

**FOR RELEASE on October 2020**

# A Special Data Report on Disparities in Wellbeing among Black/African American Students

A Data Report provided by the USC Well-being Collective from the  
2020 USC Student Wellbeing Index Survey

**FOR INQUIRIES:**

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**RECOMMENDED CITATION**

USC Well-being Collective, October 2020, "A Special Data Report on  
Disparities in Wellbeing among Black/African American Students"

# Table of Contents

About USC Well-being Collective	3
Measuring Impact	3
Introduction	4
Methodology	5
Limitations	5
Demographic Definitions	6
Student Wellbeing Key Performance Indicator Definitions	7
Summary of Findings	8
Positive Sense of Belonging	9
Fairness and Equity in the Classroom	10
Fairness and Equity out of the Classroom	11
Positive Mental Health	12
At-Risk Drinking	13
At-Risk Drinking after Initial 6 Weeks On-Campus	14
Sexual Assault	15
Upstanding Behaviors	16
Call to Action	17
Appendix I: Participant Characteristics from SWIS	18-19
Appendix II: Participant Characteristics from AlcoholEdu	20-21
Acknowledgment	22

The compilation of projects in this report covers the research conducted on student data managed by the Office for Health Promotion Strategy. This represents only a snapshot of available research across USC's academic units, researchers, and partners of the USC Well-being Collective. The Office for Health Promotion Strategy has also conducted analyses on National Assessment of Collegiate Campus Climates (NACCC) survey data from the USC Race and Equity Center and on medical diagnoses data from USC Student Health. If you are interested in sharing additional student data with us for analysis, please contact [hpstrategy@usc.edu](mailto:hpstrategy@usc.edu). It should also be noted that we will continue to update and revise these reports as we learn and receive feedback. As such, we welcome your feedback on this report.

When sharing this report, please include the recommended citation located on the report cover page. This report was prepared by the USC Student Health Office for Health Promotion Strategy, backbone for the USC Well-being Collective.

## About USC Well-being Collective

Guided by the principle that wellbeing is created where people live, learn, work and play, the USC Well-being Collective was established to bring together a coalition of campus partners to advance student health and wellbeing. The USC Well-being Collective harnesses the power of Collective Impact for a variety of distinct and often siloed academic departments, administrative units, recognized student organizations and local non-profits to come together and work with the whole student community towards one common agenda: strengthening a campus culture driven by student wellbeing.

This common agenda is supported by four interrelated strategic goals:

1. Enhancing the culture of equity and inclusion
2. Creating a culture where individuals and communities thrive
3. Disrupting the culture of at-risk substance use
4. Fostering a culture of consent and healthy relationships

## Measuring Impact

To track progress, members of the student community and participating partners worked with USC Student Health Office for Health Promotion Strategy - backbone for the USC Well-being Collective and identified eight population-level Student Wellbeing Key Performance Indicators (KPIs) to regularly report and share with the whole USC community. These KPIs represent essential common priorities to address, and begin to measure movement towards the common agenda. The following is a list of the 8 Student Wellbeing KPIs:

1. Positive Sense of Belonging
2. Fairness and Equity in the Classroom
3. Fairness and Equity out of 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

All of the Well-being Collective's data reports are located at [uscbwellbeingcollective.usc.edu](https://uscbwellbeingcollective.usc.edu).

# Introduction

The University of Southern California is multi-faceted, consisting of traditions, aspirations and the settings we share. The wellbeing of students is at the core of our every day work. As such, it is critical that each of us take on a campus-wide responsibility to create health and wellbeing in each of our units and spaces throughout the university.

Using a collective impact framework, we aspire to support our students to achieve their fullest potential by making wellbeing a strategic priority.

This report is one of several that highlights the nuanced gaps, needs, and assets within our student communities based on their intersectional identities. I highly encourage you to explore the student wellbeing key performance indicators in this report, review the disparities of our student populations by different demographic factors, and see how certain student groups are presenting their wellbeing in comparison to the aggregated student population.

It is our hope that USC staff, faculty and students can utilize the data in this report to conduct further research and gather community feedback to identify the risk and protective factors associated with their wellbeing in order to plan and advocate for appropriate resources. Ultimately, we need to narrow the disparities and achieve ever increasing wellbeing for all of our diverse student communities.

I invite you to reflect on the valuable work each of us can contribute to strengthening a culture driven by student wellbeing on our campuses, both through personal actions and systemic change.

At the University of Southern California, we are at the forefront of innovation and positive culture change in higher education. Together, we are shaping an important landscape to create a health promoting environment for our student community and for the wellbeing of the USC community as a whole. Your insight and feedback on this report is always welcome as it contributes to our common agenda. May we know wellbeing in person, place and planet.

Sincerely.

Paula Swinford, MS, MHA, FACHA  
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Clinical Instructor, Department of Family Medicine, Keck School of Medicine  
USC Student Health | Keck Medicine of USC  
University of Southern California

# Methodology

The primary source of data in this report are derived from the Student Wellbeing Index Survey (SWIS) that was conducted online from April 9 - May 8, 2020. The goal of the SWIS is to provide annual tracking of USC students' views and experiences on student wellbeing in the areas of sense of belonging, perception of being treated fairly and equitably in and out of the classrooms, positive mental health, at-risk drinking, sexual assault, and upstanding behaviors.

A random sample of 10,308 undergraduate students and 13,531 graduate students who were enrolled in on-campus programs at USC in the Spring 2020 were invited to participate in the SWIS. All USC students have a chance of being selected into the study. Their survey response rates were 20.5% for undergraduates and 23.4% for graduate students respectively. The estimated margin of error at 95% confidence level was  $\pm 1.7\%$  for both undergraduate and graduate student populations. The survey was subsequently weighted to be representative of the USC student census population by sex, race/ethnicity, campus location, degree level, and academic school. The weighted sample of 320 Black/African American students (187 undergraduates and 133 graduate students) were used for data analysis in this report. International and online students were also excluded from analysis as separate reports on International students and Online students will be created.

The second data source for an indicator on the rates of at-risk drinking among incoming undergraduates after their initial six weeks on campus comes from the 2019/2020 AlcoholEdu Survey (as of May 12, 2020). AlcoholEdu is a research-based online alcohol education program designed to assist students in developing personal decision-making skills regarding alcohol use in college. All incoming first year and transfer undergraduate students are required to complete

AlcoholEdu before the start of the semester and after six weeks in their first semester. AlcoholEdu data were not weighted because all of the USC first-year and transfer undergraduates ( $N = 5,588$ ) were required to complete the survey. For this report, 380 incoming undergraduates identified themselves as Black/African American and completed the AlcoholEdu Survey.

Please refer to the tables in the Appendix I: Participant Characteristics of SWIS and Appendix II: Participant Characteristics of AlcoholEdu for the breakdown of the number of survey participants by each demographic.

## Limitations

Following the common practice in quantitative research to generate reliable estimates, only groups with a minimum of 20 survey respondents are displayed in this report. The main limitation of this report is the inadequate number of survey respondents with non-<sub>2</sub>cisgender identities and non-heterosexual orientations. In the interest of including as many results as possible and avoiding the erasure of experiences of non-cisgender and non-heterosexual students because each subgroup consists of less than 20 respondents, they are combined together into the LGBTQ+ category. Data from bisexual students ( $n = 29$  for UG from SWIS and  $n = 38$  from AlcoholEdu) are still shown as we have sufficient sample size to generate reliable numbers from this group.

Future studies to highlight the experiences of the subgroups within the Black/African American LGBTQ+ student community with other intersectional identities (e.g., undergraduate Black transwomen who are also first generation students) should consider other research methods such as qualitative focus groups and in-depth interviews as alternative modes of data collection.

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1. Hill, R. (1998). What sample size is "enough" in internet survey research. *Interpersonal Computing and Technology: An electronic journal for the 21st century*, 6(3-4), 1-12.
  2. See Appendix I and Appendix II at the end of this report for the number of respondents in each gender identity and sexual orientation categories.

## DEMOGRAPHIC DEFINITIONS

UG - Total	Total sample of survey respondents who were undergraduate students and enrolled in an on-campus program at USC.
G UPC - Total	Total sample of survey respondents who were graduate students and enrolled in an on-campus program at University Park Campus, USC.
Non-BAA	Students who did not identify as Black/African American.
All BAA	Any students who identified as Black/African American, including those who also identified with other races/ethnicities.
BAA only	Students who exclusively identified as only Black/African American.
BAA+	Black/African American students who are mixed and also identified with at least one any other race/ethnicity.
BAA and Non-White+	Black/African American students who are mixed and also identified with at least one non-White race/ethnicity.
BAA and White	Biracial Black/African American students who also identified as White.
Cis-hetero men	Students whose gender identity and sex at birth are male and sexual orientation is exclusively heterosexual.
Cis-hetero women	Students whose gender identity and sex at birth are female and sexual orientation is exclusively heterosexual.
LGBTQ+	For this report, it is an inclusive acronym for students who identified as lesbian, gay, bisexual, transgender, queer or questioning, plus other non-cisgender identities (genderqueer, gender non-conforming, non-binary or self-identify) and non-heterosexual orientations (asexual, pansexual or self-identify).
First generation	Students who would be the first generation in their family to graduate with a Bachelor's Degree.
Diagnosed with disability	Students who reported to have been diagnosed with any of the following: ADHD, Autism Spectrum Disorder, Chronic mental health condition (e.g., depression, PTSD, anxiety disorder, etc), Chronic medical condition (e.g., cystic fibrosis, diabetes, chronic pain, etc.), Learning disability, Mobility-related disability (e.g., spinal cord injury, muscular dystrophy, etc.), Sensory disability (e.g., hard of hearing, low vision, etc.) or other disability /chronic condition
Affiliated with military	Students who were currently in Reserve Officers' Training Corps (ROTC), in Military Reserves or National Guard, Now on active duty, on active duty in the past 12 months, or on active duty beyond the past 12 months.

\*See Appendix I and Appendix II at the end of this report for the number of respondents in each demographic category. International and online students who identified as Black were removed from analysis in this report. There will be separate reports on International Students and Online Students.



## STUDENT WELLBEING KEY PERFORMANCE INDICATOR DEFINITIONS

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.
Fairness and Equity in the Classroom	Respondents rated their agreement from (1) strongly disagree to (5) strongly agree to this statement: "I am treated fairly and equitably in classrooms and classroom settings," (The Healthy Minds Network, 2018). Students who feel they are treated fairly and equitably in the classroom answer either (4) agree or (5) strongly agree.
Fairness and Equity out of the Classroom	Respondents rated their agreement from (1) strongly disagree to (5) strongly agree to this statement: "I am treated fairly and equitably in out-of-classroom university spaces," (The Healthy Minds Network, 2018). Students who feel they are treated fairly and equitably out of the classroom answer either (4) agree or (5) strongly agree.
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.
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).
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).
Upstanding Behavior	Measured by students who have reported to have intervened (by trying to help) for someone in at least one of the following situations: 1) drinking too much; 2) at risk of being sexually assaulted; 3) using harassing language towards others; 4) under emotional distress or suicidal; and 5) physical altercations (The Healthy Minds Network, 2018).

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D. W., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research*, 97(2), 143-156.

The Healthy Minds Network (2018). The Healthy Minds Study (HMS): Questionnaire modules. Retrieved from <http://www.healthymindsnetwork.org/research/data-for-researchers>

National Institute on Alcohol Abuse and Alcoholism. (2015). Drinking levels defined. Retrieved from <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>

## SUMMARY OF FINDINGS

Overall, Black/African American (BAA) students at USC experienced statistically significant disparities ( $p < .05$ ) in five out of eight Student Wellbeing Key Performance Indicators (KPIs) when compared to the non-BAA student populations. Two KPIs (fairness & equity in and out of the classroom) were also found to be significantly lower with a small effect size ( $\phi > .100$ ). Among the undergraduate population, BAA students had significantly lower sense of belonging at USC (-13.3%,  $p = .000$ ), and were less likely to have perception they were treated fairly and equitably in and out of the classroom (-20.8%,  $p = .000$ ,  $\phi = -.143$ ; -15.0%,  $p = .000$ ,  $\phi = -.102$  respectively) when compared to the Non-BAA students. On the other hand, significantly lower percent of incoming BAA undergraduates engaged in at-risk drinking behaviors (-4.1%,  $p = .023$ ) than non-BAA incoming undergraduates.

For the graduate student population, BAA students significantly had lower perception to be treated fairly and

and equitably in and out of the classroom (-14.9%,  $p = .000$ ; -13.2%,  $p = .000$  respectively). In spite of these challenges, BAA graduate students practiced significantly more upstanding behaviors (+13.1%,  $p = .001$ ) by reporting to have helped other students who might be in a crisis or in an unsafe situation while they were on campus at USC. BAA graduate students also reported more positive mental health (+2.3%,  $p = .607$ ), higher at-risk drinking behaviors (+3.6%,  $p = .253$ ), and higher experiences of sexual assault (+2.7%,  $p = .178$ ) than non-BAA graduate students. Nevertheless, these 3 KPIs were not found to be statistically significant.

The next section will provide further disaggregation of wellbeing KPI data within the BAA student community that may help to identify unique gaps and needs, as well as learning opportunities from BAA subgroups that experienced less disparities in some of the student wellbeing KPIs.

### DISPARITIES BETWEEN BAA AND NON-BAA SAMPLES ON STUDENT WELLBEING

Key Performance Indicator	UG Non-BAA	UG All BAA	% Difference	G Non-BAA	G All BAA	% Difference
1. % of students who report positive sense of belonging	49.1%	35.8%	-13.3%***	44.5%	39.8%	-4.7%
2. % of students who feel they are treated fairly and equitably in classrooms and classroom settings	86.2%	65.4%	-20.8%***	85.6%	70.7%	-14.9%***
3. % of students who feel they are treated fairly and equitably in out-of-classroom university spaces	85.1%	70.1%	-15.0%***	80.9%	67.7%	-13.2%***
4. % of students who report positive mental health	47.4%	40.4%	-7.0%	51.1%	53.4%	+2.3%
5. % of students who engage in at-risk drinking	25.2%	25.1%	-0.1%	20.5%	24.1%	+3.6%
6. % of incoming undergraduate students who are at-risk drinkers after 6 weeks on campus	20.2%	16.1%	-4.1%*	-	-	-
7. % of students who experience sexual assault in the last 12 months	8.2%	5.9%	-2.3%	2.6%	5.3%	+2.7%
8. % of students who report upstanding behaviors at USC	63.2%	62.0%	-1.2%	25.2%	38.3%	+13.1%**

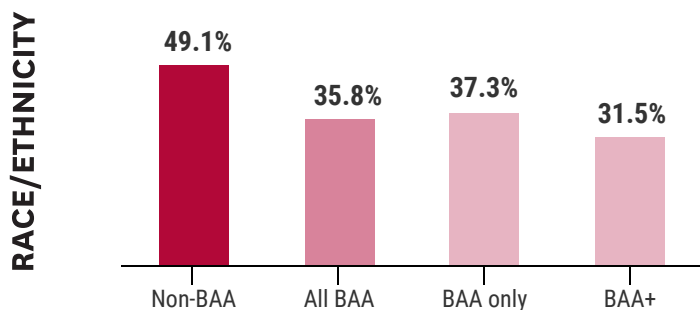
% difference between BAA and Non-BAA students is statistically significant at \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ . If the number is bolded, the effect size (Phi) is also above .100  
Data for the student wellbeing KPI #6 are derived from AlcoholEdu Survey, with incoming undergraduates (first-year and transfer) only.



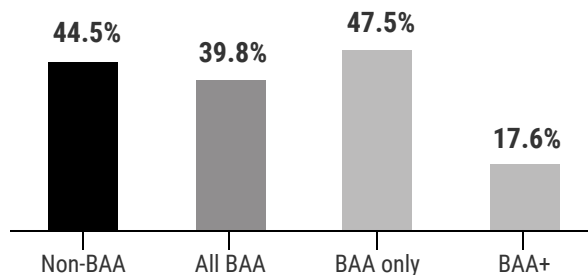
### POSITIVE SENSE OF BELONGING



#### UNDERGRADUATE STUDENTS



#### GRADUATE STUDENTS

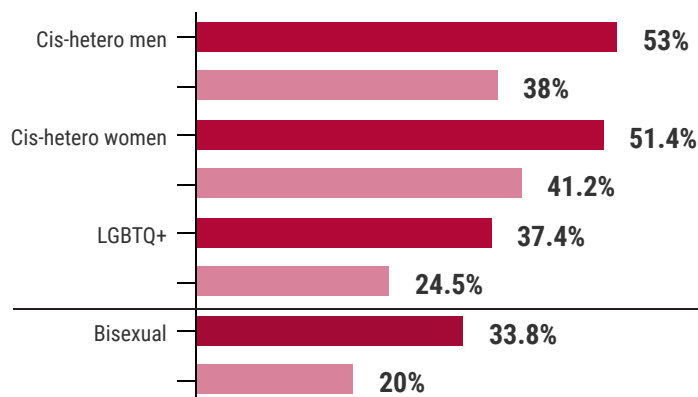


\*Non-BAA = students who did not identify as Black/African American, All BAA = any Black/African American students,

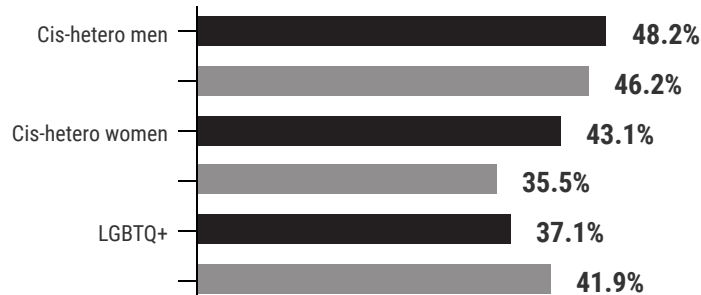
BAA only = students who exclusively identified as Black/African American only, BAA+ = Black/African American students who are mixed and also identified with at least one other race/ethnicity

● UG - Total    ● UG - All BAA

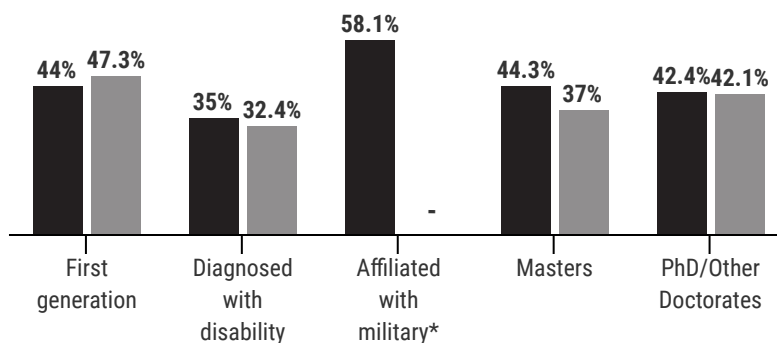
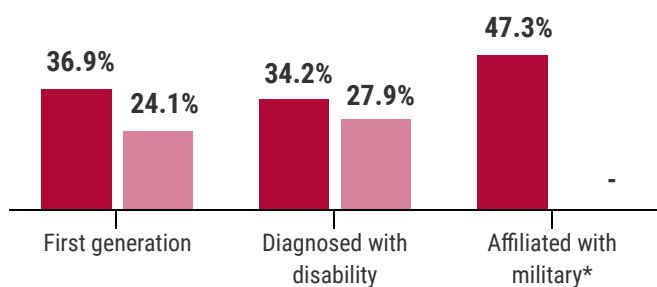
**GENDER IDENTITY/  
SEXUAL ORIENTATION**



● G UPC - Total    ● G - All BAA



**OTHER  
DEMOGRAPHICS**

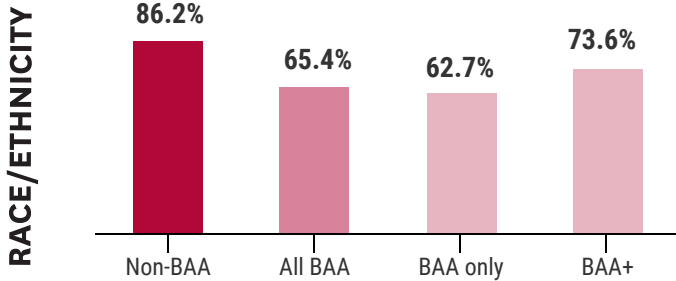


\*There were less than 20 BAA students in the UG and G survey samples from non-cisgender identities (transgender, non-binary, gender non-conforming, genderqueer, other self-identity), non-heterosexual orientations (asexual, bisexual for G, gay, lesbian, pansexual, queer & questioning) and affiliated with military categories to generate reliable results. Hence, their numbers could not be produced for this report.

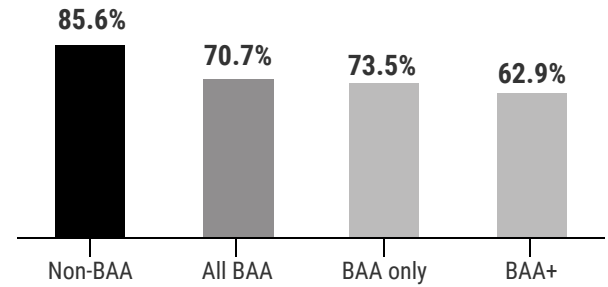
## FAIRNESS AND EQUITY IN THE CLASSROOM



### UNDERGRADUATE STUDENTS



### GRADUATE STUDENTS

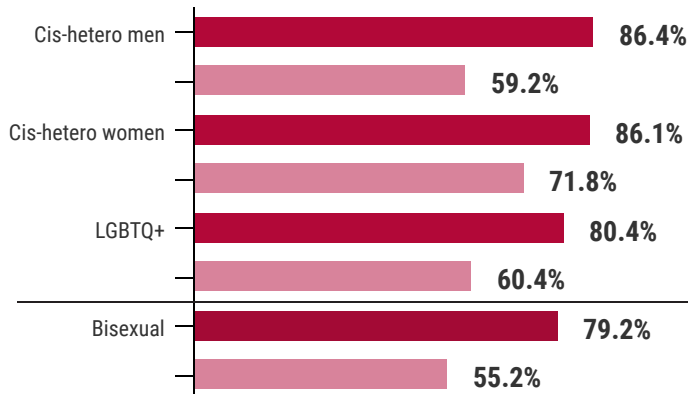


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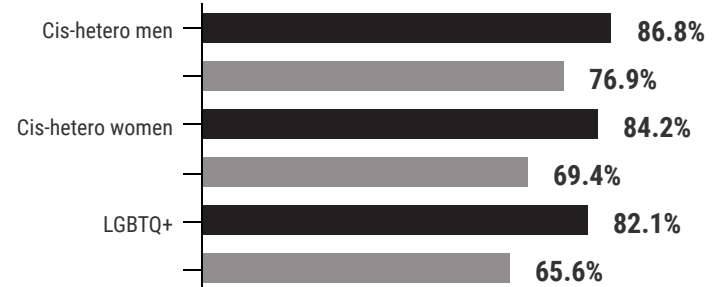
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● UG - Total ● UG - All BAA

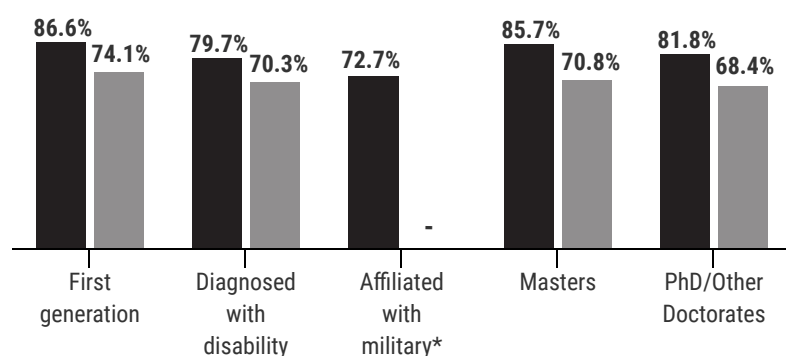
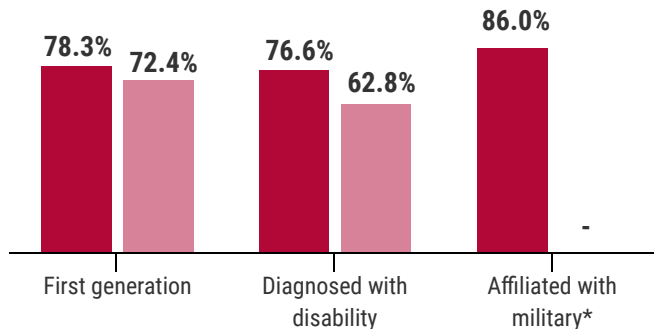
**GENDER IDENTITY/  
SEXUAL ORIENTATION**



● G UPC - Total ● G - All BAA



**OTHER  
DEMOGRAPHICS**

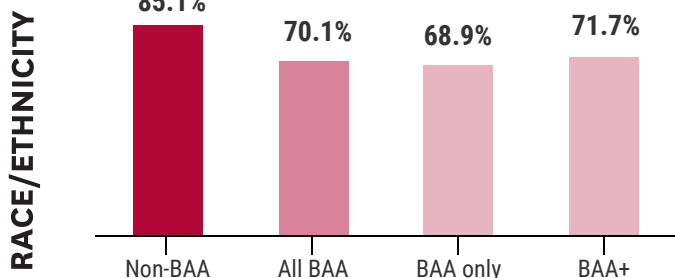


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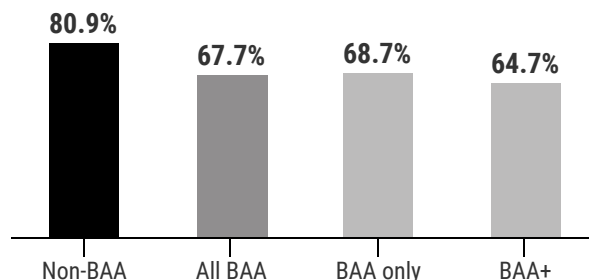
## FAIRNESS AND EQUITY OUT OF THE CLASSROOM



### UNDERGRADUATE STUDENTS



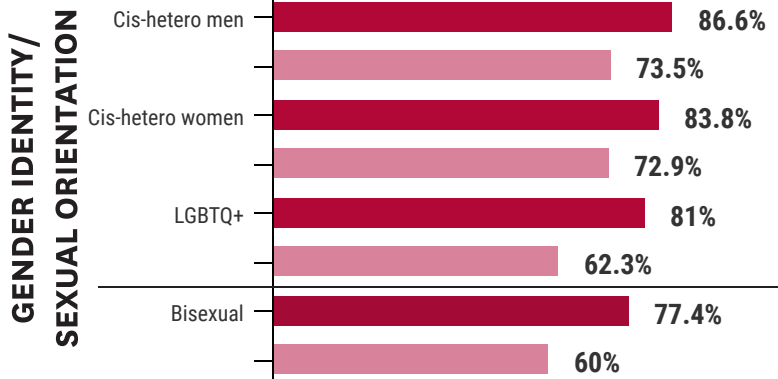
### GRADUATE STUDENTS



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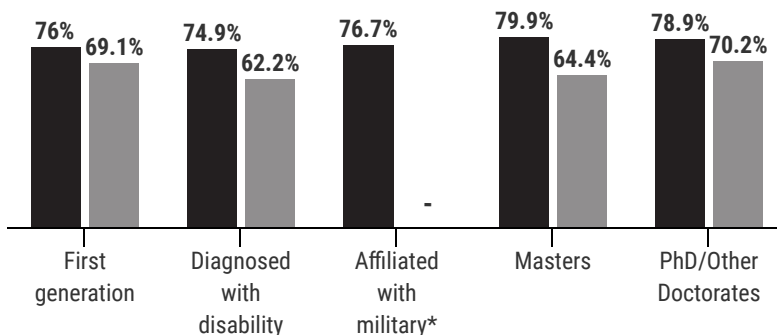
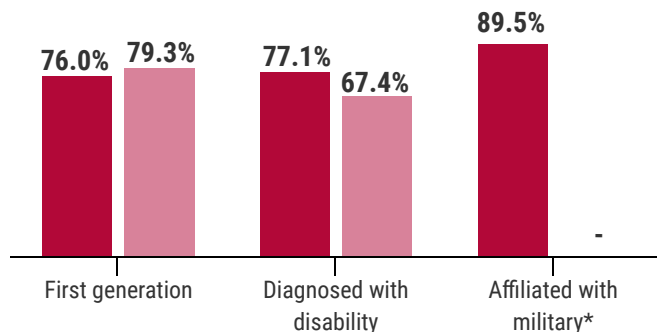
● UG - Total ● UG - All BAA



● G UPC - Total ● G - All BAA



### OTHER DEMOGRAPHICS

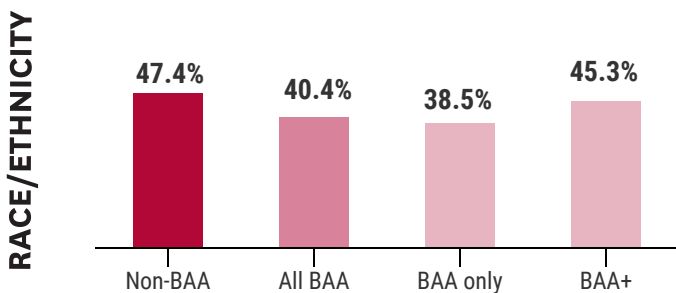


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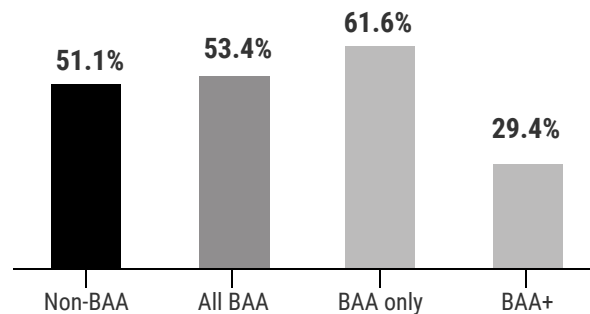
## POSITIVE MENTAL HEALTH



### UNDERGRADUATE STUDENTS



### GRADUATE STUDENTS

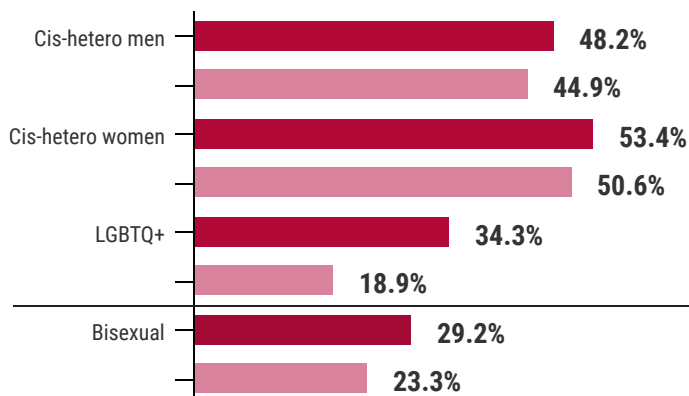


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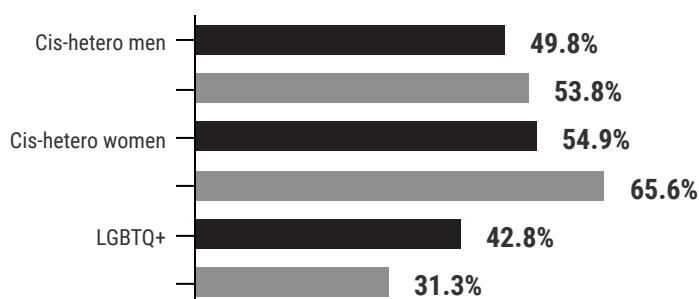
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● UG - Total ● UG - All BAA

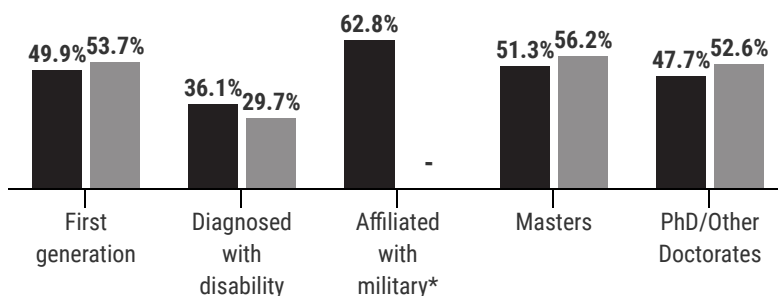
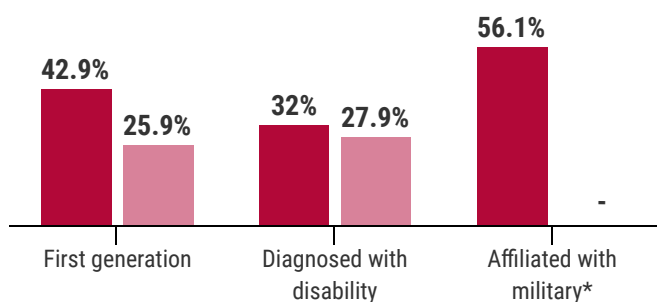
**GENDER IDENTITY/  
SEXUAL ORIENTATION**



● G UPC - Total ● G - All BAA



**OTHER  
DEMOGRAPHICS**



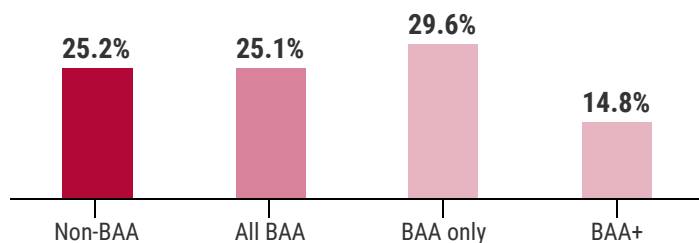
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### AT-RISK DRINKING

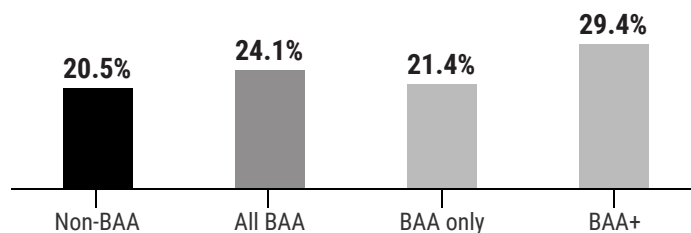


#### UNDERGRADUATE STUDENTS

RACE/ETHNICITY



#### GRADUATE STUDENTS

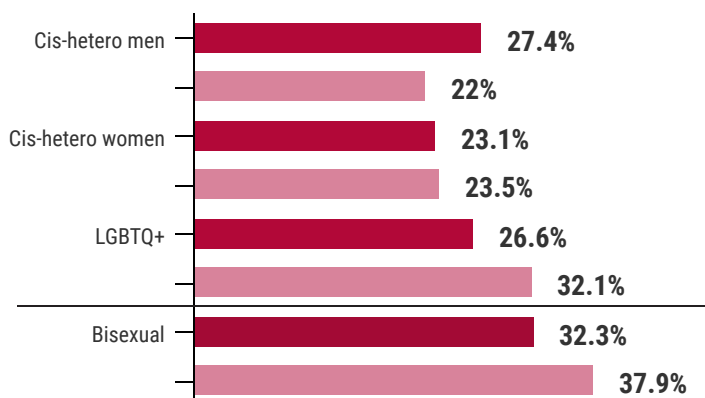


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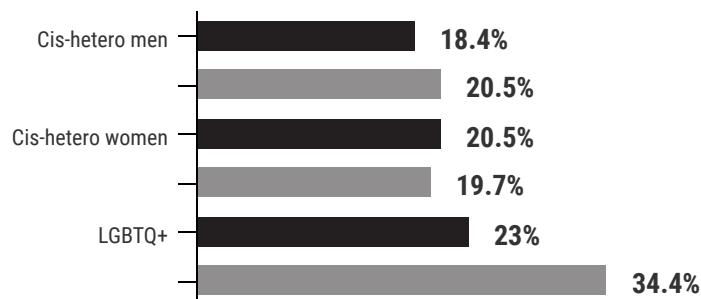
BAA only = students who exclusively identified as Black/African American only, BAA+ = Black/African American students who are mixed and also identified with at least one other race/ethnicity

● UG - Total ● UG - All BAA

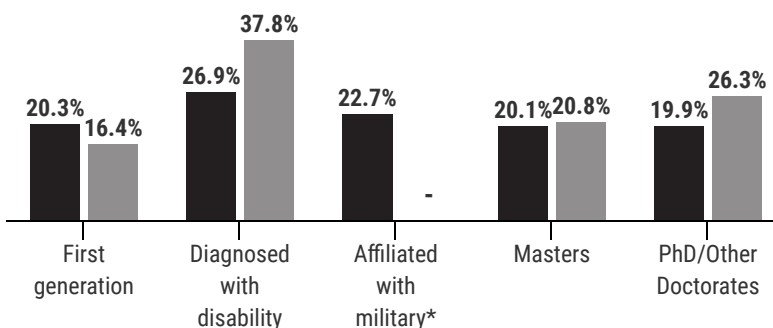
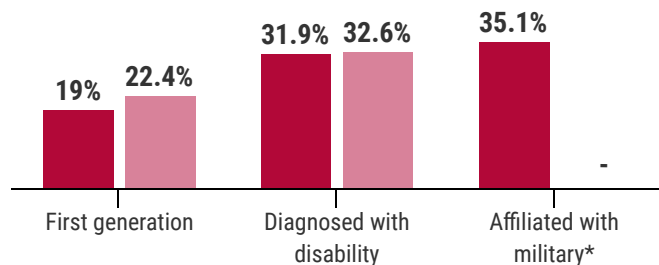
GENDER IDENTITY/  
SEXUAL ORIENTATION



● G UPC - Total ● G - All BAA



OTHER  
DEMOGRAPHICS



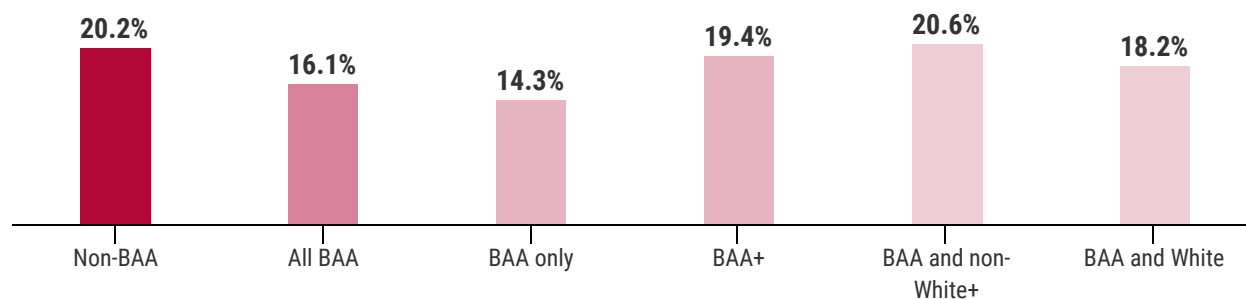
\*There were less than 20 BAA students in the UG and G survey samples from non-cisgender identities (transgender, non-binary, gender non-conforming, genderqueer, other self-identity), non-heterosexual orientations (asexual, bisexual for G, gay, lesbian, pansexual, queer & questioning) and affiliated with military categories to generate reliable results. Hence, their numbers could not be produced for this report.

## AT-RISK DRINKING AFTER INITIAL 6 WEEKS ON-CAMPUS\*



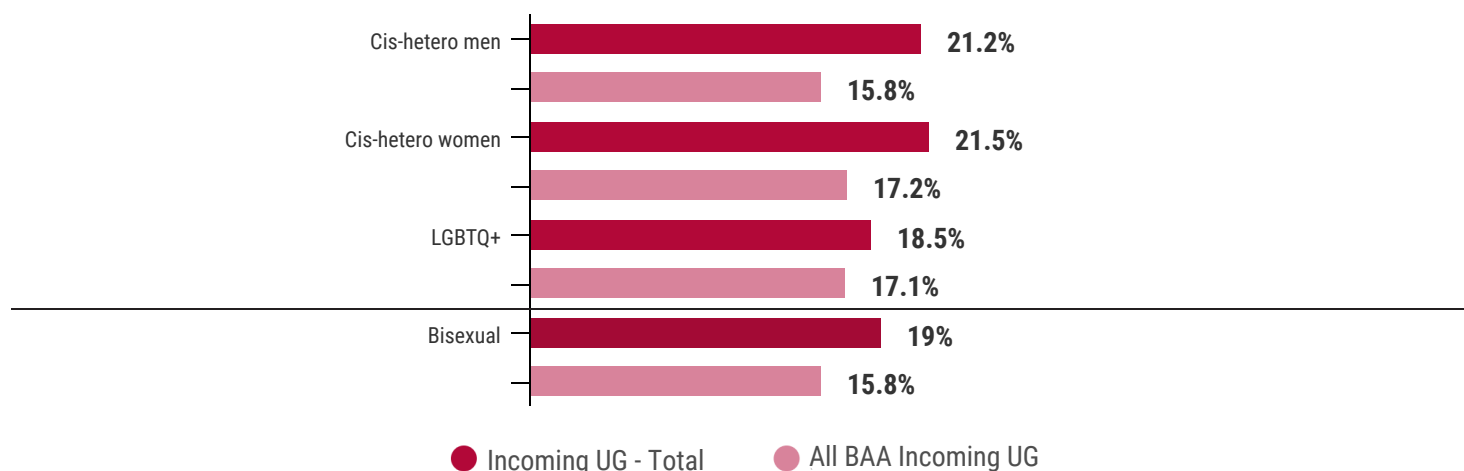
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RACE/ETHNICITY

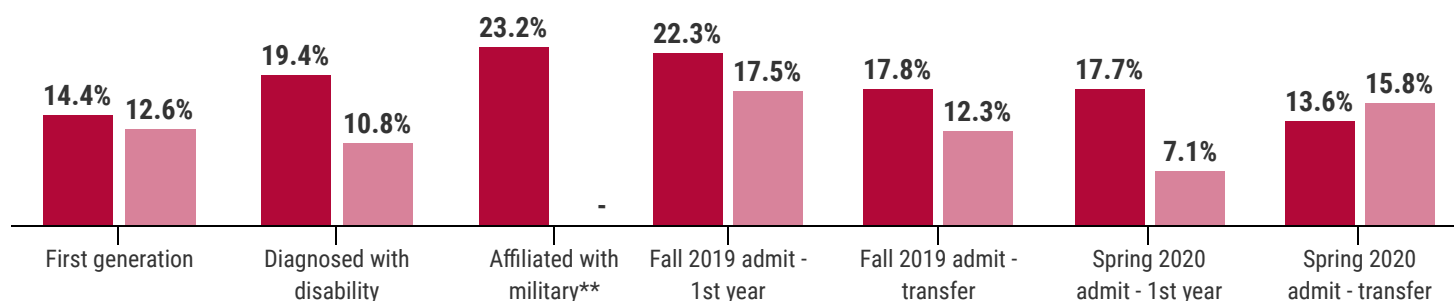


\*Non-BAA = students who did not identify as Black/African American, All BAA = any Black/African American students, BAA only = students who exclusively identified as Black/African American only, BAA+ = Black/African American students who also identified with at least one other race/ethnicity, BAA and non-White+ = Black/African American students who also identified with at least one non-White race/ethnicity, BAA and White = Biracial Black/African American students who also identified as White

GENDER IDENTITY/  
SEXUAL ORIENTATION\*\*



OTHER  
DEMOGRAPHICS



\*Data on this page comes from the AlcoholEdu dataset from 2019/2020 academic year. All entering undergraduates (entering first-year or transfer) are required to take the AlcoholEdu survey.

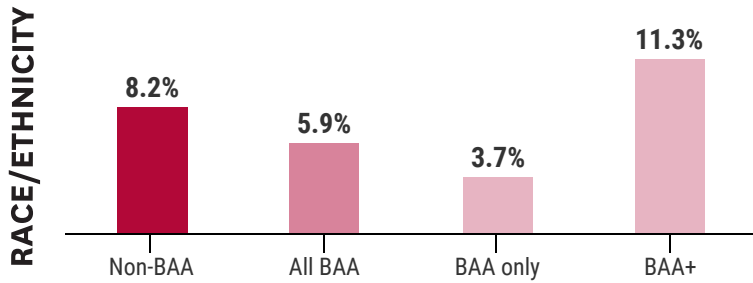
\*\*There were less than 20 BAA students in the survey sample from non-cisgender identities (transgender, non-binary, gender non-conforming, genderqueer, other self-identify), non-heterosexual orientations (asexual, gay, lesbian, pansexual, queer & questioning) and affiliated with military categories to generate reliable results. Hence, their numbers could not be produced for this report.



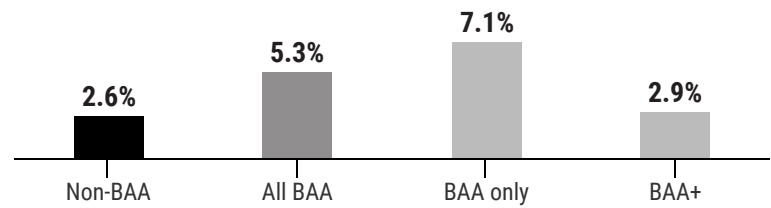
## SEXUAL ASSAULT



### UNDERGRADUATE STUDENTS

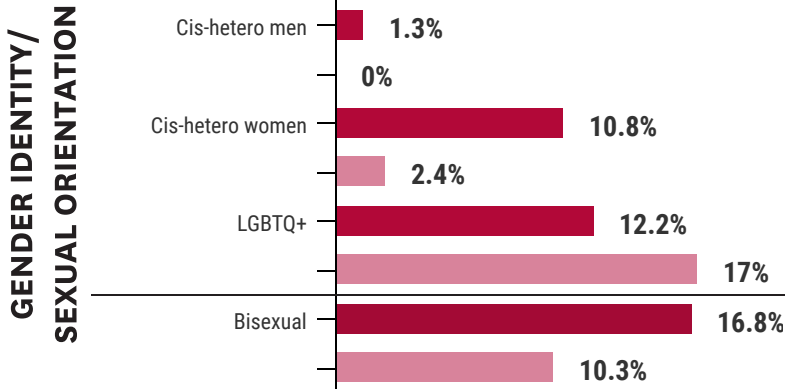


### GRADUATE STUDENTS

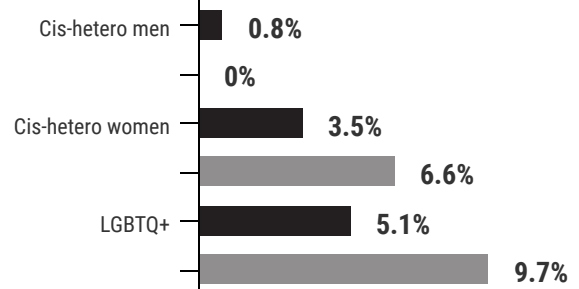


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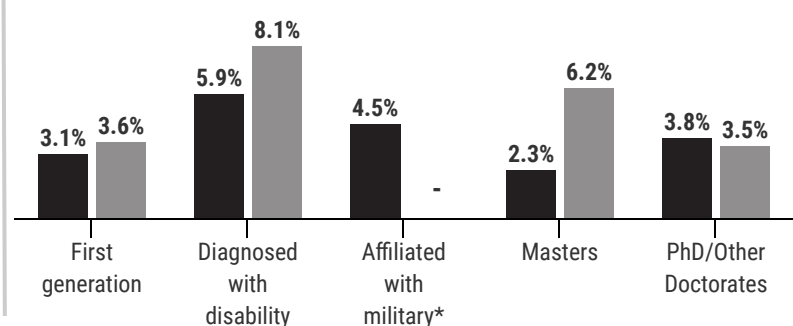
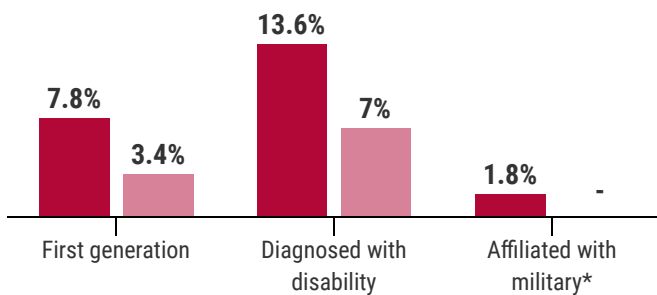
● UG - Total ● UG - All BAA



● G UPC - Total ● G - All BAA



### OTHER DEMOGRAPHICS



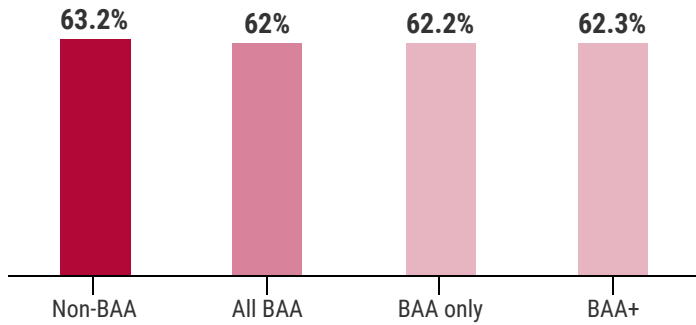
\*There were less than 20 BAA students in the UG and G survey samples from non-cisgender identities (transgender, non-binary, gender non-conforming, genderqueer, other self-identify), non-heterosexual orientations (asexual, bisexual for G, gay, lesbian, pansexual, queer & questioning) and affiliated with military categories to generate reliable results. Hence, their numbers could not be produced for this report.

## UPSTANDING BEHAVIORS

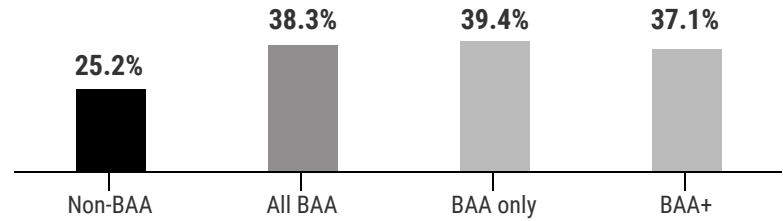


### UNDERGRADUATE STUDENTS

RACE/ETHNICITY



### GRADUATE STUDENTS

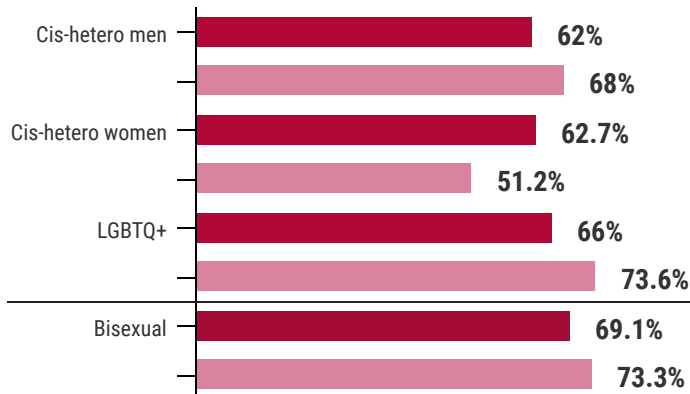


\*Non-BAA = students who did not identify as Black/African American, All BAA = any Black/African American students,

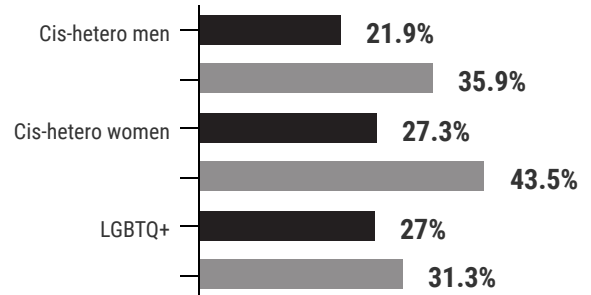
BAA only = students who exclusively identified as Black/African American only, BAA+ = Black/African American students who are mixed and also identified with at least one other race/ethnicity

● UG - Total ● UG - All BAA

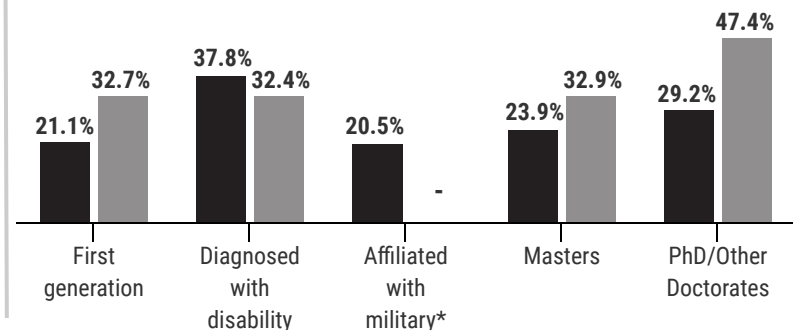
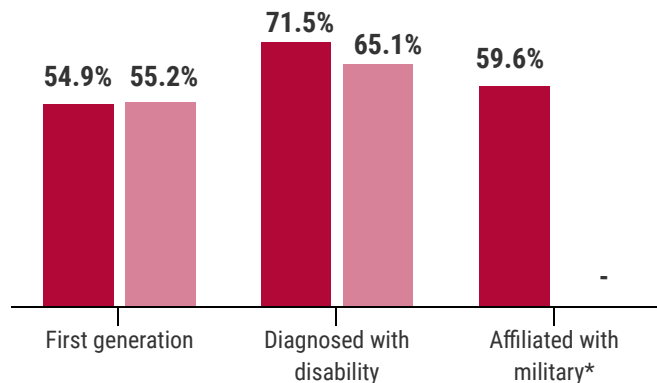
GENDER IDENTITY/  
SEXUAL ORIENTATION



● G UPC - Total ● G - All BAA



OTHER  
DEMOGRAPHICS



\*There were less than 20 BAA students in the UG and G survey samples from non-cisgender identities (transgender, non-binary, gender non-conforming, genderqueer, other self-identify), non-heterosexual orientations (asexual, bisexual for G, gay, lesbian, pansexual, queer & questioning) and affiliated with military categories to generate reliable results. Hence, their numbers could not be produced for this report.

# Call to Action: Get Connected with the USC Well-being Collective

While the university has made some progress towards creating a culture driven by student wellbeing, there is still much to be done surrounding efforts on disparities of wellbeing among students of diverse identities.

The university's investment to "embrace the inclusive spirit" and fund Undergraduate and Graduate Student Governments to address issues of diversity, inclusion, equity, opportunity, and access at USC is the forefront to exemplary progress ([diversity.usc.edu](https://diversity.usc.edu)).

In addition, the USC Well-being Collective encourages the shared responsibility of the USC community by generating opportunities for students, faculty and staff to be involved by engaging in efforts to enhance the culture of equity and inclusion.

The following section lists various projects, programs, and services that are offered to all members of the Trojan Family and administered by the USC Student Health – Office for Health Promotion Strategy, backbone for the USC Well-being Collective:

## For Faculty and Staff

### Initiate a Wellbeing Consultation

Faculty, staff and administrators interested to align their respective units to promote student wellbeing can [request](#) for a Wellbeing Consultation. After each consultation, a report with short- and long-term recommendations will be provided using various wise-practice health promotion strategies. An opportunity to become a Well-being Collective participating organization will also be explored.

## For Students

### Participate in a Wellbeing Listening Session

Facilitated by trained student Community Health Organizers, these [focus groups](#) aim to:

- Explore what contributes to sense of belonging in a university setting
- Identify what students see as their role in creating an inclusive campus community
- Gather recommendations to share with university administrators

### Become a USC Wellbeing Champion RSO

[Wellbeing Champions](#) are Recognized Student Organizations (RSOs) who are making a significant commitment to the health and wellbeing of their members. RSOs complete a wellbeing consultation to identify what practices and/or policies can be shifted to best support the wellbeing of the organization and its members.

### Apply for a Wellbeing Microgrant

[Wellbeing Microgrants](#) are a new approach to engage and empower undergraduate and graduate students looking to make a positive change in their communities. Designed to support the assets, knowledge and motivation of current students, the USC Well-being Collective provides up to \$500 for strategies that are focused on small-scale action to improve student wellbeing.

### Connect with Campus Resources

Office of Equity, Equal Opportunity and Title IX ([eeotix.usc.edu](https://eeotix.usc.edu))

USC Student Affairs, Student Equity and Inclusion Programs ([seip.usc.edu](https://seip.usc.edu))

USC Student Health ([studenthealth.usc.edu](https://studenthealth.usc.edu))

## APPENDIX I: PARTICIPANT CHARACTERISTICS FROM SWIS

Demographic Categories	UG - Total		UG - All BAA		G UPC - Total		G - All BAA	
	(N = 2,923)		(n = 187)		(N = 2,464)		(n = 133)	
	n	%	n	%	n	%	n	%
<b>Race/Ethnicity</b>								
Black/African American (BAA) only	134	4.6%	134	71.6%	98	4%	98	74.0%
BAA+ (Mixed - Black/African American with at least one other race/ethnicity)	53	1.8%	53	28.4%	35	1.4%	35	26.0%
- Mixed - Black/African American and non-White+	29	1%	29	15.7%	17	0.7%	17	13.0%
- Biracial - Black/African American and White	24	0.8%	24	12.7%	17	0.7%	17	13.0%
<b>Gender identity and Sexual Orientation</b>								
Cisgender heterosexual men	964	33.4%	50	26.4%	1,015	42.0%	39	29.5%
Cisgender heterosexual women	1,196	41.1%	85	45.3%	879	36.3%	62	46.2%
LGBTQ+	726	25.2%	53	28.3%	526	21.7%	31	23.5%
<b>Gender Identity</b>								
Cisgender man	1,286	44.0%	69	36.6%	1,290	52.4%	50	37.6%
Cisgender woman	1,582	54.1%	118	63.0%	1,144	46.4%	79	59.3%
Trans male/Trans man	3	0.1%	0	0.0%	3	0.1%	0	0.0%
Trans female/Trans woman	4	0.1%	0	0.0%	2	0.1%	0	0.0%
Genderqueer/Gender non-conforming	12	0.4%	0	0.0%	8	0.3%	2	1.3%
Non-binary	32	1.1%	1	0.4%	11	0.4%	2	1.9%
Self-identify	3	0.1%	0	0.0%	2	0.1%	0	0.0%

\*Student Wellbeing Index Survey (SWIS) data in this table have been weighted.

## APPENDIX I: PARTICIPANT CHARACTERISTICS FROM SWIS

Demographic Categories	UG - Total		UG - All BAA		G UPC - Total		G - All BAA	
	(N = 2,923)		(n = 187)		(N = 2,464)		(n = 133)	
	n	%	n	%	n	%	n	%
<b>Sexual Orientation</b>								
Asexual	119	4.1%	0	0.0%	161	6.5%	2	1.7%
Bisexual	312	10.7%	29	15.7%	162	6.6%	8	6.0%
Gay	158	5.4%	15	7.7%	117	4.7%	8	6.2%
Heterosexual	2,222	76.0%	135	71.8%	1,924	78.1%	101	76.1%
Lesbian	24	0.8%	2	0.9%	26	1.1%	2	1.8%
Pansexual	46	1.6%	4	2.1%	26	1.1%	5	4.0%
Queer	73	2.5%	8	4.4%	43	1.7%	8	5.8%
Questioning	91	3.1%	7	3.5%	34	1.4%	2	1.6%
<b>First generation</b>	578	19.8%	58	31.0%	552	22.4%	55	41.3%
<b>Diagnosed with disability</b>	693	23.7%	43	22.9%	439	17.8%	37	27.8%
<b>Affiliated with the military</b>	57	2.0%	3	1.5%	44	1.8%	1	0.6%
<b>Degree level</b>								
Undergraduate	2,923	100.0%	187	100%	-	-	-	-
Masters	-	-	-	-	1,626	66.0%	73	54.6%
PhD or Professional Doctorate	-	-	-	-	681	27.7%	57	43.0%
<b>Social Class</b>								
Wealthy, upper-middle or professional middle class	1,417	50.8%	34	18.3%	718	31.4%	30	22.7%
Middle class	763	27.4%	61	32.6%	997	43.5%	32	24.3%
Working class	330	11.8%	59	31.7%	394	17.2%	39	29.2%
Low income or poor	278	10.0%	27	14.3%	181	7.9%	22	16.3%

\*Student Wellbeing Index Survey (SWIS) data in this table have been weighted.

## APPENDIX II: PARTICIPANT CHARACTERISTICS FROM ALCOHOLEDU

Demographic Categories	Incoming UG - Total		Incoming UG - All BAA	
	(N = 5,588)		(n = 380)	
	n	%	n	%
<b>Race/Ethnicity</b>				
Black/African American (BAA) only	251	4.5%	251	66.1%
BAA+ (Mixed - Black/African American with at least one other race/ethnicity)	129	2.3%	129	33.9%
- Mixed - Black/African American and non-White+	63	1.1%	63	16.6%
- Mixed - Black/African American and White	66	1.2%	66	17.4%
<b>Gender Identity and Sexual Orientation</b>				
Cis-hetero men	2,070	37.0%	114	30.0%
Cis-hetero women	2,246	40.2%	163	42.9%
LGBTQ+	867	15.5%	82	21.6%
<b>Gender Identity</b>				
Cisgender men	2,856	51.1%	222	58.4%
Cisgender women	2,505	44.8%	144	37.9%
TGN	58	1.0%	10	2.7%
- Trans male/Trans man	12	0.2%	0	0.0%
- Trans female/Trans woman	5	0.1%	1	0.30%
- GN (Genderqueer or gender non-conforming)	32	0.6%	8	2.1%
- Not listed	9	0.2%	1	0.3%

\*AlcoholEdu data in this table are unweighted since all incoming UG are required to take this survey.



## APPENDIX II: PARTICIPANT CHARACTERISTICS FROM ALCOHOLEDU

Demographic Categories	Incoming UG - Total		Incoming UG - All BAA	
	(N = 5,588)		(n = 380)	
	n	%	n	%
<b>Sexual Orientation</b>				
Asexual	189	3.4%	8	2.1%
Bisexual	357	6.4%	38	10.1%
Gay	120	2.1%	8	2.1%
Heterosexual	4,329	77.5%	277	73.9%
Lesbian	32	0.6%	7	1.9%
Queer	42	0.8%	7	1.9%
Questioning	90	1.6%	8	2.1%
Other	35	0.6%	5	1.3%
<b>First generation</b>	1,238	22.2%	127	33.4%
<b>Diagnosed with disability</b>	418	7.5%	37	9.7%
<b>Affiliated with the military</b>	69	1.2%	10	2.6%
<b>Incoming Cohort</b>				
- Fall 2019 admit - 1st year	3219	57.6%	274	72.1%
- Fall 2019 admit - transfer	1,504	26.9%	73	19.2%
- Spring 2020 admit - 1st year	327	5.9%	14	3.7%
- Spring 2020 admit - transfer	538	9.6%	19	5.0%

\*AlcoholEdu data in this table are unweighted since all incoming UG are required to take this survey.

## Acknowledgment

The USC Well-being Collective expresses sincere gratitude to all participating organizations and wellbeing champions for our university-wide shared efforts to create a campus culture driven by student wellbeing.

A special acknowledgment to USC Student Health for efforts engaging with our diverse student communities to address individual and community health through the multiple and overlapping processes of health care, health promotion, health insurance, and health communication.

We extend special thanks to the various academic schools, especially the Ostrow School of Dentistry, Viterbi School of Engineering and Gould School of Law, for their promotion of the Student Wellbeing Index Survey.

The narratives and lived-experiences of our students would not be fully contextualized without the involvement and leadership of Student Affairs, Student Equity and Inclusion Programs, and stories gathered by our student Community Health Organizers.

Finally, this report would not be complete without the participation of over 6,000 undergraduate and graduate students who represent many identities across the globe.



# USC Well-being Collective

[uscbwellbeingcollective.usc.edu](https://uscbwellbeingcollective.usc.edu)