Disparities in Student Wellbeing and Update on COVID-19 Behavioral Adherence

Clinical Collaboration Meeting
February 19, 2021 | 8:00 - 9:00 am PST

Presented by:
Diane Medsker | Prawit Thainiyom | C. Oliver Tacto
Our time together:

1. Framing the Conversation: USC Well-being Collective
2. 2020 Timeline
3. Overview: Disparities in Student Wellbeing
4. Update on COVID-19 Behavioral Adherence
5. Implications for Practice and Call to Action
The USC Well-being Collective was created as a shared responsibility towards a common agenda of strengthening a culture driven by student wellbeing and is guided by four interrelated strategic goals.

Common Agenda

Strengthen a culture driven by student well-being.

Strategic Goals

1. Enhance the culture of equity and inclusion
2. Cultivate a culture where individuals and communities thrive
3. Disrupt the culture of at-risk substance use
4. Foster a culture of consent and healthy relationships
Office for Health Promotion Strategy
Backbone for the USC Well-being Collective

The USC Student Health, Office for Health Promotion Strategy serves as the backbone to the USC Well-being Collective, an essential component of any collective impact effort.

The backbone serves as the administrative core to support campus partners with aligning well-being best practices into organizational plans, policies, departmental objectives and decision-making processes.
1. To share key data and findings with clinical staff and faculty

2. To ensure a more robust analysis and understanding of the data

3. To help inform better policies, practices and programming to address the strengths and needs of particular student identities
OUR ROLE AS FACILITATORS

BEFORE WE BEGIN

COMMUNITY AGREEMENTS
Tracking Student Wellbeing:
Key Performance Indicators

1. Positive Sense of Belonging
2. Fairness and Equity in the classroom
3. Fairness and Equity outside the classroom
4. Positive Mental Health
5. At-risk Drinking among all students
6. At-risk Drinking among incoming undergraduate students
7. Sexual Assault
8. Upstanding Behaviors
2020 Timeline

April - May
Student Wellbeing Index Survey (SWIS)

September - October
Healthy Minds Study

November
Disparities in Student Wellbeing Data Walk and Reports

November - Ongoing
COVID-19 Framework

December
COVID-19 Behavioral Adherence Survey

Spring 2021
Report from CHO Focus Groups: Drivers of Positive Mental Health & Sense of Belonging
Overview: Disparities in Student Wellbeing
Disparities in Student Wellbeing: Objectives

- Annual tracking of the **USC Student Wellbeing KPIs** (sense of belonging, fairness and equitable treatment in and out of the classroom, positive mental health, at-risk drinking, sexual assault, and upstanding behaviors)

- **Aggregate KPI findings** can be used as a benchmark for each academic unit to see how their students experience wellbeing

- **KPI findings on disparities experienced** within each sub-population can be utilized to:
  - Identify student sub populations who may experience inequitable wellbeing outcomes
  - Explore community assets, resiliency and other facilitators that promote students to thrive
  - Allocate appropriate resources to plan, implement and evaluate strategic wellbeing efforts to address disparities and enhance overall wellbeing outcomes for the students
Student Wellbeing Key Performance Indicators: Changes among USC Students from 2018/2019 to Fall 2020

Positive Sense of Belonging***
- 2018/19: 43.1%
- Spring 2020: 38.4%
- Fall 2020: 46.3%

Fairness and Equity in the Classrooms**
- 2018/19: 84.2%
- Spring 2020: 80.8%
- Fall 2020: 84.9%

Fairness and Equity outside of the Classrooms***
- 2018/19: 84.9%
- Spring 2020: 82.2%
- Fall 2020: 79.6%

Positive Mental Health***
- 2018/19: 45.3%
- Spring 2020: 51.0%
- Fall 2020: 37.4%

At-Risk Drinking***
- 2018/19: 28.2%
- Spring 2020: 22.8%
- Fall 2020: 38.6%

At-Risk Drinking Incoming Undergraduates***
- 2018/19: 21.4%
- Spring 2020: 6.7%
- Fall 2020: 20.0%

Sexual Assault***
- 2018/19: 7.4%
- Spring 2020: 4.9%
- Fall 2020: 5.4%

Upstanding Behaviors***
- 2018/19: 34.6%
- Spring 2020: 37.2%
- Fall 2020: 44.3%

There is a significant change in the KPIs among USC students from Spring 2020 to Fall 2020: *p < .05, **p < .01, ***p < .001, φ > 0.1 (small effect size)
Disparities in Student Wellbeing
Data from Spring 2020
Positive Sense of Belonging

Sense of belonging is a composite index of 5 items (The Healthy Minds Network, 2018) such as:

"I feel valued as an individual at USC,"
"I feel I belong at USC,"
"I have considered leaving USC because I felt isolated or unwelcomed (reversed coded),"
"USC is a place where I am able to perform up to my full potential," and
"I have found one or more communities or groups where I feel I belong at USC."

Respondents rated their agreement with these items from (1) strongly disagree to (5) strongly agree.

Students with positive sense of belonging have a summative score of at least 20 out of 25 points on this index.
46.3% of all USC students had a positive sense of belonging

Race and Ethnicity

- Asian or Asian American only: 44.6%
- Black or African American only: 41.6%
- Latinx only: 46.4%
- Middle Eastern or Arab only: 47.3%
- White or European American only: 52.1%
- Mixed: 40.8%
- Other/Unknown*: 45.7%
- International Asian and South Asian: 43.1%
- International Other: 49.5%

Gender Identity/Sexual Orientation,

- Cis-hete. women: 48.2%
- Cis-hete. men: 49.9%
- LGBTQ+: 37.5%

First Gen, Disability, and Military Affiliation

- First Gen: 40.2%
- Disability: 31.3%
- Military: 51.9%

Program of Study

- UG: 48.3%
- G (HSC): 46.8%
- G (UPC): 43.8%
- G (Online): 50.4%

*The group had significantly lower rates than other USC students (p < .05)
*The group had significantly higher rates than other USC students (p < .05)
Positive Mental Health

Measured using the Flourishing Scale (Diener et al., 2010) with 8 items such as:

"I lead a purposeful and meaningful life,"
"My social relationships are supportive and rewarding,"
"I am engaged and interested in my daily activities,"
"I actively contribute to the happiness and well-being of others,"
"I am competent and capable in the activities that are important to me,"
"I am a good person and live a good life,"
"I am optimistic about my future," and
"People respect me."

Participants rated their agreement from (1) strongly disagree to (7) strongly agree.

*People with a positive mental health score 48 or more out of 56 in the scale, an average of at least 6 (agree) for all the items.*
51.0% of all USC students had positive mental health

**Race and Ethnicity**

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The group had significantly lower rates than other USC students (p < .05)

The group had significantly higher rates than other USC students (p < .05)
At-risk Drinking

At-risk drinking is defined as 4 or more drinks for women, 5 or more drinks for men, and 4 or more drinks for unknown biological sex/intersex in one occasion for the past two weeks. (National Institute on Alcohol Abuse and Alcoholism, 2015).
22.8% of all USC students engaged in at-risk drinking in the past 2 weeks

**Race and Ethnicity**

- Asian or Asian American only: 15.3%
- Black or African American only: 24.9%
- Latinx only: 25.9%
- Middle Eastern or Arab only: 18.6%
- White or European American only: 31.3%
- Mixed: 26.3%
- Other/Unknown*: 21.1%

**Gender Identity/Sexual Orientation,**

- Cis-hete. women: 21.7%
- Cis-hete. men: 22.5%
- LGBTQ+: 25.9%

**First Gen, Disability, and Military Affiliation**

- First Gen: 21.2%
- Disability: 29.4%
- Military: 23.4%

**Program of Study**

- UG: 25.3%
- G (HSC): 23.9%
- G (UPC): 20.0%
- G (Online): 21.6%

The group had significantly lower rates than other USC students (p < .05)

The group had significantly higher rates than other USC students (p < .05)
Sexual Assault

Participants were asked:

"In the past 12 months, have you experienced any unwanted sexual contact? Please count any experience of unwanted sexual contact, e.g., touching of your sexual body parts, oral sex, anal sex, sexual intercourse, and penetration of your vagina or anus with a finger or object that you did not consent to and did not want to happen regardless of where it happened."

(The Healthy Minds Network, 2018).
4.9% of all USC students have experienced sexual assault in the past year.

### Race and Ethnicity

- **Asian or Asian American only**: 4.10%
- **Black or African American only**: 4.30%
- **Latinx only**: 4.5%
- **Middle Eastern or Arab only**: 10.2%
- **White or European American only**: 6.4%
- **Mixed**: 8.4%
- **Other/Unknown**: 3.5%
- **International Asian and South Asian**: 1.6%
- **International Other**: 5.6%

### Gender Identity/Sexual Orientation

- **Cis-hete. women**: 6.4%
- **Cis-hete. men**: 1.0%
- **LGBTQ+**: 8.6%

### First Gen, Disability, and Military Affiliation

- **First Gen**: 4.4%
- **Disability**: 10.0%
- **Military**: 2.0%

### Program of Study

- **UG**: 8.0%
- **G (HSC)**: 3.2%
- **G (UPC)**: 2.6%
- **G (Online)**: 2.2%

The group had significantly lower rates than other USC students ($p < .05$)
The group had significantly higher rates than other USC students ($p < .05$)
Explore more student wellbeing KPI data among the five populations with their intersectional identities (e.g., gender identity, sexual orientation, first generation status, disability, and degree level) by clicking the reports below or go to https://sites.usc.edu/studentwellbeing/reports/
Engaging with the Student Community:
Virtual Data Walk

Disparities in Student Wellbeing

November 9 - November 25, 2020
LEARN THE FINDINGS. SHARE YOUR FEEDBACK.

Facilitated by USC Student Health Office for Health Promotion Strategy, Backbone for the USC Well-being Collective
Engaging with the Student Community: Virtual Data Walk

**Purpose:** To bring the results of the SWIS back to the 6,000+ students who participated in Spring 2020. We acknowledge our responsibility to share these findings with those whose contributions have made this report possible.

- ~1,000 students participated in the virtual data walk in November 2020.
- 4 versions of data were created for UG, G-UPC, G-HSC and G-Online students.
- Students from each group were randomly assigned to review 4 disaggregated KPI data.
Sample Questions:

- What surprises you about these data?
- What questions do these data raise for you?
- What is the larger story behind these data?
- How do these data connect to your experience as a student?
- What factors do you think contribute to the student groups with higher rates of positive mental health?
- What do you think students can do to help address the issues raised by these data?
Update on COVID-19 Behavioral Adherence
Update on COVID-19 Behavioral Adherence
(report located at uscwellbeingcollective.usc.edu)

Objective:
To learn from students (living on or near UPC):
• Current protective behaviors and social norms
• Perception of risk
• Attitudes towards COVID-19 vaccine
• Support of potential return-to-campus policies

Methodology:
• 15,000 UPC students were randomly invited to participate
• Data collection period: 12/16/20 – 1/2/21
• Data represents 1,431 local students who lived in the area around UPC at the time of data collection
Key Findings: Risky Behaviors

- Over half of students reported participating in risky social behaviors, and over one third reported participating in risky travel-related behaviors.

- White, American and undergraduate students more often reported participating in these activities, relative to students overall.

- Also, students living with disabilities more often reported engaging in risky social behaviors, compared to students without disabilities.

Defining COVID-related Risky Behaviors:

- Individuals were classified as participating in risky social behaviors if they reported attending a gathering with at least one risky condition such as with people from more than 3 households, in an indoor setting, for more than two hours, with singing, chanting or shouting (LA County’s Guidance for Small Private Gatherings)

- Individuals were classified as participating in risky travel behaviors if they reported NOT doing one of protective behaviors such as got tested for COVID-19 before my departure, stayed physically distant from household members for 14 days after returning, etc. (based upon recommendations from USC)
Key Findings:
Individual and Community Vulnerability to COVID-19

- Over one quarter of students reported feeling **personally vulnerable to COVID-19**, but about half this amount **indicated concern about infecting vulnerable community members**.

- There were **no associations between perception of personal and/or community risk and reported participation in risky behaviors**.
Proportion of Students With Low Confidence In Receiving the COVID-19 Vaccine As Soon As It Is Available

- Only 10.8% (9.0% - 12.9% at 95% confidence interval) of all students had low confidence in receiving the COVID-19 vaccine as soon as it is available.

- More than one quarter of Black students reported low confidence in receiving the vaccine as soon as it is available.

- There may be other minoritized groups such as Native American, American Indian and/or Alaskan Native, Native Hawaiian and/or Pacific Islander students (who are small numbers of participants in this survey) who also have low confidence in receiving the COVID19 vaccines.

- Confidence in receiving COVID-19 vaccine is rated on the Likert scale of 'Not at all confident (1)' to 'Totally confident (5).'</nowiki> People with low confidence in receiving vaccine are those who rated 1 and 2 on the scale.
# Highlights: High Policy Support of Potential Return-to-Campus

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<td>84.4 (82.1 - 86.6)</td>
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<tr>
<td>Provide access to outdoor spaces for any students who meet the safety requirements to exercise, eat, and drink while remaining 6-feet apart from people not living in the same household.</td>
<td>83.3 (80.9 - 85.5)</td>
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<td>Allow students who live in crowded housing that may put them at higher risk of COVID-19 to move back to USC housing.</td>
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<td>Provide exemptions for students with mental health needs to access campus facilities and attend in-person gatherings on campus as long as they meet all of the safety requirements.</td>
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<td>Allow students who meet all of the safety requirements to resume registered student organization activities and attend in-person gatherings on campus.</td>
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<td>Ban all in-person gatherings in and around USC neighborhoods until every student has received the COVID-19 vaccination.</td>
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**Highlights:** Low Policy Support of Potential Return-to-Campus

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**Ban in-person gatherings in and around USC neighborhoods until every student has received the COVID-19 vaccination.** 39.7 (36.7 - 42.7)
Implications for Practice and Call to Action
Discussions and Implications for Practice: Why this matters...

- Where/how does student wellbeing ‘fit’ in your clinical spaces?
- What policies influence the health, safety and wellbeing of the students you serve?
- How can you increase equitable student wellbeing outcomes within your professional capacities?
- What can you do to promote awareness of these disparities and keep yourself informed?
Visit the USC Well-being Collective website

The USC Well-being Collective website (uscwellbeingcollective.usc.edu) is the central hub to access updates, toolkits, and other resources to support and advance student wellbeing at USC. Access data updates, toolkits, and other resources to support and advance student wellbeing at USC.

Access Wellbeing Toolkits for Partners

The USC Well-being Collective Toolkit is a practical guide designed for faculty, staff, and students who are interested in embedding best practices into their work/daily practices.
Promote the Spring 2021 Student Well-being Index Survey

Survey launches March 15th

What it covers:
- Sense of belonging
- Fairness and equity
- Positive mental health
- At-risk drinking
- Sexual assault
- Basic needs
- COVID-19 vaccine

Elective modules:
- Deeper Dive on Belonging
- Eating disorder
- Religious & spiritual identities and discrimination
- Transgender care
Contact Us

USC Student Health - Office for Health Promotion Strategy, Backbone for the USC Well-being Collective

hpstrategy@usc.edu