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HEALTH PROBLEMS OF COLLEGE STUDENTS

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Abstract. College health professionals deal with a range of medical problems and risky behaviors. Some medical conditions occur more frequently in the college-age population, but college health is not unique because of the types of medical problems seen. Community providers welcome the opportunity to deliver primary care to this relatively healthy population, with less emphasis on screening, intervention, mental health, social well-being, and altering unhealthy behaviors. Young people have been recognized as experiencing higher rates of morbidity, disability, and mortality from various developmental, environmental, and behavioral risk factors than the general population. These risk factors are so interrelated that successful efforts to change them require a more comprehensive approach that extends beyond the health of individuals to the wellness of an entire campus community. On the continuum of health and well-being, college health must move away from focusing on disease and move toward community wellness.

Key Words: health promotion, prevention (primary, secondary, tertiary), risk behaviors, wellness

Although students from the smallest community colleges to the largest research universities have the same health problems, one can find marked institutional diversity in the types of medical services the institutions provide. The healthcare delivery and financing systems on many campuses have not adapted to the changing healthcare resources and needs of college students. Traditional support from general funds is largely being replaced or augmented by a fee-for-service model focused on "illness" at a time when the rest of the healthcare industry has turned toward "prevention."

In this era of economic constraints, those concerned with college health face unavoidable choices for the allocation of scarce resources. Increasingly, student health services are being replaced or merged with larger managed care systems that compromise health promotion and disease prevention programs. However, college students risk some of the highest numbers of person years of life lost from illnesses and injuries that are largely preventable through alterations in their risky health behaviors. Perhaps no other age group is so

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thoroughly misunderstood and overlooked when it comes to planning and financing their medical care.

Tertiary prevention: treatment of existing symptomatic disease to delay its progress and prevent complications of the underlying process

ACUTE MEDICAL PROBLEMS

Facilitating access to primary medical care and women's services is the principal responsibility of most student health centers. Although some conditions present more commonly in the college-age population, (n1, n2) students come to the centers with many of the same acute health problems that are seen in a general medical practice, including an array of musculoskeletal conditions, trauma (eg, sprains, fractures, and lacerations), and minor infections. (n3)

College students' use of medical services is different from that of the general population. It is not uncommon for students to delay treatment of acute respiratory and gastrointestinal infections until an opportune time in their class schedule; then they request immediate access to healthcare. These drop-in services for students represent an important rationale for the existence of conveniently located student health centers with flexible scheduling.

Infectious diseases, such as Epstein-Barr virus, mononucleosis, and varicella, which usually occur during early childhood in developing countries, can have a delayed onset in the United States. The childhood illnesses that usually occur as mild infections during the first decade of life can have increased morbidity and complications in adolescents and young adults and are a major reason for medical withdrawals from school.

Infections of the genitourinary system are responsible for a significant proportion of visits to student health centers. (n4) Two thirds of sexually transmitted diseases (STDs) occur in people under 25 years of age, (n5) and many STDs have serious long-term sequelae (eg, pelvic inflammatory disease, ectopic pregnancy, chronic pelvic pain, infertility, and cancer). Gynecological care and screening for STDs are essential components of an effective college health program.

It is important to emphasize that serious medical and surgical problems are not uncommon in college-age populations. College students, traditionally considered a healthy group, also develop some very severe medical problems, such as appendicitis, endometriosis, ectopic pregnancy, and toxic shock syndrome. Avoiding complacency among healthcare providers

remains a major challenge in college health.

CHRONIC MEDICAL PROBLEMS

In addition to the usual walk-in complaints related to minor infections, dermatological conditions, musculoskeletal problems, and trauma, many student health services also offer full-spectrum care, including the management of chronic diseases. Nontraditional students broaden the range and complexity of health problems seen in the campus health service, and many chronic medical problems actually begin during the college years. Increasing numbers of disabled students with physical or mental impairments that substantially limit major life activities are also enrolling at colleges and universities today.(n1)

Approximately one third of asthma patients and one fourth of diabetic patients have disease onset by the third decade of life, with asthma representing a major cause of school absenteeism.(n6) Patients with hypertension and hyperlipidemia are also commonly diagnosed and treated at student health centers. Most college students are asymptomatic, and cardiovascular risk factors are only detected through routine screening.

Life-threatening infections, such as meningococcal meningitis, rubeola, and tuberculosis, sometimes occur in newly aggregated young people who are living and working in close proximity. In addition to managing such communicable diseases, many student health programs are responsible for preventing the spread of these infections to other students. Such programs often include health-professions students, whose unique learning environment may require exposure to infected patients, blood, or tissues. The steady increase in international students on US campuses presents other unique management problems, including the treatment of tropical diseases by medical providers who may be unfamiliar with the conditions.(n7)

Cancer is the fifth leading cause of death among people between 15 and 24 years of age, exceeded only by AIDS, accidents, homicide, and suicide. Lymphomas, Hodgkin's disease, and bone and genital tumors can all present during the students' college years. Leukemia is the Number 1 cause of death from malignancies in this age group, whereas lymphomas are the most prevalent malignancy.(n8) Considering the potential for person years of life lost by young adults, college health providers should look upon cancer screening and early detection as important responsibilities.

People in the 18- to 24-year-old-age group have the highest likelihood of being uninsured.(n8,n9) and those students who have coverage may be greatly underinsured. Many students are enrolled in their parents' managed care plans, which offer excellent benefits locally but do not pay for medical care delivered outside of their service areas. Students' basic medical needs may be met at the campus health center, but this does not protect the students from financial hardships in the event of a serious medical problem. Although most adolescents and young adults do not incur great expenses for healthcare during any given year, average expenditures can be misleading. One study found that 10% of students account for 65% of all

out-of-pocket expenses for the group.(n10)

CHANGES AFFECTING COLLEGE HEALTH

Demographics

College populations have changed dramatically in the past several decades, and college health centers are now serving a larger number of students who are older, financially independent, and more likely to be underinsured. The average college student is now around 26 years of age, and female students are in the majority at most colleges and universities.(n11)

Minority students, international students, and students with spouses and families represent an increasing proportion of the college population. In many urban settings, the commuter campus has become the norm, and 2-year community colleges are meeting the needs of a growing number of students in both metropolitan and rural areas.

Financial challenges now lead the list of student concerns, and many students are living at home or are finding part-time or full-time jobs to finance their college fees. Balancing school, family, and job responsibilities is common among these "nontraditional" students, who spend relatively little time on campus outside of the classroom. In essence, the nontraditional students of the 1960s and 1970s are becoming the traditional students of today; the challenge is to find ways to reduce the barriers this heterogeneous student body is encountering as it attempts to use campus health services.(n12)

Older students are more likely to need treatment for chronic medical problems, such as hypertension, cardiovascular disease, cancer, diabetes mellitus, arthritis, and gynecologic problems not associated with contraception or sexually transmitted infections. Consequently, campus health education and health promotion services should reflect these diversified needs. Traditional activities that focused on preventing HIV and other STDs, eating disorders, and drug and alcohol addictions need to be diversified to include programs that address midlife stress, divorce counseling, coping mechanisms for postmenopausal problems, cancer awareness, and so forth.

Future health center designs, operations, and staffing also need to accommodate the schedules of typical commuter students who arrive after 5 PM and spend only a couple of hours per day on campus. These students may derive more benefit from classroom activities and community outreach programs that extend into surrounding vicinities.

Health Problems

The kinds of problems occurring in college students have changed over the past few decades, but many of our healthcare programs have not adapted to these changes. Although traditional venereal diseases fit the medical model of treatment for cure, treatments for the modern

sexually transmitted viral infections (hepatitis B virus, human immunodeficiency virus, human papillomavirus, and genital herpes simplex virus) are often only palliative. Efforts to limit the spread of such infections must, of necessity, concentrate on prevention.

Eating disorders represent another contemporary problem on college and university campuses. Mass media and the advertising industry have been extremely successful in setting norms that influence the behaviors of American youth.(n13-n15) These norms have led to tremendously low self-esteem and unreasonably thin body images in many of our young people because they cannot separate these make-believe images from the real world.

Bulimia and anorexia are increasing rapidly, although the majority of eating disorders probably fall under the otherwise not specified category in the Diagnostic and Statistical Manual of Mental Disorders.(n16) Some experts estimate that as many as 30% of female undergraduates show enough symptoms to fit the clinical category known as disordered eating.(n17,n18) These eating problems are difficult and require prevention programs aimed at enhancing the psychological health and self-esteem of students before they even get to institutions of higher education.

As with society in general, college campuses are experiencing noticeable increases in violence and sexual assault. College health professionals are dealing with the clinical manifestations of violence, both physical and mental, on a daily basis. In a survey of college-age students, one out of six female students reported having been a victim of rape or attempted rape during the preceding year.(n19) We are being challenged not only to provide support services that address the consequences of assault but also to develop innovative educational programs that prevent assault.

Health Promotion And Disease Prevention

As healthcare providers for a significant segment of our youth, college health professionals have a unique opportunity to have a positive influence on the health of future generations through the assessment and reduction of risk factors that result in injury and disease in later life.

Secondary prevention: activities concerned with the early diagnosis and prompt treatment of diseases in their asymptomatic states before they become more serious problems

SCREENING

Population screening aimed at early detection of disease in presumably healthy students is a public health function often delegated to campus-based health centers. Because cost is the common limiting factor, screening is concentrated on high-prevalence groups with curable illnesses.

Student health centers have traditionally developed screening programs focused on preventing the spread of communicable diseases on campus, and many current recommendations reflect those origins. The American College Health Association (ACHA), for example, recommends tuberculosis screening with intradermal purified derivative (PPD) or chest X-rays on all international students admitted to colleges and universities.(n7) Screening for Chlamydia trachomatis in college women has been found to be cost effective when the prevalence rate in the population exceeds 7%.(n20) Human papillomavirus (HPV) infections have been identified as the primary agent in the pathogenesis of genital epithelial neoplasia, therefore regular Pap smears are advised for all female college students at the onset of sexual activity.

In addition, a number of college health centers are now screening for chronic diseases or risk factors that have not been associated with infectious agents. Male college students are being instructed in monthly testicular self-examination (TSE) to diminish the morbidity, mortality, and economic impact associated with testicular cancer, the most common solid tumor in men.(n21,n22) Current guidelines from the National Cholesterol Education Program (NCEP) recommend universal cholesterol screening of adults aged 20 years and above, and many college health professionals advise cholesterol screening for all students matriculating at a college or university.(n23-n27) Finally, with the prevalence of high blood pressure ranging between 9% and 16% in some groups of 18- to 24-year-old students,(n28,n29) college health providers can play a significant role in the early identification and treatment of this major risk factor for heart disease.

Primary prevention: the act of reducing the likelihood that a disease, condition, or injury will occur

Immunizations

Despite recommendations for effective prevention programs, vaccine-preventable diseases continue to have an adverse health and economic impact on college campuses today.(n30) The ACHA recommends that, as a condition for matriculation, all students demonstrate immunity to measles, mumps, rubella, diphtheria, tetanus, and, for students under the age of 18, poliomyelitis. Recent public health data also suggest the importance of adding hepatitis B and varicella vaccines to the routine immunization requirements for college students.(n31)

Health Risk Behaviors

College health professionals can play a significant role in preventing a wide variety of health problems. Some authorities even feel that health education and health promotion play their greatest role in college health settings.(n32) Those services, which are designed to reinforce individual and collective behaviors, are especially effective during this critical period before students have an opportunity to develop fully the unhealthy lifestyles that so often extend into adulthood.

Alcohol, Tobacco, and Other Drugs

College presidents identify alcohol abuse as the Number 1 problem on today's college campuses.(n33) In three national studies of college students, heavy episodic or binge drinking was reported to exceed 40%.(n34-n36) Alcohol consumption is associated with up to 25% of all deaths in college-age students(n37) and contributes to almost half of all motor vehicle fatalities.(n38) Alcohol has also been related to nearly two thirds of violent behavior, one half of physical injuries, one third of emotional difficulties, and one third of academic problems that occur on campus,(n1) as well as unplanned and unsafe sexual activity, physical violence, sexual assault, unintentional and intentional injuries, and physical and cognitive impairment.(n34,n39,n40)

The overall decline in drinking in US society has not been reflected on college campuses. This suggests to some that colleges and universities are unwittingly perpetuating their own drinking cultures through selection, tradition, policy, and other strategies that reinforce the wrong types of behavior.(n36)

The negative health consequences of tobacco consumption are also well known, and cigarette smoking remains the single most preventable cause of premature death in the United States.(n41) Nonetheless, the monthly prevalence rate of cigarette use in college students approaches 25%(n42); and current studies indicate tobacco use is increasing among teenagers, particularly women.(n43)

The surgeon general has also reported a steady increase since the early 1970s in the use of smokeless tobacco among adolescent males, an increase that has been similarly documented in college athletes.(n44-n46) Although institutional policies eliminating or restricting tobacco use on campuses have been helpful(n47) as a singular intervention, they have not been sufficiently effective to solve this difficult health problem.

The annual prevalence rate for marijuana use among college students is nearly 30%, whereas other illicit drugs are used by 6% or fewer students.(n48) Unfortunately, few data are available on the extent of problems associated with such use on college campuses.

Sexual Health

The need for health professionals to develop and implement more effective programs for preventing sexually related problems on campus is critical. Almost 80% of college students have had sexual intercourse by age 20.(n49) Despite successful efforts to educate college and university students about risky sexual activities, all indications are that this knowledge is not resulting in preventive behavior changes.

A minority of students always use a condom during sexual intercourse,(n50) and the prevalence of many sexually transmitted infections is increasing. In the United States, AIDS is

now the leading cause of death among all men aged 25 to 44 years and is the fourth leading cause of death among women in this age group.(n51) The AIDS epidemic is increasing more rapidly among persons infected through heterosexual contact and, in some parts of the country, among adolescents and young adults from smaller metropolitan and rural areas.(n52)

Eighteen- to 24-year-old women account for more than one third of reported pregnancy terminations,(n53) and studies suggest a significant proportion of sexually active college students use contraceptives inconsistently. One study reported nearly one in five female college students uses an unreliable contraceptive method.(n54) More innovative behavioral intervention techniques are needed for us to achieve one of the primary national health objectives for the college-age population: a reduction in unintended pregnancy and transmission of STDs and HIV infection.

Coping With Stress

Stress-related disorders are responsible for some 60% to 90% of all visits to healthcare professionals nationwide,(n55) and there is no reason to believe that college students are any less vulnerable to emotional problems. In fact, a number of unique stressors are present in the collegiate environment: examinations, public speaking, interpersonal relationships, and the transition from structured home environments to independent living conditions. How students cope with such stressors can have major lifetime consequences.

Stress contributes to many of the emotional and physical symptoms common in the college population, such as fatigue, hypertension, headaches, depression, anxiety, and an inability to cope. Excessive stress reduces work effectiveness, contributes to bad habits, and results in negative long-term consequences, including addictions, crime, absenteeism, poor academic performance, school dropouts, professional burnout, and, ultimately, career failure.(n56)

Intentional and Unintentional Injuries

The four leading causes of death among school-age youth and young adults are motor vehicle crashes (30%), other unintentional injuries (12%), homicide (19%), and suicide (11%).(n57) Among adults age 25 or older, on the other hand, the leading causes of mortality and morbidity are heart disease, cancer, and stroke.

Injury may be the most underrecognized major public health problem in the nation today because the burden of injury falls disproportionately on the young(n58) The effect of this premature mortality is best reflected in the measurement of years of potential life lost by each death that occurs before age 65 (YPLL-65). Unintentional injuries remain the leading cause of years of potential life lost, surpassing the rates for both cancer and cardiovascular disease.(n59)

The incidence of suicide among adolescents and young adults nearly tripled between the years

1952 and 1992, an increase at least partly related to an increased access to guns.(n60) Nearly 17% of high school students and 14% of 18-to 21-year-olds nationwide admitted to carrying a weapon sometime within the past 30 days.(n61) Firearm-related death rates increased during the late 1980s, particularly among adolescents and young adults.(n62) In 1988, 5,718 15- to 24-year-olds were murdered in the United States.(n63) If present trends continue, firearm-related injuries may become the leading cause of injury-related mortality in the United States during the next 10 years.(n62)

Nutrition: Diet, Weight, and Body Image

Current epidemiologic evidence supports links between diet and many chronic diseases--atherosclerotic cardiovascular disease, cancer, diabetes, obesity, and osteoporosis--although a hallmark of most student diets is fast food that is high in fat and sodium content. The college years present a distinct set of nutritional priorities, and poor eating habits often worsen during this time. One study reported that 69% of college students did not eat any fruit once a day, and 48% ate vegetables less than once daily.(n64)

As mentioned earlier, stressors inherent in the college environment often exacerbate a preoccupation with weight or precipitate eating disorders in those who are susceptible. The increasing attention to problems of inadequate nutrition on campuses today, however, has probably resulted in too little attention being paid to the other end of the spectrum of eating disorders--overeaters.

Physical Activity and Fitness

Fitness levels of young Americans are declining or failing to improve,(n65,n66) and the most rapid reduction in physical activity levels occurs between the ages of 18 and 24 years.(n67) Recent data indicate that a sedentary lifestyle characterizes a substantial proportion of young adults on a college campus.(n68) This is a particular concern for college health providers, given the strong epidemiologic evidence supporting positive relationships among physical activity, physical health, and psychological health.(n69-n74) Programs focusing on behavioral maintenance for physically active students must not overlook the distinct intervention strategies that are necessary to help more sedentary students.

LESSONS FROM THE PAST

Society is not prepared to deal with the problems of young people, yet seems surprised that the problems are spilling over into adulthood. Many healthcare planners today trivialize the common health risk cofactors of alcohol use and low self-esteem or forget about them altogether.

Persons aged 18 to 24 years are the group most likely to be uninsured, and uninsured persons are least likely to be receiving preventive health services.(n9) Lack of health coverage may also

be associated with delaying medical care until the problems become potentially more severe and costly. Although serious health problems are less common in young people, they do result in loss of the most productive years of life.

Young adults' health needs have been regularly overlooked by public health professionals and legislators because the stereotype of a typical college student is inaccurate. Once depicted as a robust and healthy group, students today are older and have more serious, chronic, and sometimes catastrophic medical problems.

More important, an epidemic of long-standing unhealthy behaviors is occurring on campuses today. College students are not adopting the preventive behaviors they know about. In spite of our best efforts at health education, these risky behavior patterns continue while the health and economic consequences are postponed to future generations. National health indicators suggest that individuals in this age category are experiencing the least overall reduction in morbidity and mortality rates.

COMMUNITY HEALTHCARE RESOURCES

Sharply decreased public funding and increased expectations for service are driving many campus administrators toward managed care solutions for the delivery of student healthcare. If facilitating access to primary medical care was the only rationale for the existence of student health centers, many services could be effectively contracted out and the uninsured students shifted toward already overburdened public health facilities. However, it is not the medical problems that are unique to college students, but the students' lifestyles that cause the problems.

Private medical practices emphasize the physical components of health and the treatment of existing symptomatic disease, with less emphasis on screening, intervention, mental health, social well-being, and altering unhealthy behaviors. Because these risk behaviors are linked to a constellation of personal, environmental, and behavioral attributes, the rising rates of morbidity and mortality in college students will be improved only through primary prevention efforts that address all of these factors simultaneously.

The innovative and time-consuming approaches necessary to solve behavior-related issues have regularly been neglected by the medical field because of their low revenue-producing potential. As we learn more about our ability to intervene successfully in the natural history of chronic and disabling diseases, what better place to achieve these goals than in institutions of higher education?

Health promotion: an organized set of activities designed to assist individuals in making voluntary behavior changes that reduce their health risks, modify their consumer health behavior, and enhance their personal well-being and productivity

DIRECTIONS FOR THE FUTURE

In Healthy People 2000: National Health Promotion and Disease Prevention Objectives for the Year 2000,(n49) young people are recognized as a special population that experiences higher rates of morbidity, disability, and mortality than the general population does from certain health risk behaviors. These unhealthy behavior patterns are so interrelated that successful efforts to change them will require a more comprehensive, rather than a more simplistic, approach to college health.

New approaches, it is hoped, will foster positive adjustments to college and university life through increased social support, mentoring programs, and entry-level courses that prepare freshmen for the rigors of campus life. These new approaches should employ a variety of cognitive, behavioral, and social learning strategies that integrate programs and services from the entire campus environment. Such a goal will require leaders from academic planning, residence life, student life, student health, health promotion, health education, physical education, recreational sports, disability services, food services, counseling, student affairs, campus security, and so forth, to work together in a team effort to guide students toward healthier lifestyles.

Wellness: the ever-changing movement toward optimal well-being in all the areas of one's life through a combination of health education and related organizational, economic, and environmental supports to promote behaviors conducive to health

CREATING COMMUNITY ON CAMPUS

Since Dr Ernest Boyer first spoke of "Campus Life in Search of Community,"(n33) the concept of community on college and university campuses has been eloquently introduced into the college health literature.(n75,n76) Dr. Boyer stated, "The key to community . . . is the way people relate to one another"(n33(p47)) and the degree of caring on campus. When we talk about "building community," we mean the combination of people, places, and services, both inside and outside the health center, that have an impact on a student's well-being. Our institutional leaders must assure that programs exist on campus for organized community efforts to keep students healthy at all levels--both during their academic experiences and beyond.

CAMPUS WELLNESS PROGRAMS

The term wellness became popular because it emphasized the concept that health is not merely the absence of illness, but is the opposite of it. Wellness includes many components other than having a physically fit body. It also includes self-esteem and a positive outlook, a sense of purpose, a strong concern for others, a respect for the environment, a balanced and integrated lifestyle, freedom from addictions of a negative nature, and a capacity to cope with what life presents as the individual continues to learn.

Wellness is about an ability to love and nurture, manage life demands, communicate effectively, maintain integrity, handle daily ups and downs, and, in particular, use good judgment in the face of complex and uncertain circumstances.(n77) Most important, wellness includes an empathy for, and an interest in, the well-being of others and an advanced appreciation for the complexity of life circumstances.

For campus health programs to be effective, they need to concentrate on all the dimensions of wellness: the spiritual, the emotional, the environmental, the social, the vocational, the intellectual, as well as the physical.(n78) In addition to caring for students with injuries and illnesses, wellness programs should reach out to students who do not present themselves for medical care, extending the boundaries of the health center into the surrounding campus community.

CONCLUSION

On the continuum of health and well-being, college health must move away from merely treating outcomes of disease and toward community wellness, where health is an outcome unto itself. These programs should focus beyond primary medical care and concentrate on connectivity. The establishment of effective community relationships connects students with each other, students with faculty and staff, and students with the rest of the world. As we advance toward a philosophy of social change, we move away from treating individuals and toward building teamwork and healthy student communities--communities where students care about themselves as well as about each other.

College health has always been a field of close connections with students, the developmental interests of student affairs, and the broader medical community, a community-based and community-responsive network practice. Institutions of higher education must now develop a global definition of wellness that is everyone's responsibility, that promotes program ownership, reaches a broader constituency, and enhances the opportunity for cultural and social change on campus.

In April 1995, 90 leaders in higher education were challenged to join the campus and the community in a partnership effort to become more involved in improving the health of youth. One of the consensus points from that conference outlined the task ahead: "The health of the campus and the health of the community become ever more interdependent. In various ways, institutions of higher education create a health environment for their students. That environment affects students' educational outcomes, as well as the quality of life of everyone on campus, and the health of the surrounding community. College and university presidents must put the health of students higher on their own and their institution's agenda."(n79(p10))

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