tr>
<tr>
<td>MMA</td>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td>MSUAA SF</td>
<td>55</td>
<td>17%</td>
</tr>
<tr>
<td>Commissioners’ Plan</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>MNA</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Excluded Administrators</td>
<td>10</td>
<td>3%</td>
</tr>
<tr>
<td>I do not wish to identify my bargaining unit</td>
<td>11</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>332</td>
<td>100%</td>
</tr>
</tbody>
</table>
Other interests, needs, suggestions about current or future health or wellness programs
Responses: 52
Compiled by exact response and not categorized.

I have enjoyed & benefited from all of the classes I have taken - I have become more health-conscious.

Have Otto recreation center opens at 6 am. This change would help those faculty who have 8 am class to get the exercise done before classes begin. There are more student users in the evening class that the faculty, staff don't have to compete with them.

It would be beneficial to have the opportunity to use the university equipment and work on wellness but have it part of the employees workday. Allow each person 1/2 hour to do wellness per day.

Employee's should be allowed to use our fittness center for free!! Healthier employee”s use less sick time!!

Several years ago I attended Weight Watcher's meetings on campus and really enjoyed the experience. It would be nice to see that offered again.

I like the Shape-Up challenge, especially because it encourages water, fruit and vegetable consumption. I would like more to bonus activities that encouraged walking. Walking is pretty simple but it's easy to do over lunch.

It would be nice to have some sort of a program for ergonomics assessment, air quality, temperature monitoring and requirements in the campus work areas. I work in University IT services cube farm, and I think our workplace really lacks as far as ergonomics are concerned. The prevailing thought seems to be cheapest is best. Also it gets uncomfortably warm in the area quite often. Thanks.

More longer term classes instead of one-time sessions -- ex: 6 weeks of yoga or water aerobics -- geared to staff. University participation in the Blue Cross health club reimbursement program.

I would appreciate having discounted/free enrollment to the university exercise facilities and would use them to exercise on my own time. However, I am not going to take time out of my work day for these activities, unless they can be done quickly (e.g., flu shots). For health checks & information, I would much rather speak with my physician, so that all of my medical information is integrated.

I really enjoy having facilities open to me to pursue my own work-out plan on my own schedule. I would appreciate tips/ideas in session, class, newsletter, etc on how to improve your diet moderately while still enjoying good food. Not drastic weight loss or nutrition programs, but just simple habits/foods that can help lead to better nutrition.

I would like to see the fitness center open earlier on the weekends. It would be nice to workout in the morning before getting ready for the day.

Love the Women Weight Training
Shouldn't this survey screen out people who are currently served by their own health plans, clinics, gyms, etc? I get an awful lot of information about most of these topics from many different sources already!

inline skating group would be fun

The pool's hours for lap swim are insufficient.

American workers are getting older and fatter. Employers can help us maintain health and prevent excessive weight gain by promoting active lifestyles. I urge the University/State to do everything possible to provide opportunities and incentive for workers to get up, get moving, and get healthy.

In the past when I have gone to "introductions" to a fitness activity such as Pilates, the instructor merely plunged into a session and didn't explain any of the theory or how to adapt the activity to our levels of fitness. Descriptions of activity sessions need to be accurate and complete.

I currently pay a monthly fee for weight training. I would like to see the university advocate that health insurance subsidize part of that monthly fee.

Enlightened businesses realize that a healthy workforce is more productive. Therefore, if we are following the politically correct business model the employer should be paying for these programs as they are a part of the cost of doing business and profitable for the employer.

Let's do more for our employees to offer seminars, e-mails, incentive programs....

I don't want to exercise at MSU with students--it's intimidating. Is there a way to have times in the pool and exercise equipment only for faculty/staff?

Flex hours that allow for exercise would help with time issues

Some people get involved while the program is going on and then quit when it is over. Need more participation, need ongoing activities like exercise class

I would really like on site help with dieting - like a weight watchers program

This probably doesn't fit in this category, but avian flu is a big concern for many people.

Not a lot of health programs for faculty/staff, very disappointing, also, people should get rewarded for walking or biking to work.

Free access and use of exercise machines by faculty

The more relative you make things the better. Every human being is completely different and should be treated as such. I think currently the programs here at MSU are too generalized and not focused on the individual. I do realize this is a hard task but I believe it is very important for optimal benefits.

Make it so 3rd shift people can attend too!!!!

Some items I have yearly testing done already!
Our last one goes off to college next year, so having more time will be great. I actually think fitting these activities in at a time for women who have families would be the best. I can now work around it.

I would love to see the Otto Recreation Center open earlier in the morning (approximately 6:00 am) and I would love to see more aerobics classes offered in the evening (5:30-7:30 pm).

I don't have medical insurance, Please stop advertising flu shots as free when they are not!!

Pharmacy that Faculty and Staff can use. Classes like Yoga, Pilates, etc. geared for beginners and middle aged staff (not including students) after work or during lunch time. More classes on using exercise machines

Work with the bargaining groups to cover part of the cost of fitness programs such as Curves or WOW. Make sure that the campus groups are non-intimidating and supportive.

I am interested in weight management mostly for middle aged women

Note: on question 16, the problem is that there isn't a before or after work. Work can go on non-stop. There is no safe haven from work.

A tour of the fitness facilities and a use time just for faculty/staff.

I live out of town so any before/after work activities are limited. I have actively participated in wellness activities during lunch since I provide an hour for lunch every day (11:30-12:30).

If you want a healthy staff, faculty, and student body, quit charging them money to use the MSU gym equipment. I have never been associated with any university that charges their students, staff, and faculty for using health equipment. The money that MSU would "lose" by not charging for the gym would be far more than compensated by the increased wellness of the MSU population.

A variety of times is nice as not all people can attend at one specific time. I am less likely to participate in an area where students are also working out. It is the age/body image thing.

Current Wellness activities are great but we need to find ways to get more staff involved.

Don't interfere in individual people's lives. MSU's business is to educate students; not mingle in employees lives.

I think that by offering various self-help workshops, classes & presentations on campus it is a benefit to faculty and staff to help focus on our physical and mental health needs and it will hopefully put us on target to take better care of ourselves.

Offer more seminars on campus, preferably during lunch time.

It would be great if fitness activities could be scheduled at a variety of times to meet the needs of individuals with unpredictable schedules.

offer programs at times when persons on other shifts can more easily take advantage of them
I think it is important to include postural screenings as structure affects function. What is being offered seems medically biased.

A healthy employee is a more productive employee. I believe that in the past when the university has taken a whole work day to present seminars on healthy lifestyles/activities the time and money has been well spent. (i.e. the short seminar on nutrition was great) I believe that it would be in everyone's best interest to do something like that again.

I am very interested in programs that would help people know how to make healthy, fast meals to maintain good health for the family. I am also very interested in how to get 9 servings of fruits and veggies in per day and still eat other things.

If the fees were less than I'd pay in Northfield, I might make use of some programs (contrary to an earlier response). Instead of occasional flyers, a booklet of programs and year or semester calendar might be helpful.
General Education Courses
Apparent Wellness Component

<table>
<thead>
<tr>
<th>Department</th>
<th>Course Number</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Biol</td>
<td>100</td>
<td>Our Natural World</td>
</tr>
<tr>
<td></td>
<td>102</td>
<td>Biology of Women</td>
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<tr>
<td></td>
<td>103</td>
<td>Intro to Biotechnology</td>
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<tr>
<td></td>
<td>105</td>
<td>General Biology</td>
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<td></td>
<td>201</td>
<td>Ecology and Human society</td>
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<tr>
<td>CSP</td>
<td>110</td>
<td>Decision Making for Career and Life</td>
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<tr>
<td>FCS</td>
<td>100</td>
<td>Personal and Family Living</td>
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<tr>
<td></td>
<td>120</td>
<td>Clothing and People</td>
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<td></td>
<td>140</td>
<td>Introduction Nutrition</td>
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<tr>
<td>Gero</td>
<td>200</td>
<td>Aging: Interdisciplinary Perspectives</td>
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<tr>
<td>Hlth</td>
<td>101</td>
<td>Health and the Environment</td>
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<tr>
<td></td>
<td>210</td>
<td>First Aid and CPR</td>
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<tr>
<td></td>
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<td>Consumer Health Issues</td>
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<tr>
<td></td>
<td>310</td>
<td>Drug Education</td>
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<tr>
<td></td>
<td>400</td>
<td>Women’s Health</td>
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<tr>
<td></td>
<td>455</td>
<td>Health and Aging</td>
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<tr>
<td>HP</td>
<td>101</td>
<td>Developmental/Adapted Exercise</td>
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<td>Fitness for Living</td>
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<td>Adult Fitness</td>
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<td>117</td>
<td>Aerobic Conditioning</td>
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<td>130</td>
<td>Self-Defense for Women</td>
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<tr>
<td></td>
<td>175</td>
<td>Fitness Activities</td>
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<tr>
<td></td>
<td></td>
<td>Variety of individual and team sports and activities</td>
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<tr>
<td>MSL</td>
<td>112</td>
<td>Basic Leadership</td>
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<tr>
<td></td>
<td>210</td>
<td>Army Physical Fitness</td>
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<td>MUS</td>
<td>102</td>
<td>Women’s Chorale</td>
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<td>Maverick Men’s Chorus</td>
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<td>Symphonic Band</td>
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<td>PHIL</td>
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<td>Logic and Critical Thinking</td>
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<td>115</td>
<td>Introductions to Ethics</td>
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<td>Environmental Ethics</td>
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<td>PSYC</td>
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<td>Psychology Today</td>
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<td>206</td>
<td>The Human Mind</td>
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<td>RPLS</td>
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<td>Therapeutic Recreation Services</td>
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<td>278</td>
<td>Leisure and Lifestyle</td>
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<td>282</td>
<td>Wildlife as a Recreational Resource</td>
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<tr>
<td>REHB</td>
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<td>Sensitivity to Disability</td>
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<tr>
<td>KSP</td>
<td>101</td>
<td>Exploring and Applying Values</td>
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<tr>
<td>SOC</td>
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<td>Social Problems</td>
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<td></td>
<td>101</td>
<td>Introduction to Sociology</td>
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<td></td>
<td>208</td>
<td>Courtship, Marriage and Family</td>
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<td>Thea</td>
<td>115</td>
<td>Experiencing Theatre</td>
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<td></td>
<td>123</td>
<td>Beginning Jazz Dance</td>
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<td></td>
<td>125</td>
<td>Afro-Caribbean Dance Forms</td>
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<td></td>
<td>126</td>
<td>Beginning Ballet</td>
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<td></td>
<td>127</td>
<td>Beginning Tap Dance</td>
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<td></td>
<td>128</td>
<td>Beginning Modern Dance</td>
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<tr>
<td>WOST</td>
<td>120</td>
<td>Violence and Gender</td>
</tr>
</tbody>
</table>

These courses have no prerequisites or other requirement for entrance. There are other gen ed courses that would include a wellness component, but there is a prerequisite or permission is needed.
5. Are there any courses taught within your department which include health and/or wellness components? Please describe and/or attach a syllabus.

- Department of Music attached syllabus for Class Instruction on Singing I
- Human Performance: We have too many courses that have a wellness component to attach. If you would like to see them you may visit my office HC 1400.
- Military Science: The following courses address physical and health wellness: MSL 210, MSL 111, and MSL 211.
- Campus Recreation and Human Performance Activity Classes: I teach and activities class (HP 100 level) and we spend a day talking about stress management, emotional wellness, healthy eating habits and environmental wellness. Not all activity classes do this. Mine is HP 103 – Fitness for Living
- Nearly all courses taught in Speech, Hearing and Rehab. Services deal with health issues, but the context is focused more on diseases/disorders/developmental issues but not wellness as it is normally defined.
- Theater and Dance– I have divided many of our classes into those that are “related” to health and wellness issues (i.e., these issues are discussed as part of the normal delivery of the course, in multiple ways and multiple occasions) and “core” to health and wellness issues (i.e., these courses are fundamentally based on these issues and deal directly, on a daily basis, with good health and wellness). We can provide syllabi if necessary. Obviously, in a discipline where the body is the conduit of both our craft and art, we take wellness very seriously! All courses have the prefix THEA. Related: 101, 110, 111, 200, 210, 211, 212, 229, 311, 4/511, 4/5/612, 4/5/613, 4/5/16, 4/517, 4/518, 4/525, 4/526, 510. Core:121, 123, 125, 126, 127, 128, 223 , 226, 227, 228, 320, 322, 323, 325, 326, 327, 328
- These Family and Consume Science courses are available to any student on campus, without prerequisites (FCS 240 does require knowledge of chemistry).
  - FCS 100 Personal and Family Living
  - FCS 101 Introduction to FCS (career planning, etc)
  - FCS 120 Clothing and You
  - FCS 140 Introduction to Nutrition
  - FCS 150 Food, Culture and You (new course, fall 2007)
  - FCS 240 Nutrition I
  - FCS 252 Foodservice Systems I (safe food handling)