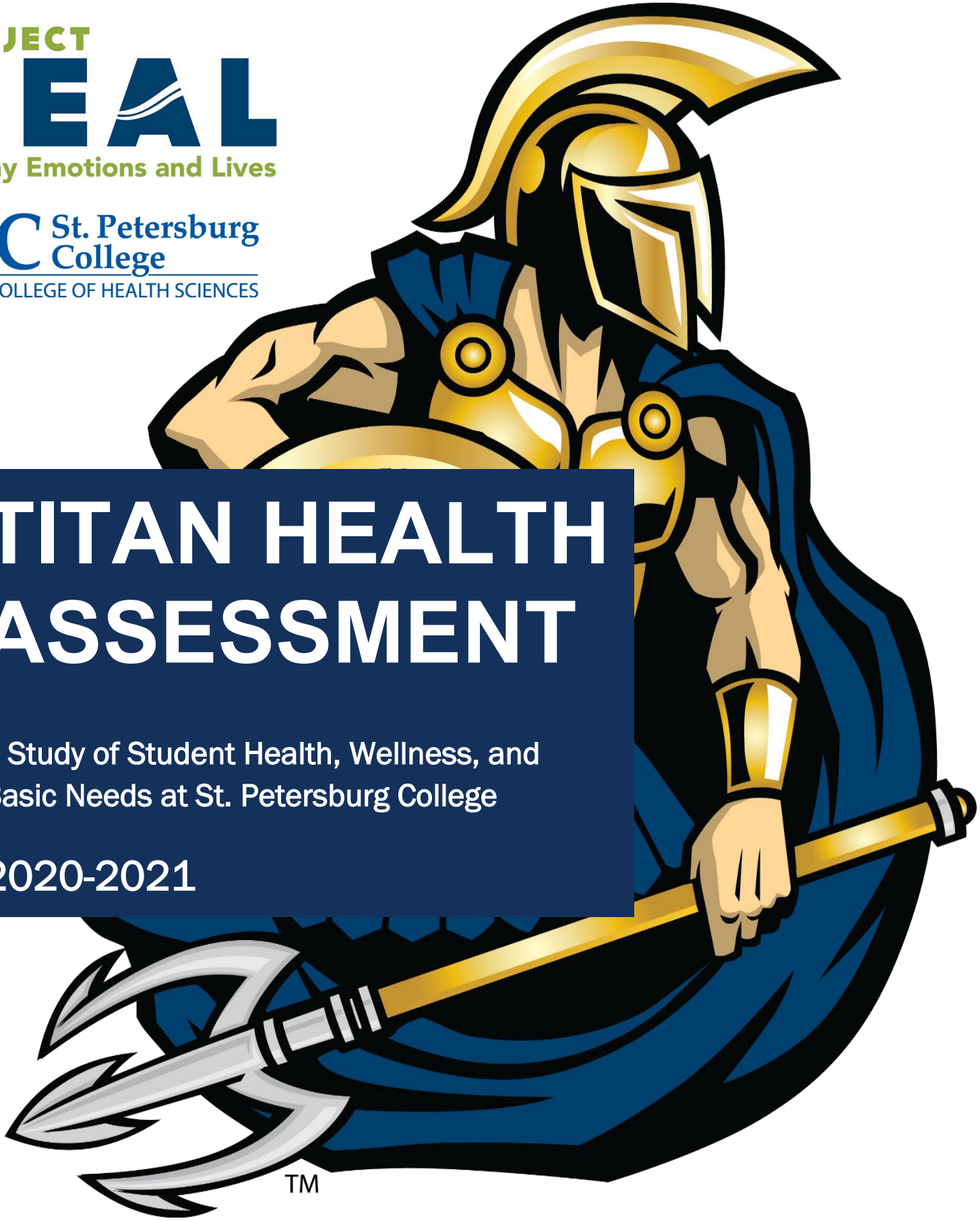
PROJECT HEAL
Healthy Emotions and Lives

SPC St. Petersburg College
COLLEGE OF HEALTH SCIENCES



TITAN HEALTH ASSESSMENT

A Study of Student Health, Wellness, and Basic Needs at St. Petersburg College

2020-2021

This study was paid for in part by grant number 1H79SM80457-03 for the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA.

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Data Requests

The sample dataset (Excel or SPSS) for this study is available to St. Petersburg College (SPC) employees upon request; however, the usage and sharing of the information must fall within the rules of SPC's Research Review Committee. Requests for the dataset can be sent to baldwin.will@spcollege.edu. Questions about the usage and sharing of the data can be sent to crawford.sabrina@spcollege.edu. Appropriate uses should preserve student privacy as defined by SPC Procedure, Security of Student Records, P6Hx23-4.37.

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Executive Summary

College student health and basic need insecurities were a major area of concern even before the COVID-19 pandemic. The Hope Center, the leading research institute on college student need insecurities, has been conducting a national *#RealCollege Survey* since 2015. To date, more than 330,000 students have been surveyed at more than 400 colleges. At least 39 percent of respondents were food insecure, 46 percent were housing insecure, and 17 percent had experienced homelessness.[9]

SPC's corporate culture of a *Community of Care* continues to grow (several examples are available in the 2020-21 SPC Fact Book)[6]. A grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) is in its third year providing mental health awareness and education to prevent suicide through the Project Heal initiative. A partnership with Hope Villages of America (formerly RCS Pinellas) has continually provided food for students in need across all of the major campuses, along with select on-campus food pantries that remain open during the pandemic. A new partnership with Mantra Health is offering a new Student Assistance Program (SAP) to provide direct mental health services to students at no cost. A giving campaign by the SPC Foundation was conducted in 2020 to assist students in need during the pandemic, a significant portion which was designated for the Student Emergency Fund. Over $4.18 million in federal CARES Act funding was dispersed, which was then distributed directly to well over 8,000 SPC students in need. Students with children can access affordable premiums for their kids' health and dental care through a partnership with Florida KidCare. A new Titan's Pathway program was created to assist students who have aged out of foster care or are experiencing homelessness. Among many other initiatives, the college continues to partner with a number of community organizations and add to the list of resources available to students displayed on the student resource homepage. A syllabus addendum was added college-wide to help direct students to resources such as these. When speaking directly to faculty and staff, one may often hear firsthand experiences of the physical, mental, and social barriers students face that can hinder their commitment or ability to focus on their academics. However, sometimes faculty and staff may also feel overwhelmed managing the daily impact these issues have on student progress or feel inadequate to navigate students to an appropriate resource. Connect trainings, offered through Project Heal, seek to address some of these gaps to support faculty/staff and students when identifying things like mental distress and referring students to resources.

Organizations like The Hope Center and the American College Health Association (ACHA) have established standards for regularly assessing student populations for key health and wellness indicators. This study is intended to be the first bi-annual assessment that monitors student health and wellness at SPC. Student bodies are a dynamic population whose demographics and socio-economic context are constantly shifting, so a regular college health assessment will help provide current data for any strategic planning or program planning that may occur around student wellness.

Of the student population enrolled at SPC (26,441) in Fall 2020[6], a convenient sample of 419 students completed a WITS survey called the *Student Health & Wellness Survey*. The findings highlighted several key indicators of student health and wellness:

- 16 percent of respondents self-rated their health as fair and 5 percent as poor
- 58 percent experienced some form of housing insecurity in the past year
- 10 percent experienced homelessness at least once in the past year
- 36 percent experienced food insecurity in the past month
- 34 percent experienced frequent mental distress in the past month
- The average number of healthy days experienced in the past month was 16
- The average number of productive days experienced in the past month was 23
- Respondents who experience food or housing insecurity have a higher risk of experiencing frequent mental distress
- Respondents who qualified for the Pell Grant are at higher risk and probability of experiencing food or housing insecurity

Following these results are some recommendations for improving future studies and a short discussion on potential solutions to address these student wellness issues. In part, promoting participation in future surveys, streamlining the survey administration process, and using random sampling on a larger segment can improve the accuracy and inferential ability of each college health assessment in the future. Potential solutions to these student wellness issues can include:

1. Having a clearly designated single-point of contact (SPOC) to help students navigate the health or social service system.[16]
2. Capitalizing on SPC's commitment to community partnerships by being present and advocating for students at System of Care or Continuum of Care meetings.[16]
3. Continuing to increase promotion of resource information and support students' help-seeking behaviors.

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Background and Purpose

College health officially became its own subdiscipline in 1920 with the establishment of the American College Health Association (ACHA). The organization still stands, 100 years later, as the leading expert for promoting the health and wellness of students at 1,100 institutions across the nation.[1] In 2000, ACHA introduced the National College Health Assessment (NCHA) as the first population level health assessment for students. The questionnaire measures various health indicators and behavioral characteristics to gauge student wellness at both the institutional level and across the nation. A prominent standard in the field, NCHA tends to emphasize student health behaviors and characteristics at the individual level rather than systemic issues and basic needs. It also requires an ACHA membership, an investment that often makes sense for residential schools that have both dormitories and health services on campus.

In 2015, The Hope Center for College, Community, and Justice introduced the first iteration of the *#RealCollege Survey*, which emphasized a new focus on college student basic need insecurities. These basic need insecurities included systemic, community level issues such as food insecurity, housing insecurity, homelessness, and income, a shift towards systemic issues rather than individual behaviors. With their first multi-institutional report *Hungry to Learn*[5], the center uncovered widespread concern with these issues at several colleges. Since 2015, multiple sequel reports have confirmed what is now known as a national epidemic of college student food insecurity, housing insecurity, and homelessness at most public institutions, regardless of their status as a two or four year, residential or non-residential school.[4,9] To date, over 330,000 students have been surveyed at over 400 institutions: 39 percent of respondents were food insecure, 46 percent were housing insecure, and 17 percent had experienced some form of homelessness.[9] The Hope Center continues to lead a national effort to leverage this data to influence federal policy. It arguably could be said that the #RealCollege movement contributed to the passing of the CARES Act relief legislation that provided $14 billion in funding for college students in 2020.

Since 1993, the Centers for Disease Control and Prevention (CDC) have been using the Health-Related Quality of Life (HRQOL-14) survey module as a part of the Behavioral Risk Factor Surveillance System (BRFSS), a national health assessment of over 400,000 American adults every year.[2] Prior to the concept of *quality of life*, population health was primarily measured by “ill health”, or the lowest form of well-being that manifests in a clinical setting.[11] This was antithetical to the World Health Organization’s definition of health as “the complete state of physical, mental, and social well-being, and not merely the absence of disease or infirmity”.[8] Overtime, the CDC and researchers combined the concepts of health, basic ability to function, and quality of life (a subjective measurement including happiness and satisfaction) to create the Health-Related Quality of Life, which is measured in terms of healthy days. By definition, HRQOL is “an individual’s or group’s perceived physical and mental health over time”.[11] Its use has become standard practice in the fields of healthcare, social work, disability, and economics to measure health and productivity within a population.

The questionnaire tool used in this study, called the *Student Health & Wellness Survey*, uses a combination of the *#RealCollege Survey* and the HRQOL-14 module to give a holistic picture of students' well-being at St. Petersburg College.

The survey was piloted in 2018.[10] Since then, the questionnaire was updated to include a more recent list of resources students may be utilizing, specifically mental health-related resources. Additionally, some of the processes, such as collecting students' identification number, were updated to ensure mutual exclusivity of respondents and avoid any potential duplication. The administration of the survey still did not include random sampling, which would have allowed a more accurate inference of the prevalence of these issues at SPC as a whole. There is some evidence in the national research done by The Hope Center that suggests that increasing the inferential capacity of a college student need insecurity study tends to yield similar or increased proportions in the amount of students affected, rather than less.[9] Regardless, this study provides the best estimate of student health, wellness, and basic needs at SPC to date, and it also includes a look into some of the potential risk factors that can contribute to frequent mental distress, homelessness, food insecurity, and housing insecurity. These contributing factors help identify key areas that should be targeted to help lessen the burden of these issues.

The purpose of this study was to capture data on students' health, wellness, and basic needs to help inform strategic decision-making at SPC. The following objectives were met:

1. Measured the prevalence of student homelessness, housing insecurity, food insecurity, and frequent mental distress in the student sample.
2. Measured the monthly average healthy days and days of productivity of the student sample.
3. Measured the student utilization of key health or human service resources in the sample.
4. Measured the association of factors contributing to homelessness, housing insecurity, food insecurity, and frequent mental distress of students in the sample.

Methods

The Survey Tool

It is important to utilize questionnaire tools that have been shown to be statistically reliable, valid, and responsive over time. The survey tool that was used for this study comes from the *Guide to Assessing Basic Need Insecurities in Higher Education*[5] (a collection of public domain survey modules used in The Hope Center's national *#RealCollege Survey*) and the Centers for Disease Control & Prevention's (CDC) Health-Related Quality of Life 14-item Survey Module (HRQOL-14)[2]. The guide to basic need insecurities, available at hope4college.com, uses a combination of the United States Department of Agriculture (USDA) Food Security Survey Module[7] and the U.S. Census Bureau's Survey of Income and Program Participation (SIPP) Adult Well-Being Survey Module.[12] The 10-item/30-day version of the food security module was used. Questions related to housing focused on the 12-month time period. All 14 questions of the HRQOL-14 were used, which includes the four core Healthy Days measures, Standard Activity Limitation, and Healthy Days Symptoms modules. The CDC's Behavioral Risk Factor Surveillance System (BRFSS) and the National Health and Nutrition Examination Survey (NHANES) regularly use these modules and they are often helpful for identifying health trends and disparities[2]. These established modules that are regularly used in the national *#RealCollege Survey* help support the validity of the questionnaire compared to creating new questions. A brief factor analysis of all the questions that make up both the USDA and HRQOL-14 constructs are included in Appendix A.

The *Student Health & Wellness Survey* was administered in the fall semester from September 21st through October 9th. Students received a recruitment email that required them to login in through single-sign-on (SSO) to access the survey. Although the survey remained confidential, students were informed that it was not anonymous and only the principal investigator would have access to their personal information. Each student identification number was auto-populated into the survey using SSO in order to ensure mutual exclusivity between respondents. Expedited approval for human subjects research was obtained by SPC's Research Review Committee. An informed consent page (see Appendix B) was provided to students in order to inform them about the purpose of the collected data. The *Student Health & Wellness Survey* (see Appendix B), was administered online to all 26,441 enrolled students via their student emails. All student participants were entered into a raffle drawing of 50 randomly selected winners of a $30 gift card to either Panera Bread, Starbucks, or Subway. Winners were able to select the vendor of their choosing (they had to respond within a week, or the prize would go to the next student on the list), and then the gift cards were administered digitally via an email from Amazon. The gift cards were paid for by grant number 1H79SM80457-03 for the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA.

Post-survey, responses related to housing insecurity, homelessness, food insecurity, healthy days, mental health, and productivity were used to calculate new aggregate variables representing respondents' scores. According to the U.S. Census Bureau[5], housing insecurity is affirmative if a student answers "yes" to any of the following options in question 9:

- Not pay or underpay your rent or mortgage
- Receive a summons to appear in housing court
- Not pay the full amount of a gas, water, or electricity bill
- Borrow money from friends or family to help pay bills
- Have an account default or go into collections
- Move in with other people, even for a little while, because of financial problems
- Live with others beyond the expected capacity of the house or apartment[5]

Additionally, according to the U.S. Census Bureau[5], Homelessness is affirmative if a student selects any of the following options in question 11 to indicate where they have had to sleep in the past 12 months:

- at a shelter;
- in a camper without a permanent home to return to (not on vacation);
- temporarily staying with a relative, friend, or couch surfing until I find housing;
- temporarily at a hotel or motel without a permanent home to return to (not on business or vacation travel);
- in transitional housing or independent living program;
- at a group home such as halfway house or residential program for mental health or substance abuse;
- at a treatment center (such as detox, hospital, etc.);
- outdoor location such as street, sidewalk, or alley, bus or train stop, campground or woods, park, beach, or riverbed, under bridge or overpass; and
- in a closed area/space with a roof not meant for human habitation such as abandoned building, car or truck, van, RV, or camper, encampment or tent, or unconverted garage, attic, or basement.[5]

According to the USDA[7], food security score is determined by responses to questions 13-22. All responses of "often true", "sometimes true", "yes", and any number greater than or equal to 3 are considered affirmative and given an equal value of "1" each.[7] The sum of all affirmative responses equals the food security score.[7] Raw scores of 0 equal high food security, raw scores of 1-2 equal marginal food security, raw scores of 3-5 equal low food security, and raw scores of 6-10 equal very low food security.[7] The variable "food insecure" is "yes" if a respondent's food security score is categorized as low or very low food security.[7]

According to the CDC's HRQOL-14[2], self-rated health is determined by respondents' answer to "Would you say in general that your health is", on a scale from "Excellent" to "Poor".[2] Unhealthy days is calculated using the following logic by adding the values of two questions: "Now thinking about your physical health, which includes physical illness

and injury, for how many days during the past 30 days was your physical health not good?" (PHEAL30DY), and "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" (MHEAL30DY).[2] Unhealthy days must not exceed 30 (values of 31 and greater are rounded to 30). The healthy days score for each respondent is then calculated as such[2]:

If (PHEAL30DY + MHEAL30DY) = unhealthy days
Then 30 – unhealthy days = healthy days

Frequent mental distress is affirmative if a student provides an answer greater than 13 to the question "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"[2]. The measurement of frequent mental distress is not a diagnostic tool; however, when comparing participants responses to how they responded to the rest of the Health-Related Quality of Life module (which includes further details on respondents' experience with anxiety, stress, depression, and how it affects their ability to function), researchers have found the measurement of frequent mental distress to be reliable.[13]

Perceived disability or productivity is measured by students' response to "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?". The value given between 0-30 equals the days of perceived disability. This number subtracted from 30 equals the number of productive days.[11]

The Data Analysis

A total of 425 students participated in the survey. One participant was trimmed due to a majority of missing responses. An additional five were removed because they did not meet the eligibility requirements (SPC student; at least 18 years old). All variables had a response rate of 95 percent or higher, save for weight (5.7 percent missing). Missing values were replaced with the series mean (for continuous variables) or series mode (for nominal variables). The final sample included 419 respondents (n=419). A one proportion test (see Appendix A) was run on the variable "sex" to show a statistically significant difference between the sample and the whole student body (N=26,441). Once each of the individual scores for housing insecurity, homelessness, food insecurity, frequent mental distress, and productivity were aggregated, the descriptive statistics of each variable was run in SPSS (ver. 2020 for Mac; see Appendix A for all descriptive statistics and outputs). Cross-tabulations for four dependent variables were created to produce a Pearson chi-square and odds ratio (Table1).

Key Health Indicators (Dependent Variables)	Frequent Mental Distress	Food Insecurity	Homelessness	Housing Insecurity
Potential Risk Factors (Independent Variables)	• Food insecurity • Housing insecurity • Feel unsafe where they live	• Pell Grant recipient	• Housing insecurity • Feel unsafe where they live • Former foster youth	• Pell Grant recipient

Table 1. Variables for the four cross-tabulations.

There are some common assumptions with estimating odds ratio in a cross-sectional study. Each of these were considered before using the variables shown in Table 1.

1. Dependent and independent variables should be binomial in each crosstabulation – Each variable was represented by a 1 for "No" and a 2 for "Yes" in the dataset.
2. Each pairing of the independent and dependent variable should make sense – This does require some discretion, but independent, demographic variables such as "former foster youth" and "Pell grant recipients" can be backed by prior research that suggests these groups may experience higher risk.[3,4, & 9]
3. There must be independence of observations – SSO was used to ensure mutual exclusivity of respondents and to avoid duplication.
4. Chronologically, the outcome should not come before the risk/protective factor – This is difficult to ensure in a cross-sectional study; however, since variables like housing insecurity and homelessness are both using the 12-month measurement, and frequent mental distress and food insecurity are both using the 30-day measurement, it was assumed that these experiences were happening around the same time. Demographic variables such as former foster youth and Pell Grant recipients reasonably occur before an experience of homelessness or housing/food insecurity.

Each cross-tabulation included a Pearson chi-square, p-value, odds ratio, and 95 percent confidence interval as depicted in Table 5.

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Results

Demographics

Of the 26,441 students enrolled in Fall 2020, roughly 1.6 percent responded (n=419). The demographics are represented in Table 2.

Table 2. Demographic information of survey sample vs. all SPC.

Demographic	Sample	All SPC
Age[a]	18 – 4% 19-21 – 17% 22-25 – 17% 26-35 – 31% 35+ - 32% Mean – 32	18 & Under – 21% 19-21 – 21% 22-25 – 16% 26-35 – 24% 35+ – 18%
Sex[b]	Male – 16.5% Female – 83.5%	Male – 36% Female – 62%
Race/ethnicity	White or Caucasian – 60% African American or Black – 11% Hispanic or Latino – 10% Asian – 4% Multiple Races – 11% Other – 1%	White – 60% Black – 13% Hispanic – 16% Asian – 4% Multiple Races – 4% Other – N/A
Enrolled	Full-Time – 48% Part-Time – 51% Not attending – 1%[c]	Full-Time – 27% Part-Time – 73%
Hours Working Weekly	1-19hrs – 16% 20-39hrs – 24% 40hrs or more – 36%	N/A
Veteran Status	Not served – 93% Armed Forces – 5% Reserves - <1% National Guard - 1%	Veterans – 5%
Sexual Orientation	Heterosexual or straight – 77% Gay or lesbian – 6% Bisexual – 12% Not sure – 4%	N/A
Home Campus[d]	Online – 52% Clearwater – 13% St. Pete/Gibbs – 12% Tarpon Springs – 8% Seminole - 3% Health Education Center – 11% Downtown/Midtown – 2% Epicenter – <1% Allstate Center - <1%	Online – N/A Clearwater – 21% St. Pete/Gibbs – 32% Tarpon Springs – 26% Seminole – 15% Health Education Center – 2% Downtown/Midtown – 5% Epicenter – N/A Allstate Center – <1%

[a]Students under 18 years of age were ineligible since parental consent is required.
[b]A one-proportion test revealed the sample was statistically significant so we reject the null hypothesis (n=265; number of expected females). According to sex, the sample was different than the student body.
[c] Emails were sent to all students enrolled Fall 2020 (580), so this number potentially represents some students who dropped or were scheduled for another 8-week session at the time they took the survey.
[d]Online and Epicenter were not options according to Pulse BI.

Twenty-eight percent of students declared they had children. Two percent of students stated they used to be in foster care, and 1 percent are neither citizens nor permanent residents. Thirty-six percent of students were working 40 or more hours per week, and 14 percent were both working fulltime and enrolled in classes fulltime. The largest proportion of students earn between $10.01-$15.00 per hour (31 percent), and 13 percent made $10.00 per hour or less. Forty percent of respondents used the earnings from their job(s), in addition to other sources, to help pay for college. Fifty-two percent had a household income low enough to earn the Pell Grant.

Summary of Key Health Indicators

As expected, the prevalence of basic need insecurities and health concerns among students in the sample was substantial (Tables 3 & 4). A majority of students had experienced housing insecurity (58 percent), and more than one third had experienced both food insecurity (36 percent) and frequent mental distress (34 percent). A total of 10 percent of respondents experienced some form of homelessness in the past 12 months. Twenty-one percent of respondents self-rated their health as not good: 16 percent fair health, and 5 percent poor health. Out of the past 30 days, students in the study experienced an average of 16 healthy days. This means in the course of a month, about half of the time students were experiencing unhealthy days due to physical or mental health issues. A majority of these unhealthy days are due to mental health issues (average of 10 days in the past month). The average amount of days of perceived productivity was 23 in the past month, which means, on average, students typically lost about a week in the past month due to perceived disability days where their normal day-to-day activities were limited.

Indicator	Prevalence
Housing insecurity	58%
Homelessness	10%
Food insecurity	36%
Frequent mental distress	34%
Self-rated health as fair	16%
Self-rated health as poor	5%

Table 3. Prevalence of key health indicators.

Indicator	Average
Healthy Days (past month)	16 days
Productivity (past month)	23 days

Table 4. Averages of key health indicators.

Four different dependent variables (frequent mental distress, food insecurity, homelessness, and housing insecurity) were cross-tabulated with several potential risk factors (Table 4) in order to identify those variables that may increase the risk of students experiencing these disparities. The results can be seen in Table 5 (or Appendix A for more detail). Food insecurity was the strongest risk factor for a student experiencing frequent mental distress, and the odds that a student who is food insecure will experience frequent mental distress is 2.4 times more likely than those who are not food insecure. Housing insecurity was a significant risk factor for frequent mental distress as well with students being 1.7 times more likely to experience frequent mental distress. The association between the variable “feel unsafe where they live” and frequent mental distress was statistically insignificant in this sample. Housing insecurity

was significantly associated with experiencing homelessness. Those who experienced housing insecurity were 5 times more likely to experience homelessness than those who did not. The association between former foster youth and homelessness in this sample was not statistically significant. Being a Pell Grant recipient was a risk factor for a student experiencing food or housing insecurity (1.7 times more likely that they will be food insecure, and 2.5 times more likely that they will be housing insecure).

Dependent Variable	Independent Variable	Chi-Square	P value	Odds Ratio	95% Confidence Interval
Frequent mental distress	Food insecurity	17.874	<.001	2.438	1.605, 3.701
	Housing insecurity	6.418	.011	1.713	1.128, 2.603
	Feel unsafe where they live	.000	.983	.992	.491, 2.004
Food insecurity	Pell Grant recipient	6.901	.009	1.716	1.145, 2.571
Housing insecurity	Pell Grant recipient	20.007	<.001	2.455	1.651, 3.652
Homelessness	Housing insecurity	15.188	<.001	5.034	2.072, 12.231
	Former foster youth	.012	.913	1.125	.137, 9.221

Table *5. Risk estimates of the four dependent variables.*

Physical Health

The average number of unhealthy days students experienced in the past month due to a physical health issue was 5. This number was much lower than unhealthy days caused by mental health issues. Regardless, 17 percent of students identified that they have a chronic disease. On average, students experience 13 sleepless nights in the past month, and only 10 days of vitality, meaning they “felt healthy and full of energy”. Of the students who said they have a major health issue limiting their normal activities, “back and neck problems” was the number one identified physical health issue (18 percent). Using the CDC categories for adult Body Mass Index (BMI)[14], 3 percent of students were underweight, 33 percent were normal or healthy weight, 27 percent were overweight, and 37 percent were obese. Eleven percent of students were on Medicaid or public health insurance.

Mental Health

Mental health issues, as opposed to physical health issues, was the greatest contributor to the low Healthy Days score with an average of 10 days in the past month where mental health was not good. Of the students who said they have a major health issue limiting their normal activities, “depression/anxiety/emotional problem” was the number one issue over all others (36 percent). Thirty-four percent of respondents experienced frequent mental distress in the past 30 days, which means they experienced 14 days or more of reoccurring mental health issues. Nine of these days, on average, were

depressed days, and an average of 13 were anxiety days. Thirty-six percent self-rated themselves as having a psychological disorder.

34% of respondents experienced frequent mental distress.

Forty percent of respondents said they "agree" they can recognize signs of mental distress, and 30 percent said they "strongly agree". Forty-three percent of students said they saw information for the Student Assistance Program (SAP), and 62 percent saw information for the National Suicide Prevention Line posted somewhere online or on campus. Thirty-two percent of students said they received information about either the SAP or National Suicide Prevention Line from a faculty or staff member. A total of 11 percent of students said they participated in some sort of mental health awareness activity on campus or online at SPC.

Resource	Seen	Used
Student Assistance Program (SAP)	43%	3%
National Suicide Prevention Line	62%	1%
Crisis Text Line	22%	2%
Suncoast Center	12%	2%
Directions for Living	3%	2%
CASA	7%	<1%
Operation PAR	4%	<1%

Table 6. Mental health crisis line or counseling utilization.

Food

36% of respondents experienced food insecurity.

Although food insecurity had a lower prevalence among students in the sample than housing insecurity, students who experienced food insecurity had a slightly higher probability of experiencing frequent mental distress. Figure 1 shows the zip codes reporting, and the prevalence of food insecurity among students, which was widespread throughout the Pinellas County. The figure somewhat resembles the Equity Data Explorer[15] created by Unite Pinellas (33755, 33756, 33714, 33711, 33712, and 33705 commonly associated with high poverty areas). However, a few additional zip codes were of concern for students including: East Clearwater 33764, West St. Pete 33710, Kenneth City 33709, and those reporting from Pasco County. It is worth noting that there were many students reporting from outside of Pinellas County and a few from other states that were experiencing food insecurity.

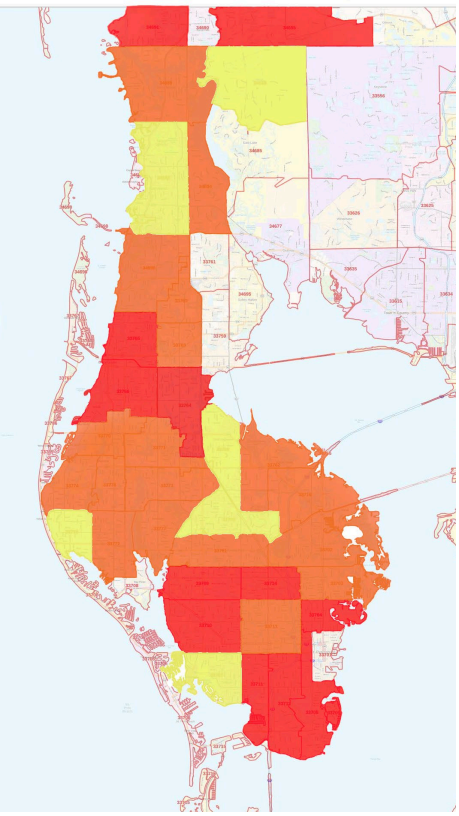

Figure 1. Red - High prevalence of student food insecurity, Orange - Medium prevalence of student food insecurity, Yellow - Low prevalence of student food insecurity.

A total of 21 percent of students were experiencing very low food security, and 15 percent were experiencing low food security in the past 30 days. Pell Grant recipients were 1.7 times more likely to experiencing food insecurity. Four percent of students have used one of the SPC food pantries, and 5 percent have used a local food pantry. Nineteen percent are signed up for Supplemental Nutrition Assistance Program (SNAP; formerly known as food stamps), and 4 percent are registered with Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Students of color were disproportionately affected by food insecurity: Black/African American 43 percent, Hispanic/Latino 47 percent, Asian 39 percent, compared to White/Caucasian, 31 percent.

58% of respondents experienced housing insecurity.

10% experienced homelessness.

Housing

A majority of students experienced housing insecurity, which means they are 5 times more likely to experience an episode of homelessness. Students who experienced housing insecurity were also 1.7 times more likely to experience frequent mental distress. Figure 2 shows the geographic dispersion of housing insecurity in the Pinellas County area. Zip codes 33755 (North Clearwater), 33711, and 3312 (South St. Pete) both had extremely high prevalence of housing insecurity compared to any other areas. Of the students that experienced homelessness, 74 percent couch-surfed (slept at someone's place with nowhere else to go) and 21 percent stayed at a motel/hotel with nowhere else to go. Black/African American students are disproportionately affected by housing insecurity compared to any other racial/ethnic group (72 percent compared to 55 percent White/Caucasian, 53 percent Hispanic/Latino, 39 percent Asian).

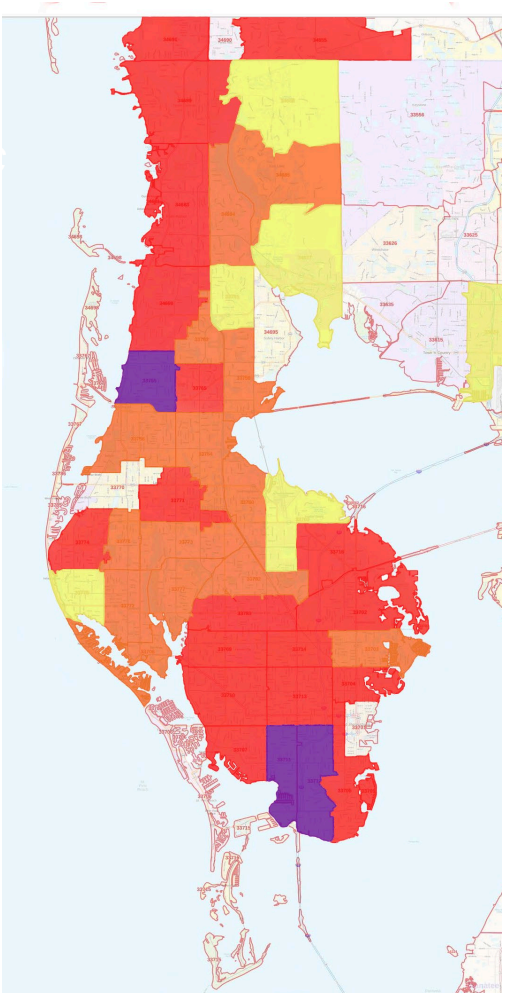

Figure 2. Purple - Very high prevalence of student housing insecurity, Red - High prevalence of student housing insecurity, Orange - Medium prevalence of student housing insecurity, Yellow - Low prevalence of student housing insecurity.

Discussion

With as concerning as the data is on student health and basic need insecurities, it is important to note that these issues were of major concern even before the pandemic. The Hope Center's report on five years of data shows how these issues have been ongoing for quite some time at the national level. The pandemic has affected everyone, and it can be assumed that it is compounding these insecurities even more at the current moment as eviction moratoriums expire or wage/job loss continues. With this in mind, any strategies to address these issues should take the pandemic into account, but also extend long term after regular class sessions have resumed.

Potential Solutions

SPC already has a plethora of resources available to students, many of them found on the main resource webpage; however, college health assessments such as this can help the institution strategize on where to focus attention to create the greatest impact. For example, it is evidently clear that mental health issues are the greatest concern in students' overall well-being. Since students who experience food insecurity are more likely to experience frequent mental distress, and Pell Grant recipients show increased risk for food insecurity, then Pell Grant eligibility could be used as a key identifier in targeting students to help them sign up for SNAP benefits. Local agencies such as the Florida Department of Health in Pinellas (FLDOH), Florida Department of Children & Families (DCF), and Feeding Tampa Bay already have programs or personnel that help assist community members in registering for benefits such as SNAP.[24, 25] This is an opportunity to capitalize on a community partnership to provide information and support to students who show evidence of increased vulnerability. This kind of approach is called primary prevention and it seeks to target risk factors, compared to a tertiary approach where the goal is to address downstream issues such as episodes of frequent mental distress, which may manifest later on. This same method can be used with other key health indicators.

The abundance of resources and information sharing is necessary, but it is worth noting that students' utilization of resources is still very low. In addition to targeting risk factors and vulnerable groups, there are other ways to effectively increase utilization, mainly:

1. Designating a single-point-of-contact (SPOC) that all faculty/staff can refer students to for help navigating the health and human service systems.[16]
2. Having a SPOC present at System of Care or Continuum of Care meetings and actively connecting emerging opportunities to college students' basic needs.[16]
3. Continue to increase promotion of resource information and help-seeking behaviors.

Designating a qualified single-point-of-contact (SPOC)[16] who can expertly navigate the system (e.g. a licensed clinical social worker, LCSW, or a licensed mental health counselor, LMHC, with case management experience) means having a dedicated

person to clinically triage students' needs and who will help them reach out to the appropriate resource. This method goes beyond the current 211 referral system by providing personalized case management, follow up, and preventing a student from getting lost in the referral process, a common issue in health and human services. A qualified SPOC can help students either unlock specific programs 211 serves as "gatekeepers" for, which students may not know how to inquire about, or they can help students navigate directly to providers that offer the best specialized care that they can afford.

Having an official SPOC that can advocate for students would also provide an opportunity to be present at System of Care (SoC) or Continuum of Care (CoC) meetings and to coordinate with them.[16] SoCs and CoCs are agencies that primarily receive and disperse funding and create regional coordination among all of the other agencies in a given geographic area. They regularly hold community meetings with all of the major providers to discuss system performance measures, emerging issues and programs, and to ask for funding from the state or federal government and decide on where funding should go in the community. Two examples are the housing CoC, administrated by the Pinellas Homeless Leadership Alliance (HLA)[18], and the Pinellas Behavioral Health System of Care (PBHSoC)[22], administrated by a collection of 50 stakeholders including Central Florida Behavioral Health Network (CFBHN)[19]. The housing CoC, among many other things, is responsible for allocating federal and state dollars for Rapid Re-housing (RRH) in Pinellas County, which is a program that offers temporary rent/mortgage assistance to prevent homelessness when experiencing an episode is imminent (RRH and other types of cash assistance are being used at other colleges across the nation who collaborate with local CoCs[17]). Stakeholders in the Pinellas Behavioral Health SoC relatively recently created a collaboration called the Wellness Connection, which launched a campaign called "You Good?" with a centralized number for people to call for behavioral health care regardless of their ability to pay.[21] Other key agencies include the Juvenile Welfare Board (JWB)[22] for child welfare and the Community Health Centers of Pinellas (CHCP)[23] for primary healthcare, all of which provide specialized information on the state of issues in these sectors, and often help provide resources to the community regardless of a person's ability to pay. SPC currently has employees scattered all across the community that volunteer and work with these agencies on their own time; however, having a dedicated SPOC could help SPC advocate for students in an official capacity.

Lastly, in order to increase student utilization of the available resources, SPC can continue to increase promotion of information about resources (specifically, actionable information such as what providers offer and how to access them) and to educate the entire SPC community, employees and students alike, on specific actions they can take to help connect students to resources. SPC already does extensive promoting of resources like the SAP, National Suicide Prevention Line, and 211. Additional efforts, such as the current Connect trainings scheduled for Spring 2021, can help teach faculty/staff and students on how to identify individuals in need and comfortably share resources with them. Any stigma surrounding helping students access resources traditionally considered to be "welfare" should be strongly opposed. Any responsibilities given to faculty/staff to help students pursue a resource should be easy and succinct

without requiring the faculty/staff member to be an expert on a resource or identifying what service a student may need. The presence of a dedicated SPOC can act as a safety net when faculty/staff are not sure how to assist a student.

Recommendations for Future Studies

This study would not have been possible without the support of several departments at SPC including Retention Services, the Health Services Administration BAS faculty, the Project Heal Task Force, Grants, Marketing, the Research and Review Committee, and Institutional Research. Continued support across all departments at the college can help ensure future assessment's success and usefulness for improving student health and wellness. Assessments nearly always leave room for improvement. Since the initial pilot in Fall 2018, this study improved by securing additional funding for gift cards to help incentivize students, additional measures around mental health were added, Single-Sign-On was used to help ensure mutual exclusivity among survey participants, and several personnel from different departments helped make the study successful along the way. Here are some additional recommendations to improve future studies:

- **Streamline survey administration processes at SPC** – There was a dramatic drop in the number of survey participants compared to the pilot (617 to 419 participants) because there were process issues with getting the survey approved and emailed to students by the original deadline. There were some major concerns that it did not overlap with several other college-wide surveys at SPC in order to avoid survey fatigue among students. Fall semester is a heavy survey period, so it would be beneficial to have a singular area through which all college-wide surveys are scheduled and approved. This would help generate better data for all assessments occurring at the college.

- **Use random sampling** – Statistically speaking, one cannot make an accurate inference about an entire population without having a sample that accurately reflects the appropriate demographics of the greater population. With that said, the inferential capacity of future assessments could be improved if more time and personnel were available to help with random sampling, which requires a bit more work than simply taking a convenient sample by emailing the entire student body. If more assessments at the college used the random sampling technique, then this could also potentially help solve the "survey fatigue" problem since each questionnaire would not be going out to the entire college, but only those that are randomly sampled.

- **Apply multiple survey modalities, online and face-to-face form** – Although most students should have computer access, this could still help avoid selection bias of students who have an easier time accessing their single-sign-on portals. However, this also requires college-wide awareness and support from personnel who can help deliver the survey face-to-face, perhaps in a computer lab or student commons area.

- **Continue or increase funding to sustain the assessment** – This assessment used $1,500 total in gift cards to incentivize students to take the survey, which was funded by the grant used for Project Heal. Future assessments will require a funding source in order to incentivize students to participate.

- **Increase awareness and support to help promote the assessment** – Since this assessment is still very new, many faculty/staff did not know about it, and announcing it in taskforce meetings and in the *Blue & White* was not enough to raise awareness. Talking about it during Board of Trustees meetings, Fall Welcome Back, and in other college-wide communication could help increase participation and support.

If these recommendations are considered, then the Titan Health Assessment has great potential to increase its effectiveness to gauge student health and wellness and provide strategic guidance for years to come.

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Appendix A: Dataset Outputs

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Demographics

Main Campus Attending

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Allstate Center	2	.5	.5	.5
	Clearwater	53	12.6	12.6	13.1
	Downtown	2	.5	.5	13.6
	Epicenter	1	.2	.2	13.8
	Health Education Center	45	10.7	10.7	24.6
	Midtown	4	1.0	1.0	25.5
	Seminole	12	2.9	2.9	28.4
	St. Pete/Gibbs	49	11.7	11.7	40.1
	Tarpon Springs	35	8.4	8.4	48.4
	Online	216	51.6	51.6	100.0
	Total	419	100.0	100.0	

Sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	350	83.5	83.5	83.5
	Female	69	16.5	16.5	100.0
	Total	419	100.0	100.0	

Statistics

Age

N	Valid	419
	Missing	0
Mean		32.05
Median		30.00
Mode		20[a]
Std. Deviation		11.483
Range		55
Minimum		18
Maximum		73

a. Multiple modes exist. The smallest value is shown

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	344	82.1	82.1	82.1
	Female	70	16.7	16.7	98.8
	Transgender	2	.5	.5	99.3
	Do not identify as female, male, or transgender	3	.7	.7	100.0
	Total	419	100.0	100.0	

Sexual Orientation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Heterosexual or straight	333	79.5	79.5	79.5
	Gay or lesbian	23	5.5	5.5	85.0
	Bisexual	48	11.5	11.5	96.4
	Not sure or neither heterosexual, gay, lesbian, or bisexual	15	3.6	3.6	100.0
	Total	419	100.0	100.0	

Claimed as dependent by parent/guardian for tax purposes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	330	78.8	78.8	78.8
	Yes	89	21.2	21.2	100.0
	Total	419	100.0	100.0	

Race

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White or Caucasian	255	60.9	60.9	60.9
	African American or Black	46	11.0	11.0	71.8
	Hispanic or Latino	43	10.3	10.3	82.1
	Asian	18	4.3	4.3	86.4
	Multiple Races	45	10.7	10.7	97.1
	Not applicable - I would prefer not to identify my race/ethnicity	7	1.7	1.7	98.8
	Other	5	1.2	1.2	100.0
	Total	419	100.0	100.0	

Age Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 yrs old	15	3.6	3.6	3.6
	19-21 yrs old	71	16.9	16.9	20.5
	22-25 yrs old	70	16.7	16.7	37.2
	26-35 yrs old	130	31.0	31.0	68.3
	35+ yrs old	133	31.7	31.7	100.0
	Total	419	100.0	100.0	

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Demographics (cont.)

Relationship Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	143	34.1	34.1	34.1
	In a relationship	144	34.4	34.4	68.5
	Married or domestic partnership	108	25.8	25.8	94.3
	Divorced	18	4.3	4.3	98.6
	Widowed	6	1.4	1.4	100.0
	Total	419	100.0	100.0	

Course Load

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Full-time (at least 12 credits)	201	48.0	48.0	48.0
	Part-time (less than 12 credits)	213	50.8	50.8	98.8
	Currently not attending	5	1.2	1.2	100.0
	Total	419	100.0	100.0	

Years at SPC

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	79	18.9	18.9	18.9
	Less than 1 year	71	16.9	16.9	35.8
	1	95	22.7	22.7	58.5
	2	59	14.1	14.1	72.6
	3	35	8.4	8.4	80.9
	4	19	4.5	4.5	85.4
	5	14	3.3	3.3	88.8
	6	33	7.9	7.9	96.7
	More than 6 years	14	3.3	3.3	100.0
	Total	419	100.0	100.0	

Year of Program/Plan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Freshman (first 30 credits of my degree)	101	24.1	24.1	24.1
	Sophmore (second 30 credits of my degree)	109	26.0	26.0	50.1
	Junior (third 30 credits of my degree)	80	19.1	19.1	69.2
	Senior (fourth 30 credits of my degree)	74	17.7	17.7	86.9
	I don't know	55	13.1	13.1	100.0
	Total	419	100.0	100.0	

Average Grades

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A	227	54.2	54.2	54.2
	B	133	31.7	31.7	85.9
	C	35	8.4	8.4	94.3
	D	2	.5	.5	94.7
	F	3	.7	.7	95.5
	No grade or don't know	19	4.5	4.5	100.0
	Total	419	100.0	100.0	

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Demographics (cont.)

Total hours worked on all jobs each week (By category)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0hrs	102	24.3	24.3	24.3
	1-19hrs per week	66	15.8	15.8	40.1
	20-39hrs per week	102	24.3	24.3	64.4
	40hrs or more per week	149	35.6	35.6	100.0
	Total	419	100.0	100.0	

Statistics

Total hours worked on all jobs

N	Valid	419
	Missing	0
Mean		22.55
Median		25.00
Mode		0
Std. Deviation		17.135
Range		41
Minimum		0
Maximum		41

Total hours worked on all jobs each week (By category) * Course Load Crosstabulation

Count

		Course Load			
		Full-time (at least 12 credits)	Part-time (less than 12 credits)	Currently not attending	Total
Total hours worked on all jobs each week (By category)	0hrs	53	48	1	102
	1-19hrs per week	44	22	0	66
	20-39hrs per week	47	54	1	102
	40hrs or more per week	57	89	3	149
Total		201	213	5	419

Citizen Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U.S. citizen	399	95.2	95.2	95.2
	Permanent resident	16	3.8	3.8	99.0
	Not a U.S. citizen or permanent resident	4	1.0	1.0	100.0
	Total	419	100.0	100.0	

Have children (biological, adopted, step or foster children under your care)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	300	71.6	71.6	71.6
	Yes	119	28.4	28.4	100.0
	Total	419	100.0	100.0	

Veteran Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I have not served	394	94.0	94.0	94.0
	In the U.S. Armed Forces	19	4.5	4.5	98.6
	In the military Reserves	1	.2	.2	98.8
	In the National Guard	5	1.2	1.2	100.0
	Total	419	100.0	100.0	

Former Foster Youth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	410	97.9	97.9	97.9
	Yes	9	2.1	2.1	100.0
	Total	419	100.0	100.0	

One Proportion Test for Sex/Gender

GENDER

	Observed N	Expected N	Residual
Male	69	153.9	-84.9
Female	350	265.1	84.9
Total	419		

Test Statistics

	GENDER
Chi-Square	74.054[a]
df	1
Asymp. Sig.	<.001

a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 153.9.

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Income

Average hourly wage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	$8.46 per hour	15	3.6	3.6	3.6
	$8.47 – $10.00 per hour	39	9.3	9.3	12.9
	$10.01 – $15.00 per hour	128	30.5	30.5	43.4
	More than $15.00 per hour	113	27.0	27.0	70.4
	I currently do not have a paying job	124	29.6	29.6	100.0
	Total	419	100.0	100.0	

Paying for college

Using workstudy to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	403	96.2	96.2	96.2
	Yes	16	3.8	3.8	100.0
	Total	419	100.0	100.0	

Using earnings from job to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	253	60.4	60.4	60.4
	Yes	166	39.6	39.6	100.0
	Total	419	100.0	100.0	

Using Pell Grant to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	201	48.0	48.0	48.0
	Yes	218	52.0	52.0	100.0
	Total	419	100.0	100.0	

Using other federal grants to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	285	68.0	68.0	68.0
	Yes	134	32.0	32.0	100.0
	Total	419	100.0	100.0	

Using other grants from my college to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	327	78.0	78.0	78.0
	Yes	92	22.0	22.0	100.0
	Total	419	100.0	100.0	

Using student loans to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	253	60.4	60.4	60.4
	Yes	166	39.6	39.6	100.0
	Total	419	100.0	100.0	

Using help from family/friends to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	332	79.2	79.2	79.2
	Yes	87	20.8	20.8	100.0
	Total	419	100.0	100.0	

Using savings to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	315	75.2	75.2	75.2
	Yes	104	24.8	24.8	100.0
	Total	419	100.0	100.0	

Using credit cards to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	346	82.6	82.6	82.6
	Yes	73	17.4	17.4	100.0
	Total	419	100.0	100.0	

Using employer support to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	394	94.0	94.0	94.0
	Yes	25	6.0	6.0	100.0
	Total	419	100.0	100.0	

Have no way of paying for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	416	99.3	99.3	99.3
	Yes	3	.7	.7	100.0
	Total	419	100.0	100.0	

Using tuition waiver to pay for college expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	403	96.2	96.2	96.2
	Yes	16	3.8	3.8	100.0
	Total	419	100.0	100.0	

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Income (cont.)

Resource Utilization

Saw homeless fee exemption info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	404	96.4	96.4	96.4
	Yes	15	3.6	3.6	100.0
	Total	419	100.0	100.0	

Used the homeless fee exemption

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	415	99.0	99.0	99.0
	Yes	4	1.0	1.0	100.0
	Total	419	100.0	100.0	

Used TANF

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	416	99.3	99.3	99.3
	Yes	3	.7	.7	100.0
	Total	419	100.0	100.0	

Used SSI

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	413	98.6	98.6	98.6
	Yes	6	1.4	1.4	100.0
	Total	419	100.0	100.0	

Used SSI

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	413	98.6	98.6	98.6
	Yes	6	1.4	1.4	100.0
	Total	419	100.0	100.0	

Used child care assistance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	411	98.1	98.1	98.1
	Yes	8	1.9	1.9	100.0
	Total	419	100.0	100.0	

Used unemployment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	371	88.5	88.5	88.5
	Yes	48	11.5	11.5	100.0
	Total	419	100.0	100.0	

Used utility assistance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	408	97.4	97.4	97.4
	Yes	11	2.6	2.6	100.0
	Total	419	100.0	100.0	

Used housing assistance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	414	98.8	98.8	98.8
	Yes	5	1.2	1.2	100.0
	Total	419	100.0	100.0	

Used transportation assistance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	418	99.8	99.8	99.8
	Yes	1	.2	.2	100.0
	Total	419	100.0	100.0	

Used tax refunds

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	347	82.8	82.8	82.8
	Yes	72	17.2	17.2	100.0
	Total	419	100.0	100.0	

Used PSTA bus pass

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	402	95.9	95.9	95.9
	Yes	17	4.1	4.1	100.0
	Total	419	100.0	100.0	

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Housing

Experienced housing insecurity in the past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	178	42.5	42.5	42.5
	Yes	241	57.5	57.5	100.0
	Total	419	100.0	100.0	

Not pay or underpay your rent or mortgage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	337	80.4	80.4	80.4
	Yes	82	19.6	19.6	100.0
	Total	419	100.0	100.0	

Not pay or underpay your rent or mortgage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	337	80.4	80.4	80.4
	Yes	82	19.6	19.6	100.0
	Total	419	100.0	100.0	

Not pay the full amount of a gas, water, or electricity bill

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	321	76.6	76.6	76.6
	Yes	98	23.4	23.4	100.0
	Total	419	100.0	100.0	

Borrow money from friends or family to help pay bills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	253	60.4	60.4	60.4
	Yes	166	39.6	39.6	100.0
	Total	419	100.0	100.0	

Have an account default or go into collections

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	326	77.8	77.8	77.8
	Yes	93	22.2	22.2	100.0
	Total	419	100.0	100.0	

Move in with other people, even for a little while, because of financial problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	363	86.6	86.6	86.6
	Yes	56	13.4	13.4	100.0
	Total	419	100.0	100.0	

Live with others beyond the expected capacity of the house or apartment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	380	90.7	90.7	90.7
	Yes	39	9.3	9.3	100.0
	Total	419	100.0	100.0	

How safe do you currently feel where you live?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Extremely unsafe	18	4.3	4.3	4.3
	Very unsafe	20	4.8	4.8	9.1
	Somewhat safe	74	17.7	17.7	26.7
	Very safe	162	38.7	38.7	65.4
	Extremely safe	145	34.6	34.6	100.0
	Total	419	100.0	100.0	

Experienced homelessness in the past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	377	90.0	90.0	90.0
	Yes	42	10.0	10.0	100.0
	Total	419	100.0	100.0	

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In a rented or owned house, mobile home, or apartment (alone or with roommates or friends)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	201	48.0	48.0	48.0
	Yes	218	52.0	52.0	100.0
	Total	419	100.0	100.0	

In a rented or owned house, mobile home, or apartment with my family (parent, guardian, or relative)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	219	52.3	52.3	52.3
	Yes	200	47.7	47.7	100.0
	Total	419	100.0	100.0	

At a shelter

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	418	99.8	99.8	99.8
	Yes	1	.2	.2	100.0
	Total	419	100.0	100.0	

In a camper without a permanent home to return to (not on vacation)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	417	99.5	99.5	99.5
	Yes	2	.5	.5	100.0
	Total	419	100.0	100.0	

Temporarily staying with a relative, friend, or couch surfing until I find other housing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	388	92.6	92.6	92.6
	Yes	31	7.4	7.4	100.0
	Total	419	100.0	100.0	

Temporarily at hotel or motel without a permanent home to return to (not on vacation or business travel)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	410	97.9	97.9	97.9
	Yes	9	2.1	2.1	100.0
	Total	419	100.0	100.0	

In transitional housing or independent living program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	414	98.8	98.8	98.8
	Yes	5	1.2	1.2	100.0
	Total	419	100.0	100.0	

At a group home such as halfway house or residential program for mental health or substance abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	415	99.0	99.0	99.0
	Yes	4	1.0	1.0	100.0
	Total	419	100.0	100.0	

At a treatment center (such as detox, hospital, etc.)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	415	99.0	99.0	99.0
	Yes	4	1.0	1.0	100.0
	Total	419	100.0	100.0	

Outdoor location such as street, sidewalk, or alley, bus stop, campground or woods, park, etc.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	419	100.0	100.0	100.0

In a closed area/space with a roof not meant for human habitation such as an abandoned building, car or truck, etc.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	419	100.0	100.0	100.0

Resource Utilization

Used the homeless fee exemption

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	415	99.0	99.0	99.0
	Yes	4	1.0	1.0	100.0
	Total	419	100.0	100.0	

Used housing assistance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	414	98.8	98.8	98.8
	Yes	5	1.2	1.2	100.0
	Total	419	100.0	100.0	

Used utility assistance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	408	97.4	97.4	97.4
	Yes	11	2.6	2.6	100.0
	Total	419	100.0	100.0	

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Housing (cont.)

Housing by Demographic

Race * Experienced housing insecurity in the past 12 months Crosstabulation

Count

		Experienced housing insecurity in the past 12 months		
		No	Yes	Total
Race	White or Caucasian	116	139	255
	African American or Black	13	33	46
	Hispanic or Latino	20	23	43
	Asian	11	7	18
	Multiple Races	13	32	45
	Not applicable - I would prefer not to identify my race/ethnicity	3	4	7
	Other	2	3	5
Total		178	241	419

Former Foster Youth * Experienced homelessness in the past 12 months Crosstabulation

Count

		Experienced homelessness in the past 12 months		
		No	Yes	Total
Former Foster Youth	No	369	41	410
	Yes	8	1	9
Total		377	42	419

Veteran Status * Experienced homelessness in the past 12 months Crosstabulation

Count

		Experienced homelessness in the past 12 months		
		No	Yes	Total
Veteran Status	I have not served	353	41	394
	In the U.S. Armed Forces	18	1	19
	In the military Reserves	1	0	1
	In the National Guard	5	0	5
Total		377	42	419

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Housing (cont.)

Potential Factors Contributing to Homelessness

Pearson Correlation of variables:

Correlations

		Experienced homelessness in the past 12 months	Former Foster Youth	Felt unsafe where you currently live	Experienced housing insecurity in the past 12 months
Experienced homelessness in the past 12 months	Pearson Correlation	1	.005	.144**	.190**
	Sig. (2-tailed)		.913	.003	<.001
	N	419	419	419	419
Former Foster Youth	Pearson Correlation	.005	1	.011	.027
	Sig. (2-tailed)	.913		.830	.576
	N	419	419	419	419
Felt unsafe where you currently live	Pearson Correlation	.144**	.011	1	.053
	Sig. (2-tailed)	.003	.830		.280
	N	419	419	419	419
Experienced housing insecurity in the past 12 months	Pearson Correlation	.190**	.027	.053	1
	Sig. (2-tailed)	<.001	.576	.280	
	N	419	419	419	419

**. Correlation is significant at the 0.01 level (2-tailed).

Crosstabulation and Risk Estimate (Former Foster Youth>Homelessness):

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Former Foster Youth * Experienced homelessness in the past 12 months	419	100.0%	0	0.0%	419	100.0%

Former Foster Youth * Experienced homelessness in the past 12 months Crosstabulation

Count

		Experienced homelessness in the past 12 months		
		No	Yes	Total
Former Foster Youth	No	369	41	410
	Yes	8	1	9
Total		377	42	419

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.012[a]	1	.913		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.012	1	.914		
Fisher's Exact Test				1.000	.617
Linear-by-Linear Association	.012	1	.913		
N of Valid Cases	419				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is .90.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval Lower	Upper
Odds Ratio for Former Foster Youth (No / Yes)	1.125	.137	9.221
For cohort Experienced homelessness in the past 12 months = No	1.013	.802	1.278
For cohort Experienced homelessness in the past 12 months = Yes	.900	.139	5.843
N of Valid Cases	419		

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Housing – Potential Contributing Factors to Homelessness (cont.)

Crosstabulation and Risk Estimate (Housing insecurity>Homelessness):

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Experienced housing insecurity in the past 12 months * Experienced homelessness in the past 12 months	419	100.0%	0	0.0%	419	100.0%

Experienced housing insecurity in the past 12 months * Experienced homelessness in the past 12 months Crosstabulation

Count

		Experienced homelessness in the past 12 months		
		No	Yes	Total
Experienced housing insecurity in the past 12 months	No	172	6	178
	Yes	205	36	241
Total		377	42	419

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	15.188[a]	1	<.001		
Continuity Correction[b]	13.933	1	<.001		
Likelihood Ratio	17.158	1	<.001		
Fisher's Exact Test				<.001	<.001
Linear-by-Linear Association	15.152	1	<.001		
N of Valid Cases	419				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.84.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Experienced housing insecurity in the past 12 months (No / Yes)	5.034	2.072	12.231
For cohort Experienced homelessness in the past 12 months = No	1.136	1.070	1.206
For cohort Experienced homelessness in the past 12 months = Yes	.226	.097	.524
N of Valid Cases	419		

Housing Insecurity

Crosstabulation and Risk Estimate (Pell Grant>Housing insecurity):

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Using Pell Grant to pay for college expenses * Experienced housing insecurity in the past 12 months	419	100.0%	0	0.0%	419	100.0%

Using Pell Grant to pay for college expenses * Experienced housing insecurity in the past 12 months Crosstabulation

Count

		Experienced housing insecurity in the past 12 months		
		No	Yes	Total
Using Pell Grant to pay for college expenses	No	108	93	201
	Yes	70	148	218
Total		178	241	419

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	20.007[a]	1	<.001		
Continuity Correction[b]	19.132	1	<.001		
Likelihood Ratio	20.148	1	<.001		
Fisher's Exact Test				<.001	<.001
Linear-by-Linear Association	19.960	1	<.001		
N of Valid Cases	419				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 85.39.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Using Pell Grant to pay for college expenses (No / Yes)	2.455	1.651	3.652
For cohort Experienced housing insecurity in the past 12 months = No	1.673	1.327	2.110
For cohort Experienced housing insecurity in the past 12 months = Yes	.682	.572	.812
N of Valid Cases	419		

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Food

Food Security Score

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High food security	191	45.6	45.6	45.6
	Marginal food security	76	18.1	18.1	63.7
	Low food security	64	15.3	15.3	79.0
	Very low food security	88	21.0	21.0	100.0
	Total	419	100.0	100.0	

Experienced food insecurity in the past 30 days

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	267	63.7	63.7	63.7
	Yes	152	36.3	36.3	100.0
	Total	419	100.0	100.0	

Race * Experienced food insecurity in the past 30 days Crosstabulation

Count

		Experienced food insecurity in the past 30 days		
		No	Yes	Total
Race	White or Caucasian	176	79	255
	African American or Black	26	20	46
	Hispanic or Latino	23	20	43
	Asian	11	7	18
	Multiple Races	23	22	45
	Not applicable - I would prefer not to identify my race/ethnicity	5	2	7
	Other	3	2	5
Total		267	152	419

Resource Utilization

Used SPC food pantry

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	404	96.4	96.4	96.4
	Yes	15	3.6	3.6	100.0
	Total	419	100.0	100.0	

Used local food pantry

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	398	95.0	95.0	95.0
	Yes	21	5.0	5.0	100.0
	Total	419	100.0	100.0	

Used SNAP (food stamps)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	341	81.4	81.4	81.4
	Yes	78	18.6	18.6	100.0
	Total	419	100.0	100.0	

Used WIC

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	404	96.4	96.4	96.4
	Yes	15	3.6	3.6	100.0
	Total	419	100.0	100.0	

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Food (cont.)

Crosstabulation and Risk Estimate (Pell Grant>Food insecurity):

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Using Pell Grant to pay for college expenses * Experienced food insecurity in the past 30 days	419	100.0%	0	0.0%	419	100.0%

Using Pell Grant to pay for college expenses * Experienced food insecurity in the past 30 days Crosstabulation

Count

		Experienced food insecurity in the past 30 days		
		No	Yes	Total
Using Pell Grant to pay for college expenses	No	141	60	201
	Yes	126	92	218
Total		267	152	419

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.901[a]	1	.009		
Continuity Correction[b]	6.377	1	.012		
Likelihood Ratio	6.941	1	.008		
Fisher's Exact Test				.011	.006
Linear-by-Linear Association	6.885	1	.009		
N of Valid Cases	419				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 72.92.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Using Pell Grant to pay for college expenses (No / Yes)	1.716	1.145	2.571
For cohort Experienced food insecurity in the past 30 days = No	1.214	1.050	1.403
For cohort Experienced food insecurity in the past 30 days = Yes	.707	.544	.920
N of Valid Cases	419		

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Overall Health

Average Healthy Days in the past 30 days:

Statistics

Healthy Days

N	Valid	419
	Missing	0
Mean		16.35
Median		19.00
Mode		0
Std. Deviation		10.910
Range		30
Minimum		0
Maximum		30

Self-rated health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	44	10.5	10.5	10.5
	Very good	110	26.3	26.3	36.8
	Good	179	42.7	42.7	79.5
	Fair	67	16.0	16.0	95.5
	Poor	19	4.5	4.5	100.0
	Total	419	100.0	100.0	

Average number of days in the past month of perceived disability:

Statistics

Perceived disability days

N	Valid	419
	Missing	0
Mean		7.04
Median		3.00
Mode		0
Std. Deviation		8.456
Range		30
Minimum		0
Maximum		30

Average number of days in the past month of perceived productivity:

Statistics

Perceived productive days

N	Valid	419
	Missing	0
Mean		22.96
Median		27.00
Mode		30
Std. Deviation		8.456
Range		30
Minimum		0
Maximum		30

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Overall Health (cont.)

Activities limited due to impairment or health problem

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	305	72.8	72.8	72.8
	Yes	114	27.2	27.2	100.0
	Total	419	100.0	100.0	

Major impairment of health problem that limits activities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Arthritis/rheamatism	11	2.6	2.6	2.6
	Back or neck problems	36	8.6	8.6	11.2
	Fractures, bone/joint injury	14	3.3	3.3	14.6
	Walking problem	2	.5	.5	15.0
	Lung/breathing problem	6	1.4	1.4	16.5
	Hearing problem	1	.2	.2	16.7
	Eye/vision problem	6	1.4	1.4	18.1
	Heart problem	3	.7	.7	18.9
	Stroke problem	1	.2	.2	19.1
	Hypertension/high blood pressure	7	1.7	1.7	20.8
	Diabetes	8	1.9	1.9	22.7
	Cancer	7	1.7	1.7	24.3
	Depression/anxiety/emotional problem	132	31.5	31.5	55.8
	Other	154	36.8	36.8	92.6
	Other - Migraines	8	1.9	1.9	94.5
	Other - Lupus	4	1.0	1.0	95.5
	Other chronic condition/disease	19	4.5	4.5	100.0
	Total	419	100.0	100.0	

Crosstabulation of the major health issues affected those whose normal activities are limited:

Major impairment of health problem that limits activities * Activities limited due to impairment or health problem Crosstabulation

Count

		Activities limited due to impairment or health problem		
		No	Yes	Total
Major impairment of health problem that limits activities	Arthritis/rheamatism	3	8	11
	Back or neck problems	15	21	36
	Fractures, bone/joint injury	7	7	14
	Walking problem	0	2	2
	Lung/breathing problem	2	4	6
	Hearing problem	0	1	1
	Eye/vision problem	3	3	6
	Heart problem	1	2	3
	Stroke problem	0	1	1
	Hypertension/high blood pressure	5	2	7
	Diabetes	4	4	8
	Cancer	4	3	7
	Depression/anxiety/emotional problem	91	41	132
	Other	152	2	154
	Other - Migraines	7	1	8
	Other - Lupus	2	2	4
	Other chronic condition/disease	9	10	19
Total		305	114	419

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Mental Health

Experienced frequent mental distress in past 30 days

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	275	65.6	65.6	65.6
	Yes	144	34.4	34.4	100.0
	Total	419	100.0	100.0	

Average number of unhealthy days in past month where “mental health was not good”:

Statistics

Days mental health was not go

N	Valid	419
	Missing	0
Mean		10.46
Median		7.00
Mode		0
Std. Deviation		9.929
Range		30
Minimum		0
Maximum		30

Average number of depressed days in the past month:

Statistics

Depressed days (In past 30 da

N	Valid	419
	Missing	0
Mean		9.15
Median		5.00
Mode		0
Std. Deviation		9.427
Range		30
Minimum		0
Maximum		30

Average number of anxiety days in the past month:

Statistics

Anxiety days (In past 30 days,

N	Valid	419
	Missing	0
Mean		13.40
Median		10.00
Mode		30
Std. Deviation		11.256
Range		30
Minimum		0
Maximum		30

Self-rated having a “psychological disorder (depression, etc.)”:

Have psychological disorder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	267	63.7	63.7	63.7
	Yes	152	36.3	36.3	100.0
	Total	419	100.0	100.0	

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Mental Health (cont.)

I feel I can recognize signs of mental distress.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	4	1.0	1.0	1.0
	Disagree	5	1.2	1.2	2.1
	Somewhat Disagree	7	1.7	1.7	3.8
	I don't know	15	3.6	3.6	7.4
	Somewhat Agree	91	21.7	21.7	29.1
	Agree	170	40.6	40.6	69.7
	Strongly Agree	127	30.3	30.3	100.0
	Total	419	100.0	100.0	

Participated in mental health awareness activities on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	313	74.7	74.7	74.7
	Yes	47	11.2	11.2	85.9
	I did not attend SPC last academic year	59	14.1	14.1	100.0
	Total	419	100.0	100.0	

Saw the Student Assistance Program (SAP) posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	177	42.2	42.2	42.2
	Yes	179	42.7	42.7	85.0
	I did not attend SPC last academic year	63	15.0	15.0	100.0
	Total	419	100.0	100.0	

Saw National Suicide Prevention Line posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	107	25.5	25.5	25.5
	Yes	258	61.6	61.6	87.1
	I did not attend SPC last academic year	54	12.9	12.9	100.0
	Total	419	100.0	100.0	

Faculty/staff member gave me information on SAP or National Suicide Prevention Line

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	227	54.2	54.2	54.2
	Yes	133	31.7	31.7	85.9
	I did not attend SPC last academic year	59	14.1	14.1	100.0
	Total	419	100.0	100.0	

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Mental Health (cont.)

Resource Utilization

Saw the Student Assistance Program (SAP) posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	177	42.2	42.2	42.2
	Yes	179	42.7	42.7	85.0
	I did not attend SPC last academic year	63	15.0	15.0	100.0
	Total	419	100.0	100.0	

Used the Student Assistance Program (SAP)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	405	96.7	96.7	96.7
	Yes	14	3.3	3.3	100.0
	Total	419	100.0	100.0	

Saw National Suicide Prevention Line posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	107	25.5	25.5	25.5
	Yes	258	61.6	61.6	87.1
	I did not attend SPC last academic year	54	12.9	12.9	100.0
	Total	419	100.0	100.0	

Used National Suicide Prevention Line

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	415	99.0	99.0	99.0
	Yes	4	1.0	1.0	100.0
	Total	419	100.0	100.0	

Saw Crisis Text Line info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	326	77.8	77.8	77.8
	Yes	93	22.2	22.2	100.0
	Total	419	100.0	100.0	

Used Crisis Text Line

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	412	98.3	98.3	98.3
	Yes	7	1.7	1.7	100.0
	Total	419	100.0	100.0	

Saw CASA info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	390	93.1	93.1	93.1
	Yes	29	6.9	6.9	100.0
	Total	419	100.0	100.0	

Used CASA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	417	99.5	99.5	99.5
	Yes	2	.5	.5	100.0
	Total	419	100.0	100.0	

Saw Operation PAR info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	401	95.7	95.7	95.7
	Yes	18	4.3	4.3	100.0
	Total	419	100.0	100.0	

Used Operation PAR

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	417	99.5	99.5	99.5
	Yes	2	.5	.5	100.0
	Total	419	100.0	100.0	

Saw Suncoast Centers info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	370	88.3	88.3	88.3
	Yes	49	11.7	11.7	100.0
	Total	419	100.0	100.0	

Used Suncoast Center

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	410	97.9	97.9	97.9
	Yes	9	2.1	2.1	100.0
	Total	419	100.0	100.0	

Saw Directions for Living info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	405	96.7	96.7	96.7
	Yes	14	3.3	3.3	100.0
	Total	419	100.0	100.0	

Used Directions for Living

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	411	98.1	98.1	98.1
	Yes	8	1.9	1.9	100.0
	Total	419	100.0	100.0	

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Mental Health – Resource Utilization (cont.)

Saw NAMI Pinellas County info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	392	93.6	93.6	93.6
	Yes	27	6.4	6.4	100.0
	Total	419	100.0	100.0	

Used NAMI Pinellas County

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	417	99.5	99.5	99.5
	Yes	2	.5	.5	100.0
	Total	419	100.0	100.0	

Saw Veterans Crisis Line info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	345	82.3	82.3	82.3
	Yes	74	17.7	17.7	100.0
	Total	419	100.0	100.0	

Used Veterans Crisis Line

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	418	99.8	99.8	99.8
	Yes	1	.2	.2	100.0
	Total	419	100.0	100.0	

Saw Veterans Counseling Veterans info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	362	86.4	86.4	86.4
	Yes	57	13.6	13.6	100.0
	Total	419	100.0	100.0	

Used Veterans Counseling Veterans

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	415	99.0	99.0	99.0
	Yes	4	1.0	1.0	100.0
	Total	419	100.0	100.0	

Saw Peace4Tarpon info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	409	97.6	97.6	97.6
	Yes	10	2.4	2.4	100.0
	Total	419	100.0	100.0	

Used Peace4Tarpon

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	419	100.0	100.0	100.0

Saw The Trevor Project info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	394	94.0	94.0	94.0
	Yes	25	6.0	6.0	100.0
	Total	419	100.0	100.0	

Used The Trevor Project

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	419	100.0	100.0	100.0

Saw Solutions Behavioral Healthcare info posted on campus or online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	398	95.0	95.0	95.0
	Yes	21	5.0	5.0	100.0
	Total	419	100.0	100.0	

Used Solutions Behavioral Healthcare

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	419	100.0	100.0	100.0

I have not used any of the available resources listed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	219	52.3	52.3	52.3
	Yes	200	47.7	47.7	100.0
	Total	419	100.0	100.0	

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Mental Health (cont.)

Potential Factors Contributing to Frequent Mental Distress

Pearson Correlation of variables:

Correlations

		Experienced frequent mental distress in past 30 days	Experienced food insecurity in the past 30 days	Experienced housing insecurity in the past 12 months	Feel unsafe where you live
Experienced frequent mental distress in past 30 days	Pearson Correlation	1	.207**	.124*	-.001
	Sig. (2-tailed)		<.001	.011	.983
	N	419	419	419	419
Experienced food insecurity in the past 30 days	Pearson Correlation	.207**	1	.417**	-.031
	Sig. (2-tailed)	<.001		<.001	.529
	N	419	419	419	419
Experienced housing insecurity in the past 12 months	Pearson Correlation	.124*	.417**	1	.053
	Sig. (2-tailed)	.011	<.001		.280
	N	419	419	419	419
Feel unsafe where you live	Pearson Correlation	-.001	-.031	.053	1
	Sig. (2-tailed)	.983	.529	.280	
	N	419	419	419	419

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Crosstabulation and Risk Estimate (Feeling unsafe>Frequent mental distress)

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Felt unsafe where you currently live * Experienced frequent mental distress in past 30 days	419	100.0%	0	0.0%	419	100.0%

Felt unsafe where you currently live * Experienced frequent mental distress in past 30 days Crosstabulation

Count

		Experienced frequent mental distress in past 30 days		
		No	Yes	Total
Felt unsafe where you currently live	False	250	131	381
	True	25	13	38
Total		275	144	419

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.000[a]	1	.983		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.000	1	.983		
Fisher's Exact Test				1.000	.568
Linear-by-Linear Association	.000	1	.983		
N of Valid Cases	419				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.06.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Felt unsafe where you currently live (False / True)	.992	.491	2.004
For cohort Experienced frequent mental distress in past 30 days = No	.997	.784	1.269
For cohort Experienced frequent mental distress in past 30 days = Yes	1.005	.633	1.596
N of Valid Cases	419		

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Mental Health – Potential Factors Contributing to Frequent Mental Distress (cont.)

Crosstabulation and Risk Estimate (Housing insecurity>Frequent mental distress)

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Experienced housing insecurity in the past 12 months * Experienced frequent mental distress in past 30 days	419	100.0%	0	0.0%	419	100.0%

Experienced housing insecurity in the past 12 months * Experienced frequent mental distress in past 30 days Crosstabulation

Count

		Experienced frequent mental distress in past 30 days		
		No	Yes	Total
Experienced housing insecurity in the past 12 months	No	129	49	178
	Yes	146	95	241
Total		275	144	419

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.418[a]	1	.011		
Continuity Correction[b]	5.902	1	.015		
Likelihood Ratio	6.498	1	.011		
Fisher's Exact Test				.013	.007
Linear-by-Linear Association	6.403	1	.011		
N of Valid Cases	419				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 61.17.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Experienced housing insecurity in the past 12 months (No / Yes)	1.713	1.128	2.603
For cohort Experienced frequent mental distress in past 30 days = No	1.196	1.044	1.371
For cohort Experienced frequent mental distress in past 30 days = Yes	.698	.525	.929
N of Valid Cases	419		

Crosstabulation and Risk Estimate (Food insecurity>Frequent mental distress)

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Experienced food insecurity in the past 30 days * Experienced frequent mental distress in past 30 days	419	100.0%	0	0.0%	419	100.0%

Experienced food insecurity in the past 30 days * Experienced frequent mental distress in past 30 days Crosstabulation

Count

		Experienced frequent mental distress in past 30 days		
		No	Yes	Total
Experienced food insecurity in the past 30 days	No	195	72	267
	Yes	80	72	152
Total		275	144	419

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	17.874[a]	1	<.001		
Continuity Correction[b]	16.981	1	<.001		
Likelihood Ratio	17.629	1	<.001		
Fisher's Exact Test				<.001	<.001
Linear-by-Linear Association	17.831	1	<.001		
N of Valid Cases	419				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 52.24.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Experienced food insecurity in the past 30 days (No / Yes)	2.438	1.605	3.701
For cohort Experienced frequent mental distress in past 30 days = No	1.388	1.174	1.641
For cohort Experienced frequent mental distress in past 30 days = Yes	.569	.439	.738
N of Valid Cases	419		

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Physical Health

Average number of unhealthy days in the past month where “physical health was not good”:

Statistics

Days physical health was not g

N	Valid	419
	Missing	0
Mean		4.99
Median		2.00
Mode		0
Std. Deviation		7.618
Range		30
Minimum		0
Maximum		30

Have chronic illness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	346	82.6	82.6	82.6
	Yes	73	17.4	17.4	100.0
	Total	419	100.0	100.0	

Average number of sleepless days in the past month:

Statistics

Sleepless days (In past 30 day

N	Valid	419
	Missing	0
Mean		13.20
Median		10.00
Mode		30
Std. Deviation		10.578
Range		30
Minimum		0
Maximum		30

Average number of pain days in the past month:

Statistics

Pain days (In past 30 days, pa

N	Valid	419
	Missing	0
Mean		4.79
Median		1.00
Mode		0
Std. Deviation		7.572
Range		30
Minimum		0
Maximum		30

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Physical Health (cont.)

Average number of vitality days in the past month:

Statistics

Vitality days (In past 30 days,

N	Valid	419
	Missing	0
Mean		10.19
Median		7.00
Mode		0
Std. Deviation		9.345
Range		30
Minimum		0
Maximum		30

Average BMI:

Statistics

Body Max Index (BMI)

N	Valid	419
	Missing	0
Mean		28.5665
Median		27.4000
Mode		29.12
Std. Deviation		7.35446
Range		62.63
Minimum		1.22
Maximum		63.85

Body Max Index (BMI) Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Underweight	13	3.1	3.1	3.1
	Normal or healthy weight	138	32.9	32.9	36.0
	Overweight	113	27.0	27.0	63.0
	Obese	155	37.0	37.0	100.0
	Total	419	100.0	100.0	

Used Medicaid

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	373	89.0	89.0	89.0
	Yes	46	11.0	11.0	100.0
	Total	419	100.0	100.0	

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Factor Analysis of USDA & HRQOL Modules

Principle Components Analysis – Promax Rotation

Correlation Matrix[a]

		Worried whether food would run out before I got money to buy more	The food that I bought just didn't last and I didn't have money to buy more	I couldn't afford to eat balanced meals	Cut the size of meals because there wasn't enough money for food	Number of days size of meals was cut because there wasn't enough money	Ate less than I felt I should because there wasn't enough money for food	Was hungry but didn't eat because there wasn't enough money for food	Lost weight because there wasn't enough money for food	Didn't eat for a whole day because there wasn't enough money for food	Number of days I didn't eat because there wasn't enough money	Self-rated health	Days physical health was not good (past 30 days)	Days mental health was not good (past 30 days)	Perceived disability days	Activities limited due to impairment or health problem	Major impairment of health problem that limits activities	Length activities have been limited by major impairment	Need help of others with personal care needs such as eating, bathing, dressing, or getting around house	Need help of others in handling routine needs such as chores, business, shopping, or getting around for other purposes	Pain days (In past 30 days, pain made it hard to do usual activities such as self-care, work, or recreation)	Depressed days (In past 30 days, felt sad, blue or depressed)	Anxiety days (In past 30 days, felt worried, tense, or anxious)	Sleepless days (In past 30 days, did not get enough rest or sleep)	Vitality days (In past 30 days, felt very healthy and full of energy)
Correlation	Worried whether food would run out before I got money to buy more	1.000	.757	.669	-.601	-.514	-.615	-.523	-.438	-.353	-.310	-.320	-.208	-.280	-.276	-.046	.036	.132	-.083	-.124	-.241	-.306	-.266	-.271	.186
	The food that I bought just didn't last and I didn't have money to buy more	.757	1.000	.621	-.599	-.546	-.555	-.551	-.466	-.381	-.348	-.273	-.205	-.261	-.272	-.042	.023	.085	-.096	-.106	-.195	-.255	-.190	-.216	.149
	I couldn't afford to eat balanced meals	.669	.621	1.000	-.586	-.536	-.606	-.513	-.457	-.310	-.269	-.370	-.258	-.298	-.335	-.076	.065	.088	-.111	-.207	-.241	-.349	-.262	-.332	.246
	Cut the size of meals because there wasn't enough money for food	-.601	-.599	-.586	1.000	.710	.728	.681	.605	.405	.318	.252	.227	.198	.177	.033	-.076	-.083	.076	.120	.209	.218	.203	.173	-.164
	Number of days size of meals was cut because there wasn't enough money	-.514	-.546	-.536	.710	1.000	.557	.565	.534	.391	.468	.198	.252	.230	.208	.066	-.053	-.022	.118	.121	.203	.249	.185	.224	-.124
	Ate less than I felt I should because there wasn't enough money for food	-.615	-.555	-.606	.728	.557	1.000	.634	.508	.297	.209	.240	.156	.202	.171	-.008	-.044	-.090	.038	.052	.156	.231	.238	.229	-.183
	Was hungry but didn't eat because there wasn't enough money for food	-.523	-.551	-.513	.681	.565	.634	1.000	.604	.508	.398	.239	.170	.181	.140	.009	-.030	-.073	.109	.102	.117	.260	.170	.192	-.165
	Lost weight because there wasn't enough money for food	-.438	-.466	-.457	.605	.534	.508	.604	1.000	.458	.345	.195	.220	.197	.166	.019	-.064	-.078	.144	.201	.182	.212	.176	.212	-.122
	Didn't eat for a whole day because there wasn't enough money for food	-.353	-.381	-.310	.405	.391	.297	.508	.458	1.000	.766	.167	.133	.159	.093	.036	.003	-.006	.170	.046	.083	.189	.120	.171	-.116
	Number of days I didn't eat because there wasn't enough money	-.310	-.348	-.269	.318	.468	.209	.398	.345	.766	1.000	.132	.151	.147	.087	.107	-.039	-.013	.126	.078	.109	.211	.093	.137	-.120
	Self-rated health	-.320	-.273	-.370	.252	.198	.240	.239	.195	.167	.132	1.000	.439	.422	.475	.241	-.146	-.239	.126	.355	.410	.446	.359	.398	-.444
	Days physical health was not good (past 30 days)	-.208	-.205	-.258	.227	.252	.156	.170	.220	.133	.151	.439	1.000	.349	.511	.339	-.226	-.213	.160	.384	.638	.380	.298	.294	-.281
	Days mental health was not good (past 30 days)	-.280	-.261	-.298	.198	.230	.202	.181	.197	.159	.147	.422	.349	1.000	.656	.174	.004	-.295	.119	.241	.303	.779	.723	.514	-.385
	Perceived disability days	-.276	-.272	-.335	.177	.208	.171	.140	.166	.093	.087	.475	.511	.656	1.000	.270	-.044	-.248	.110	.342	.422	.681	.558	.420	-.352
	Activities limited due to impairment or health problem	-.046	-.042	-.076	.033	.066	-.008	.009	.019	.036	.107	.241	.339	.174	.270	1.000	-.360	-.231	.115	.316	.475	.184	.193	.147	-.194
	Major impairment of health problem that limits activities	.036	.023	.065	-.076	-.053	-.044	-.030	-.064	.003	-.039	-.146	-.226	.004	-.044	-.360	1.000	.133	.010	-.146	-.337	.000	.050	-.085	.099
	Length activities have been limited by major impairment	.132	.085	.088	-.083	-.022	-.090	-.073	-.078	-.006	-.013	-.239	-.213	-.295	-.248	-.231	.133	1.000	-.006	-.168	-.180	-.266	-.289	-.177	.213
	Need help of others with personal care needs such as eating, bathing, dressing, or getting around house	-.083	-.096	-.111	.076	.118	.038	.109	.144	.170	.126	.126	.160	.119	.110	.115	.010	-.006	1.000	.203	.214	.137	.137	.148	-.027
	Need help of others in handling routine needs such as chores, business, shopping, or getting around for other purposes	-.124	-.106	-.207	.120	.121	.052	.102	.201	.046	.078	.355	.384	.241	.342	.316	-.146	-.168	.203	1.000	.418	.288	.204	.178	-.226
	Pain days (In past 30 days, pain made it hard to do usual activities such as self-care, work, or recreation)	-.241	-.195	-.241	.209	.203	.156	.117	.182	.083	.109	.410	.638	.303	.422	.475	-.337	-.180	.214	.418	1.000	.332	.242	.271	-.250
	Depressed days (In past 30 days, felt sad, blue or depressed)	-.306	-.255	-.349	.218	.249	.231	.260	.212	.189	.211	.446	.380	.779	.681	.184	.000	-.266	.137	.288	.332	1.000	.706	.508	-.407
	Anxiety days (In past 30 days, felt worried, tense, or anxious)	-.266	-.190	-.262	.203	.185	.238	.170	.176	.120	.093	.359	.298	.723	.558	.193	.050	-.289	.137	.204	.242	.706	1.000	.551	-.371
	Sleepless days (In past 30 days, did not get enough rest or sleep)	-.271	-.216	-.332	.173	.224	.229	.192	.212	.171	.137	.398	.294	.514	.420	.147	-.085	-.177	.148	.178	.271	.508	.551	1.000	-.387
	Vitality days (In past 30 days, felt very healthy and full of energy)	.186	.149	.246	-.164	-.124	-.183	-.165	-.122	-.116	-.120	-.444	-.281	-.385	-.352	-.194	.099	.213	-.027	-.226	-.250	-.407	-.371	-.387	1.000
Sig. (1-tailed)	Worried whether food would run out before I got money to buy more		<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	.173	.229	.003	.044	.005	<.001	<.001	<.001	<.001	<.001
	The food that I bought just didn't last and I didn't have money to buy more	.000		.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.195	.320	.042	.025	.015	.000	.000	.000	.000	.001
	I couldn't afford to eat balanced meals	.000	.000		.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.060	.093	.036	.012	.000	.000	.000	.000	.000	.000
	Cut the size of meals because there wasn't enough money for food	.000	.000	.000		.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.253	.060	.045	.059	.007	.000	.000	.000	.000	.000
	Number of days size of meals was cut because there wasn't enough money	.000	.000	.000	.000		.000	.000	.000	.000	.000	.000	.000	.000	.000	.088	.140	.327	.008	.007	.000	.000	.000	.000	.006
	Ate less than I felt I should because there wasn't enough money for food	.000	.000	.000	.000	.000		.000	.000	.000	.000	.000	.001	.000	.000	.439	.184	.033	.217	.142	.001	.000	.000	.000	.000
	Was hungry but didn't eat because there wasn't enough money for food	.000	.000	.000	.000	.000	.000		.000	.000	.000	.000	.000	.000	.002	.425	.268	.069	.013	.019	.008	.000	.000	.000	.000
	Lost weight because there wasn't enough money for food	.000	.000	.000	.000	.000	.000	.000		.000	.000	.000	.000	.000	.000	.350	.097	.056	.002	.000	.000	.000	.000	.000	.006
	Didn't eat for a whole day because there wasn't enough money for food	.000	.000	.000	.000	.000	.000	.000	.000		.000	.000	.003	.001	.029	.230	.473	.450	.000	.172	.045	.000	.007	.000	.009
	Number of days I didn't eat because there wasn't enough money	.000	.000	.000	.000	.000	.000	.000	.000	.000		.003	.001	.001	.038	.014	.211	.397	.005	.056	.013	.000	.028	.003	.007
	Self-rated health	.000	.000	.000	.000	.000	.000	.000	.000	.000	.003		.000	.000	.000	.000	.001	.000	.005	.000	.000	.000	.000	.000	.000
	Days physical health was not good (past 30 days)	.000	.000	.000	.000	.000	.001	.000	.000	.003	.001	.000		.000	.000	.000	.000	.000	.001	.000	.000	.000	.000	.000	.000
	Days mental health was not good (past 30 days)	.000	.000	.000	.000	.000	.000	.000	.000	.001	.001	.000	.000		.000	.000	.468	.000	.007	.000	.000	.000	.000	.000	.000
	Perceived disability days	.000	.000	.000	.000	.000	.000	.002	.000	.029	.038	.000	.000	.000		.000	.184	.000	.012	.000	.000	.000	.000	.000	.000
	Activities limited due to impairment or health problem	.173	.195	.060	.253	.088	.439	.425	.350	.230	.014	.000	.000	.000	.000		.000	.000	.009	.000	.000	.000	.000	.001	.000
	Major impairment of health problem that limits activities	.229	.320	.093	.060	.140	.184	.268	.097	.473	.211	.001	.000	.468	.184	.000		.003	.417	.001	.000	.497	.151	.042	.022
	Length activities have been limited by major impairment	.003	.042	.036	.045	.327	.033	.069	.056	.450	.397	.000	.000	.000	.000	.000	.003		.455	.000	.000	.000	.000	.000	.000
	Need help of others with personal care needs such as eating, bathing, dressing, or getting around house	.044	.025	.012	.059	.008	.217	.013	.002	.000	.005	.005	.001	.007	.012	.009	.417	.455		.000	.000	.002	.002	.001	.288
	Need help of others in handling routine needs such as chores, business, shopping, or getting around for other purposes	.005	.015	.000	.007	.007	.142	.019	.000	.172	.056	.000	.000	.000	.000	.000	.001	.000	.000		.000	.000	.000	.000	.000
	Pain days (In past 30 days, pain made it hard to do usual activities such as self-care, work, or recreation)	.000	.000	.000	.000	.000	.001	.008	.000	.045	.013	.000	.000	.000	.000	.000	.000	.000	.000	.000		.000	.000	.000	.000
	Depressed days (In past 30 days, felt sad, blue or depressed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.497	.000	.002	.000	.000		.000	.000	.000
	Anxiety days (In past 30 days, felt worried, tense, or anxious)	.000	.000	.000	.000	.000	.000	.000	.000	.007	.028	.000	.000	.000	.000	.000	.151	.000	.002	.000	.000	.000		.000	.000
	Sleepless days (In past 30 days, did not get enough rest or sleep)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.003	.000	.000	.000	.000	.001	.042	.000	.001	.000	.000	.000	.000		.000
	Vitality days (In past 30 days, felt very healthy and full of energy)	.000	.001	.000	.000	.006	.000	.000	.006	.009	.007	.000	.000	.000	.000	.000	.022	.000	.288	.000	.000	.000	.000	.000	

a. Determinant = 2.889E-6

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Factor Analysis of USDA & HRQOL Modules (cont.)

Communalities

	Initial	Extraction
Worried whether food would run out before I got money to buy more	1.000	.674
The food that I bought just didn't last and I didn't have money to buy more	1.000	.645
I couldn't afford to eat balanced meals	1.000	.658
Cut the size of meals because there wasn't enough money for food	1.000	.763
Number of days size of meals was cut because there wasn't enough money	1.000	.620
Ate less than I felt I should because there wasn't enough money for food	1.000	.726
Was hungry but didn't eat because there wasn't enough money for food	1.000	.661
Lost weight because there wasn't enough money for food	1.000	.542
Didn't eat for a whole day because there wasn't enough money for food	1.000	.847
Number of days I didn't eat because there wasn't enough money	1.000	.851
Self-rated health	1.000	.475
Days physical health was not good (past 30 days)	1.000	.587
Days mental health was not good (past 30 days)	1.000	.770
Perceived disability days	1.000	.662
Activities limited due to impairment or health problem	1.000	.559
Major impairment of health problem that limits activities	1.000	.592
Length activities have been limited by major impairment	1.000	.365
Need help of others with personal care needs such as eating, bathing, dressing, or getting around house	1.000	.604
Need help of others in handling routine needs such as chores, business, shopping, or getting around for other purposes	1.000	.482
Pain days (In past 30 days, pain made it hard to do usual activities such as self-care, work, or recreation)	1.000	.700
Depressed days (In past 30 days, felt sad, blue or depressed)	1.000	.776
Anxiety days (In past 30 days, felt worried, tense, or anxious)	1.000	.721
Sleepless days (In past 30 days, did not get enough rest or sleep)	1.000	.479
Vitality days (In past 30 days, felt very healthy and full of energy)	1.000	.408

Extraction Method: Principal Component Analysis.

KMO and Bartlett's Test

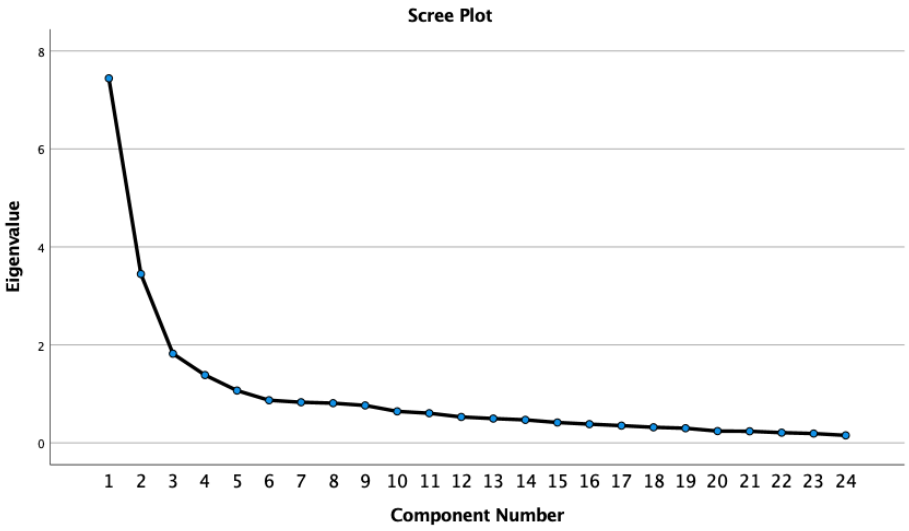
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.889
Bartlett's Test of Sphericity	Approx. Chi-Square	5218.803
	df	276
	Sig.	.000

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings[a]
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	7.442	31.010	31.010	7.442	31.010	31.010	6.272
2	3.449	14.369	45.379	3.449	14.369	45.379	5.514
3	1.822	7.590	52.969	1.822	7.590	52.969	3.786
4	1.386	5.774	58.743	1.386	5.774	58.743	2.777
5	1.069	4.454	63.197	1.069	4.454	63.197	1.667
6	.871	3.629	66.826				
7	.830	3.460	70.286				
8	.811	3.381	73.667				
9	.765	3.188	76.855				
10	.644	2.684	79.539				
11	.606	2.526	82.065				
12	.530	2.208	84.272				
13	.497	2.071	86.343				
14	.471	1.962	88.305				
15	.417	1.738	90.042				
16	.383	1.598	91.640				
17	.353	1.469	93.109				
18	.319	1.330	94.439				
19	.300	1.249	95.689				
20	.242	1.008	96.696				
21	.238	.991	97.687				
22	.209	.872	98.560				
23	.192	.798	99.358				
24	.154	.642	100.000				

Extraction Method: Principal Component Analysis.

a. When components are correlated, sums of squared loadings cannot be added to obtain a total variance.



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Factor Analysis of USDA & HRQOL Modules (cont.)

Component Matrix[a]

	Component				
	1	2	3	4	5
I couldn't afford to eat balanced meals	-.724				
Worried whether food would run out before I got money to buy more	-.710	.329			
Cut the size of meals because there wasn't enough money for food	.702	-.476			
The food that I bought just didn't last and I didn't have money to buy more	-.683	.385			
Depressed days (In past 30 days, felt sad, blue or depressed)	.665	.440	-.355		
Number of days size of meals was cut because there wasn't enough money	.665	-.414			
Was hungry but didn't eat because there wasn't enough money for food	.656	-.478			
Ate less than I felt I should because there wasn't enough money for food	.652	-.428		-.336	
Days mental health was not good (past 30 days)	.627	.461	-.396		
Lost weight because there wasn't enough money for food	.615	-.384			
Perceived disability days	.610	.504			
Self-rated health	.591	.337			
Anxiety days (In past 30 days, felt worried, tense, or anxious)	.577	.441	-.436		
Sleepless days (In past 30 days, did not get enough rest or sleep)	.551	.323			
Days physical health was not good (past 30 days)	.540	.384	.362		
Vitality days (In past 30 days, felt very healthy and full of energy)	-.456	-.338			
Need help of others in handling routine needs such as chores, business, shopping, or getting around for other purposes	.381	.350	.351		
Major impairment of health problem that limits activities			-.614		.375
Activities limited due to impairment or health problem		.407	.531		
Pain days (In past 30 days, pain made it hard to do usual activities such as self-care, work, or recreation)	.503	.397	.515		
Number of days I didn't eat because there wasn't enough money	.459	-.323		.674	
Didn't eat for a whole day because there wasn't enough money for food	.500	-.389		.635	
Need help of others with personal care needs such as eating, bathing, dressing, or getting around house				.373	.620
Length activities have been limited by major impairment		-.322			.402

Extraction Method: Principal Component Analysis.

a. 5 components extracted.

Pattern Matrix[a]

	Component				
	1	2	3	4	5
Ate less than I felt I should because there wasn't enough money for food	.927				
Cut the size of meals because there wasn't enough money for food	.901				
Worried whether food would run out before I got money to buy more	-.828				
The food that I bought just didn't last and I didn't have money to buy more	-.807				
I couldn't afford to eat balanced meals	-.794				
Was hungry but didn't eat because there wasn't enough money for food	.720				
Number of days size of meals was cut because there wasn't enough money	.694				
Lost weight because there wasn't enough money for food	.616				
Days mental health was not good (past 30 days)		.928			
Anxiety days (In past 30 days, felt worried, tense, or anxious)		.920			
Depressed days (In past 30 days, felt sad, blue or depressed)		.897			
Perceived disability days		.707			
Sleepless days (In past 30 days, did not get enough rest or sleep)		.687			
Vitality days (In past 30 days, felt very healthy and full of energy)		-.560			
Self-rated health		.418	.323		
Major impairment of health problem that limits activities			-.782		.342
Activities limited due to impairment or health problem			.771		
Pain days (In past 30 days, pain made it hard to do usual activities such as self-care, work, or recreation)			.752		
Days physical health was not good (past 30 days)			.598		
Need help of others in handling routine needs such as chores, business, shopping, or getting around for other purposes			.515		.355
Number of days I didn't eat because there wasn't enough money				.905	
Didn't eat for a whole day because there wasn't enough money for food				.855	
Need help of others with personal care needs such as eating, bathing, dressing, or getting around house					.766
Length activities have been limited by major impairment		-.390			.424

Extraction Method: Principal Component Analysis.
Rotation Method: Promax with Kaiser Normalization.

a. Rotation converged in 6 iterations.

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Factor Analysis of USDA & HRQOL Modules (cont.)

Structure Matrix

	Component				
	1	2	3	4	5
Cut the size of meals because there wasn't enough money for food	.867			.354	
Ate less than I felt I should because there wasn't enough money for food	.827				
Worried whether food would run out before I got money to buy more	-.813	-.362			
The food that I bought just didn't last and I didn't have money to buy more	-.802	-.303		-.308	
I couldn't afford to eat balanced meals	-.793	-.407			
Was hungry but didn't eat because there wasn't enough money for food	.783			.501	
Number of days size of meals was cut because there wasn't enough money	.765			.455	
Lost weight because there wasn't enough money for food	.702			.449	
Depressed days (In past 30 days, felt sad, blue or depressed)	.330	.875	.317		
Days mental health was not good (past 30 days)		.871			
Anxiety days (In past 30 days, felt worried, tense, or anxious)		.836			
Perceived disability days		.790	.458		
Sleepless days (In past 30 days, did not get enough rest or sleep)		.687			
Self-rated health	.361	.604	.532		
Vitality days (In past 30 days, felt very healthy and full of energy)		-.567	-.362		
Length activities have been limited by major impairment		-.384	-.355		
Pain days (In past 30 days, pain made it hard to do usual activities such as self-care, work, or recreation)		.410	.805		.328
Activities limited due to impairment or health problem			.719		
Days physical health was not good (past 30 days)		.489	.712		.332
Major impairment of health problem that limits activities			-.619		
Need help of others in handling routine needs such as chores, business, shopping, or getting around for other purposes		.354	.588		.441
Number of days I didn't eat because there wasn't enough money	.396			.916	
Didn't eat for a whole day because there wasn't enough money for food	.472			.906	
Need help of others with personal care needs such as eating, bathing, dressing, or getting around house					.765

Extraction Method: Principal Component Analysis.
Rotation Method: Promax with Kaiser Normalization.

Component Correlation Matrix

Component	1	2	3	4	5
1	1.000	.369	.240	.393	.184
2	.369	1.000	.424	.083	.245
3	.240	.424	1.000	.052	.152
4	.393	.083	.052	1.000	.074
5	.184	.245	.152	.074	1.000

Extraction Method: Principal Component Analysis.
Rotation Method: Promax with Kaiser Normalization.

Appendix B: Student Health & Wellness Survey

Student Health & Wellness Survey

This survey has been closed since July 11, 2020 at 12:00 am.
However, since you are currently in preview mode, you can still see the survey.

Informed Consent to Participate in Research Study

Colleges and nonprofit organizations sometimes study topics to inform their work. To do this, we need the help of people who agree to take part in a research study. This form tells you about this research study. We are asking you to take part in a research study that is called: 2020 College Health Assessment. The person who is in charge of this research study is Will Baldwin. This person is called the Principal Investigator. The research is being conducted at SPC.

Purpose of the study
The purpose of this study is to help understand the basic needs of college students at St. Petersburg College. This study seeks to examine student health and wellness, what services may be helpful to you, and how these things affect your student responsibilities and personal wellbeing. This study will help inform college programming that can be used to assist SPC students.

Why are you being asked to take part?
We are asking you to take part in this research study and its survey because you are an SPC student and at least 18 years of age.

Study Procedures:
If you take part in this study, you will be asked to:

- Answer a set of online survey questions that will take a total of about 15-20 minutes
- Answer questions about your college experience
- Answer questions about your personal information and experience while in college
- Answer questions about finding affordable housing
- Answer questions about finding affordable food
- Answer questions about other basic needs
- Answer questions about your personal health
- Answer questions about resources you may be aware of or use

Total Number of Participants

A anticipated total of 1,000 SPC students may participate in the survey.

Voluntary Participation / Withdrawal
You do not have to participate in this research study. You should only take part in this study if you want to. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study. Your decision to participate or not to participate will not affect your student status, course grade, recommendations, or access to future courses or training opportunities. If you do not want to share any personal information, please don't take this survey.

Benefits
The potential benefits of participating in this research study include: receiving information about places to get immediate help with basic needs.

Risks or Discomfort
This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. You will be speaking about your personal experiences of struggling to make ends meet. If you ever feel you need to speak to someone about your struggles, SPC students receive three free behavioral health sessions through Bay Care. All you need to do is call (800) 878-5470 to find out more information about setting up an appointment. Additionally, if you are currently struggling to make ends meet, you can always dial 211 to get help. The 211 Tampa Bay Cares is a service that can connect you to health and human services anywhere in Tampa Bay. There are no known additional risks to those who take part in this study.

Compensation
We will not pay you for the time you volunteer while being in this study for the survey. However, as appreciation for participating in this study, all participants will be equally eligible for a raffle to receive one of fifty $30 gift cards. If you are randomly selected, then you will be contacted via email by Will Baldwin to redeem your prize. Raffle prizes will be dispursed the week of October 5th through 9th, 2020. If for some reason you are not reachable after one week, then the prize will go to another randomly selected person. These gift cards are paid for in part by grant number 1H79SM80457-02 for the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA.

Costs
It will not cost you any money to take part in the study.

Privacy and Confidentiality
Even though the survey responses are not anonymous, none of your personally identifiable information will be kept. We will keep your study records as private and confidential as possible, and when the study is over, your personally identifiable information will be purged from the database. It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online. Certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. These individuals include:
• The Principal Investigator (Will Baldwin)
• Certain government and college people who need to know more about the study, and individuals who provide oversight to ensure that we are doing the study in the right way.
• The SPC Research Review Committee (RRC) and related staff who have oversight responsibilities for this study.
Confidentiality will be maintained to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet. However, your participation in this online survey involves risks similar to a person's everyday use of the Internet. If you complete and submit a survey and later request your data be withdrawn, this may or may not be possible as the researcher may be unable to extract de-identified data from the database.

Contact Information
If you have any questions about your rights as a research participant, please contact the SPC Research Review Committee at research_review@spcollege.edu. If you have questions regarding the research, please contact the Principal Investigator, Will Baldwin, at baldwin.will@spcollege.edu.

We may publish what we learn from this study. If we do, your name will not be mentioned. We will not publish anything else that would let people know who you are. You can print a copy of this consent form for your records.

"I freely give my consent to take part in this study. I understand that by proceeding with this survey that I am agreeing to take part in research and I am 18 years of age or older."

This survey will be submitted in **PREVIEW MODE**.
The results will not be stored.

Next Cancel

Student Health & Wellness Survey

This survey has been closed since July 11, 2020 at 12:00 am.
However, since you are currently in preview mode, you can still see the survey.

Your college experience

Let's begin by learning how you are experiencing college.

---

1 As of this semester, which SPC campus is the main campus you attend classes?

---

2 As of today, are you attending college full-time or part-time?

- ○ Full-time (at least 12 credits)
- ○ Part-time (less than 12 credits)
- ○ Currently not attending

---

3 How many years have you been in college?

---

4 What year are you in your degree plan?

- ○ Freshman (first 30 credits of my degree)
- ○ Sophmore (second 30 credits of my degree)
- ○ Junior (third 30 credits of my degree)
- ○ Senior (fourth 30 credits of my degree)
- ○ I don't know

---

5 Think about the past academic year, which of the following best describes your grades?

- ○ A
- ○ B
- ○ C
- ○ D
- ○ F
- ○ No grade or I don't know

How you pay for college

Next, let's talk about how you are working to make ends meet.

6 Which of the following ways do you pay for the expenses associated with attending college? (*check all that apply)*

- ○ A work-study job
- ○ A job that isn't work-study (including self-employment)
- ○ Pell Grant
- ○ Other grants from the federal or state government
- ○ Other grants from my college
- ○ Student loans
- ○ Tuition waiver
- ○ Help from my family or friends
- ○ Savings
- ○ Credit cards
- ○ Employer support
- ○ I have no way of paying any expenses
- ○ Other

7 About how many hours do you general work each week? *(include all your jobs)*

[▾]

8 Thinking about all of your jobs, on average, about how much do you earn per hour?

- ○ $8.46 per hour
- ○ $8.47 - $10.00 per hour
- ○ $10.01 - $15.00 per hour
- ○ More than $15.00 per hour
- ○ I currently do not have a paying job

Your economic experiences

Now, we'd like to learn a little bit about what your life is like these days.

---

9 **In the past 12 months**, did you experience any of the following? *(if yes, check all that apply)*

- ☐ Not pay or underpay your rent or mortgage
- ☐ Receive a summons to appear in housing court
- ☐ Not pay the full amount of a gas, water, or electricity bill
- ☐ Borrow money from friends or family to help pay bills
- ☐ Have an account default or go into collections
- ☐ Move in with other people, even for a little while, because of financial problems
- ☐ Live with others beyond the expected capacity of the house or apartment
- ☐ I did not experience any of the above

---

10 How safe do you currently feel where you live?

- ○ Extremely unsafe
- ○ Very unsafe
- ○ Somewhat safe
- ○ Very safe
- ○ Extremely safe

---

11 **In the past 12 months,** have you slept in any of the following places? Please check all that apply.

- ☐ In a rented or owned house, mobile home, or apartment (alone or with roommates or friends)
- ☐ In a rented or owned house, mobile home, or apartment with my family (parent, guardian, or relative)
- ☐ At a shelter
- ☐ In a camper without a permanent home to return to (not on vacation)
- ☐ Temporarily staying with a relative, friend, or couch surfing until I find other housing
- ☐ Temporarily at a hotel or motel without a permanent home to return to (not on vacation or business travel)
- ☐ In transitional housing or independent living program
- ☐ At a group home such as halfway house or residential program for mental health or substance abuse
- ☐ At a treatment center (such as detox, hospital, etc.)
- ☐ Outdoor location such as street, sidewalk, or alley, bus stop, campground or woods, park, beach, under bridge or overpass
- ☐ In a closed area/space with a roof not meant for human habitation such as abandoned building, car or truck, van, RV, or camper, encampment or tent, or unconverted garage, attic, or basement

---

12 Do you have any biological, adopted, step or foster children under your care who live in your household?

- ○ Yes
- ○ No

Your economic experiences (continued)

These next questions are about the food you have eaten in your household **in the last 30 days**, and whether you were able to afford the food you need.

In the last 30 days, were the following situations often true, sometimes true, or never true for you?

---

13 "I worried whether my food would run out before I got money to buy more." Was that often true, sometimes, or never true for you in the last 30 days?

- ○ Often true
- ○ Sometimes true
- ○ Never true

---

14 "The food that I bought just didn't last and I didn't have money to get more." Was that often, sometimes, or never true for you in the last 30 days?

- ○ Often true
- ○ Sometimes true
- ○ Never true

---

15 "I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 30 days?

- ○ Often true
- ○ Sometimes true
- ○ Never true

---

16 **In the last 30 days,** did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ○ Yes
- ○ No

---

17 **In the last 30 days,** did you ever eat less than you felt you should because there wasn't enough money for food?

- ○ Yes
- ○ No

---

18 **In the last 30 days,** were you ever hungry but didn't eat because there wasn't enough money for food?

- ○ Yes
- ○ No

---

19 **In the last 30 days,** did you lose weight because there wasn't enough money for food?

- ○ Yes
- ○ No

---

20 **In the last 30 days,** did you ever not eat for a whole day because there wasn't enough money for food?

- ○ Yes
- ○ No

Student Resources

For this part, we're going to look at what resources you've seen on campus or online.

Student Resources

For this part, we're going to look at what resources you've seen on campus or online.

---

21 **In the past 12 months**, have you seen the phone number for the BayCare Student Assistance Program posted somewhere on campus or online?

- ○ Yes
- ○ No
- ○ I did not attend SPC last academic year

---

22 **In the past 12 months**, have you seen the phone number to the National Suicide Prevention Line posted somewhere on campus or online?

- ○ Yes
- ○ No
- ○ I did not attend SPC last academic year

---

23 **In the past 12 months**, did a SPC faculty or staff member give you any information on the BayCare Student Assistance Program or the National Suicide Prevention Line?

- ○ Yes
- ○ No
- ○ I did not attend SPC last academic year

---

24 **In the past 12 months**, have you participated in any mental health awareness activities on campus or online?

- ○ Yes
- ○ No
- ○ I did not attend SPC last academic year

---

25 How likely are you to tell someone about the BayCare Student Assistance Program?

- ○ Very Unlikely
- ○ Unlikely
- ○ Somewhat Unlikely
- ○ I don't know
- ○ Somewhat Likely
- ○ Likely
- ○ Very Likely

---

26 Please indicate if you agree with the following statement, "I feel I can recognize signs of mental distress."

- ○ Strongly Disagree
- ○ Disagree
- ○ Somewhat Disagree
- ○ I don't know
- ○ Somewhat Agree
- ○ Agree
- ○ Strongly Agree

---

27 **In the past 12 months**, which of the following resources have you seen information posted on campus or online? *(check all that apply)*

- ☐ 211 Crisis Center of Tampa Bay
- ☐ CASA
- ☐ Central Florida Behavioral Health Network
- ☐ Crisis Text Line
- ☐ Directions for Living
- ☐ Food pantry at SPC
- ☐ Homeless Fee Exemption
- ☐ NAMI Pinellas County
- ☐ Operation PAR
- ☐ Peace4Tarpon
- ☐ SEDNET
- ☐ Solutions Behavioral Healthcare
- ☐ Suncoast Center
- ☐ The Trevor Project
- ☐ Veterans Counseling Veterans
- ☐ Veterans Crisis Line
- ☐ WestCare
- ☐ I have not seen any of the above
- ☐ I did not attend SPC last academic year

---

28 **In the past 12 months,** from which of the following programs did you receive assistance? *(check all that apply)*

- ☐ 211 Crisis Center of Tampa Bay
- ☐ BayCare Student Assistance Program
- ☐ CASA
- ☐ Central Florida Behavioral Health Network
- ☐ Crisis Text Line
- ☐ Directions for Living
- ☐ Homeless Fee Exemption
- ☐ NAMI Pinellas County
- ☐ National Suicide Prevention Line
- ☐ Operation PAR
- ☐ Peace4Tarpon
- ☐ SEDNET
- ☐ Solutions Behavioral Healthcare
- ☐ Suncoast Center
- ☐ The Trevor Project
- ☐ Veterans Counseling Veterans
- ☐ Veterans Crisis Line
- ☐ Veterans benefits (Veteran's Administration benefits for a servicemen's, widow's, or survivor's pension, service disability or the GI bill)
- ☐ WestCare
- ☐ PSTA bus pass using SPC student ID
- ☐ Food pantry at SPC
- ☐ Local food pantry at a church, kitchen, or food bank
- ☐ SNAP (food stamps)
- ☐ WIC (nutritional assistance for pregnant women and children)
- ☐ TANF (public cash assistance; formerly called ADC or ADFC)
- ☐ SSI (supplemental security income)
- ☐ SSDI (social security disability income)
- ☐ Medicaid or public health insurance
- ☐ Child care assistance
- ☐ Unemployment compensation/insurance
- ☐ Utility assistance (e.g. help paying for electric or water)
- ☐ Housing assistance
- ☐ Transportation assistance
- ☐ Tax refunds (including EITC)
- ☐ I have not used any of the above

Your personal experiences

Almost done! Now let's talk about your personal wellbeing.

---

29 Would you say that in general your health is

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

---

30 Now thinking about your physical health, which includes physical illness and injury, for how many days during **the past 30 days** was your physical health not good? *(Please put the number of days)*

[ ]

---

31 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during **the past 30 days** was your mental health not good? *(Please put the number of days)*

[ ]

---

32 During **the past 30 days**, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? *(Please put the number of days)*

[ ]

---

33 Are you limited in any way in any activities because of any impairment or health problem?

- ○ Yes
- ○ No

---

34 Do you have any of the following disabilities or medical conditions? *(Mark all that may apply)*

- ☐ Learning disability (dyslexia, etc.)
- ☐ Attention deficit hyperactivity disorder (ADHD)
- ☐ Autism spectrum disorder
- ☐ Physical disability (speech, sight, mobility, hearing, etc.)
- ☐ Chronic illness (cancer, diabetes, autoimmune disorders, etc.)
- ☐ Psychological disorder (depression, etc.)
- ☐ None
- ☐ Other

---

35 What is the major impairment or health problem that limits your activities?

- ○ Arthritis/rheumatism
- ○ Back or neck problems
- ○ Fractures, bone/joint injury
- ○ Walking problem
- ○ Lung/breathing problem
- ○ Hearing problem
- ○ Eye/vision problem
- ○ Heart problem
- ○ Stroke problem
- ○ Hypertension/high blood pressure
- ○ Diabetes
- ○ Cancer
- ○ Depression/anxiety/emotional problem
- ○ None
- ○ Other

---

36 How long have your activities been limited because of your major impairment or health problem?

- ○ Days
- ○ Weeks
- ○ Months
- ○ Years
- ○ None

---

37 Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house?

- ○ Yes
- ○ No

---

38 Because of any impairment of health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- ○ Yes
- ○ No

---

39 During the **past 30 days**, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

[▾]

---

40 During the **past 30 days**, for about how many days have you felt sad, blue, or depressed?

[▾]

---

41 During the **past 30 days**, for about how many days have you felt worried, tense, or anxious?

42 During the **past 30 days**, for about how many days have you felt you did not get enough rest or sleep?

43 During the **past 30 days**, for about how many days have you felt very healthy and full of energy?

About you

Finally, just a few more questions about yourself.

44 At birth, what sex were you assigned on your birth certificate?

- ○ Female
- ○ Male

45 Currently, how do you describe yourself? (check all that apply)

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Do not identify as female, male, or transgender

46 Do you consider yourself to be:

- ○ Heterosexual or straight
- ○ Gay or lesbian
- ○ Bisexual
- ○ Not sure or neither heterosexual, gay, lesbian, or bisexual

47 In what year were you born?

48 What is your height in feet/inches?

49 What is your weight in pounds (lbs)?

---

50 Are you a U.S. citizen or permanent resident?

- ○ U.S. citizen
- ○ Permanent resident
- ○ Not a U.S. citizen or permanent resident

---

51 Have you ever served in the U.S. Armed Forces, military Reserves, or National Guard? (Please select the answer that is most applicable)

- ○ I have not served
- ○ In the U.S. Armed Forces
- ○ In the military Reserves
- ○ In the National Guard

---

52 How do you usually describe your race?

- ☐ White or Caucasian
- ☐ African American or Black
- ☐ Hispanic or Latino
- ☐ American Indian or Native American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Multiple Races
- ☐ Not applicable - I would prefer not to identify my race/ethnicity
- ☐ Other

---

53 **In the last year,** did a parent or guardian claim you as a "dependent" for tax purposes?

- ○ Yes
- ○ No

---

54 How would you describe your current relationship status?

- ○ Single
- ○ In a relationship
- ○ Married or domestic partnership
- ○ Divorced
- ○ Widowed

---

55 Have you ever been in foster care?

- ○ Yes
- ○ No

---

56 Your student ID is automatically listed here so you can be included in the raffle drawing later. You will be contacted via email by Will Baldwin (baldwin.will@spcollege.edu) if your student ID was randomly selected. To participate, please click "Submit" below. If you do not want to participate, please exit out of this window.

This survey will be submitted in **PREVIEW MODE**.
The results will not be stored.

Back Submit

If you have any questions or comments about this survey, please contact Will Baldwin at baldwin.will@spcollege.edu
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