

WELLNESS SERIES: GRADUATE OVERALL HEALTH

Self-Perception of Overall Health

Students were asked to rate their overall diet, mental, and physical health on a scale from 1-5 where 1 was “poor” and 5 was “excellent” (See Table 1). Of all graduate and professional student respondents, 88.7 percent rated their overall physical health as being “good,” “very good,” or “excellent.” 83.8 percent of respondents rated their mental health as being “good,” “very good,” or “excellent.” Diet was the area where fewest respondents rated themselves as “excellent” (11.4%), however participants were more likely to rate themselves as “good” in the diet category (37.5%) compared to physical and mental health respectively.

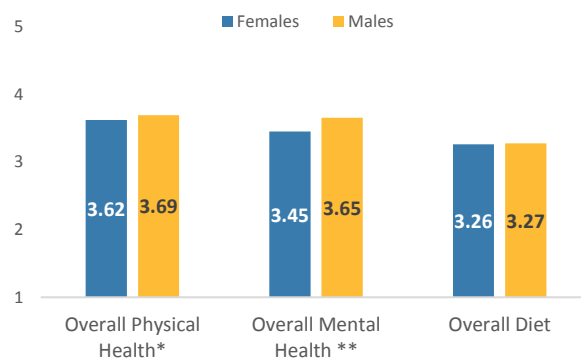
Table 1. Self-Ratings of Overall Health

	Poor	Fair	Good	Very Good	Excellent
Overall Physical Health	1.7%	9.6%	31.6%	37.5%	19.6%
Overall Mental Health	3.3%	13.0%	29.5%	35.0%	19.3%
Overall Diet	5.1%	17.5%	37.5%	28.6%	11.4%

Comparison by Gender

Male and female graduate students had mean health ratings above 3, meaning on average, they rated their overall physical health, mental health and diet as being between “good” and “very good.” A comparison by gender yielded significant differences between physical and mental health among participants (Figure 1). Male ratings of physical health were higher than their female counterparts ($p < 0.05$). Similarly, self-ratings of overall mental health were significantly higher for male respondents ($p < 0.01$). No significant differences were found on the basis of diet.

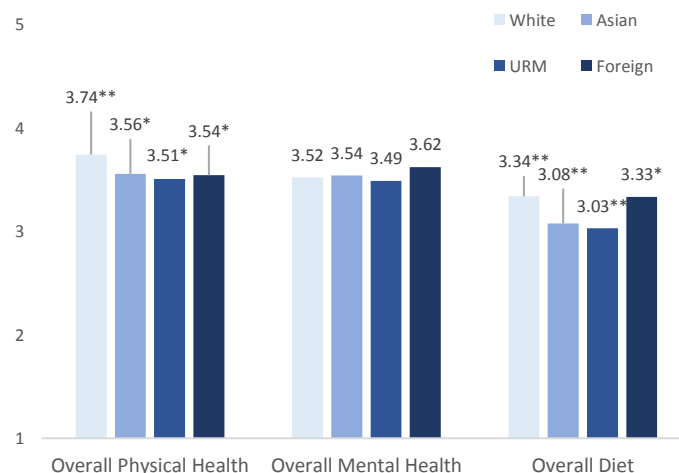
Figure 1. Quality Ratings of Health by Gender.



Comparison by Race/Ethnicity

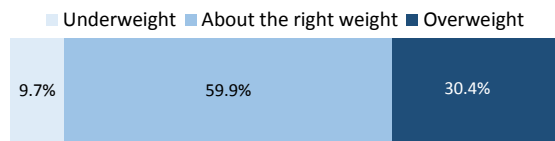
A comparison of health ratings by race/ethnicity (See Table 2) showed that White students reported significantly higher levels of overall physical health and overall diet than all respondents ($p = 0.01$). Conversely, Asian and URM students rated their overall physical health ($p = 0.05$) and overall diet ($p = 0.05$) as significantly lower than the overall averages (Figure 2). No racial or ethnic groups had any significant deviation from the overall means on the basis of mental health.

Figure 2. Quality Ratings of Health of Graduate Students by Race/Ethnicity.



Weight and Physical Activity

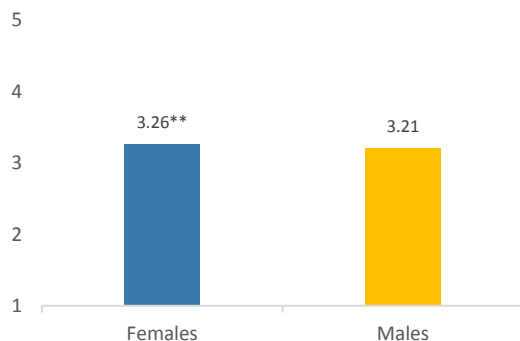
Students were asked to indicate their beliefs about their current weight. Students were given the following options: “very underweight,” “slightly underweight,” “about the right weight,” “slightly overweight,” and “very overweight.” These options corresponded to a 1-5 Likert scale where 1 was “slightly underweight” and 5 was “very overweight.” The majority of students rated themselves at “about the right weight.”



Comparison by Gender

The mean scores of self-rated weight were significantly different between female and male respondents (See Figure 3). Female respondents rated their weight as being higher than male respondents ($p < 0.01$).

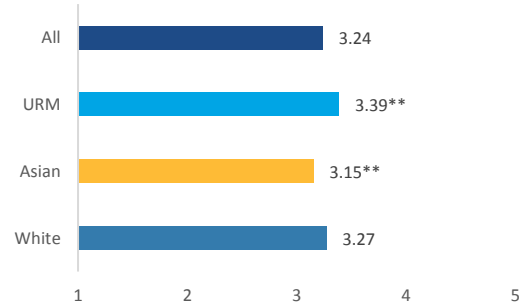
Figure 3. Self Rating of Weight by Gender



Comparison by Race/Ethnicity

When comparing racial and ethnic groups' self-ratings of weight to the self-rating scores of all participants, no significant differences were found for White students (see Figure 4). Asian students were significantly more likely to report being underweight ($p < 0.01$) and URM students were significantly more likely to report being overweight ($p < 0.01$).

Figure 4. Self-Ratings of Weight by Race/Ethnicity



Improving Overall Health

Survey participants were asked to mark all applicable behaviors that they engaged in within the past month to improve their overall health. The three most popular responses were increasing physical activity, incorporating healthy food into their diet and preparing more meals at home, respectively (See Table 3).

Table 3. Health Improvement Behaviors

Incorporate more fruits, vegetables and whole grains into my meals	65.5%
Increase in physical activity	66.7%
Engage in more social activities	35.7%
Increase amount of sleep	47.7%
Choose sugars from naturally occurring sources such as fruits	28.3%
Prepare meals at home more often	55.7%
Seek emotional support from a trusted person	29.1%
Engage in relaxation activities (e.g. yoga, meditation)	30.7%
Seek counseling	15.5%
Other	3.8%

Comparison by Gender

Given that students were asked to mark all applicable health improvement strategies, we decided not to compare the means of each selected category. Instead, we present the frequency with which female and male students identified the top three strategies as part of their health improvement plan. Females were more likely to engage in all of the health improvement activities than their male counterparts (Table 4).

Table 4. Health Improvement Behaviors by Gender

	Females	Males
Incorporate more fruits, vegetables and whole grains into my meals	69.6%	62.0%
Increase Physical Activity	66.4%	67.0%
Prepare meals at home more often	59.8%	51.7%
Increase amount of sleep	50.7%	42.9%
Engage in relaxation activities (e.g., yoga, meditation)	38.8%	20.9%
Engage in more social activities	38.3%	31.6%
Seek emotional support from a trusted person	37.5%	19.5%
Choose sugars from naturally occurring sources such as fruits	33.2%	23.9%
Seek counseling	21.1%	9.8%

Comparison by Race/Ethnicity

White students were more likely to make dietary changes to improve their overall health. Mental health improvement activities like seeking counseling were more likely to be engaged in by White and URM students. Asian students, on the other hand, were less likely to attribute seeking counseling to their health improvement behaviors when compared with all respondents (See Table 5).

Table 5. Health Improvement Behaviors by Race/Ethnicity

	All	URM	Asian	White	Intl
Physical Activity	66.8%	67.8%	64.5%	67.9%	64.6%
Incorporate more fruits, vegetables and whole grains into my meals	65.9%	69.9%	68.0%	65.5%	59.4%
Prepare meals at home more often	56.0%	60.3%	53.3%	58.7%	47.9%
Increase amount of sleep	47.7%	48.4%	48.7%	48.3%	42.7%
Engage in more social activities	35.8%	38.9%	39.3%	37.1%	23.3%
Engage in relaxation activities (e.g., yoga, meditation)	30.9%	34.5%	29.1%	33.8%	20.7%
Seek emotional support from a trusted person	29.6%	30.4%	29.7%	33.6%	14.7%
Choose sugars from naturally occurring sources such as fruits	28.5%	30.1%	28.4%	31.8%	17.5%
Seek counseling	15.6%	22.0%	9.8%	18.8%	8.9%

Note: Graduate and Professional Student Survey 2014 data was used for this brief. Analysis of the data primarily included frequencies and descriptive statistics. To understand group differences by gender and race/ethnicity, we conducted t-tests. The average for each race/ethnic group was compared to the overall average in order to determine if the average of each group (Asian, International, URM and White) differed respectively to the overall mean. Significance was calculated and reported as follows: one asterisk (*) $p < 0.05$, two asterisks (**) $p < 0.01$.

For accompanying information including participant demographics, survey methodology, and additional undergraduate wellness series briefs, please visit: <http://www.sairo.ucla.edu/2014-Wellness>.