

# **Student Health Services Quality and Utilization Report**



**Spring 2025**

**Samantha Rowan,  
Dr. Keene Woods**

# Table of Contents

Executive Summary .....4

Purpose.....5

Methods.....5

Results.....6

    Figure 1. Age of students.....6

    Figure 2. Gender of Students.....6

    Figure 3. Race of Students .....7

    Figure 4. Students’ health insurance.....7

    Figure 5. Students’ health insurance by race.....8

    Figure 6. Student residency .....9

    Figure 7. Student Insurance Provider outside of Kansas .....9

    Figure 8. Students by communities .....10

    Figure 9. Marital Status.....10

    Figure 10. Student employment status.....11

    Figure 11. Student Incomes .....12

    Figure 12. Children of students .....13

    Figure 13. Students’ living situation.....13

    Figure 14. Students’ hometown.....14

    Figure 15. Frequency on campus.....14

    Figure 16. Student degree type.....15

    Figure 17. Usage of Student Health Services .....15

    Figure 18. Student awareness of services.....16

    Figure 19. Why students don’t use SHS.....16

    Figure 20. What services have students used at SHS .....17

    Figure 21. Student usage of myshocker health.....17

    Figure 22. Most used portal services by students.....18

    Figure 23. SHS services frequency .....18

    Figure 24. Why students choose SHS.....19

    Figure 25. Student likeliness to return to SHS.....20

    Figure 26. Student likeliness to recommend SHS .....21

    Figure 27. Student satisfaction with SHS.....22

Figure 28. Students who agree or strongly agree with the statements.....	23
Figure 29. What would make students more likely to use SHS.....	24
Figure 30. Services students want to see at SHS.....	25
Figure 31. Where students get health info.....	26
Figure 32. What health care topics students feel least educated about .....	27
Figure 33. Student usage based off GYN visits.....	28
Figure 34. Student current contraception.....	29
Figure 35. Where students get sexual health info.....	30
Recommendations.....	31
Table 1. Student Health Services Strategic Business Plan   FY2025 .....	32
Conclusions .....	34
Appendix A: GRASP Poter .....	35

## Executive Summary

Wichita State University Student Health Services (SHS) conducted a campus-wide survey in early 2025 to assess student health needs, service use, and opportunities for improvement. The goal was to inform strategic planning and ensure SHS aligns with the evolving needs of WSU students.

### Purpose & Methods

The 51-question survey, adapted from the National College Health Assessment, was developed by SHS staff and student researchers. It was completed by 2,558 students between January and March 2025 and analyzed using SPSS.

### Key Findings

- 44% of students used SHS services; 56% had not.
- 83% were aware of SHS, but many preferred outside providers or felt no need.
- Students most requested vision, dental, and dermatology services.
- Cost transparency, flexible scheduling, and improved advertising were top needs.
- Among users, satisfaction was high: 91% felt respected; 87% trusted the care.
- Gaps exist in student knowledge on health insurance, nutrition, and prevention.

### Conclusions & Recommendations

While SHS is well-regarded by users, increasing awareness, expanding services, and improving communication could boost access and equity. Key recommendations include:

- Expand vision, dental, and dermatology offerings
- Improve education on insurance and preventive care
- Extend hours and offer flexible scheduling
- Strengthening marketing and cost transparency

### Relevance

This report supports efforts by SHS, WSU leadership, and student affairs to enhance student health. For details, see:

- Demographics & service use: pp. 6–30
- Recommendations: p. 31
- Strategic business plan: p. 32
- Conclusions: p. 34

## Purpose

The purpose of this document is to provide a comprehensive summary and analysis of student survey data collected for Wichita State University (WSU) Student Health Services (SHS). This report is intended to support ongoing assessment efforts and inform strategic planning by providing insight into student needs, preferences, and experiences with WSU Student Health Service. The data collection aimed to identify key areas of interest for health promotion and education, as well as gather suggestions for potential improvements or additions to SHS offerings.

Through this survey, SHS sought to better understand how students are currently utilizing services, where gaps may exist, and what factors influence students' decisions to seek or avoid care. This includes insights into students' preferred sources of health information, their most requested services, and perceived barriers to accessing care—such as scheduling, cost, or awareness. The survey received a strong response, with 2,558 students participating, providing a diverse and valuable data set for analysis.

## Methods

The survey was developed by a team of student health staff members and faculty at WSU. The team included Heather Stafford, Director, Student Health Services, BSN, RN; Nikki Keene Woods, Chair and Professor of Public Health Sciences, PhD, MPH; Maggie Ward, Assistant Professor of Nursing, DNP, RN; Whitney Crager, Research Analyst at WSU, MPH; and students Samantha Rowan (Masters of Health Administration), Umama Ali (Masters of Health Administration), and Tabitha Gillis (Doctor of Nursing Practice).

The survey included 51 questions adapted from the National College Health Assessment.<sup>1</sup> Data were collected through an online platform, Qualtrics, resulting in responses from 2,558 participants. The analysis was conducted using both Qualtrics and SPSS version 29. Demographic information captured in the survey included age, gender, race, type of health insurance, year in school, and campus frequency. Data was collected from January through March 2025, and the study was approved by the WSU Institutional Review Board.

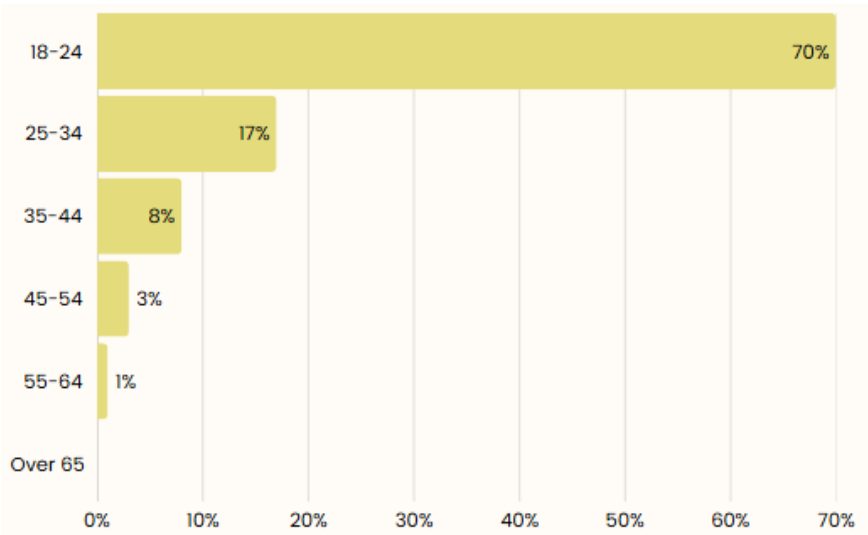
---

<sup>1</sup> American College Health Association. (2009). American college health association-national college health assessment spring 2008 reference group data report (Abridged): the American college health association. *Journal of American college health: J of ACH*, 57(5), 477-488.

Results

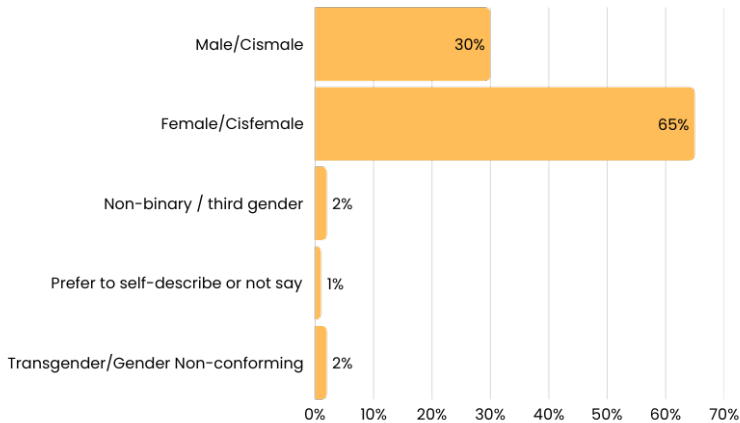
Most students who participated in this survey were between the ages of 18 and 24, including 70% (n=1,759) of the total sample (Figure 1). Participants aged 25 to 34 represented 17%, while those aged 35 to 44 accounted for 8%. Smaller proportions were observed among respondents aged 45 to 54 (3%) and 55 to 64 (1%). No participants reported being over the age of 65.

Figure 1. Age of students



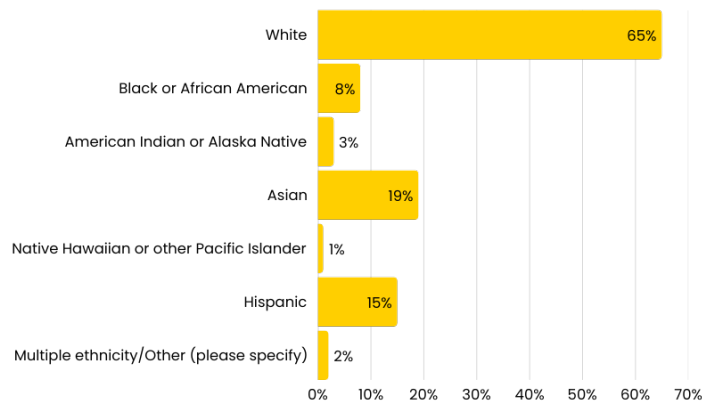
The students who took the survey were diverse in terms of gender, with most identifying as female (65%) and 30% identifying as male (Figure 2).

Figure 2. Gender of Students



Most student respondents identified as White (65%) (*Figure 3*). Among the remaining participants, 19% identified as Asian, 15% as Hispanic, and 8% as Black or African American. Smaller proportions identified as American Indian or Alaska Native (3%), Native Hawaiian or Other Pacific Islander (1%), and Multiple or Other Races (2%). The total is 113% as this question allowed respondents to select multiple races.

**Figure 3. Race of Students**



Most students (64%) have health insurance coverage through their current employer (*Figure 4*). An additional 7% have government insurance obtained through the marketplace, while less than 5% are covered by Medicaid or KanCare. Another 20% of students report having other forms of health insurance. These findings indicate that most students rely on employer-based health insurance, with smaller proportions utilizing marketplace or Medicaid coverage, and a significant portion covered by other means.

**Figure 4. Students' health insurance**

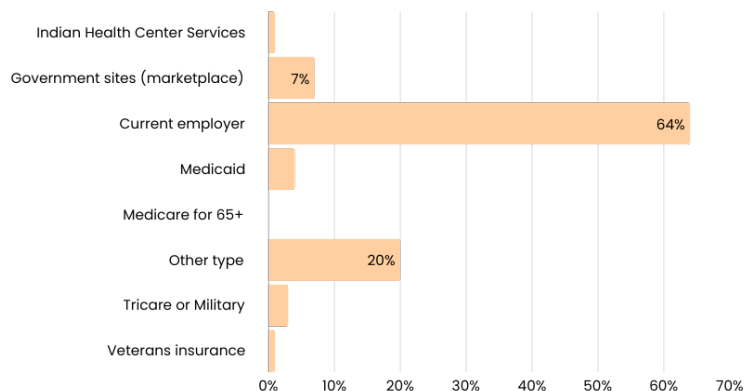
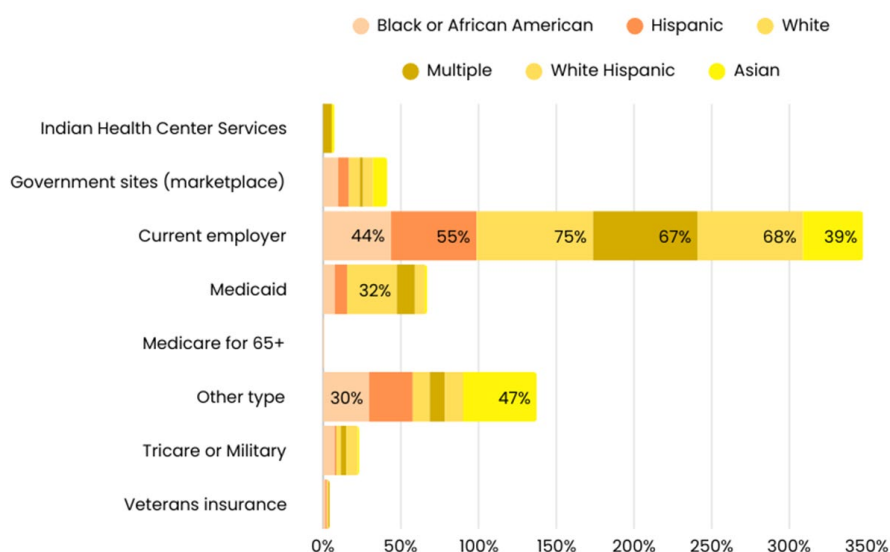


Figure 5 displays the distribution of health insurance coverage types among students from different racial and ethnic groups. Most of all groups receive insurance through their current employer, with particularly high representation among White (75%), Asian (68%), and Multiple-race (67%) students. Black or African American students are also likely to be covered through their employer (44%), as are Hispanic students (55%). Other notable sources of insurance include government sites or marketplace plans and "other" types, with White Hispanic students having the highest proportion in the "other" category (47%). Medicaid is a significant source for Black or African American students (32%), while other forms of coverage such as Indian Health Center Services, Medicare for 65+, Tricare or Military, and Veterans insurance are utilized less frequently across all groups. Overall, employer-based insurance is the predominant form of coverage, but notable variation exists across different racial and ethnic groups in the use of alternative health insurance sources.

**Figure 5. Students' health insurance by race**





Most students who participated in the survey reported residing in Kansas (70%) (Figure 6). This suggests that the survey primarily reached individuals within the state, potentially reflecting the location of the institution conducting it. While there were some respondents from other regions, Kansas residents made up the largest portion of the sample.

Figure 6. Student residency

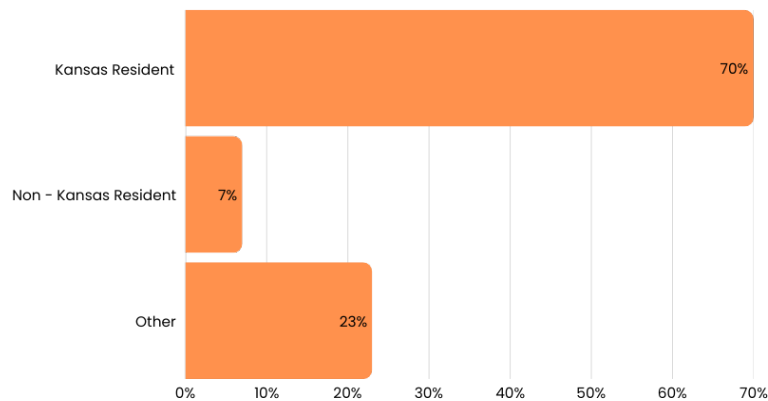
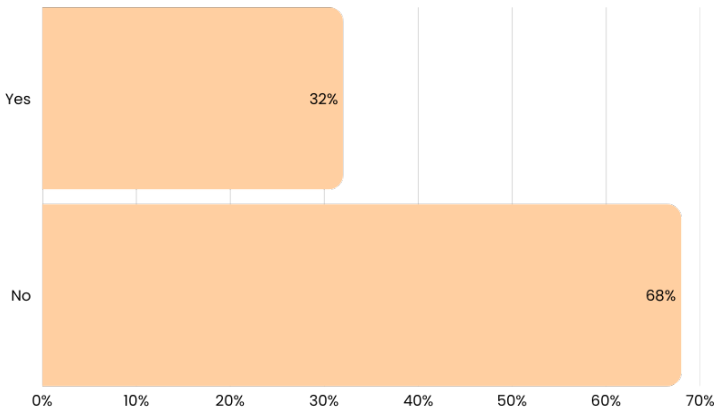


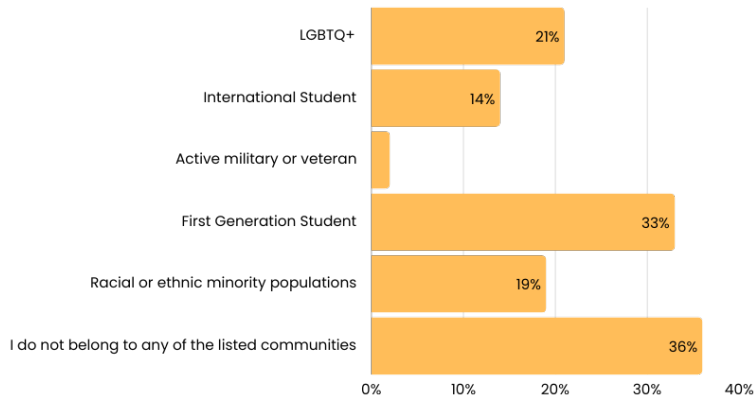
Figure 7 illustrates the geographic distribution of student health insurance providers, revealing that most students (68%) have insurance plans based in Kansas. In contrast, 32% of students are covered by insurance providers located outside of Kansas. This indicates that while most students rely on local insurance coverage, nearly one-third access health insurance from providers in other states, which may reflect out-of-state student enrollment or continued coverage from family plans not based in Kansas.

Figure 7. Student Insurance Provider outside of Kansas



Students who participated in the survey identified with a variety of communities. Representations included first-generation college students (33%) and members of the LGBTQ+ community (21%) (Figure 8). These groups were among the most mentioned, highlighting the diverse backgrounds and experiences of the student participants. Notably, 36% of survey respondents reported “I do not belong to any of the listed communities.”

Figure 8. Students by communities



Among the students who participated in the survey, the most common response was that they have never been married, accounting for 77% of participants (Figure 9). Additionally, 16% of students reported being married. A small number of students indicated that they were either divorced or in a long-term partnership. This data suggests that most surveyed students are single, while a notable minority are married, with only a few experiencing other relationship statuses such as divorce or long-term partnership.

Figure 9. Marital Status

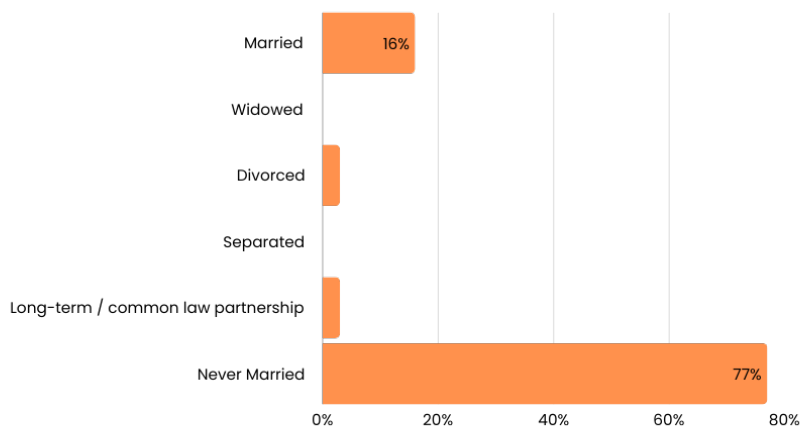


Figure 10 shows the employment status of students. Half of the respondents (50%) were either employed part-time or not currently seeking employment. Full-time employment accounts for 24% of students. Meanwhile, 14% of students are not employed but are actively seeking work, and 9% are not employed and not looking for work. Only a very small percentage of students are retired, disabled and unable to work, or prefer not to disclose their employment status. Overall, most students are engaged in part-time work or are not seeking employment, with a significant portion also working full-time.

**Figure 10. Student employment status**

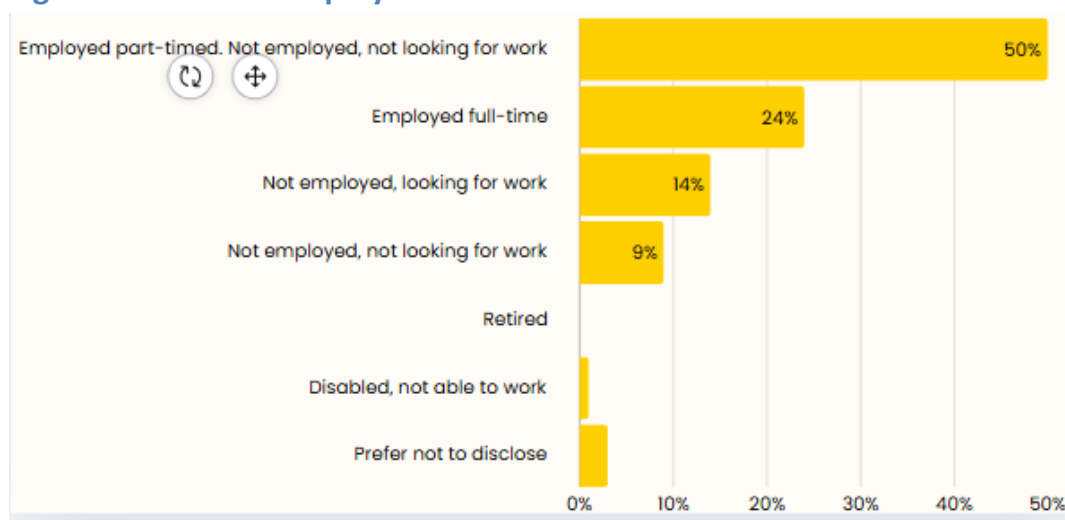


Figure 11 presents the annual household income distribution among students. The largest group, comprising 25% of respondents, reported a household income between \$0 and \$9,999. The next most common income brackets are \$10,000 to \$19,999 and \$100,000 or more, each representing 14% of students. Smaller percentages fall within the \$20,000 to \$29,999 (9%), \$30,000 to \$39,999 (8%), \$40,000 to \$49,999 (7%), and \$50,000 to \$59,999 (7%) ranges. Income brackets from \$60,000 to \$89,999 each account for 5% of respondents, while only 2% reported an annual household income between \$90,000 and \$99,999. Overall, the data indicates a wide range of household income levels, with the largest proportion of students coming from households earning less than \$10,000 per year, but a significant minority also coming from high-income households.

Figure 11. Student Incomes

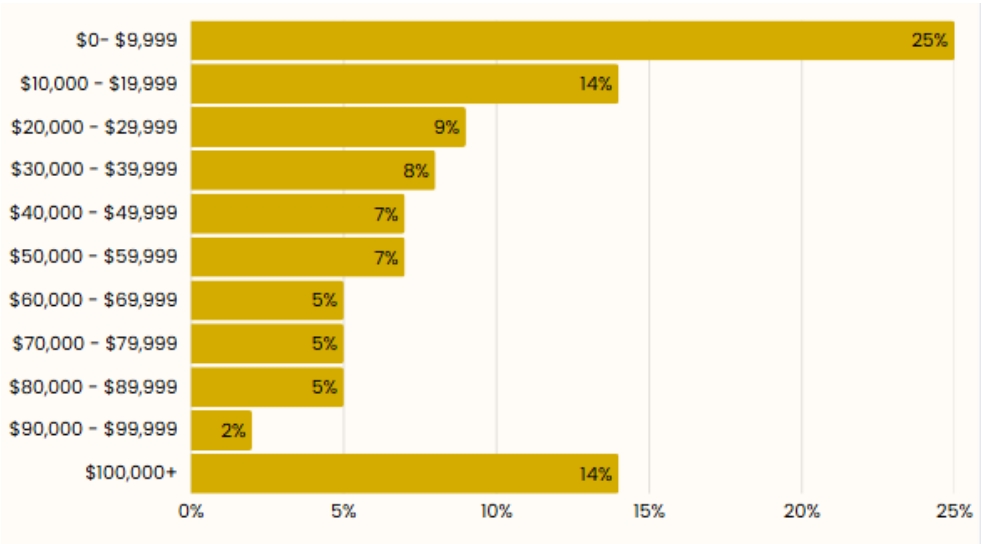
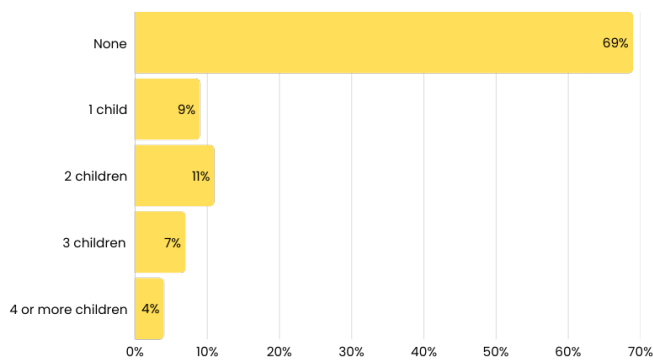


Figure 12 reveals that most survey participants—69%—reported not having any children. Among those who did, 9% had one child, 11% had two children, 7% had three, and only 4% reported having four or more children.

Figure 12. Children of students



The data in Figure 13 shows that nearly half of the surveyed students (49%) reported renting their housing. Another 23% indicated they live with others without paying rent, while 16% said they own their home. Additionally, 9% selected "Other" as their housing situation, 3% preferred not to disclose, and a small but concerning portion reported experiencing homelessness. This highlights a range of housing experiences among students, with renting being by far the most common.

Figure 13. Students' living situation

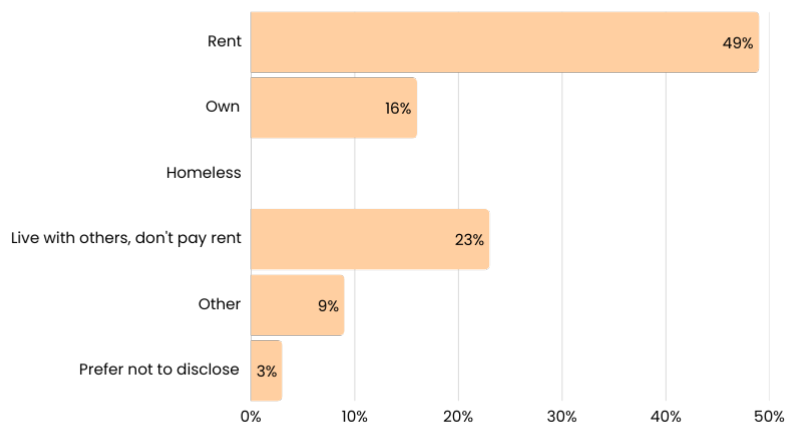


Figure 14 indicates that 34% of students reported being from a small city or town. While 28% reported living in a large city and 26% residing in a suburb near a large city. Only 12% reported living in a rural area or the countryside. Overall, the majority of students appear to live in urban or suburban areas rather than rural locations.

**Figure 14. Students' hometown**

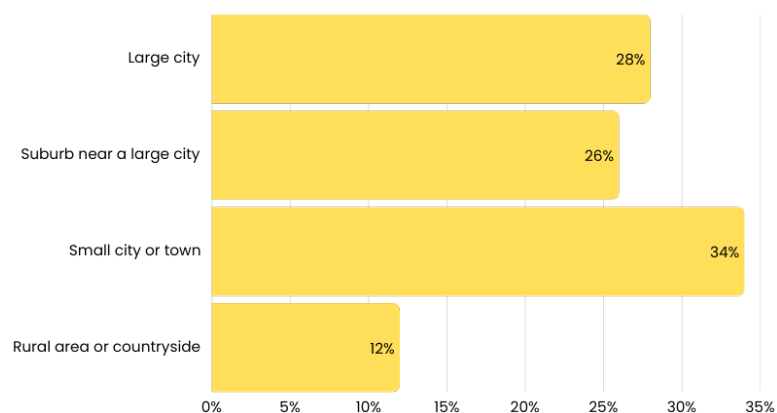


Figure 15 shows that students who grew up in a small town often bring a strong sense of community and familiarity with close-knit environments. Reflecting this, 43% of students reported being on campus five or more days a week, while 27% were on campus three to four days a week. A smaller portion, 15%, reported being on campus either zero days or only one to two days a week. This suggests that many students seek consistent connections and routines in their college life, like what they experienced growing up.

**Figure 15. Frequency on campus**

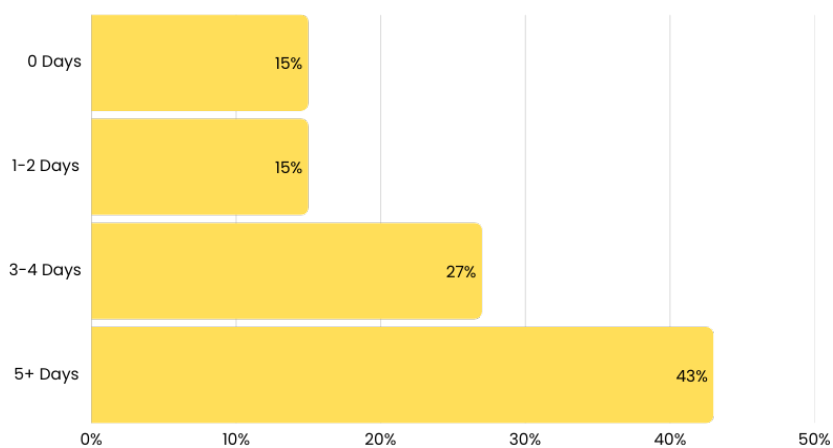


Figure 16 shows that most students that were surveyed are working towards an undergraduate degree (65%) while graduate degree seekers are at 33% and there is a small portion of students not working towards a degree at all (1%).

Figure 16. Student degree type

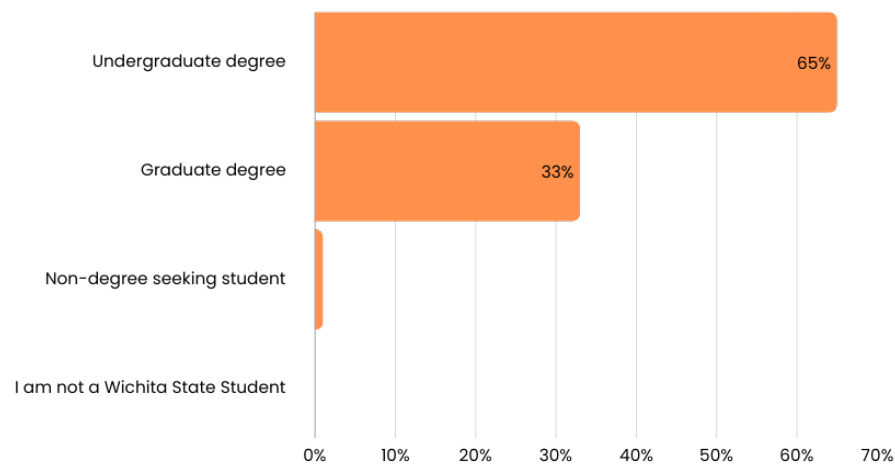
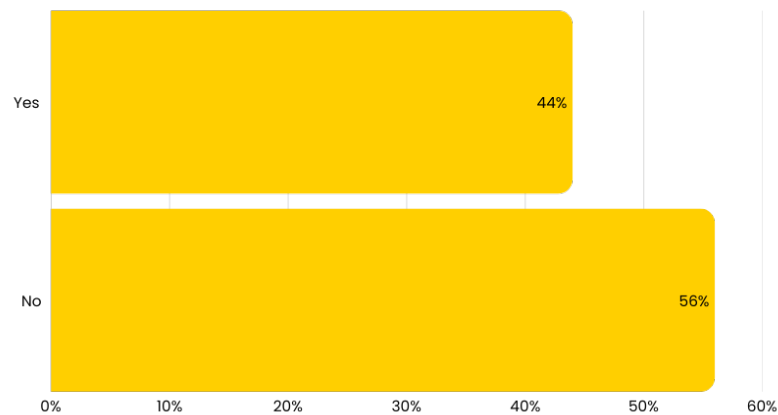


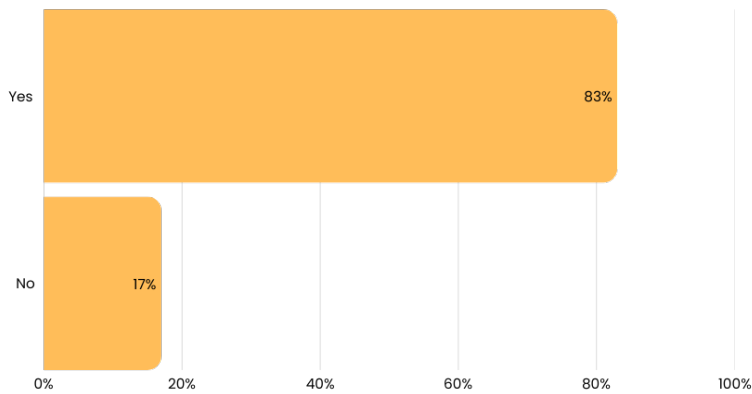
Figure 17 shows that over half of the students (56%) that took this survey did not use Student Health Services while 44% of students do use the services.

Figure 17. Usage of Student Health Services



In *Figure 18*, most of the students that took this survey (83%) are aware of the services at SHS while only 17% of students were not aware of the services provided.

**Figure 18. Student awareness of services**



*Figure 19* shows reasons why students have not used SHS. The most common reasons are that students don't need the services (50%) or prefer going to their family physician (47%). Other notable reasons include not knowing about the services (15%) and citing "Other" reasons (10%). Issues like cost, difficult scheduling, and lack of appointment times had relatively low percentages, each under 5%

**Figure 19. Why students don't use SHS**

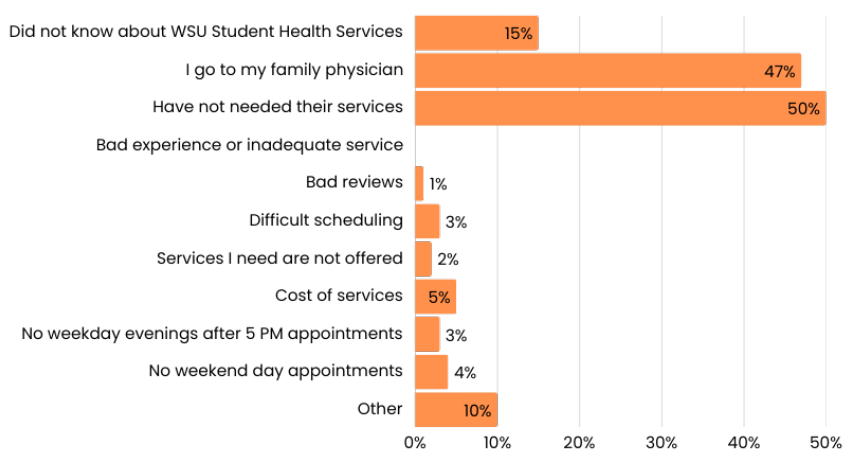
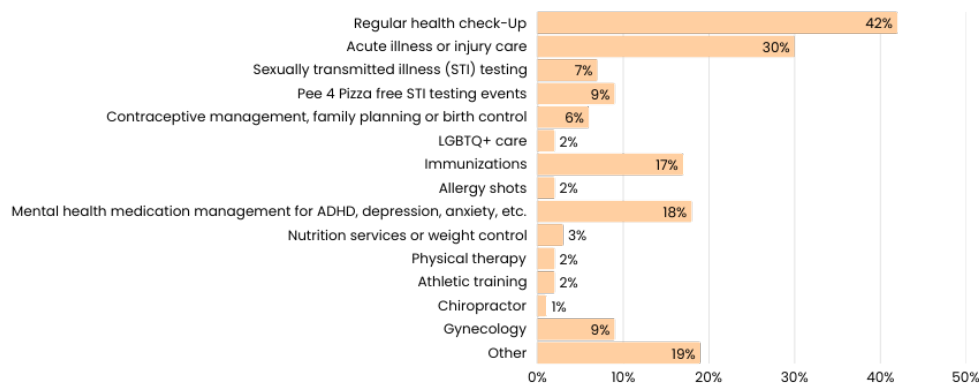




Figure 20 highlights the types of services students have used at SHS. The most used services are regular health check-ups (42%) and acute illness or injury care (30%). Mental health medication management (18%) and immunizations (17%) also see notable usage. Other services like STI testing, contraceptive management, and gynecology are used by smaller portions of students, each under 10%. "Other" services account for 19% of responses.

**Figure 20. What services have students used at SHS**



In Figure 21 Most of the students that took the survey (81%) said that they have used myshocker health portal while 19% said they do not use the portal.

**Figure 21. Student usage of myshocker health**

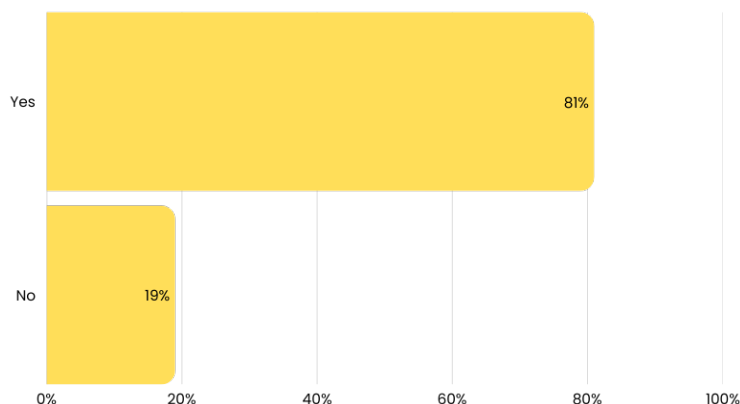


Figure 22 shows how students are using SHS myshocker health portal. The majority, 61%, use it primarily for making appointments. Uploading immunization records or medical history documents is the next most common use at 17%. Messaging healthcare providers, receiving lab or radiology results, and paying bills are less frequently used, each cited by under 10% of students.

Figure 22. Most used portal services by students

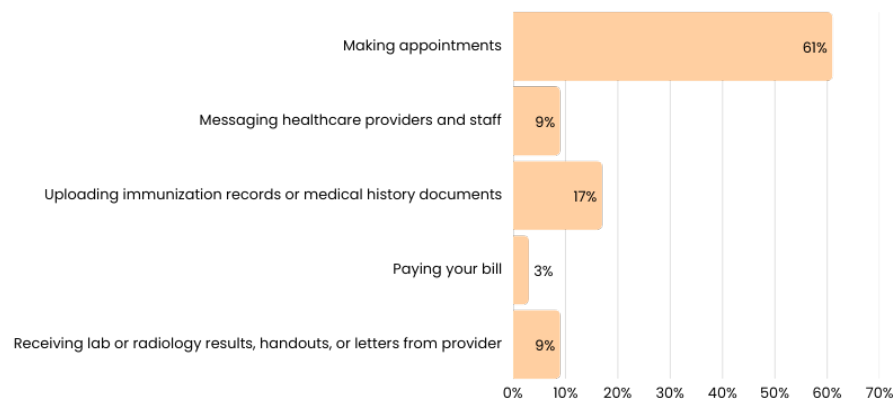


Figure 23 shows how frequently students use a particular service. The largest portion, 44%, reported using the service "less often," while 20% said they use it "2-3 times per year." Another 17% use it "every 2-3 months," and 12% use it "once a month." Only 7% indicated that they "do not use" the service at all. Overall, the data suggests that while most students are occasional users, very few are frequent or non-users.

Figure 23. SHS services frequency

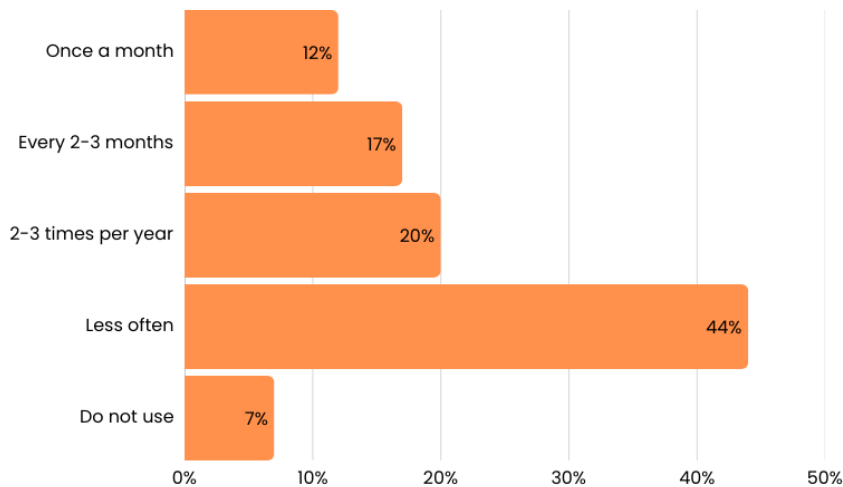


Figure 24 shows factors that influence students' decisions to use SHS. Accessibility (26%) and location (24%) are the two most important factors. Cost also plays a significant role, with 18% of students identifying it as a consideration. Other factors like services offered, scheduling, and staff matter to smaller groups, with "Other" concerns being the least mentioned at just 2% (Figure 24).

Figure 24. Why students choose SHS

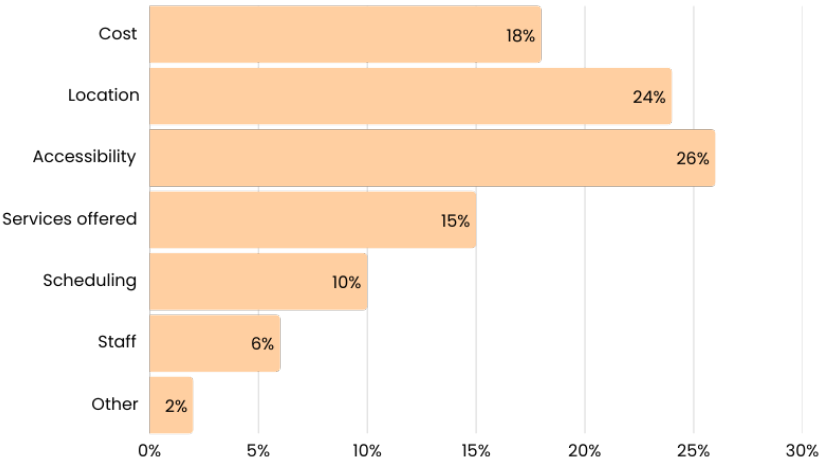


Figure 25 shows how likely students are to return to SHS. A strong majority, 55%, said they are extremely likely to recommend it, while another 32% are somewhat likely. Only a small percentage are neutral (7%) or unlikely to recommend, with 4% somewhat unlikely and just 2% extremely unlikely.

**Figure 25. Student likeliness to return to SHS**

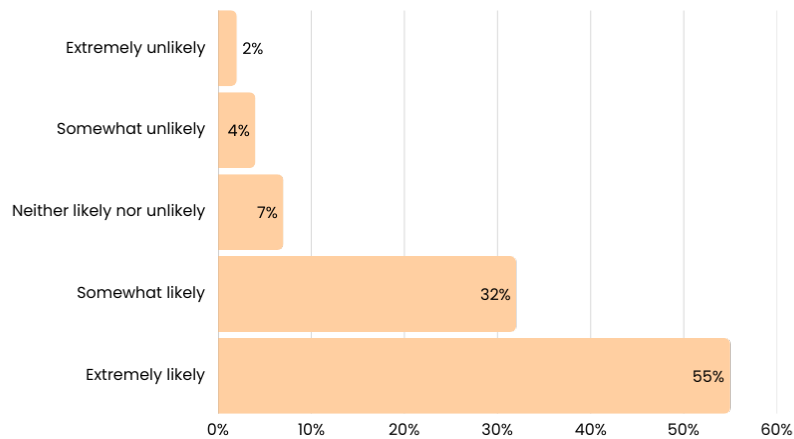


Figure 26 shows students' likelihood of recommending SHS to other students. A majority, 56%, are extremely likely to recommend it, and 33% are somewhat likely. Only a small portion of students are neutral (6%) or unlikely to recommend, with just 3% somewhat unlikely and 2% extremely unlikely.

**Figure 26. Student likeliness to recommend SHS**

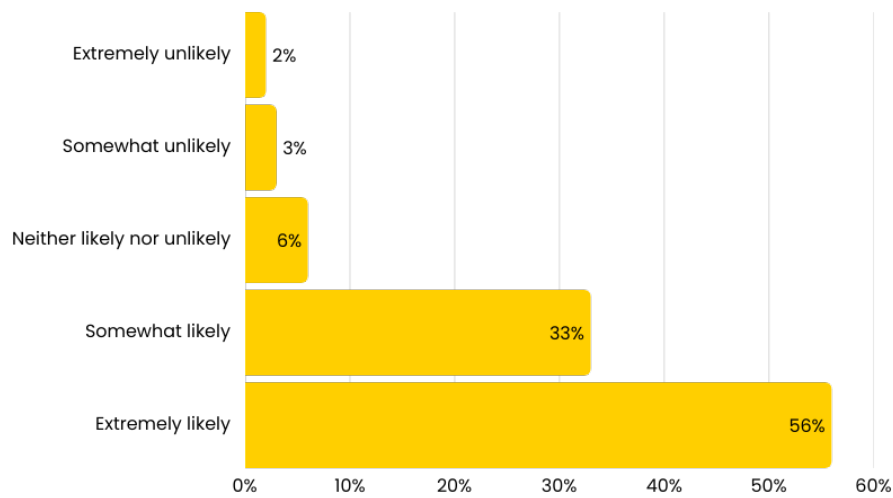


Figure 27 shows student satisfaction with SHS. A large majority, 59%, reported being extremely satisfied, and another 32% said they were somewhat satisfied. Only a small number of students were neutral (6%) or dissatisfied, with just 2% somewhat dissatisfied and 1% extremely dissatisfied.

**Figure 27. Student satisfaction with SHS**

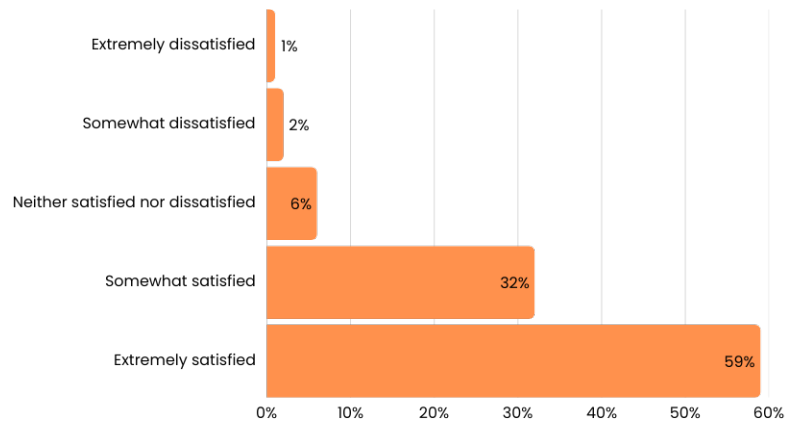
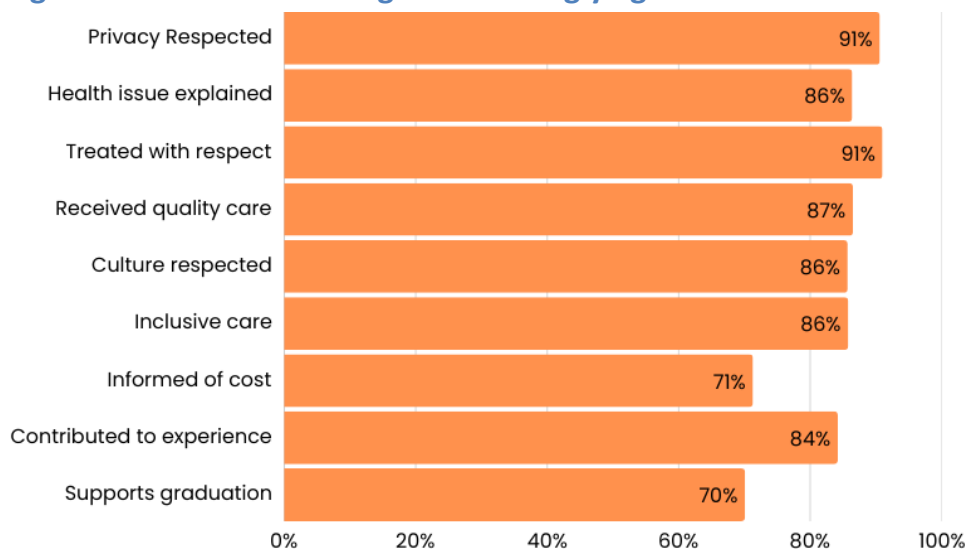


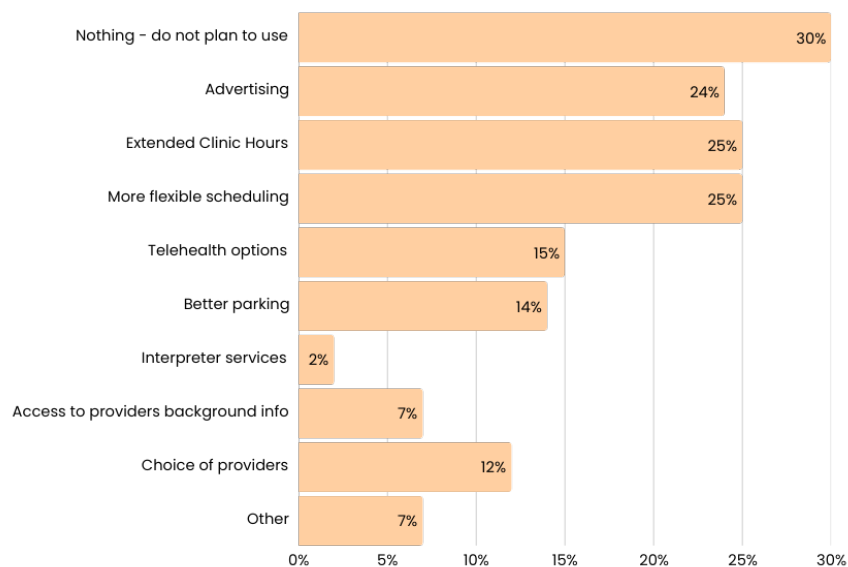
Figure 28 shows student perceptions of the care received at WSU Student Health Services. The highest ratings were for privacy being respected and being treated with respect, both at 91%. Other highly rated areas include receiving quality care (87%) and having health issues explained clearly (86%). Lower percentages were seen in areas like being informed of cost (71%) and feeling that services support graduation (70%), though these ratings are still relatively strong.

**Figure 28. Students who agree or strongly agree with the statements**



Student suggestions in *Figure 29* for increased use of SHS. About 30% of respondents indicated they do not plan to use the services. Among those suggested improvements, the most common were extended clinic hours and more flexible scheduling, both at 25%. Advertising (24%) and telehealth options (15%) were also noted, while better parking (14%) and choice of providers (12%) were less frequently mentioned. Interpreter services had the lowest suggestion rate at just 2%.

**Figure 29. What would make students more likely to use SHS**





In *Figure 30*, it shows the additional services that respondents would like Student Health Services to offer. Vision and eye care was the most requested service at 53%, followed by dental care at 48%, and dermatology at 43%. General health education and promotion (36%) and a 24/7 nurse hotline (30%) were also popular suggestions. Less frequently requested services included endocrinology, orthopedics, and neurology, each at 13%, while student spouse care (16%) and other services (5%) were less common needs.

**Figure 30. Services students want to see at SHS**

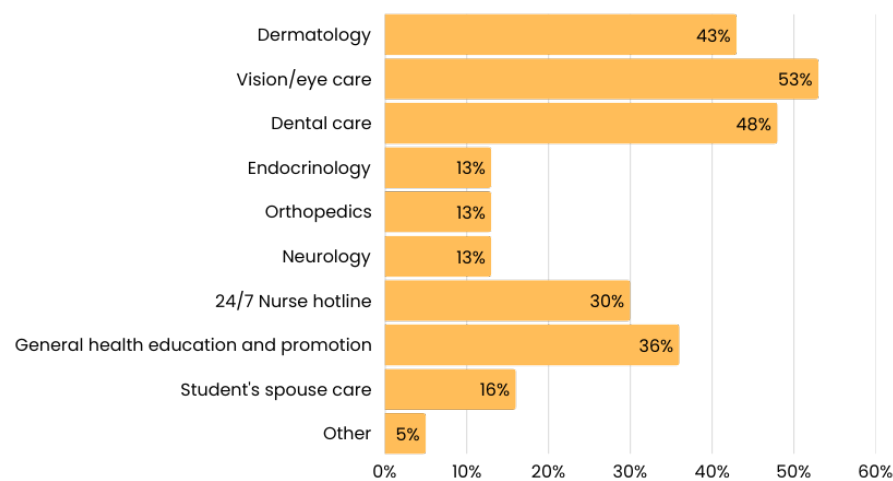
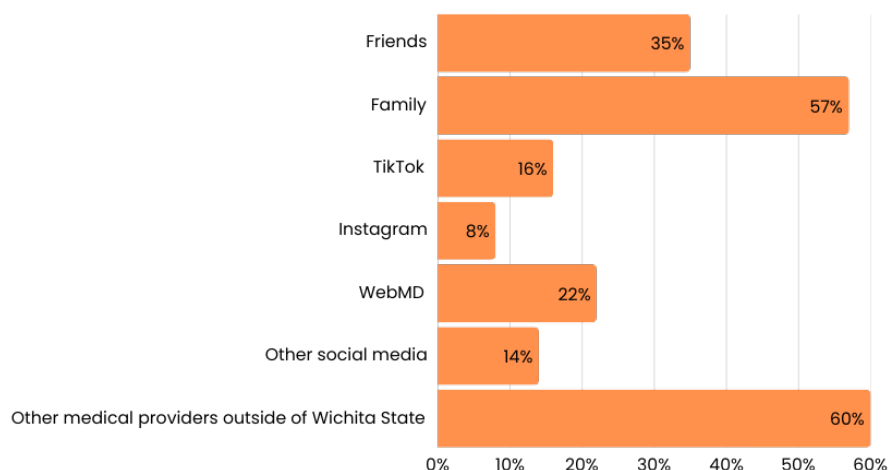


Figure 31 illustrates where respondents seek health information outside of Wichita State services. The majority rely on other medical providers (60%) and family members (57%) for health guidance. Friends are another common source at 35%, followed by WebMD at 22%. Social media platforms like TikTok (16%), Instagram (8%), and other social media (14%) are less frequently used for health information.

**Figure 31. Where students get health info**



In *Figure 32*, it highlights the topics students are most interested in regarding their health. Health insurance stands out as the top area of interest at 58%, followed by nutrition at 44% and annual health exams for their age at 40%. Other notable areas include non-pharmaceutical management of illness (32%) and both mental health and exercise (each at 29%). Interest in sexual health and prevention (15%) and birth control, contraception, and family planning (18%) is comparatively lower.

**Figure 32. What health care topics students feel least educated about**

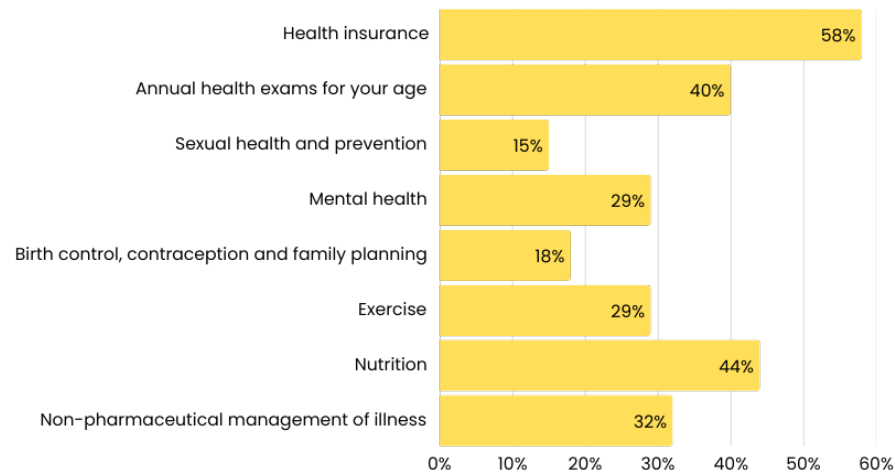


Figure 33 shows that over half of students that took the survey (91%) do not use SHS for GYN visits, while 8% do and 1% of students do not know.

**Figure 33. Student usage based off GYN visits**

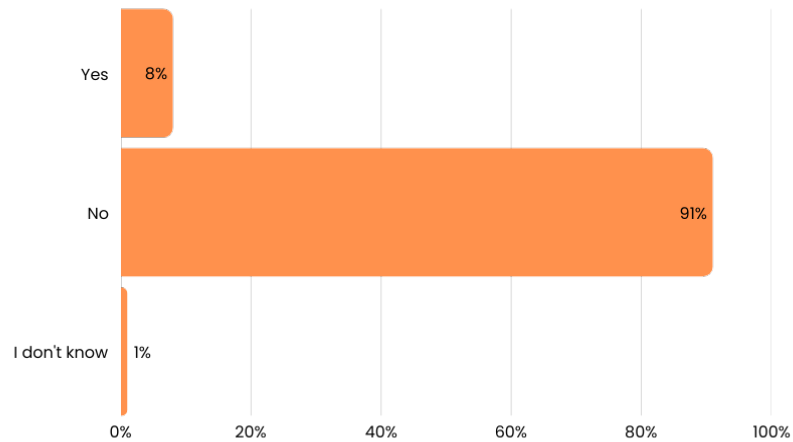


Figure 34 shows the types of contraception used or sexual activity status among respondents. A significant portion, 40%, reported being not sexually active. Among those who are sexually active, condoms are the most used method at 28%, followed by birth control pills at 17%. Other methods like long-acting reversible contraception (9%), emergency contraception (10%), and withdrawal or fertility awareness (7%) were less frequently reported. Very few respondents use methods like the contraceptive patch or vaginal ring (2%), Depo-Provera injections (1%), or surgical sterilization (6%).

Figure 34. Student current contraception

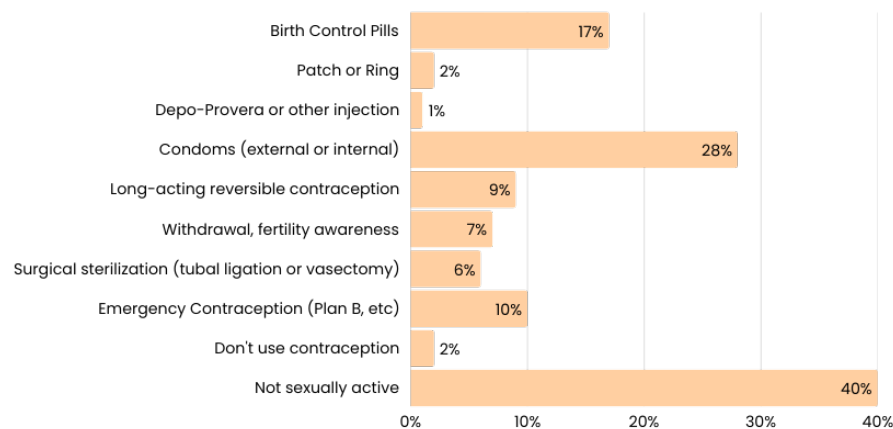
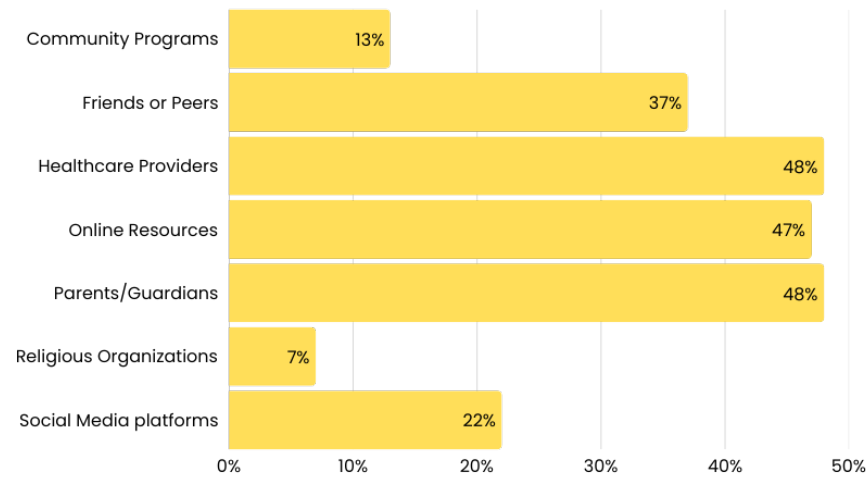


Figure 35 shows the sources students rely on for sexual health information. Healthcare providers, parents or guardians, and online resources are the top sources, each at 48% or 47%. Friends or peers are also a common source at 37%, while social media platforms are used by 22%. Community programs (13%) and religious organizations (7%) are the least utilized sources for health information.

Figure 35. Where students get sexual health info



## Recommendations

Based on the data collected from the student survey, it is recommended that SHS consider expanding access to vision services, dental care, and dermatology, as these were the top requested areas of care (see strategic business plan in Table 1). In addition to service expansion, there is a clear desire among students to receive more education and resources on topics such as health insurance, age-appropriate annual exams, and nutrition. Many students may be navigating healthcare independently for the first time and would benefit from practical guidance on how to select and use insurance, what preventive care is recommended for their age group, and how to maintain a healthy diet while balancing college life. Another key point identified through the survey is the need for clear, accessible information about the costs of services. Several students indicated uncertainty or concern about pricing, which may deter them from seeking care. By responding to these specific student needs, both in services and information, WSU SHS can enhance student satisfaction, increase utilization, and better support the health and well-being of the campus community.

**Table 1. Student Health Services Strategic Business Plan | FY2025**

Wichita State University Student Health Services (SHS) is dedicated to assisting students in maintaining optimal physical and mental wellness. This strategic business plan outlines initiatives aimed at enhancing service delivery, promoting health equity, and aligning with the educational mission of WSU.

Section	Details & Connection to Findings
Mission	To assist students in maintaining a state of optimum physical and mental wellness. This aligns with survey findings showing high value placed by students on accessible, comprehensive health services and wellness support.
Vision	To be a leading provider of comprehensive, accessible, and student-centered health services that support academic success and holistic well-being. Most students surveyed expressed positive experiences and a desire for expanded integrated care.
Core Values	Equity & Inclusion, Student-Centeredness, Collaboration, Professionalism. These reflect the diversity of WSU’s student body (including first-gen, international, and other students) and the need for culturally competent care as identified in the survey.
Environmental Assessment	<ul style="list-style-type: none"><li>- 9,253 student appointments reflect strong demand for services in FY 2024 (SHS annual report).</li><li>- Highest demand for mental health care: 964 medication management appointments and 4,023 screenings (SHS annual report).</li><li>- Students with lower household incomes and a high rate of public insurance usage.</li><li>- Diverse student backgrounds (race/ethnicity, gender identity, first-generation).</li></ul>
Strategic Goals & Objectives	<p><b>Goal 1: Enhance Access</b></p> <ul style="list-style-type: none"><li>- Survey found most students want expanded mental health, nutrition, and physical therapy services.</li></ul> <p><b>Goal 2: Health Equity &amp; Affordability</b></p> <ul style="list-style-type: none"><li>- Students cited cost concerns and lack of knowledge about financial assistance.</li><li>- The Health Equity Fund reduced out-of-pocket costs and was widely used.</li></ul> <p><b>Goal 3: Applied Learning</b></p> <ul style="list-style-type: none"><li>- Student employment in SHS doubled; MHA practicum students contribute to SHS operations.</li></ul> <p><b>Goal 4: Partnerships</b></p> <ul style="list-style-type: none"><li>- Survey and annual report both recommend stronger connections with campus and community resources.</li></ul>



Section	Details & Connection to Findings
<b>Service Expansion Plan</b>	<ul style="list-style-type: none"> <li>- Add more appointments for mental health and medication management to meet high demand and long wait times cited in survey.</li> <li>- Increase nutrition consults: Students identified nutrition and preventive care as top education gaps.</li> <li>- Expand physical therapy (esp. for non-post-surgical needs).</li> <li>- Continue gender-affirming care to meet needs of LGBTQ+ students, as highlighted in the report and by student demographics.</li> </ul>
<b>Financial Planning</b>	<ul style="list-style-type: none"> <li>- Maintain/expand funding for core and new services, responding to the rising demand.</li> <li>- Seek grants and community partners to address identified resource gaps.</li> <li>- Explore faculty/staff billing as a new revenue stream (mirroring survey findings about funding concerns).</li> <li>- Continued efficiency in resource use to reduce student cost burden.</li> </ul>
<b>Marketing &amp; Communication</b>	<ul style="list-style-type: none"> <li>- Survey indicated that many students are unaware of full SHS offerings; marketing campaigns and a more intuitive MyShockerHealth portal will address these gaps.</li> <li>- Regular feedback surveys respond to students' call for more input and responsive services.</li> </ul>
<b>Quality Improvement &amp; Evaluation</b>	<ul style="list-style-type: none"> <li>- Track wait times and satisfaction, as delays and mixed experiences were noted in survey feedback.</li> <li>- KPIs, quarterly reviews, and compliance ensure continued progress and alignment with accreditation and best practice, responding to student demand for reliability and quality.</li> </ul>
<b>Conclusion</b>	<p>This plan is a direct response to the findings in the FY2024 Annual Report and student survey, prioritizing service expansion, financial access, health equity, and student engagement to advance the mission of WSU SHS and improve the student experience</p>

## Conclusions

SHS plays a vital role in ensuring a safe, healthy, and supportive environment for all students. By providing accessible, on-campus healthcare, SHS serves as a reliable resource, particularly for students living on or near campus who may not have easy access to outside providers. The overwhelmingly positive feedback from students highlights the strengths of SHS, including the friendly, professional staff, convenient location, and the sense of comfort and trust students feel when seeking care.

These positive experiences help foster a campus culture where students' health and well-being are prioritized. Whether it's through routine check-ups, mental health support, or urgent care needs, SHS allows students to focus on their academic and personal success, knowing they have access to quality care. By continuously listening to student feedback and working to improve services, SHS demonstrates its commitment to making sure every WSU Shocker feels respected, supported, and truly cared for by their university.

## Appendix A: GRASP Poter

### Understanding College Students' Reproductive Health Knowledge at Wichita State: A Data-Driven Approach

Umama Ali, RN, online MHA student<sup>1</sup>

Faculty Advisors: Heather Stafford, BSN, RN,<sup>2</sup> Maggie Ward, DNP, RN,<sup>3</sup> Nikki Keene Woods, PhD, MPH<sup>1</sup>  
Department of Public Health Sciences<sup>1</sup>, Student Health Services<sup>2</sup>, School of Nursing<sup>3</sup>

#### Background

- Reproductive health services (contraceptive access, STI testing, gynecological care) are crucial for college students.
- Barriers include age, insurance status, and lack of comprehensive education.
- Over two-thirds of U.S. college students are sexually active, emphasizing the need for accessible, inclusive health education and services.

#### Objective

Assess reproductive health knowledge and education experiences among Wichita State University students, focusing on the influence of age and insurance coverage.

#### Methods

**Survey Design:** 51-question survey adapted from the National College Health Assessment

**Data Collection:** Online survey with 2,558 respondents

**Analysis Tool:** SPSS v29

**Demographics Captured:** Age, insurance type, and reproductive health service use

**Key Focus Areas:** Use of campus health services, Contraceptive methods, Sources of sexual health education, Access to sexual health information, Topics covered in sexual health education, Quality and topics of sexual health education

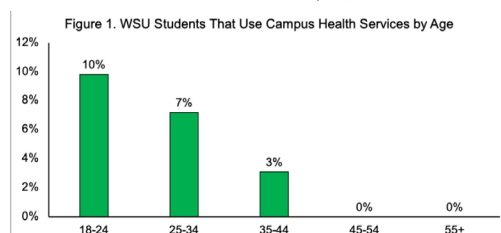
**Participate Age Groups:** 18-24 (n = 1,759), 25-34 (n = 434), 35-44 (n = 212), 45-54 (n = 88) & 55+ (n = 21)

**Insurance Types:** Employer-based/marketplace (n = 1,570), Government-based (n = 204), & other (n = 446)

#### Results

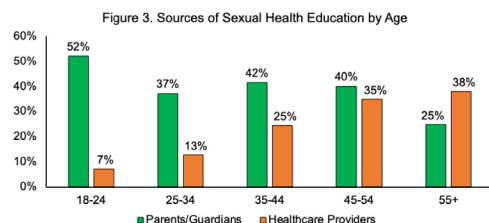
##### Use of Student Health Services on Campus (n = 2,112)

Q: "Have you used Student Health Services for your gynecology or contraception (e.g., condoms, birth control, etc.) needs?"



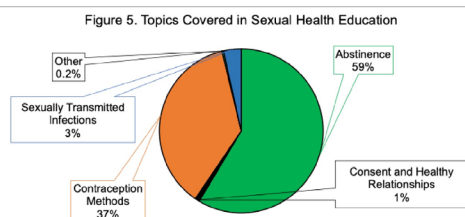
##### Sources of Sexual Health Education (n = 2,074)

Q: "Where did you obtain sexual health education (or information about sexually transmitted infections, preventing pregnancy, etc)? (select all that apply) - Selected Choice"



##### Topics Covered in Sexual Health Education in High School (n = 1,683)

Q: "What topics were covered? (select all that apply) - Selected Choice"

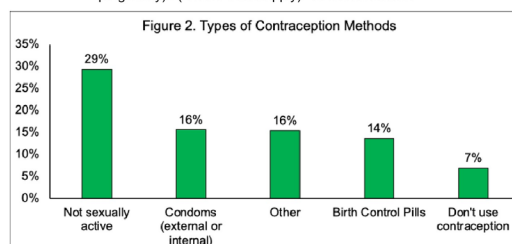


#### Key Findings

- Majority of 18–24 respondents used student health services and cited parents as their primary source of education.
- Older students relied more on healthcare providers.
- Across groups, abstinence-only education was common.
- Uninsured students rated education quality higher than insured students.
- WSU study aligns with national trends in sexual education, condom use, and campus services, but differs with most respondents not being sexually active, likely due to local culture or sample characteristics.

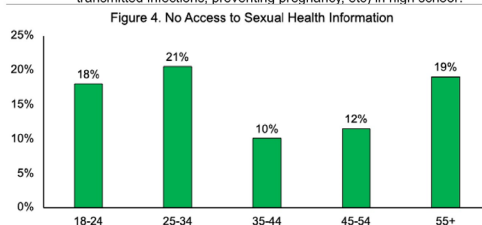
##### Contraceptive Use (n = 2,076)

Q: "What method do you or your partner use for your contraception (to prevent pregnancy)? (select all that apply) - Selected Choice"



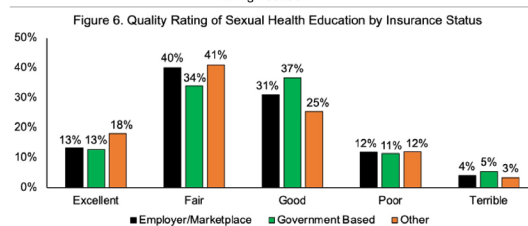
##### Access to Sexual Health Information (n = 2,051)

Q: "Did you obtain sexual health education (or information about sexually transmitted infections, preventing pregnancy, etc) in high school?"



##### Quality Rating of Sexual Health Education in High School (n = 1,686)

Q: "How would you rate the quality of the sexual health education you received in high school?"



#### Recommendations

1. Develop first-year orientation workshops on sexual health resources.
2. Promote free or low-cost services, especially for uninsured students.
3. Offer comprehensive workshops covering contraception, STI prevention, and healthy relationships.
4. Collaborate with multicultural and LGBTQ+ organizations for inclusive outreach.

Scan QR Code for  
Presentation &  
References

