ACKNOWLEDGEMENTS

University Wellness Services extends grateful thanks for the financial and collaborative support from the Office of the Vice-Provost & Dean of Students, the Office of the Registrar and Student Awards, the Office of Safe Disclosure & Human Rights, and the Addictions and Mental Health Research Laboratory of the School of Public Health.

Special thanks go to Marjan Rekabdar and Danny Guo for their assistance in the analysis of survey data. In addition, thanks go to Kit Walton for the design work in this report.

Finally, thank you to the students who participated in the UofA Campus Wide Health Assessment. Your contribution will play an important role in improving health and wellness at the University of Alberta.

In order to change we must be sick and tired of being sick and tired.

- Author Unknown
CONTENTS

FOREWORD
Dr. Donna Cave 5

1 WHAT IS STUDENT WELLNESS? 6

2 RESEARCH OBJECTIVES 7

3 METHODS 8
   Survey Instrument
   Sample
   Procedure

4 LIMITATIONS 9

5 FINDINGS 10
   A. General Campus Wellness 11
   B. Physical Wellness 12
   C. Social Wellness 18
   D. Emotional Wellness 20
   E. Academic Wellness 24
   F. Career Wellness 25
   G. Financial Wellness 26

6 CONCLUSIONS 27

7 RECOMMENDATIONS 29

8 REFERENCES 31

9 RESOURCES 32
FOREWORD

This year, for the first time, University Wellness Services (formerly under the umbrella title of the University Health Centre), along with the Office of the Vice Provost and Dean of Students, ran the National College Health Assessment (NCHA). The NCHA is a wide-scale North American university and college health and wellness survey which many campuses run about every two years. The key results of this survey are summarized in the following document and will hopefully be useful to all readers who have a vested interest in University of Alberta students.

I invite you to digest, disseminate, and discuss the findings of the study presented. There is more data available both in raw form and in summary form. I am at your disposal if you would like to continue the dialogue further.

Dr. Donna Cave
Director, University Wellness Services
It is important to consider the meaning of “wellness”; how we define and interpret health largely determines how we approach health promotion (Laverick, 2004). Cross-cultural studies indicate that health has many implicit meanings:

- Feeling vital and full of energy
- Having a sense of purpose in life
- Experiencing connectedness to community
- Being able to do things one enjoys
- Having good social relationships
- Experiencing a sense of control over one’s life and one’s living conditions

(Blaxter, 1990, Labonte, 1993; 1998, as cited in Laverick)

Mirroring this complex view of health, student wellness also comprises of several key aspects:

- Social
- Emotional
- Spiritual
- Career
- Physical
- Financial
- Academic

Optimal wellness is achieved when students are supported and fulfilled in each of these areas; neglecting any one facet compromises overall health.

In the winter semester of 2011, to better understand students’ experiences in each of these critical aspects of wellness, a campus wide student health survey, coordinated by University Wellness Services (uWELL) and funded by the Office of the Vice-Provost & Dean of Students, was conducted at the University of Alberta (UofA).
2 RESEARCH OBJECTIVES

The campus wide student health survey was motivated by four key objectives:

1. *Increase our understanding of current health assets, issues, behaviors, and perceptions of UofA students.*
   Hearing from our student community will enable us to understand, first hand, the significant health priorities of this population and to identify the most common factors affecting student health and wellbeing.

2. *Employ evidence-based findings to inform health and wellness service development and delivery.*
   Collection and monitoring of reliable student data is necessary to inform health promotion decisions on campus and to ensure our programs and services are responsive to student needs.

3. *Stimulate a dialogue about student and campus health.*
   Disseminating and sharing study findings will spark meaningful conversation and debate about student wellbeing, thereby catalyzing action for campus health. Demographic-specific findings, such as faculty-pertinent data, are meant to encourage these groups to improve the health of their own student communities. Students are encouraged to become familiar with the study findings and participate in grassroots health promotion initiatives. Furthermore, data will be available for healthy campus policy discussions with faculty, staff, administration, and board members. There is also an opportunity to use this data to stimulate dialogue about campus health at the provincial and federal levels.

4. *Establish a baseline of student health on our campus.*
   Establishing a baseline will allow us to observe health trends on our campuses and evaluate the impact of programming efforts through repeat administrations of the survey. This data will also allow us to make comparisons with other North American campuses and to make comparisons with provincial and federal populations.

Additionally, the survey can help allocate monetary and staffing resources based upon defined needs; create social norming marketing campaigns by comparing students’ actual behaviors to their perceptions about peer behaviors; provide needs assessment data for campus health taskforces; and develop proposals to secure grant funding to expand or develop programs.
3 METHODS

SURVEY INSTRUMENT

The assessment tool employed for this study is the Canadian version of the American College Health Association-National College Health Assessment (ACHA-NCHA II). The ACHA-NCHA II is a non-profit North American research effort organized by the American College Health Association. The ACHA-NCHA II was developed by an interdisciplinary team of college health professionals, pilot tested in 1998-1999, and systematically evaluated with reliability and validity analyses comparing common survey items with national studies such as the National College Health Risk Behavior Survey (CDC). It was designed to collect local and national data about risky and protective behaviors, perceived norms, and incidence and prevalence of a variety of health problems/conditions affecting academic performance and retention (American College Health Association [ACHA], 2009).

The ACHA-NCHA II is a 64-question survey addressing general health; health education; campus safety; alcohol, tobacco, and drug use; sexual behaviours, perceptions, and contraception use; weight, nutrition and exercise; mental and physical health; impediments to academic performance; and respondent demographics. Additionally, four UofA specific questions were appended to the survey. These questions were created in consultation with student services stakeholders, including the Office of Safe Disclosure and Human Rights, the Students’ Union, University Wellness Services (uWELL), and the Office of the Vice-Provost & Dean of Students. These questions address demographic information unique to the UofA and also address students’ perceptions of wellness support from the university.

SAMPLE

A simple random sample of 5,000 UofA students, generated by the Office of the Registrar, was invited to participate in a confidential web survey. The sample included undergraduate and graduate UofA students registered in at least one course on North Campus, Campus Saint Jean, or Augustana Campus. The sample excluded students completing their degrees through distance learning or away on exchange programs to other campuses.

PROCEDURE

The survey was conducted over a three-week period during the winter semester through a confidential web survey, launched in February 2011. Administration of the survey and storage of data were handled in partnership with uWELL and the ACHA. Invitees were assigned a unique ID number, which was embedded in the survey URL included in each email invitation sent by uWELL. Student data was stored with the ACHA during the survey period; however, there was no connection between email addresses, unique ID numbers, and survey responses, thereby maintaining the confidentiality of student information. When the NCHA results were processed, the ACHA provided uWELL with
the raw data. A reference group report and a reference group executive summary are produced each semester by the ACHA and contain the aggregated data from all participating institutions. For more information please visit http://www.achancha.org/.

4 LIMITATIONS

The following limitations should be taken into consideration when reviewing survey findings. Comparisons to the reference group have been made throughout the report; however, the reference group contains aggregated data from all participating North American institutions, meaning it does not strictly reflect a Canadian context.

The findings in this report are based on self-report and therefore may be subject to bias. Generalizability of findings may not be applicable as the survey respondents represent only a small portion of the overall UofA student population. However, given the high response rate of 32%, compared to the average response rate of 20% for participating institutions, uWELL is comfortable applying these findings to the general UofA population. Furthermore, a specific “type” of student may be more inclined to complete a web survey of this length, or may be more inclined to fill a survey of this particular topic, and, as such, there is an inherent responder bias. The tool has been assessed for validity and reliability, and the ACHA states that it appears to be both a reliable and valid tool.

Stratified sampling was not employed in the administration of this survey; as such, only faculties with 30 or more respondents were included in faculty comparisons. The sampling technique may be revised in future repetitions of this survey.

A slightly altered ACHA-NCHA II is offered as the Canadian version of the tool, meaning many questions in the survey still reflect an American bias and tend to coincide with American health guidelines. Consequently, in some cases, it is not possible to apply survey data to Canadian health recommendations (e.g. comparing rates of reported physical activity to Canadian Physical Activity Guidelines). Additionally, the ACHA-NCHA II asks only a select number of questions pertaining to physical activity and nutrition. More investigation is required in these areas for our campus.

Lastly, as the data is quantitative in nature, it provides a good sense of the scope of health issues on our campus, but not necessarily the depth of meaning that is captured from qualitative inquiry. Further qualitative research is required to complement the findings from this survey.
5 FINDINGS

5,000 students were invited to participate in the survey; 1,600 responded, meaning an overall response proportion of 32%.

The sample was fairly representative of students at the University of Alberta; however, the proportion of males and undergraduate students are slightly underrepresented in comparison to actual campus demographics.

Table 1. Participant demographics

<table>
<thead>
<tr>
<th>Respondent Demographics</th>
<th>Survey Respondents</th>
<th>UofA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>63.6%</td>
<td>55%</td>
</tr>
<tr>
<td>Male</td>
<td>36.1%</td>
<td>45%</td>
</tr>
<tr>
<td>Transgender</td>
<td>0.1%</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>STUDENT STATUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate</td>
<td>71.9%</td>
<td>80%</td>
</tr>
<tr>
<td>Graduate</td>
<td>27.0%</td>
<td>20%</td>
</tr>
<tr>
<td>Not seeking a degree/other</td>
<td>1.1%</td>
<td>Unknown</td>
</tr>
<tr>
<td>Domestic</td>
<td>84%</td>
<td>88% (Canadian students)</td>
</tr>
<tr>
<td>International</td>
<td>16%</td>
<td>12% (Foreign students)</td>
</tr>
<tr>
<td><strong>HOUSING STATUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus residence hall</td>
<td>12.0%</td>
<td>Unknown</td>
</tr>
<tr>
<td>Fraternity or sorority house</td>
<td>0.4%</td>
<td>Unknown</td>
</tr>
<tr>
<td>Other university housing</td>
<td>3.5%</td>
<td>Unknown</td>
</tr>
<tr>
<td>Parent/Guardian home</td>
<td>35.3%</td>
<td>Unknown</td>
</tr>
<tr>
<td>Other off-campus housing</td>
<td>41.3%</td>
<td>Unknown</td>
</tr>
<tr>
<td>Other</td>
<td>7.5%</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
A. GENERAL CAMPUS WELLNESS

Most UofA students (61%) agree or strongly agree that the UofA has a sincere interest in the wellbeing of its students. Likewise, most UofA students (61.4%) also agree or strongly agree that their faculties have a sincere interest in the wellbeing of their students. The graph below compares student responses across faculties (Note: Only faculties with 30 or more respondents were included).

The majority of UofA students (60.5%) describe their health as very good or excellent, which is slightly lower than the reference group (62.1%). The graph demonstrates comparisons of self-perceived health across demographic groups.
**B. PHYSICAL WELLNESS**

Physical wellness is about taking care of one’s body. It involves increasing one’s awareness about healthy choices and thinking and acting in ways that promote health, such as being active, eating well, getting enough sleep, and practicing safer sex.

**HEALTH AWARENESS**

The following table lists health topics most UofA students are interested in receiving information on and compares this interest with the proportion of students whom have actually received information about these issues during their time at the UofA. The table below highlights this unmet need.

Table 2. Comparing proportions of students reporting interest in health topics and reporting receiving health information at university.

<table>
<thead>
<tr>
<th>Topics</th>
<th>Received information</th>
<th>Students interested</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress reduction</td>
<td>53%</td>
<td>74%</td>
<td>-21%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>40%</td>
<td>67%</td>
<td>-27%</td>
</tr>
<tr>
<td>Physical activity</td>
<td>54%</td>
<td>65%</td>
<td>-11%</td>
</tr>
<tr>
<td>Sleep difficulties</td>
<td>20%</td>
<td>64%</td>
<td>-44%</td>
</tr>
<tr>
<td>How to help others in distress</td>
<td>25%</td>
<td>61%</td>
<td>-36%</td>
</tr>
</tbody>
</table>

**EATING WELL**

Eating Well with Canada’s Food Guide recommends 7-8 servings of fruits and vegetables for females and 8-10 servings for males aged 19 - 50. According to these recommendations, at least 86% of UofA students are not consuming enough fruits and vegetables.

Table 3. Reported number of servings of fruits and vegetables per day

<table>
<thead>
<tr>
<th>Fruits &amp; Vegetables</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 servings/day</td>
<td>88.7%</td>
<td>84.3%</td>
<td>85.8%</td>
</tr>
<tr>
<td>≥5 servings/day</td>
<td>11.3%</td>
<td>15.8%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

**DID YOU KNOW?**

University Wellness Services’ Health & Wellness Team (H&W) is a group of students supporting their UofA peers to adopt health-enhancing behaviors and attitudes. H&W provides fun, educational presentations on healthy eating, physical activity, mental health, sleep, and other student health issues. Visit their BearsDen page for more information: www.bearsden.ualberta.ca. Search: “H&W”.

University Wellness Services’ Registered Dietitian will assess your current eating habits and provide practical suggestions for healthy, enjoyable eating and realistic nutritional goals. Student nutrition consults are free and fully covered by the student health plan. For more information, visit www.uwell.ualberta.ca/NutritionCounselling.
B. PHYSICAL WELLNESS

Physical wellness is about taking care of one's body. It involves increasing one's awareness about healthy choices and thinking and acting in ways that promote health, such as being active, eating well, getting enough sleep, and practicing safer sex.

HEALTH AWARENESS

The following table lists health topics most UofA students are interested in receiving information on and compares this interest with the proportion of students whom have actually received information about these issues during their time at the University. The table below highlights this unmet need.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Students interested</th>
<th>Students received</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress reduction</td>
<td>53%</td>
<td>74%</td>
<td>-21%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>40%</td>
<td>67%</td>
<td>-27%</td>
</tr>
<tr>
<td>Physical activity</td>
<td>54%</td>
<td>65%</td>
<td>-11%</td>
</tr>
<tr>
<td>Sleep difficulties</td>
<td>20%</td>
<td>64%</td>
<td>-44%</td>
</tr>
<tr>
<td>How to help others in distress</td>
<td>25%</td>
<td>61%</td>
<td>-36%</td>
</tr>
</tbody>
</table>

Table 2. Comparing proportions of students reporting interest in health topics and reporting receiving health information at university.

EATING WELL

Eating Well with Canada’s Food Guide recommends 7-8 servings of fruits and vegetables for females and 8-10 servings for males aged 19 – 50. According to these recommendations, at least 86% of UofA students are not consuming enough fruits and vegetables.

Table 3. Reported number of servings of fruits and vegetables per day

<table>
<thead>
<tr>
<th>Fruits &amp; Vegetables</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 servings/day</td>
<td>88.7%</td>
<td>84.3%</td>
<td>85.8%</td>
</tr>
<tr>
<td>&gt;5 servings/day</td>
<td>11.3%</td>
<td>15.8%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

DID YOU KNOW?

Campus Recreation and Operations offers recreational programming. These programs represent a wide range of recreational interests for all skill levels and abilities. Campus Recreation instructors can help students build on their skills and also learn new ones. For more information, visit www.campusrec.ualberta.ca/.

Furthermore, 55% of respondents disagree or strongly disagree that there are healthy, affordable food options at the UofA. Fifty-one percent of campus residence hall respondents disagree or strongly disagree that their residence meal plans provide them with healthy food options. Lastly, 48% of respondents disagree or strongly disagree that there are conveniently located, healthy food options at the UofA.

ACTIVE LIVING

According to the Canadian Physical Activity Guidelines, to achieve health benefits, adults aged 18-64 should accumulate at least 150 minutes of moderate to vigorous intensity aerobic physical activity per week, in bouts of 10 minutes or more. Being active for at least 150 minutes per week can lead to improved fitness, strength, and mental health and can help reduce the risk of illnesses such as heart disease, stroke, and type II diabetes.

A large portion of respondents reported not engaging in regular physical activity in the past week at the time of the survey.

- 26.9% of students did not engage in moderate-intensity aerobic exercise for at least 30 min at all within the last 7 days.
- Only 15.1% of students engaged in moderate-intensity aerobic exercise for at least 30 minutes for 5 -7 days in the past week
- 42.1% of students did not engage in vigorous-intensity aerobic exercise for at least 20 min at all within the last 7 days.
- Only 23.6% of students engaged in vigorous-intensity aerobic exercise for at least 20 minutes for 3-7 days in the past week.

According to the physical activity recommendations for adults from the American College of Sports Medicine and the American Heart Association, 59.5% of UofA students are not getting enough physical activity.
**ALCOHOL, TOBACCO, AND OTHER DRUG USE**

There is a large discrepancy between perceived and actual use of alcohol, tobacco, and other drug use among UofA students. The graph below displays the perceived and actual use of any alcohol, tobacco, and other drugs (cigars, smokeless tobacco, cocaine, methamphetamine, other amphetamines, sedatives, hallucinogens, anabolic steroids, opiates, inhalants, MDMA, other club drugs, other and illegal drugs) in the last 30 days.

**Graph 4. Perceived and actual use of any alcohol, tobacco, and other drug use in the last 30 days**

These findings are helpful in countering misconceptions about drinking on our campus. Comparing UofA findings to aggregated data, a smaller percentage of UofA respondents report any cigarette, marijuana, or other drug use in the last 30 days.

The graph below illustrates comparisons across demographic groups for any reported alcohol use in the last 30 days.

**Graph 5. Comparing proportions of students across demographic groups reporting any alcohol use in the last 30 days**

Binge drinking is defined as consuming five or more drinks in one sitting. 32.1% of student respondents reported binge drinking the last time they partied or socialized, which is slightly higher than the reference group (29.9%). Comparing respondents by housing type, campus residence housing had the highest proportion of students consuming five or more drinks the last time they “partied” or socialized, followed closely by other off-campus housing, and parent/guardian housing.

**DID YOU KNOW?**

“Check Yourself,” an initiative of the Office of the Dean of Students, is a questionnaire which provides personalized information telling you about your drinking and how you compare to other university students your age. Visit [www.checkyourself.ca](http://www.checkyourself.ca) to see how you stack up!
Almost all UofA students (98.2%) practice one or more protective behaviors most of the time or always when they “party” or socialize. The most frequently reported protective behaviors used most of the time or always were:

- Stay with the same group of friends the entire time drinking (88.1%)
- Use a designated driver (83.1%)
- Eat before and/or during drinking (78.8%)
- Keep track of how many drinks being consumed (64.2%)

SEXUAL HEALTH

Overall, 35% of UofA students reported having no sexual partners within the last 12 months. Of students reporting having sexual partners within the last 12 months, on average, students reported 1.52 and 1.80 partners for females and males respectively.

The graph below shows the percentages of survey respondents reporting oral, vaginal, or anal sex in the past 30 days.

Table 4. Percentage of students reporting having oral, vaginal, or anal sex in past 30 days.

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral sex</td>
<td>36.5</td>
<td>46.1</td>
<td>42.6</td>
</tr>
<tr>
<td>Vaginal intercourse</td>
<td>41.4</td>
<td>53.6</td>
<td>49.1</td>
</tr>
<tr>
<td>Anal intercourse</td>
<td>4.0</td>
<td>3.8</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Of respondents reporting having vaginal intercourse in the last 30 days, only 52.4% of them reported mostly or always using a condom or other protective barrier (female condom, dam, glove) during this activity.

Of respondents reporting having anal intercourse in the last 30 days, only 30.1% of respondents reported mostly or always using a condom or other protective behavior during this activity during the last 30 days.
Fifty-six percent of respondents reported using a method of contraception the last time they had vaginal intercourse.

Of students indicating having one or more sexual partners in the last 12 months, 34.9% reported they have been tested for HIV.

The table below shows the proportion of UofA students diagnosed or treated by a professional for the following sexually transmitted infections (STIs) within the last 12 months.

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>UofA Respondents</th>
<th>Percent (%)</th>
<th>Reference Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>0.9</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Genital herpes</td>
<td>0.6</td>
<td>0.7</td>
<td></td>
</tr>
<tr>
<td>Genital warts/HPV</td>
<td>0.9</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>0.3</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B or C</td>
<td>0.4</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>0.4</td>
<td>0.3</td>
<td></td>
</tr>
</tbody>
</table>

The following table displays information about student respondents across demographic groups reporting experiencing sexual assault and sexual harassment at the UofA.

<table>
<thead>
<tr>
<th>Reported sexual assault or harassment at the University of Alberta across demographic groups.</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Undergrad</th>
<th>Grad</th>
<th>Domestic</th>
<th>Int’l</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have had a sexual experience with a person, or persons, when I didn’t want one at that time</td>
<td>15.4%</td>
<td>8.2%</td>
<td>19.5%</td>
<td>14.7%</td>
<td>16.2%</td>
<td>15.9%</td>
<td>12.4%</td>
</tr>
<tr>
<td>I have experienced sexual harassment at the U of A*</td>
<td>5.1%</td>
<td>1.9%</td>
<td>6.7%</td>
<td>4.6%</td>
<td>5.3%</td>
<td>5.3%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

*(E.g. Unwanted sexual advances, comments, crude or offensive jokes, displays of offensive sexualized material, or unwanted leering, touching, or rubbing, etc.).

**SLEEP**

Overall, 41.7% of UofA students reported more than a little problem, a big problem, or a very big problem with sleepiness during daytime activities. This statistic is comparable to the reference group (40.4%). Comparing undergraduate and graduate students, more undergraduate students (55.4%) reported problems with sleepiness than their graduate counterparts (32.8%).
The graph below illustrates problems with sleepiness by faculty. The faculties of Arts, Education, and Science have higher proportions of students reporting problems with sleepiness than other faculties.

Graph 7. Percent of students reporting more than a little problem, a big problem, or a very big problem with sleepiness across faculties

Comparing across housing type, higher proportions of students living in a parent/guardian’s home or other campus housing reported problems with sleepiness during daytime activities versus their student counterparts in other housing situations.

Graph 8. Proportion of students reporting sleepiness as more than a little problem, a big problem, or a very big problem by housing status.

Lastly, 24.7% of UofA students reported that sleep difficulties have been traumatic or very difficult to handle in the past 12 months and 23.3% of students reported that sleep difficulties have negatively impacted their academics in the past 12 months (versus 19.4% of respondents from the reference group).
C. SOCIAL WELLNESS

SOCIAL WELLNESS ON CAMPUS

Social wellness is about connecting with others. It involves building and maintaining healthy relationships with friends, colleagues, romantic partners, or family members.

- 66% of UofA students agree or strongly agree that they experience a sense of belonging at the UofA.
- 18% of students agree or strongly agree that they feel socially isolated at the UofA. A higher proportion of international students (25.4%) report feeling socially isolated at the UofA in comparison to their Canadian counterparts (13.5%).

The majority of UofA students believe that the UofA demonstrates fairness and respect for the diversity on our campus. The UofA demonstrates fairness and respect for:

Table 7. Proportion of students who believe that the UofA demonstrates fairness and respect for diversity.

<table>
<thead>
<tr>
<th>Percent (%) of UofA students who agree or strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>People of all ethnic backgrounds</td>
</tr>
<tr>
<td>People of all religions</td>
</tr>
<tr>
<td>People with disabilities</td>
</tr>
<tr>
<td>People of all sexual orientations/identities</td>
</tr>
<tr>
<td>People of all genders</td>
</tr>
</tbody>
</table>

Overall, 10.6% of respondents report having experienced harassment (e.g. Any unwanted comment, display, conduct, or communication in any form that is personally humiliating or offensive) at the UofA. Comparisons across demographic groups are shown below.

Table 8. Proportion of students across demographic groups reporting experiencing harassment at the UofA.

<table>
<thead>
<tr>
<th>Percent (%) of UofA students reporting sexual harassment</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>SEXUAL IDENTITY</td>
</tr>
<tr>
<td>Heterosexual</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
</tr>
<tr>
<td>Unsure</td>
</tr>
<tr>
<td>Bisexual</td>
</tr>
<tr>
<td>STUDENT STATUS</td>
</tr>
<tr>
<td>International</td>
</tr>
<tr>
<td>Domestic</td>
</tr>
</tbody>
</table>

DID YOU KNOW?
The Office of Safe Disclosure and Human Rights (OSDHR) is responsible for promoting positive human rights practices on campus through education and awareness. Individuals and groups seeking human rights information can contact the office to seek clarity on human rights policies and practices at the University. Visit www.osdhr.ualberta.ca/
SOCIAL INVOLVEMENT

Within the last 12 months, many UofA students reported participation in social activities:

- 44.7% of students volunteer
- 23.4% of students are involved in intramurals
- 12.8% of students are involved in club sports
- 3.2% of students are members of a fraternity/sorority

PERSONAL RELATIONSHIPS

- 44.2% of UofA students are not in a relationship
- 35.3% of UofA students are in a relationship but not living together
- 20.5% of UofA students are in a relationship and living together

Comparing across demographic groups, the following table illustrates proportions of UofA students reporting that family problems, intimate relationships, or other social relationships have been traumatic or very difficult to handle within the last 12 months.

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Undergrad</th>
<th>Grad</th>
<th>Int’l</th>
<th>Domestic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family problems</td>
<td>24.8</td>
<td>17</td>
<td>29.1</td>
<td>28.2</td>
<td>21.4</td>
<td>25.5</td>
<td>20.7</td>
</tr>
<tr>
<td>Intimate relationships</td>
<td>31.3</td>
<td>28.5</td>
<td>32.9</td>
<td>32.0</td>
<td>31.2</td>
<td>26.6</td>
<td>32.3</td>
</tr>
<tr>
<td>Other social relationships</td>
<td>23.4</td>
<td>15.0</td>
<td>28.1</td>
<td>28.5</td>
<td>18.4</td>
<td>20.4</td>
<td>23.7</td>
</tr>
</tbody>
</table>

DID YOU KNOW?

University Wellness Services’ Mental Health Centre (MHC) assists students with a wide range of mental health concerns - from depression to relationship problems - via individual, relationship, and family therapy. Visit www.uwell.ualberta.ca/MentalHealthCentre
D. EMOTIONAL WELLNESS

Emotional wellness entails knowing, accepting, and loving oneself. It means coping with life’s challenges. It involves managing stress and anxiety and learning to manage mood and other aspects of mental health. It’s also about seeking support when needed.

Eisenberg, Golberstein, and Hunt (2009) explain that depression is a significant predictor of lower grade point average (GPA) and a higher probability of dropping out. Furthermore, Hysenbegasi, Hass, and Rowland (2005) found a significant, negative association between GPA and untreated depression. Treated depression is not associated with a significant difference in GPA. These findings are also reflected in the statistics of the UofA health survey. In terms of mental health issues impacting academic performance, 13.8% of survey respondents reported that depression negatively impacted their academic performance within the last 12 months. Additionally, 33.9% of students reported that stress negatively impacted their academic performance, and 25% of students reported the same of anxiety. Furthermore, the probability of having a lower GPA (C and D/F) was more than two times greater for respondents who reported feeling depressed within the last 12 months compared to respondents not reporting feeling this way.
Comparing across demographic groups, the following proportion of students experienced the following mental health issues any time within the last 12 months:

<table>
<thead>
<tr>
<th>%</th>
<th>UofA Total</th>
<th>Reference Group Total</th>
<th>UofA Male</th>
<th>UofA Female</th>
<th>UofA Undergrad</th>
<th>UofA Graduate</th>
<th>UofA Domestic</th>
<th>UofA International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt things were hopeless</td>
<td>51.3</td>
<td>45.1</td>
<td>45.1</td>
<td>54.7</td>
<td>60.0</td>
<td>43.2</td>
<td>51.1</td>
<td>52.4</td>
</tr>
<tr>
<td>Felt overwhelmed by all you had to do</td>
<td>87.5</td>
<td>86.3</td>
<td>78.6</td>
<td>92.6</td>
<td>90.3</td>
<td>85.2</td>
<td>90.0</td>
<td>73.7</td>
</tr>
<tr>
<td>Felt exhausted (not from physical activity)</td>
<td>87.1</td>
<td>81.6</td>
<td>79.0</td>
<td>91.6</td>
<td>89.0</td>
<td>85.6</td>
<td>88.5</td>
<td>79.8</td>
</tr>
<tr>
<td>Felt very lonely</td>
<td>61.7</td>
<td>57.3</td>
<td>54.8</td>
<td>65.8</td>
<td>67.0</td>
<td>56.9</td>
<td>61.9</td>
<td>62.2</td>
</tr>
<tr>
<td>Felt very sad</td>
<td>65.6</td>
<td>61.1</td>
<td>53.0</td>
<td>72.6</td>
<td>69.2</td>
<td>61.7</td>
<td>65.7</td>
<td>64.5</td>
</tr>
<tr>
<td>Felt so depressed that it was difficult to function</td>
<td>34.4</td>
<td>31.1</td>
<td>30.7</td>
<td>36.2</td>
<td>37.1</td>
<td>31.2</td>
<td>32.5</td>
<td>44.4</td>
</tr>
<tr>
<td>Felt overwhelming anxiety</td>
<td>52.1</td>
<td>50.6</td>
<td>41.9</td>
<td>57.5</td>
<td>58.2</td>
<td>46.3</td>
<td>53.6</td>
<td>44.8</td>
</tr>
<tr>
<td>Felt overwhelming anger</td>
<td>40.7</td>
<td>37.1</td>
<td>36.3</td>
<td>43.1</td>
<td>45.1</td>
<td>36.9</td>
<td>41.1</td>
<td>38.1</td>
</tr>
<tr>
<td>Experienced more than average or tremendous stress</td>
<td>57.1</td>
<td>53.1</td>
<td>48.0</td>
<td>62.4</td>
<td>58.6</td>
<td>55.4</td>
<td>59.1</td>
<td>46.2</td>
</tr>
<tr>
<td>Seriously considered suicide</td>
<td>6.8</td>
<td>6.4</td>
<td>6.8</td>
<td>6.6</td>
<td>8.7</td>
<td>4.9</td>
<td>6.8</td>
<td>6.3</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>1.2</td>
<td>1.1</td>
<td>1.2</td>
<td>0.9</td>
<td>1.8</td>
<td>0.4</td>
<td>1.0</td>
<td>1.6</td>
</tr>
</tbody>
</table>
Comparing across faculties, the graph below illustrates the proportion of respondents feeling overwhelmed by all they had to do within the last 12 months.

Graph 9. Proportion of students across faculties reporting feeling overwhelmed by all they had to do within the last 12 months.

Within the last 12 months, the following proportion of students were diagnosed or treated by a professional for:

Table 11. Proportion of students were diagnosed or treated by a professional.

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>UofA Total</th>
<th>Reference Group Total</th>
<th>UofA Male</th>
<th>UofA Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>8.1</td>
<td>11.6</td>
<td>5.1</td>
<td>9.6</td>
</tr>
<tr>
<td>Depression</td>
<td>8.2</td>
<td>10.7</td>
<td>5.7</td>
<td>9.4</td>
</tr>
<tr>
<td>Panic attacks</td>
<td>3.8</td>
<td>5.3</td>
<td>3.0</td>
<td>4.2</td>
</tr>
<tr>
<td>Insomnia</td>
<td>3.2</td>
<td>4.0</td>
<td>3.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Other sleep disorder</td>
<td>2.6</td>
<td>2.1</td>
<td>1.9</td>
<td>3.0</td>
</tr>
</tbody>
</table>

The data displayed in the table above do not capture information of the prevalence of mental health issues on our campus; only some individuals seek mental health supports, which, in turn, may lead to a diagnosis. These statistics perhaps more accurately reflect health seeking-behaviors of students on our campus, that is, students who have sought professional support.
The following proportions of students indicate they have (ever) received mental health services from the providers indicated below:

Table 12: Proportion of students who indicated they had received mental health services.

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>UofA Total</th>
<th>Reference Group Total</th>
<th>UofA Male</th>
<th>U of A Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor/therapist/psychologist</td>
<td>26.5</td>
<td>36.0</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>8.1</td>
<td>14.1</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Other medical provider</td>
<td>12.9</td>
<td>14.3</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Minister/priest/rabbi/other clergy</td>
<td>5.5</td>
<td>7.4</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Current college/university’s counseling or health service</td>
<td>11.1</td>
<td>16.1</td>
<td>8</td>
<td>12</td>
</tr>
</tbody>
</table>

Comparing across demographic groups, the following proportions of students would consider seeking help from a mental health professional if a personal health problem was really bothering them.

Table 13: Proportion of students who would consider seeking help from a mental health professional.

<table>
<thead>
<tr>
<th>Consider seeking help from mental health professional</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Undergrad</th>
<th>Grad</th>
<th>Int’l</th>
<th>Domestic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70.6</td>
<td>63</td>
<td>75</td>
<td>65.9</td>
<td>75</td>
<td>76.2</td>
<td>69.8</td>
</tr>
</tbody>
</table>

Although a large percentage of respondents report mental health issues, only a small number have actively sought out professional supports. Seventy one percent of students indicate they would seek help from a mental health professional, which begs the question, if students are willing to seek help, why are they not getting the help they need? Clearly, a better understanding for supporting students’ mental health needs is warranted.

DID YOU KNOW?
The Peer Support Centre offers a non-judgmental place to talk to a peer for support. They provide information, referrals, crisis intervention and a completely confidential space to talk. For more information, visit www.su.ualberta.ca/services/psc/
E. ACADEMIC WELLNESS

Academic wellness involves challenging one’s mind, maintaining school-life balance, and managing academic-related issues, such as managing anxiety before exams and practicing effective time management and study skills.

Fifty five percent of respondents indicated that academics have been traumatic or very difficult to handle in the past 12 months, versus 45.1% of the reference group. Comparing across faculties, the graph below illustrates the proportion of students from each faculty indicating that academics have been traumatic or very difficult to handle in the last 12 months.

The following table illustrates the most frequently reported factors most negatively affecting respondents’ individual academic performance (i.e. received a lower grade on an exam, or an important project; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation research, or practicum work) within the last 12 months.

DID YOU KNOW?
The Student Success Centre has a number of programs and services designed to help students achieve success. Students facing challenges in their university experiences, requiring specialized supports, or simply wanting to improve their learning and academic capacity are all encouraged to visit their office. www.ualberta.ca/studentservices
Table 14. Top 10 most reported factors negatively impacting student performance.

<table>
<thead>
<tr>
<th>Factor</th>
<th>UofA Data: Proportion of students reporting negatively impacted academic performance (%)</th>
<th>Reference Group Data: Proportion of students reporting negatively impacted academic performance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>33.9</td>
<td>27.5</td>
</tr>
<tr>
<td>Anxiety</td>
<td>25.0</td>
<td>19.1</td>
</tr>
<tr>
<td>Sleep difficulties</td>
<td>23.3</td>
<td>19.4</td>
</tr>
<tr>
<td>Internet use/computer games</td>
<td>20.2</td>
<td>12.4</td>
</tr>
<tr>
<td>Cold/flu/sore throat</td>
<td>20.1</td>
<td>16.4</td>
</tr>
<tr>
<td>Work</td>
<td>14.9</td>
<td>13.3</td>
</tr>
<tr>
<td>Depression</td>
<td>13.8</td>
<td>11.9</td>
</tr>
<tr>
<td>Concern for a troubled friend or family member</td>
<td>13.3</td>
<td>11.0</td>
</tr>
<tr>
<td>Relationship difficulties</td>
<td>11.9</td>
<td>10.5</td>
</tr>
<tr>
<td>Participation in extracurricular activities</td>
<td>10.9</td>
<td>9.5</td>
</tr>
</tbody>
</table>

Although cold/flu/sore throat is one of the top five most reported factors impacting academic performance, only 37.6% of students reported getting a flu shot last year. The seasonal influenza vaccine, along with hand washing and covering one’s cough, is one of the most effective flu prevention interventions.

**F. CAREER WELLNESS**

Career wellness is about articulating future goals and having a sense of direction in life after university. It also encompasses involving oneself in meaningful volunteer and work experiences while maintaining a healthy work-life balance.

At the UofA, 52.6% of students work for pay, and 44.8% of students volunteer.

Fifteen percent of respondents indicated that work negatively impacted their academic performance, and 29.6% of respondents indicated that career-related issues have been traumatic or very difficult to handle in the past 12 months. The following table shows how students responded across demographic groups.
**G. FINANCIAL WELLNESS**

Financial wellness involves managing financial resources wisely, thereby reducing stress associated with debt. It means living within one’s means and developing long-term and short-term financial goals.

Within the last 12 months, 33.2% of students indicated that finances have been traumatic or very difficult to handle, which is comparable to the reference group (34.1%). Of students surveyed, the probability of experiencing more than average or tremendous stress is 2.6 times greater for students who reported finances have been traumatic or very difficult to handle in comparison to those who did not report difficulty with finances. Furthermore, 7.6% of respondents indicated that finances negatively impacted their academic performance within the past 12 months.
6 CONCLUSIONS

The diversity of students on our campus, along with the transitory nature of our population, means that our students face unique health challenges and that these challenges require unique approaches to improving health. The majority of respondents describe their health as very good or excellent, and the majority of respondents also believe that the UofA has a sincere interest in the wellbeing of its students. However, as highlighted in the survey findings, several key health areas require further attention: academic wellness, emotional wellness, and physical wellness.

ACADEMIC WELLNESS

The top factors negatively impacting academic performance are:

- Stress
- Anxiety
- Sleep difficulties
- Internet use/computer games
- Cold/flu/sore throat

Evidently, mental health plays an important role in academic performance.

EMOTIONAL WELLNESS

A substantial portion of survey respondents reported experiencing mental health concerns within the last 12 months. These statistics are higher than those in the reference group, suggesting that mental health is a significant concern on our campus. Furthermore, the percentage of student respondents who have accessed various mental health supports is smaller than that of the reference group. Additional investigation is required to explore the issue of mental health on our campus, the existing coping and resiliency skills of our student population, and how our community can best offer supports and innovative solutions to this problem.

PHYSICAL WELLNESS

A large portion of respondents reported not engaging in regular physical activity in the past week at the time of the survey. According to recommendations provided by the American College of Sports Medicine and the American Heart Association, 60% of respondents are not getting enough physical activity. Additional study is essential to understand student barriers to active living and how to overcome them.

Only 14% of respondents reported consuming five or more servings of fruit and vegetables daily. The majority of students also disagree that the UofA offers healthy, affordable, or healthy, conveniently located food options. Supplementary investigation is required to understand the barriers of healthy eating for students and how our campus can support healthy food choices. There is also a clear interest from students to learn about healthy eating.
Lastly, there is a large discrepancy between the percentage of students interested in receiving information on various health topics and students who have actually received this information on our campus. Further understanding is required on how best to reach students to offer health resources and education.

FACULTY COMPARISONS

Some faculties appear to be more supportive of student health than others. For example, the faculties of Agriculture, Life, and Environmental Sciences (ALES), Business, and Engineering had the highest proportions of student respondents indicating their faculty has a sincere interest in the well being of its students. The faculties of Business, Engineering, and Medicine and Dentistry had the lowest proportions of students who felt overwhelmed by all they had to do in the last 12 months. Lastly, the faculties of Business, Physical Education and Recreation, and Medicine and Dentistry had the lowest proportions of students reporting that academics were traumatic or very difficult to handle in the past 12 months. These findings present an opportunity for exchange between faculties to learn about, and implement, effective strategies for student health.
7 RECOMMENDATIONS

BUILD HEALTHY PUBLIC POLICY

In 2003, the UofA Senate Task Force on Wellness recommended the development of an integrated, campus-wide wellness vision with measurable goals along with initiatives to reach those goals. Eight years later, such a vision has yet to be established for our campus. Ultimately, the UofA should strive to make the healthiest choice the easiest choice for students. This endeavour entails creating a coordinated, joint action for health through the development of overarching healthy policies and strategies. Priority should be placed on policies addressing healthy food on campus, active living, and student mental health.

CREATE SUPPORTIVE ENVIRONMENTS

Students spend a significant amount of time on campus—it is where they learn, live, work, and play. The Ottawa Charter for Health Promotion (1986) explains that work and leisure should be a source of health for people; the way a community organizes itself should help to create healthy people. In 2003, the UofA Senate Task Force on Wellness suggested various strategies to create healthy environments on campus. These suggestions included a color-coded walking trail system around campus; the promotion of a campus-wide “stairwell initiative”; ensuring that space is allocated for fitness activities and locker rooms within new and renovated buildings; increasing the number of fitness program spaces; offering healthy and accessible food options throughout campus; and attracting businesses that offer healthier food choices or working with existing food vendors to offer healthier fare. The development of the UofA’s new Students’ Union Physical Activity and Wellness Centre promises new and improved healthy spaces for recreation and study; however, it is important that healthy environments are also extended throughout campus.

STRENGTHEN COMMUNITY ACTIONS

The wellbeing of students on our campus is influenced by numerous determinants, and, as such, uWELL acknowledges the opportunity for non-health related university departments and student services to play a role in student health. Sustainable improvements to student health and wellness can only be achieved through collaborative efforts. The creation of healthy campus coalitions on various health issues is necessary to bring together stakeholders across campus to develop wide-reaching and multi-level strategies to address health issues. Furthermore, opportunities should be made available to students to become familiar with the survey findings and participate in setting health priorities, making decisions, and implementing action to create a healthier campus. It is imperative for students to have ownership of this process to ensure relevancy of health initiatives.

DEVELOP PERSONAL SKILLS

Accessible and pertinent health educational programming and resources should be made available to students on our campus. Health topics should focus on stress reduction, nutrition, physical activity, sleep, and helping others in distress. Furthermore,
information should be provided in a variety of ways, such as incorporating peer-to-peer approaches, educational workshops, social media, and other online mediums to overcome barriers to access and to cater to different learning styles.

REORIENT HEALTH SERVICES

University Wellness Services needs to move increasingly in a health promotion direction, beyond clinical and curative services. Emphasis should be placed on health promotion and health education initiatives, health research on campus, and partnership with health and non-health related departments and services.
8 REFERENCES


## RESOURCES

**Student Services: Your Next Stop**

### INFORMATION
- **Office of the Dean of Students**
  - 5-02 SUB 780-492-4145
- **Office of the Registrar**
  - Administration Building 780-492-3113
- **InfoLink**
  - 0-26 SUB 780-492-4212
- **Augustana Student and Residence Services**
  - F220 Faith and Life Centre, Camrose 780-679-1163
- **Campus Saint-Jean**
  - 8406 rue Marie-Anne Gaboury 780-445-8700

### ACADEMIC RESOURCES
- **Student Success Centre**
  - Learning Resources
  - Writing Resources
  - Fresh Start Program
  - 2-300 SUB 780-492-5641
- **Math and Applied Sciences**
  - 2-89 CAB 780-492-6272
- **Centre for Student Development**
  - 0-26 SUB 780-492-4086
- **Centre for Writers**
  - 1-23 Assiniboia Hall 780-492-2639
- **Academic Information and Communication Technologies**
  - 302 General Services Building 780-492-9400
- **University Bookstore**
  - 2-100 SUB 780-492-4215
- **University Libraries**
  - 2-100 SUB 780-492-4174

### SAFETY AND SECURITY
- **University Protective Services**
  - Education Car Park 780-492-5060
- **Safewalk**
  - 0-30E SUB 780-492-5563

### HEALTH AND WELLNESS
- **Student Counselling Services**
  - 2-400 SUB 780-492-5205
- **University Health Centre**
  - 2-200 SUB 780-492-2612
- **Peer Support Centre**
  - 0-30W SUB 780-492-4357
- **Sexual Assault Centre**
  - 2-705 SUB 780-492-9771

### DISCRIMINATION AND HARASSMENT
- **Office of Safe Disclosure and Human Rights**
  - 312 Campus Tower 780-492-7325

### APPEALS, GRIEVANCES AND LEGAL AID
- **Student OmbudService**
  - 9-01 SUB 780-492-4689
- **Information Officer on Appeals and Grievances**
  - 5-02 SUB 780-492-4145
- **Student Legal Services**
  - 0-26 SUB 780-492-2224

### FINANCIAL AID
- **University Bursaries & Emergency Funding**
  - 1-80 SUB 780-492-3483
- **Student Awards**
  - 120 Administration Building 780-492-3221
- **Access Fund**
  - 1-80 SUB 780-492-3483
- **Campus Food Bank**
  - 0-40D SUB 780-492-8677
- **Student Financial Aid and Information Centre**
  - 1-80 SUB 780-492-3483

### EXTRACURRICULAR
- **Campus Recreation (Sports and Fitness)**
  - W-10 Van Vliet Centre 780-492-2555
- **Student Group Services**
  - 0-40M SUB 780-492-9789
- **University Athletics**
  - [Bears and Pandas tickets] 780-492-0646(2367)

### SPECIALIZED SERVICES
- **Aboriginal Student Services Centre**
  - 2-400 SUB 780-492-5677
- **CAPS: Your UoA Career Centre**
  - 3-100 SUB 780-492-4291
- **Institute for Sexual Minority Studies and Services (ISMSS)**
  - 5-192 Ed North 780-492-9772
- **Student Success Centre**
  - Specialized Support and Disability Services 2-800 SUB 780-492-2296

### OTHER SERVICES
- **Campus Visit Program**
  - Administration Building 1-37 Ivan C. Triffo Hall 780-492-1956
- **Chaplains’ Association**
  - 0-11 SUB 780-492-9339
- **SUSTAIN SU: The Student Sustainability Service**
  - 0-30R SUB 780-492-7134
- **International Centre**
  - 172 HUB 780-492-2692
- **Residence Services**
  - 1-650 Lister Centre 780-492-4281

### STUDENT GOVERNMENT
- **Graduate Students’ Association**
  - 2-700 SUB 780-492-2175
- **Students’ Union**
  - 2-700 SUB 780-492-4236

---

**Legend**
- **Money Line**: Financial aid • Information • Bursaries • Support
- **Personal Health Line**: Health Services • Crisis Support • Emergency Services
- **Study Line**: Academic Guidance • Academic Support • Advising
- **Life Line**: Getting Involved • Getting a job • All the rest of University life

**www.ualberta.ca/studentservices**

---

**Provided by the Office of the Dean of Students**
For more information, please contact:

Jameela Murji, Health & Wellness Team Leader
University Wellness Services
2-200 Students’ Union Building
Edmonton, Alberta
Canada T6G 2J7
Tel: (780) 492-1201
Email: jmurji@ualberta.ca
Website: www.uwell.ualberta.ca