help-seeking, and what supports or assets they experience. Conversely, each of these drivers can reinforce, or be sites and student organization involvement.

- Certain ethnicities are not represented in this participant sample (e.g., Native American students), and caution should

understand and guide wellness issues on campus.

- Continually improve representation in well-being services staff/practitioners

Students cited a need for individualized, solutions-focused health and counseling services that are knowledgeable of cultural identity, and how that identity may or may not intersect with their conceptualization of well-being.

- Financial health, your mental health, so I think that was a challenge. Also remembering that my financial narrative and perceived or actual capacity issues, or individual interactions with providers.

- It's really hard to get appointments.

- Friends, department mentors and programs, and social support, students also cited

In addition to campus well-being resources, department mentors and programs, and social support, students also cited

'If I feel like it's an emergency, you just feel stuck.'

In addition to campus well-being resources, department mentors and programs, and social support, students also cited

- Enhanced cultural humility and promote equity in campus

- Continued efforts to enhance campus climate might include coalitions and partnerships among units whose primary focus

- What challenges have you faced with caring for your well-being since coming to college?

- The many students, staff, and unit partners who publicized the focus group opportunity to students

- Taking the form of cultural pressures/beliefs and beliefs and norms about help seeking.

- I do wish that there were more counselors or therapists that were of color. I know that they tried to integrate them into

- "I didn't feel like I could relate to the person I was talking to. In order to be a successful therapist, you have to understand

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Executive Summary

In Winter semester 2019, 19 focus groups were conducted with 89 students of color, non-white students and multiracial students. Participants identified key assets to their well-being on campus including:

- On-campus well-being resources
- Department mentors
- Social support from friends and family

Key challenges to well-being were described, including:

- Racism experienced while attending U-M’s predominantly white institution, which was experienced directly as well as indirectly via:
  - Representativeness of service providers and relatability of health and wellness resources
  - Academic culture e.g. classroom and instructor experiences
- In addition to experiences of racism, students’ well-being was challenged by:
  - Quality of resources e.g. specificity of support provided, wait time to appointments, ability to schedule appointments easily
  - Academic culture e.g. lack of time and flexibility in courses to care for self
  - Effects of low socioeconomic status
  - Stigma around mental health and help-seeking

In light of this student input, the following recommendations are offered to support well-being among U-M students of color, non-white students, or multiracial students:

For Health and Wellness Services
1. Implement tailored well-being programs and messages for communities of color
2. Continually improve the relevance and/or quality of health services
3. Increase access to available appointments
4. Continually improve representation in well-being services staff/practitioners
5. Continually expand communication and publicity of available services

For Academic Environment
1. Build U-M staff and faculty’s capacity for cultural humility
2. Enhance flexibility and support from faculty and staff to enhance student health

For Campus Life
1. Improve food access on campus
2. Continue DEI (Diversity, Equity, Inclusion) education efforts for U-M community members (staff, faculty, students)
3. Encourage students to identify and utilize their unique support network
Background & Purpose

Background

Student health and well-being is a core work area for the U-M Division of Student Life. Many services and programs are available to support U-M students with well-being, from educational and skill-building opportunities and early intervention in high-risk situations to health care and crisis support. Each student experiences health uniquely, and not all students access support equally during their time on campus. The student health data that shapes these resources (e.g., National College Health Assessment) have generally been utilized in aggregate without differentiating experiences by race or ethnicity, limiting college health practitioners’ ability to understand health disparities and the relative health and wellness priorities of various student populations.

Purpose

This project seeks to clarify issues of concern and priority for U-M students of color, non-white students, and multiracial students as they navigate health and well-being. Through these findings and recommendations, we hope to increase cultural humility and promote equity in campus well-being service provision so all U-M students can attain the highest level of health.

Methods

Nineteen student focus groups were conducted in the Winter 2019 semester. Focus groups were facilitated by Wolverine Wellness student-staff of color who were trained in focus group facilitation. Participants were recruited by email and word-of-mouth on large student group text message threads. Students were invited via the email or text to sign up for a group on a registration platform, Student Life’s Sessions @ Michigan. Participants received a $15 gift card for their participation. Groups were approximately one hour in duration and were held in meeting rooms in Wolverine Wellness at University Health Service. Sessions ranged from 1-12 participants each.

All focus groups were audio recorded and transcribed. Each transcript was coded by two team members using a grounded theory approach and reviewed for code consistency. Dedoose software was used for data organization.
Participant Information

Ninety students volunteered for the focus groups, and 89 met criteria of self-identifying as a student of color, non-white students, and/or multiracial. Participants’ academic affiliation, race, and gender are shown below. Other salient identities shared by select participants included faith, ability, class, or personal or parental immigrant status.

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Summary of Findings

Note: Quotes have been edited for brevity and clarity.

Assets to Wellness

*What factors in your life have supported your health and well-being since coming to college?*

Students most frequently named on-campus well-being resources and academic department mentors/programs as assets to their well-being. Additional assets were social support and miscellaneous supports including personal skill development and student organization involvement.

1. Campus Well-being Resources

Access to campus gyms/facilities and UHS/Wolverine Wellness resources were the most frequent and salient well-being resources/support students cited.

“In terms of resources on campus [that have helped, it] has mainly been accessibility of recreation centers like the gyms on campus. Before I got to college, that wasn’t something that I really had access to outside of gym classes at school. Being able to have those resources, just in terms of it being included in tuition and not having to pay extra out of pocket to be able to use things like that.”

“We really need to discuss alcohol and drug abuse. We really need to discuss values.”

“My friends were telling me about [a service location] and how ineffective it was, but I told them about my program I was in, it’s about BASICS and IMEP so it’s about alcohol and drug-related abuses. We really need to discuss alcohol and drug abuse. We really need to discuss values. So we did activities, she pulled a whole list of words, and I pulled out the ones that related to me mostly, and I explained to them. Reflecting on your values makes you re-analyze your purpose. We also talked about career goals so if you need an extra resource, like UHS, they got different people you can talk to who specialize in different categories.”

2. Academic Department Mentors and Programs

In the academic context, students most frequently described support from trusted mentors and from programs centering principles of diversity, equity, and inclusion (e.g. Comprehensive Studies Program, Success Connects, and Summer Bridge Scholars Program).
Discussion

Several limitations should be considered when interpreting this data:

Students most frequently named on-campus well-being resources and academic department mentors/programs as assets

Summary of Findings

purpose. We also talked about career goals so if you need an extra resource, like UHS, they got different people you pocket to be able to use things like that."

Being able to have those resources, just in terms of it being included in tuition and not having to pay extra out of

"I guess finally coming to the realization that I do want to seek help because I am struggling with these issues, but then really taxing when I’m looking for support. It’s not the time.”

"I don’t think that [providers] are aware [of their biases or microaggressions], or that they think they are racist, but it’s

...since CSP advisors is centered around minority, low income or first-generation students, they are able to understand you better, because they were in your shoes once.”

Conclusion

4. Other Supports

For Academic Environment

students of color, non-white students, or multiracial students:

recommendations

Executive Summary

• Department mentors

• U-M Multi-Ethnic Student Affairs staff for providing initial support in project framing and research

• The many students, staff, and unit partners who publicized the focus group opportunity to students

Acknowledgements

...
Family

“I’m sure this is a common theme among many people in college, it’s just like my mental health has sort of plummeted since I came to college. I have one parent who is very understanding, and that is my white-identifying parent, who is incredibly supporting of me going to therapy and getting the meds I need, versus like, not having a parent, so my Indian parent, who wouldn’t even identify anxiety or depression as an actual—I don’t even want to say disease but as malady of any sort—it’s just a phase of being blue. So I’m very fortunate that I have one parent who can financially support me to get all of those things, but at the same time I have a parent who makes significantly more money than the other parent, who would not support that just because they don’t believe in that. So it’s sort of a mixed support system, if that makes sense.”

“my mental health has sort of plummeted since I came to college”

4. Other Supports

In addition to campus well-being resources, department mentors and programs, and social support, students also cited additional assets like personal skills development and student organization involvement.

Personal Skills/Growth

“Being in college, it taught me to take a little bit more agency as an individual in my own well-being, so the support started shifting away from external things and became a little more internal, kind of engaging in practices that would fortify my own mental state through routine and what not. Whether it be meditating in the morning or sitting in a room with some music for thirty minutes right after class and drinking tea or whatever. But whatever it took, it taught me to take a little more agency because I found the things put in place around campus were useful, but they just weren’t useful long-term. They were useful for like a month or two out of a semester and then I realized they just weren’t going to cut it.”

“I found the things put in place around campus were useful, but they just weren’t useful long-term.”

Student Organizations

“For me, to really support wellness and myself, it’s been about finding community in embedded groups. So I’m in [a service organization] and glee club because I care about sexual violence prevention, and I love singing. I’ve been singing since I was three. However, those are predominantly white women spaces. I’m not a white woman. So sometimes they do stuff where I have no idea what’s going on, this doesn’t really vibe with me, versus my core group of friends of other black women who just understand the experiences of Black womanhood, and understand how it is to exist as a black woman, specifically at this university. So having spaces where I feel like my interests are valued as well as my humanity valued has been very critical to thriving, or even surviving at this university.”
Challenges to Wellness
What challenges have you faced with caring for your well-being since coming to college?

1. Campus Racism and Predominantly White Institution (PWI) Culture

Participants described campus racism and the culture of a predominately white institution as the most frequent and salient challenge to their well-being.

“One thing that surprised me and brought me to my lowest point in college was [a] racial incident... It made me feel like this isn’t a school that appreciates me, my friends, my family, like they don’t want me here. I can’t feel accepted here. I felt really frustrated because no matter how hard I try, my friends try, we are still going to be categorized and labeled and put into boxes and taken down, so that was just really hard for me to deal with for a while.”

Racism is a direct challenge to well-being, and it is also a pervasive co-factor that shapes how other challenges to well-being are experienced. Two primary manifestations of racism/PWI culture as a challenge to well-being were in concerns regarding the utility of health resources (e.g. relevance, trust, and representation) and in academic culture.

Impacts of PWI Culture and Racism on Utility of Resources

PWI culture/campus racism interacted with several concerns about the utility of health resources. This included the relevance of services, the (in)ability to forge trusting alliances with providers, and representation in providers.

Personal or Cultural Relevance of Services

“I think that for me, a really big thing in taking care of myself is learning what resources I should actually use and what resources are here in theory but maybe not [be] as effective in principle. Like, going to [a service] and having a racist therapist is like, maybe worse than just not going.”

“...taking care of myself is learning what resources I should actually use and what resources are here in theory, but maybe not as effective in principle.”
“‘I’ve never been to [a service], but people who I know who are people of color who have been say that there isn’t really anybody they feel comfortable with talking to, and if they do open up, they aren’t really validated. Like she said, ‘get more sleep.’ Literally just before I came here, I was talking to a friend who told the therapist he was anxious, and they said, ‘well maybe you should give up caffeine,’ and he was like, ‘I don’t even drink pop, so that’s not gonna help me.’”

“…people who I know who are people of color who have been say that there isn’t really anybody they feel comfortable with talking to”

“I didn’t feel like I could relate to the person I was talking to. In order to be a successful therapist, you have to understand how to connect with your patients, but if you are giving the same cookie cutter shit to everybody else, then it’s not gonna help me.”

“A lot of the [clinicians at a service] are doing their fellowship, so they are not very experienced, and my therapist was not very good in ways that are related to race, unintentionally. I think she was very well-intentioned, but uhh, she was just not very helpful.”

Trust between Students and Providers

“I think race and gender both play a huge impact on how much doctors will believe you, and how much they will treat your concerns with legitimacy.”

“Navigating health care professionals who don’t take your concerns as reality [is a challenge]. I think sometimes race can definitely play a role in that.”

“I don’t think that [providers] are aware [of their biases or microaggressions], or that they think they are racist, but it’s very telling sometimes in their care, in the questions they ask, and just how they treat us. So I think that’s something they should be open to having conversations about. I’m black, and we were tested on, so there’s a strong mistrust between black people and doctors, and now you are trying to treat me and I’m Black and I’m supposed to trust you now. It’s really hard, you have to work harder to establish that trust, and you have to kind of do your homework.”

Representation

“There have been instances where I have sought out campus resources, but then when I go to those campus resources and there’s no one there that I can relate to and talk openly with, it prevents me from going back there.”

“…when I go to those campus resources and there’s no one there that I can relate to and talk openly with, it prevents me from going back there.”

“I do wish that there were more counselors or therapists that were of color. I know that they tried to integrate them into different places, and I know that in my graduate program they recently integrated one, but it’s just difficult because I don’t want to have to explain certain situations. It would be nice to just have a basic understanding, or to feel like we can honestly have a conversation about the truth of being at a PWI institution and that [be] okay, because I think sometimes that’s hard to find.”
“It would be nice to just have a basic understanding, or to feel like we can honestly have a conversation about the truth of being at a PWI institution and that be okay, because I think sometimes that’s hard to find.”

“When I first went [to a wellness service], I asked to see a Black woman, and they were unavailable. So I asked for a black person, and they said none were available. And then I asked for a woman, and they said none were available, so I ended up seeing this white man [group laughs] and he was cool, but it’s difficult because you feel like you have to explain everything. Sometimes you have to explain why a certain thing is problematic or is a problem to you because in other cultures, it is not. And we only have like 40 minutes in a session. I can’t spend 20 of the minutes explaining to you the culture of the cookout, or why such and such was disrespectful, you know what I mean? So that can be too much.”

“I would say that race and ethnicity definitely influence who I feel I can trust or talk to, just because life is not in a vacuum, and everything that I experience for the rest of my life will be influenced by my social identities. A big thing for [a wellness resource] is that I started going post-election, at first I was talking to a white clinician, not doing that ever again, truly ever. They just couldn’t understand. Very literally, my clinician was like, “I’m sorry, I honestly cannot understand what you are going through,” and I was like, “well thanks, I guess.” This is not helpful. I identify as a black woman, and my SSD counselor does also, which makes me feel way more able to talk to her versus my psychiatrist in [a wellness service] for a minute was a white [person] who just was not all that empathetic or kind to me. And realizing it’s a thing of community, and who I feel I might talk to and trust, and knowing and having to explain my existence is really taxing when I’m looking for support. It’s not the time.”

“Very literally, my clinician was like, ‘I’m sorry, I honestly cannot understand what you are going through,’ and I was like, ‘well thanks, I guess.’ This is not helpful.”

“I guess finally coming to the realization that I do want to seek help because I am struggling with these issues, but then being confronted with going to [a wellness service] and the long waiting list and actually getting an appointment and seeing like a counselor that you don’t relate to, that doesn’t seem very empathetic, that can be a big barrier. You finally have opened yourself up and you feel kind of like, oh. So like I think race definitely plays a huge factor, especially with therapy. It’s such a white space.”

“I think if you add race into the equation, also gender too, I think it just amplifies the problems. If you come [to UHS] for a walk in, just entering spaces can be challenging or uncomfortable, especially if it’s your first time because you are hyper-aware, at least for me personally. I’m hyper-aware of how I’m presenting when I’m entering a space, so I think that adds an extra layer, and extra obstacle or barrier to seeking out certain health related services that the university provides.”
PWI culture/campus racism manifested in several facets of academic culture, specifically with challenges with faculty behavior and limited time to care for one’s self.

“Now as a graduate student in that space, there are often moments when as a minority, being one of the very few minorities in the classroom, that means you have to be responsible for answering or teaching people why certain things that are being said are inappropriate. That in itself is sometimes discouraging when faculty don’t do more, because then it just falls on us as students, especially students of color.”

“...there are often moments when as a minority, being one of the very few minorities in the classroom, that means you have to be responsible for answering or teaching people why certain things that are being said are inappropriate.”

“The presidential election was going on, and that was just a lot, everything in the last three years was just a lot. That takes a toll on your mental health. It’s really hard to focus on trying to go to school or trying to go to work or do homework when you know there’s a protest going on, or you know somebody is saying something in some group chat that you have to pay attention to the conversations and then you wanna go out and do something… Oof! So that was a lot to balance. That takes a toll on your mental health, but also like schoolwork and motivation, going to the gym, I’m not about to go the gym when someone is being racist and putting up flyers. It’s not something you wanna do.”

2. Concerns about Quality and Accessibility of Resources

Many participants cited concerns/challenges regarding quality of resources, both generally and regarding wait time, perceived or actual capacity issues, or individual interactions with providers.

“I think that there needs to be a shift in the quality of health care because, all of my visits to [a service], they were bad, because I diagnosed myself on WebMD and Google before and left knowing nothing new. Everyone pays for it in their tuition, but it’s not very helpful. I don’t think it’s like we’re getting our money’s worth.”

“Sometimes it’s hard to ask for help, so when you build that courage to go seek out that resource, and they tell you that their next appointment isn’t for several weeks, or next week, some students as well as myself become frustrated with that. And struggle with figuring out, what else is there for us to do? I’m an out-of-state student, so my insurance isn’t accepted everywhere and I’m just feeling frustrated. Now I have to keep calling back hoping that something will come up. Especially if I feel like it’s an emergency, you just feel stuck.”

“It’s really hard to get appointments.”

"I just feel like the quality at [a service] does not compare to the hospital. I just went through an experience last fall..."
semester where they told me I probably just had allergies and sinus infection for a whole month, I was sick for a whole month. They told me to just take allergy meds, and they just told me I was dehydrated. So I would say increasing the quality of the care [would be helpful], I don’t know about how that would happen though."

“I came for an HIV and STI screening, and I don’t know, they were kinda just really rude about it. I was openly uncomfortable, I felt really judged and they were asking me a lot of questions I know they are supposed to ask, but at the same time I was like, do you really need to know this? And I just felt really uncomfortable, I was like, I’m doing this for my health, and they were like, “Have you had unprotected sex?” and I was like “No,” but they were like “Why are you coming?” and I was like, “You can never be too sure.” I was like, “I’m new to this!” I feel like the people just need to be nicer.”

“I came for an HIV and STI screening, and I don’t know, they were kinda just really rude about it. I was openly uncomfortable, I felt really judged...”

3. Academic Culture

Academic culture, including difficulties taking care of oneself due to time constraints and expectations of professors or courses, was another noted challenge to well-being.

“The stress levels here are extreme. It is college but it is U of M and there’s a huge difference between another college and here. A lot is expected out of us so I think that kind of drains me. Also just being up all day at different times. On Wednesdays I have a class at 9 am and then a class at 5 pm so it just a huge, drastic change in comparison to before college. I haven’t been able to find a balance because school changes every single semester so right as soon as you get used to it, you’re switching out so that’s probably why I’m a little bit more tired than usual.”

“I haven’t been able to find a balance because school changes every single semester so right as soon as you get used to it, you’re switching out...”

“Since coming to U of M and specifically being in this graduate program, the professors don’t really seem to understand the need to sometimes not just be thinking about school, your next internship, or what you are going to be doing next summer, or when are you gonna do this, or making this connection or speaking with this person. It seems like there’s no time to be a person, there’s only time to be an academic, and I think that they really forget that our life is not their one class. And that we don’t live in a vacuum of, all we can do is read theory and come up with amazing presentations and speak to this person and write this paper and then read that article.”

“It seems like there’s no time to be a person, there’s only time to be an academic, and I think that they really forget that our life is not their one class.”
“I get why teachers and universities have to do this, but the requirement of a doctor’s note or something official [to prove] that you can’t come to class is very upsetting. Sometimes you just can’t go to the bathroom or it’s something that you don’t have the ability to prove at that moment. Like winter semester my mom died and I had an exam the next day and I just didn’t go. My teacher was very understanding and didn’t require proof or anything but then the next month my sister tried to commit suicide. I felt like, I couldn’t do this again. I couldn’t not go to class and not take an exam again because it was just too much and my sister’s house contacted the dean and then he called me in to talk but he didn’t really offer help talking to my teacher. He was just like “oh yeah, I’ll send them a message that says you’re going through stuff” but like they’ll probably just think it’s about my mom. I feel like there’s a limit to how much can happen to you before the help kinda stops.”

4. Socioeconomic Class

Class appeared in many cited challenges to wellness. It specifically manifested as difficulties accessing food, the stresses of an affluent surrounding environment, insufficient money, and work obligations.

“Finance transcends into wellness, like groceries, just everything, taking care of your necessities, it all falls on your ability to organize your finances and organize things in your life that matter from a day to day basis. So that impacts your financial health, your mental health, so I think that was a challenge. Also remembering that my financial narrative and what my parents do is different from a lot of people here. So taking that into account, it helps me understand my position here and why another student may be at more of an advantage.”

“...my financial narrative and what my parents do helps me understand my position here and why another student may be at more of an advantage.”

“Ann Arbor, it’s very expensive to live in, housing is ridiculously priced, and on top of that, paying for food, given it is a food desert, it’s very difficult. I have two jobs, I know other people who have two jobs, and balancing that on top of a full course schedule with the university providing little help because our [Expected Family Contribution] is higher than what our families are willing to provide help for, it makes it very stressful for the student. I feel like there’s a lot of avenues that don't address outside problems that can affect people’s GPA, like mental health and financial health.”

“Unpaid internships are slavery. It’s really unfair to privilege that kind of experience over something that is work. A lot of people travel just because they can afford to, but that is seen as time well spent. So it’s unfair for me, I have a job somewhere that’s maybe not in my field, it wasn’t really important work. It was experience but maybe it wasn’t relevant and it wasn’t privileged work, and that’s ranked less than someone who spent three months in Thailand. And it’s not like everyone can afford to go to Thailand. The opportunities that people need to match are not accessible, or it’s super competitive. You have to be the best minority to get this. You are competing with all of the other black and brown people to have the highest GPA, to have struggled the most, to have the saddest sob and depression story ever, but then have performed in the face of that… it’s so exhausting. Just take me, either you want me or you don’t. So that touches on the race and ethnicity part in addition to the campus climate, that’s also difficult to work through, and having to go to class in the midst of rallies or people that are coming to campus to speak about things that are damaging or harmful or offensive, and having to always play against that and always be aware of it is hard.”

“The opportunities that people need to match are not accessible, or it’s super competitive. You have to be the best minority to get this.”
“I feel really fortunate to have a car on campus, but I also know that I have a lot of peers who don’t and I attended a session last semester on food insecurity and what the food situation is here, and they talk about the Maize and Blue cupboard [...] So I think what would be really helpful is like you said, Michigan, the leaders and the best, there’s all this money coming in and while we have funders that fund specific things, I think that there should be consideration to the fact that everything surrounding U of M is very expensive, including housing. And to go back to the food part, we are what, 2 miles away from Aldi, and I don’t know how many from Meijer, but that’s still far. Why can’t we get a bus sponsored by the University to say, on this day, every other week or every Sunday, we will pick up, we will fill a bus, we’ll go. It seems like an easy thing to do that the university could do. Just because so many people who live off campus and don’t have access to the meal plan that is also super expensive and not worth it, in my opinion, need access to healthy food. I think that’s also important, just if you are trying to maintain a healthy mindset and aren’t trying to just eat junk or whatever is cheapest.”

5. Stigma around Help-Seeking

Lastly, challenges with help-seeking and mental health stigma were among the most salient cited by students. This took the form of cultural pressures-beliefs and beliefs and norms about help seeking.

“My advisor has mentioned, don’t take more than 12 credits, or 15 credits, but I do have parents that are here with non-legal status, and so my daily thinking is that I have to get as much as I can, because for all I know, next semester I don’t have that privilege anymore. For all I know, next semester, I have to take care of my younger siblings. I have to be prepared to get as much in now before I no longer have that opportunity. And so it’s been very hard to convey that. And I haven’t been able to, because I know they mean well because they want me to have good mental health by not having such a high course load, but on my end, it’s like having this opportunity is limited for me right now so I don’t know… It’s all I can do for now.”

“Coming from a working class family, I don’t feel entitled to go out of my way and ask someone for assistance if I need it. I don’t want to burden anyone, I need to figure it out on my own, which was I think why I didn’t utilize many university resources.”

“I don’t feel like my problems are valid enough to seek out resources.”

“I would say that’s really bold for some people to come forward and say I’m really struggling, and you aren’t alone in that, you get all these workshops about services, but when you actually go, it doesn’t meet your expectations, or you feel ashamed maybe in some way, or you feel like you’ve opened up but you haven’t gotten anything in response. That will kind of push you in the opposite direction.”

“…you get all these workshops about services, but when you actually go, it doesn’t meet your expectations, or you feel ashamed maybe in some way, or you feel like you’ve opened up, but you haven’t gotten anything in response.”
Limitations

Several limitations should be considered when interpreting this data:

- The present focus groups were operated by and held within Wolverine Wellness at University Health Service, so participants may have been less inclined to share critical feedback of these units. Additionally, students with an existing negative or critical view of these units may have been less inclined to participate.

- Undergraduate students, women and Black/African-American students are over-represented in this sample, however for the purposes of this qualitative project, the overall large size of the participant group engenders the authors’ confidence in the findings.

- Certain ethnicities are not represented in this participant sample (e.g. Native American students), and caution should be exercised to not generalize these findings to students not present in this sample.

- Focus groups are generally intended to provide depth of experience and opinion rather than population-representative data, and should be taken in concert with other assessment methods (e.g. student surveys, unit data) to understand and guide wellness issues on campus.

Discussion

These findings demonstrate several ways race and racism may impact student health and well-being on the campus of the University of Michigan. Participants described racism on campus as shaping the experience of several drivers of their health, including health and wellness services, academic culture, their class or socioeconomic status, stigma related to help-seeking, and what supports or assets they experience. Conversely, each of these drivers can reinforce, or be sites of, continued experiences of racism.

On an individual level, these drivers directly affect a student’s college experience and their health outcomes while enrolled. These experiences also affect one another, e.g. a positive campus experience supports positive mental health, while a negative mental health outcome could hinder a student’s success in college.

Impact of Racism on Student Health in a Predominantly White Institution
Importantly, several participants did not attribute the assets and challenges to their well-being on campus to experiences related to race or racism. Participants offered recommendations and areas for improvement that were well-aligned with those offered by participants who did identify race and ethnicity as a driver of their well-being status on campus. This highlights the vast diversity in students’ views and experiences related to racial and ethnic identity, and how that identity may or may not intersect with their conceptualization of well-being.

These findings provide guidance on an array of avenues for improving well-being for U-M students of color, non-white students, and multiracial students. These include possible adjustments to health and wellness services, academic environments, and campus life, with recommendations detailed next.

Recommendations

For Health and Well-being Services

1. **Implement tailored well-being programs and messages for communities of color**

Students described a desire for well-being programs and messages that specifically link health to identity, and address the experience and impacts of being on U-M’s predominantly white campus. For example, well-being social media content, programs, and services could specifically engage the role of racial and/or ethnic identities in health.

2. **Continually improve the quality of health services**

Students cited a need for individualized, solutions-focused health and counseling services that are knowledgeable of cultural influences and clear about the services offered (e.g. communicating length and depth of services offered). Possible tools for enhancing these areas include training in Motivational Interviewing, cultural humility, best practices for adolescent health care, intercultural development learning tools, and other training and communication opportunities.

3. **Increase access to available appointments**

Students desired to schedule their appointments online, access appointments more quickly (i.e. a shorter wait time from scheduling to the visit), complete intake forms online from home, and access services on North Campus.

4. **Continually improve representation in well-being services staff/practitioners**

Students very clearly stated the importance of representation and relatability in trusting and sharing with health and counseling providers. They seek broader and more timely access to clinicians with their preferred identities, which may require continually greater diversity in hiring.

5. **Continue to expand communication and publicity of available services**

Students expressed being unaware of certain services, unsure if an opportunity is intended for them (e.g. graduate students), or finding out about services late in their U-M career. Specific outreach to graduate students and international students was suggested.
For Academic Environment

1. Build capacity for cultural humility among U-M staff and faculty

Unfortunately, some students experienced harm or inadequate support from faculty and staff, and they feel that greater skills in DEI competencies could prevent some of this harm. Cultural humility, which encourages lifelong learning and self-reflection and self-critique, may be a useful framework for building staff capacity in student support.

2. Enhance flexibility and support from faculty and staff

Instructors/faculty, Deans, and others can consider where and how to provide flexibility in the academic setting to foster student well-being, both proactively and in times of crisis. Students described health challenges specifically related to mandated attendance, inability to miss class for health reasons or personal problems, and general support for the whole person/student.

For Campus Life

1. Continue to Improve Food Access on Campus

Students strongly articulated the need for affordable grocery access near campus. Many do not own cars, or cannot find affordable nutritious options at pharmacy and convenience stores on campus. Suggestions included business partnerships to bring an affordable grocery within walking distance of campus, and/or a weekly free bus to transport students from campus to local grocery stores. It is noteworthy that this data was collected prior to the recent expansion of the Maize and Blue Cupboard resource, which addresses food insecurity on campus.

2. Expand DEI education efforts for U-M community members (staff, faculty, and students)

Continued efforts to enhance campus climate might include coalitions and partnerships among units whose primary focus is DEI, training opportunities for building intercultural skills, and/or campaigns.

3. Encourage students to identify and utilize their unique support network

Students described a benefit from both in-person contact such as student organization involvement, and from staying connected to family off-campus through phone, text, or other contact. Creating routine avenues for social support on- and off-campus may help students weather loneliness, culture shock, or other challenges.

Conclusion

Several areas for future programs and service enhancements hold promise for improving student well-being, reducing health disparities, and reducing harm caused by racism in U-M’s predominantly white institution. Across many kinds of student-facing professions, and whether a unit works with individuals, groups, a community, or on policy, several recommendations have been outlined for improving campus climate and supporting student well-being.
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Appendix: Focus Group Questions

1. How would you describe your health and well-being before coming to college?
   a. What factors supported your well-being?
   b. What factors were challenging to your well-being?

2. What factors in your life have supported your health and well-being since coming to college?
   a. Probe if needed: This could be factors like social support or other things that have made a difference in your well-being.

3. What challenges have you faced with caring for your well-being since coming to college?
   a. Probe if needed: How, if at all, do you think race or ethnicity have influenced your experience of well-being in college?

4. One of our goals is to improve or create programs, services and resources that will support the well-being of U-M students.
   a. Which programs, services or resources, if any, have been helpful to your well-being since coming to college?
   b. What barriers or factors, if any, have prevented you from using existing campus programs, services and resources?
      i. Probe if needed: How, if at all, do you think race or ethnicity have influenced your use of campus programs, services and resources?
   c. How has your support system impacted your experiences around well-being?
      i. Probe if needed: By support system we mean any individual or network of people, for example family or student organizations.
      ii. Probe if needed (e.g. if all similar sentiments): Does anyone have a different experience to share?

5. What ideas do you have for programs, services and resources that would be helpful to you or other students?
   a. Probe if needed: What ideas do you have for how best to communicate about resources to students?

6. Is there anything else you would like U of M staff to know about your student experience, or what would be helpful to your health while on campus?