ABOUT THE SURVEY

This update includes data from the COVID-19 Module in the Healthy Minds Study, which was implemented at USC from September 28 to November 9, 2020. The purpose of this module is to estimate the prevalence of COVID-19 infections and adherence to preventive behaviors, as well as to explore the impacts of COVID-19 on health, financial situation, and experiences of discrimination based on race/ethnicity.

METHODOLOGY

A random sample of 14,413 students who were enrolled in the Fall 2020 semester were invited to participate in the COVID-19 Module from the Healthy Minds Study. The survey response rates and margin of errors at 95% confidence interval for this data update are: 18.7% and +/-1.8% for all students, 19.1% and +/-3.3% for undergraduate students, and 18.5% and +/-2.2% for graduate students. Data were subsequently weighted through a statistical raking procedure to match the USC census student population by sex, race/ethnicity, academic unit, degree level, campus location, and transfer status. The weighted samples are 2,494 for all students, 899 for undergraduate students, and 1,595 for graduate students. Please refer to the second page on how to interpret confidence intervals in this document.

EXPERIENCE OF DISCRIMINATION

Proportion of students who have experienced discriminatory or hostile behaviors related to COVID-19 because of their race/ethnicity:

- **Non-Asian/Asian American/NHPI**
  - (n = 1,395)
  - 3.9% [2.9% - 4.9%]**

- **Asian/Asian American**
  - (n = 1,020)
  - 24.7% [22.1% - 27.4%]

- **East Asian**
  - (n = 688)
  - 29.4% [26.0% - 32.8%]

- **Southeast Asian**
  - (n = 169)
  - 29.5% [22.5% - 36.4%]

- **South Asian**
  - (n = 172)
  - 3.2% [0.5% - 5.8%]

- **NHPI**
  - (n = 36)
  - 15.2% [3.1% - 27.4%]

** NHPI = Native Hawaiian/Pacific Islander
**refers to [95% CI]

- More than one in three Black/African American and Latinx students had someone close to them experienced significant illness because of COVID-19. Further analysis also found female and first generation students to be disproportionately affected by the same issue.

Proportion of students who have grieved the loss of a loved one, close family member, or friend due to COVID-19:

- **All Students**
  - 7.0% [6.0% - 8.0%] 95% CI

- **All Black/African American**
  - (n = 182)
  - 17.3% [11.7 - 22.8%] 95% CI

- **All Latinx**
  - (n = 372)
  - 12.7% [9.3% - 16.1%] 95% CI

- Higher proportion of students from the same aforementioned demographics as well as Native Hawaiian/Pacific Islander (16.1%, 95% CI: 3.5% - 28.6%) reported to be grieving the loss of someone due to COVID-19.


Continued on page 2
Proportion of students who reported that since the COVID-19 pandemic, their financial situation has been a lot more stressful

<table>
<thead>
<tr>
<th>Group</th>
<th>Proportion of Students</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Students</td>
<td>20.7%</td>
<td>[19.1 - 22.3]</td>
</tr>
<tr>
<td>Undergraduates</td>
<td>21.2%</td>
<td>[18.5 - 23.9]</td>
</tr>
<tr>
<td>Graduates</td>
<td>20.4%</td>
<td>[18.4 - 22.4]</td>
</tr>
</tbody>
</table>

The following demographic groups experienced the highest rates of financial stress due to the COVID-19 pandemic: students who identify as TGN (transgender, genderqueer/gender nonconforming, non-binary), Black/African American, and registered with Disability Services & Programs.

ADHERENCE TO PUBLIC HEALTH GUIDELINES

Proportion of student who have been...

Very closely following the recommendations on hygiene practices*

- All Students: 65.0% (95% CI [63.1 - 66.9])
- Undergraduates: 59.7% (95% CI [56.4 - 62.9])
- Graduates: 68.0% (95% CI [65.7 - 70.3])

Very closely following the recommendation on social/physical distancing**

- All Students: 58.7% (95% CI [56.8 - 60.7])
- Undergraduates: 54.2% (95% CI [50.9 - 57.5])
- Graduates: 61.3% (95% CI [58.9 - 63.7])

Wearing a facemask in public when it is required all the time

- All Students: 91.5% (95% CI [90.4 - 92.7])
- Undergraduates: 92.0% (95% CI [90.2 - 93.8])
- Graduates: 91.3% (95% CI [89.9 - 92.7])

- A lower proportion of undergraduate students reported following hygiene practices and social/physical distancing very closely when compared to graduate students.

- Further analysis found lower proportions of White, non-first generation, domestic, and students who have registered with Disability Services & Programs to follow social/physical distancing very closely.

RESOURCES

- Connect with Student Affairs - Student Equity and Inclusion Programs to seek additional resources on food, housing and financial needs as well as support for issues that are specific to different student identities.

- Contact USC Student Health - Counseling and Mental Health for grieving and additional support services.

- Click here to see the list of additional Student Resources and Support Services and visit the USC Well-being Collective website to learn more about campus-wide initiatives that support student wellbeing.

- Contact an academic unit within USC to learn more about wellbeing resources and programs that are specific to the student’s program of study.

Interpreting Confidence Intervals

These data are from a sample of all USC students. Because data were not collected from all students, there is uncertainty about the true value for the student population as a whole. The point estimate (i.e., the single percent reported, as in 65.0% of all students reported very closely following hygiene recommendations) is our best estimate for the broader student population. The 95% confidence interval (95% CI) represents the range that likely contains the true value for our student population. Smaller groups of students (for example, students identified as Native Hawaiian/Pacific Islander) will have larger confidence intervals than larger groups (for example, students identified as East Asian), reflecting greater uncertainty in our knowledge about these students’ experiences. When confidence intervals do not overlap (for example, for very closely following hygiene recommendations: the 95% CI for undergraduates is 56.4 - 62.9, compared to 65.7 - 70.3 for graduate students), we can interpret this to mean there is a difference observed between these groups.

For additional questions, please contact:
USC Student Health, Office for Health Promotion Strategy, backbone for the USC Well-being Collective at hpstrategy@usc.edu.