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ASSESSING RACIAL DISCRIMINATION EXPERIENCES AND MENTAL HEALTH
OF STUDENTS OF COLOR AT A PREDOMINANTLY WHITE CAMPUS

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Degree of Master of Public Health in Community Health Education

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ASSESSING RACIAL DISCRIMINATION EXPERIENCES AND MENTAL HEALTH
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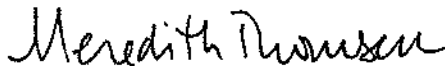


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ABSTRACT

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This study seeks to understand the racial discrimination experiences of students of color on a predominantly white campus and their perceived mental health. Racial tension exists between students of color and faculty and staff on this campus and in our larger community, preventing the goal of equal access. Research shows that along with challenges, such as stress, from balancing classes, friends, homework, jobs and athletics, students of color have to learn how to cope with everyday subtle racial discrimination that lead to a higher level of societal pressure. These pressures can hinder their learning experiences; lower their life satisfaction and increase mental health issues. Using a qualitative approach the study investigates students of colors' racial discrimination experiences and their mental health. Data was gathered from February 2017 through March 2017 doing individual interviews. Data from the study resulted in the major themes: all acts of racial discrimination were in subtle forms and participants were unaware of the encounters until after the fact, psychological impacts include internalized racism and low self regard after the experience, and all participants conceded that more effort can be put into educating white students and staff on cultural competency and racial discrimination.

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CHAPTER I

INTRODUCTION

Background and Statement of the Problem

People strive for educational attainment to gain experiences and knowledge, and to develop and grow. While pursuing higher education serves as a gateway to better options and more opportunities, for many students, it also comes with a great deal of challenges. Some of these challenges include social and sexual pressures, the temptation of readily available alcohol and drugs, and unhealthy food choices. Other challenges include lack of sleep and stress from trying to balance classes, friends, homework, jobs, athletics, and leadership positions (CDC, 2016). For students of color, there is yet another layer of challenge. Along with the previously mentioned challenges, students of color experience racial discrimination in more subtle and covert forms in their everyday lives that may lead to higher levels of societal pressures, hinder their learning experiences, lower their life satisfaction, and increase their mental health issues (Okazaki, 2009).

Research indicates that personal or institutional racism in contemporary life often occurs implicitly, automatically, and without any intent to harm or disadvantage members of minority groups (Okazaki, 2009). The Southern Poverty Law Center polls suggest that discrimination on the basis of race and ethnicity remains a significant problem for many racial and ethnic minorities in the United States (Lewis, Coghurn, & Williams, 2015). While institutions of higher education historically have been viewed as places of equity and opportunity outlets for everyone, the influence of implicit bias that presents itself in

forms of covert discrimination can affect the mental health of students of color at predominantly white institutions.

Purpose

Contemporary discrimination involves everyday subtle or ambiguous racially-related insults perceived as racism that may negatively impact the mental health of students of color in higher education institutions. While discrimination can involve more overt acts of racism and is easier to distinguish, previous research shows that there are positive associations between mental health issues and covert discrimination such as micro-aggressions relating to race and ethnicity (Okazaki, 2009). This qualitative exploratory study assessed the experiences of racial discrimination among students of color at a predominantly white institution and how their experiences impacted their perceived mental health.

Research Questions

The questions that guided the development of this qualitative research were as follows:

1. How do selected students of color experience discrimination?
2. How does discrimination affect the mental health of selected students of color?
3. What do selected students of color think about the role of their institution in their experiences with discrimination?

Need for the Study

One of the University of Wisconsin-La Crosse's values is "diversity, equity, and the inclusion and engagement of all people in a safe campus climate that embraces and

respects the innumerable different perspectives found within an increasingly integrated and culturally diverse community” (UW La Crosse, 2016). To that end, UW-L established a Hate and Bias Response Team with the intent of “providing students and staff an inclusive and safe place to live, work, and learn” (UW La Crosse Campus Climate, 2016, p.1). Hate and bias incidents are non-criminal acts motivated, in whole or in part, by the victim’s actual or perceived race, religion, ethnic background, sexual orientation, gender identity/expression, disability, or nationality (UW La Crosse Campus Climate, 2016). Many incidents are reported each year and it is important to acknowledge that incidents reported can be overt or covert forms of bias, such as victims feeling that they are treated unfairly by people in positions of authority, or by peers, based on their identity (UW La Crosse Campus Climate, 2016). Hate and bias reports for 2012 revealed that race and gender were the two most targeted identities with 30% of reported incidents on race and ethnicity and 29% of those incidents occurring in academic buildings (UW La Crosse Campus Climate, 2012). In 2013, the annual report indicated that the most targeted identity was race and ethnicity at 33% with 41% of incidents happening in residence halls (UW La Crosse Campus Climate, 2013). Race and ethnicity was again the most targeted identity in 2014 at 33% of reported incidents with 20% of those incidents occurring in residence halls and 12% of incidents occurring in academic buildings, such as classrooms (UW La Crosse Campus Climate, 2014). From 2015 to 2016, race and ethnicity remained the most targeted identity with 37% in 2015 and 28% in 2016 (UW La Crosse Campus Climate, 2016). From the reports, one can posit that the overall trend of reported hate and bias relating to race and ethnicity gradually is increasing.

To many white individuals, the term racism may be surprising; this is because overt forms of racism were more salient 60 years ago (i.e., before the Civil Rights Movement) (Williams & Wyatt, 2015). However, research reveals that contemporary racism, or covert forms of racism manifested from implicit bias, can be detrimental to individuals of color (Williams & Wyatt, 2015). Deeply ingrained in US culture are the images we are exposed to daily, such as images from the media, pop culture, and our community which devalue nonwhite racial populations (Williams & Wyatt, 2015). Constant exposure to non-verbal bias increases racial bias even though individuals are not consciously aware of their biases (Williams & Wyatt, 2015). Accordingly, researchers suggest that consistent exposure to micro-aggressions creates psychological stress which has an adverse impact on the mental and physical health of racial and ethnic groups (Lewis, Cogburn, & Williams, 2015). Among college students of color at predominantly white institutions, acts of prejudice and discrimination have been linked to a variety of poor mental health outcomes (Blume, Lovato, Thyken, & Denny, 2012). Furthermore, perceived racism has been associated with negative psychological states including symptoms of depression and anxiety, lower well-being, lower self-regard, and ill health (Okazaki, 2009).

The United States is more racially and ethnically diverse than ever before (Pew Research Center, 2016); therefore, the population within higher education is expected to become more diverse considering that in 2050, it is estimated that one in five individuals in the US will have a multiracial background (Tran, Moyake, Martinez-Morales, & Csizmadia, 2016). In recent years, institutions all over the country have become more aware of the effects of racism and discrimination in higher education; hence, many

institutions are interested in promoting diversity and inclusion. Nonetheless, little research has been done to understand the relationship between the different forms of racial discrimination and mental health (Barr & Neville, 2014).

For many years, the US has struggled with issues of equal rights and treatment; higher education also has struggled, but has taken steps in the right direction. Although many do not believe that racism still is happening, many scholars argue that it still persists, but in different forms (Lewis et al., 2015). Understanding the experiences of students of color can help administrators recognize the effects of racial discrimination on academic performance at higher education institutions. It also can assist faculty, staff, and administrators at predominantly white institutions to become more proactive in promoting a safe campus climate and provide support and protection from racial and ethnic discrimination for the students of color they serve (Blume, Lovato, Thyken, & Denny, 2012). This, in turn, may help faculty and administrators become aware of their implicit biases to prevent racial discrimination. Also, understanding the struggles students of color are experiencing due to racial discrimination can assist faculty, staff and administrators in understanding the relationship between racial discrimination and mental health (Barr & Neville, 2014.)

Delimitations

The following delimitations were placed on this study:

- Due to time constraints, data collection took place during a one-month period.
- The purpose of this study was to understand the racial discrimination experiences of students of color and thus, participants were delimited to persons from this

demographic group. Specifically, only students of color were invited to participate in the interviews.

- Participants were part of a convenience sample using a snowball technique and were recruited as opposed to being randomly selected.

Limitations

This study involved the following limitations:

- A potential limitation of this study was the lack of random selection. Due to this limitation, the study may have involved some degree of selection bias. Additionally, due to time constraints, a convenience sample was utilized to execute the study. The sample of convenience limited the generalizability of findings to other higher education institutions.
- The participants in this study were volunteers and their willingness to volunteer may have been indicative of a level of awareness of discrimination.
- The experiences of students of color and their perceptions of mental health were based on self-reported responses, which may have led to some level of perception bias.
- Depending on participants' awareness of racial discrimination, some participants may have underreported incidents of bias. Specifically, some participants may have underreported their actual experiences because of not attending to, not understanding, or even denying having been a target of such experiences since contemporary racial discrimination usually is subtle and ambiguous (Okazaki, 2009).

- Emotional pain from racism also may have affected the ability of some participants to recall specific events. This is because denial of discrimination experiences is a form of passive escape, or a distractive strategy that individuals employ to reduce levels of distress (Okazaki, 2009).
- Cultural worldview also may have affected participants' awareness of discrimination. For example, individuals of low social status groups who believe in a meritocratic worldview (i.e., the belief that those who are successful in life are more competent, capable, intelligent, and motivated; while those who fail to achieve in society are less capable, intelligent, and motivated, Sue, 2004) may have been less likely to perceive that they had experienced racial discrimination and more likely to have blamed themselves for bad outcomes (Okazaki, 2009).

Assumptions

For this study, the researcher developed guided interview questions, conducted the interviews, and made the following assumptions:

- Each participant who completed an interview answered questions accurately and honestly to the best of his/her knowledge due to confidentiality being preserved.

Definition of Terms

Discrimination - To single out or distinguish a person based on certain characteristics such as race, ethnicity, national origin, age, disability, gender, religion, sexual orientation, etc. (Findlaw, 2016).

Health – “A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 1948, p. 100).

Implicit bias - The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner; implicit bias is activated involuntarily and without an individual's awareness or intentional control (Kirwan Institute, 2015).

Mental health - A state of well-being in which every individual realizes his or her own potential, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to their community (World Health Organization, 2014). In this study when the word mental health is used, the attached meaning will be the emotional, psychological and social well being of the individual (USDHHS, 2016).

Racism - is a system of advantage based on race and supported by institutions, policies, and practices that benefits dominant groups and disadvantages subdominant groups.

Racism is a social expression of power and privilege (National Education Association, 2015).

Racial micro-aggressions – a contemporary form of racism through subtle insults or put-downs, which often are automatic or unconscious non-verbal exchanges (Sue et al., 2007).

Whites – “Individuals who exhibit the physical characteristics of White Europeans and have been assimilated and acculturated in the White Anglo-Saxon culture as it exists in the US today” (Helms, 1992, p. 2).

CHAPTER II

REVIEW OF LITERATURE

Demographics of the United States

The United States (US) is a diverse country and is expected to become substantially more diverse in the next decades. In 2008, the US population was 67% white, 12% black, 14% Hispanic, 1% Native American, and 4% Asian (Cartwright-Smith et al., 2008). By 2050, it is projected that the minority population will make up approximately 50% of the total US population. With the projected increase in the US minority population, it is crucial to pay attention to the racial and ethnic disparities regarding mental disorders and poor health outcomes among Americans (Cartwright et al., 2008).

Demographics of Wisconsin

Located in the north central region of the United States and by the Great Lakes region, Wisconsin (WI) is the 23rd largest and the 20th most populous state containing more than half of the total population of the least populous states with 5,778,708 residents (United States Census Bureau, 2016). According to the US Census, in 2015, Wisconsin's racial makeup was approximately 88% White, 7% Black or African American, 1% Native American, 3% Asian, and 2% of the population was multiracial. Hispanic American and/or Latino/a American was not measured in the US Census (United States Census Bureau, 2015). Approximately 5% of WI's population is foreign born and 9% of families speak a language other than English at home (United States

Census Bureau, 2015). WI's high school graduation rate is 91%, with approximately 30% of the population attaining a bachelor's degree; within the overall graduation rate of 91%, approximately 66% of blacks compared to 96% of white students graduate (Center on Wisconsin Strategy, 2013). Compared to the United States (US), although less diverse, WI's disparities are considerable; after all, the poverty rate of the US is 13.5%, while WI's poverty rate is 12.1% (United States Census Bureau, 2015).

Demographics of La Crosse, WI

On the western border of Wisconsin (WI), La Crosse County has an estimated total area of 480 square miles to include 452 square miles of land and 28 square miles (5.9%) of water. The US Census estimates that the population of La Crosse County in 2015 was approximately 118,212 people within 46,345 households. As the principal city in the La Crosse, Onalaska, WI-MN metropolitan area, even less racially diverse than the state of WI, La Crosse's racial makeup in July of 2015 was 91.7 % white, 1.5% Black or African American, .4% Native American, 4.6% Asian, 1.8% Hispanic or Latino, and 1.7% multi-racial (i.e., two or more races) (United States Census Bureau, 2015). As a home to three colleges—the University of Wisconsin La Crosse (UWL), Viterbo University, and Western Technical College--La Crosse is very well-known for its high rankings for health, well-being, quality of life, and education. In fact, the 2015 high school graduation rate in the county was approximately 94.4% and approximately 30.9% of the population graduated with a bachelor's degree or higher. Moreover, the 2015 median household income was \$50,539 and 14.4% of the population lived below the poverty level (United States Census Bureau, 2015).

Demographics of UW La Crosse

UWL, the largest college in La Crosse, was founded in 1909 and is a leading comprehensive four-year institution within the University of Wisconsin system awarding bachelor's degrees, master's degrees, and one doctoral degree. UWL also ranks in an elite group of national universities highlighted for student success in undergraduate research and creative projects. Even less diverse than Wisconsin, UWL's racial makeup of students is approximately 92.5% white, .8% Black or African American, 1.7% Hispanic or Latino/a, 3.5% Asian or Pacific Islander, 1.6% Native American, and 2.1% biracial or multiracial; 1.6% of the student population are international students (American College Health Association National College Health Assessment, 2015).

Perspectives on Health and Racial/Ethnic Disparities in the US

The investigator sought to understand the racial discrimination experiences of students of color on a predominantly white campus and how their experiences influence their emotional well-being. There are multiple factors that contribute to racial health disparities. Some factors that contribute to racial disparities include unconscious biases toward different minority groups, cultural illiteracy, and negative beliefs about race and how it is viewed in the US culture (Williams & Wyatt, 2015).

Racial discrimination can occur at multiple levels, including: internalized (racist attitudes, beliefs, or ideologies relating to one's worldview), interpersonal (interactions between individuals), and systematic (control of and access to labor, material, and symbolic resources within a society). Racism persists as a cause of exclusion, conflict, and disadvantage on a global scale and existing data suggest racism is increasing in many national contexts (Cartwright et al., 2008).

There are many different disparities in health outcomes when it comes to race and ethnicity. While many Americans are in poor health and do not receive the best medical care, studies and reports have documented that minorities experience poorer health outcomes, significantly more problems accessing care, and lower quality of health care than their white counterparts (Cartwright-Smith et al., 2008). Since the 1990s, disparities in self-reported health status have decreased for most minority groups; however, in more recent years, the gap in disparities has remained steady and in some instances, has increased (Cartwright-Smith et al., 2008). Most notably, the percentage of blacks who reported their health as either fair or poor increased by 5% from 2004 to 2005 (Cartwright-Smith et al., 2008). Moreover, although black families with incomes below 200% of the poverty level are more likely to suffer from chronic conditions than whites, the disparity between blacks and whites still exists for those with income levels at or above 200% of the poverty level (Cartwright-Smith et al., 2008). In fact, 40% of blacks are more likely to have a chronic illness or disability than whites even after both of their income levels are above the 200% poverty level (Cartwright-Smith et al., 2008).

Disparities also exist when it comes to life expectancy between white Americans and blacks (Cartwright-Smith et al., 2008). In 2003, the life expectancy for whites was 78 years which was 5.3 years longer than the life expectancy for blacks (Cartwright-Smith et al., 2008). Similarly, the infant mortality rate for non-Hispanic Blacks was almost 2.5 times greater than for whites; Native Americans also had a higher infant death rate than non-Hispanic whites (Cartwright-Smith et al., 2008). Blacks and Native Americans also are more likely than whites to have very low birth weight babies, a condition that closely

is linked to infant mortality (Cartwright-Smith et al., 2008). Thus, it is important to acknowledge and question why the infant death rate among blacks that were born in the US is approximately 14 per 1000 live birth compared to those that were foreign born at 9 per 1000 live births (Cartwright-Smith et al., 2008).

Minority Americans also are more likely to have diabetes than whites which especially is important since diabetes plays a major risk factor for many other conditions including heart and kidney diseases (Cartwright-Smith et al., 2008). Lastly, mental health among minorities is important to recognize as Native Americans have the highest rate of frequent mental distress with nearly 18% of the population reporting 14 or more mentally unhealthy days (Cartwright-Smith et al., 2008). Likewise, mental distress can lead to an increased risk for drug abuse and alcohol dependence which particularly are prevalent among Native Americans who also are less likely than the general population to seek help for mental health issues (Cartwright-Smith et al., 2008). While Blacks and Hispanic individuals are somewhat more likely than whites to report frequent mental distress, only 12% of blacks and 10 percent of Hispanics report the condition (Cartwright-Smith et al., 2008).

Prevalence of Mental Health in Wisconsin

Health disparities can have greater adverse effects on different minority groups who experience obstacles based on their racial or ethnic identities. According to the Behavioral Health Barometer: Wisconsin, a national and state report that provides a snapshot of behavioral health in the US, WI's rate of major depressive episode (MDE) among adolescents aged 12-17 during 2013-2014 was 12.3% compared to 11% for the US (SAMHSA, 2015). This represents approximately 55,000 adolescents in WI who have

experienced a major depressive episode. In WI, the percentage of adults aged 18 and older with suicidal thoughts (i.e., 3.9% of approximately 170,000 adults) was similar to the national percentage (3.9%) during 2013-2014, while those with serious mental illness in WI (i.e., 4.2%) compared similarly to the national rate of 4.2% of 183,000 adults aged 18 years and older (SAMHSA, 2015). Substance abuse in WI for individuals aged 12 years and older was higher than the national average at 7.8% compared to 6.5% in 2014, while WI adults 21 years of age or older reported heavy alcohol usage (i.e., 9%) in comparison to the national average of 6.7% (SAMHSA, 2015).

Prevalence of Mental Health in La Crosse County Compared to Wisconsin's Two Largest Counties

Milwaukee, the largest city in WI, is the main cultural and economic center of the Milwaukee, Racine, and Waukesha Metropolitan area. Milwaukee's racial makeup in 2015 was approximately 65% White, 27% Black or African American, 4% Asian, 1% Native American, and 3% multiracial (US Census, 2015). The County Health Rankings placed Milwaukee County at 71 out of 72 counties in WI, while Dane County ranked 11th and La Crosse County ranked 15th (County Health Rankings, 2017). Dane County was estimated in 2015 to have the second largest population in WI after Milwaukee County. Dane County's racial makeup in 2015 was approximately 85% White, 5% Black or African American, 6% Asian, 1% Native American, and 3% multiracial (US Census, 2015). According to the County Health Rankings, the rates of poor quality of life in La Crosse, Dane, and Milwaukee Counties were 12%, 11%, and 18%, respectively, compared to WI (15%) (County Health Rankings, 2017). As for days of poor physical health reported among residents, La Crosse County had an average of 3.3 days, while

Dane and Milwaukee Counties averaged 3.2 and 4.1 days, respectively; WI had an average of 3.7 days of poor physical health (County Health Rankings, 2017). Finally, days of poor mental health among residents were estimated at 3.3 days for La Crosse and Dane Counties, while Milwaukee County had 4 days compared to WI which reported 3.7 days of poor mental health. It is relevant to note that La Crosse County's quality of life measure is not far from Milwaukee and Dane Counties' quality of life measures even though those counties are almost twice the size of La Crosse County.

Different Types of Discrimination Experiences

One source of mental distress is racism. Modern day racism, or racial discrimination, can show up in many different forms and not always is overt. Racial discrimination can occur in the form of institutional racism which includes the failure of an organization to provide an appropriate and professional service to people because of their skin color, culture, or ethnic origin (Fernando, 2012). Racism also can be seen or detected in processes, attitudes, and behaviors that manifest as discrimination through unwitting prejudice, ignorance, thoughtlessness, and racist stereotyping which disadvantage ethnic minority people (Fernando, 2012). This type of racism is preserved by being incorporated into a variety of institutional processes within the health system. It becomes a part of theories and practices, and becomes a way of thinking. Such racism, coupled with cultural misunderstandings and accompanied by illness, leads to a negligence of understanding the realities of human suffering and misfortune (Fernando, 2012).

An Institute of Medicine (IOM) report concluded that multiple factors contribute to racial disparities in the medical care industry and that unconscious biases by healthcare

professionals contribute to deficits in the quality of care of all consumers (Williams & Wyatt, 2015). Racial discrimination has an adverse impact on the health care environment and on those receiving healthcare services as differential access to resources limits basic and preventive health care to members of some groups. Unequal distribution of healthcare resources results in morbidity rates that vary substantially among racial and ethnic categories and economic classes (American Nurses Association, 1998).

In the mental health field, research suggests that people who are seen to be different or threatening, such as blacks or people from other minority and ethnic communities, are likely to experience racial discrimination and be treated negatively. Modern day racism shows up implicitly in the healthcare system and mainly takes a subtle, but more detrimental effect. Specifically, it interferes with diagnosis, risk assessment, and other services if professionals are unaware of cultural differences. Due to the complex nature of racial discrimination, governmental policies as well as many professional practitioners have been unable to sufficiently address the effects of implicit racial bias in service delivery when working with different ethnic groups (Fernando, 2012).

Mental Health Effects of Discrimination

Health professionals are noticing the connection between racial discrimination and mental health outcomes among non-white individuals. Although more and more studies are being done to understand the relationship between racial discrimination and mental health issues among different ethnic groups, research on racial discrimination towards minority college students and mental health outcomes still needs to be conducted. Graham and his colleagues explored the mediating role of internalized racism

in the relationship between racist experiences and anxiety symptomatology in a Black American sample. They found that racism was positively correlated to mental health difficulties and that internalized racism was linked to poor self-esteem and higher levels of psychological distress (Graham, West, Martinez, & Roemer, 2016). Graham and his colleagues found that internalized racism mediated the relationship between frequency of experiences of racism and anxious arousal and stress symptoms (Graham, West, Martinez, & Roemer, 2016). Their research aligned with previous research suggesting that internalized racism has a negative impact on mental health and internalized racism is a direct consequence of recurrent and damaging experiences of racism (Graham et al., 2016).

In a similar study, Pieterse and his colleagues found a positive association between racism and psychological outcomes such as anxiety, depression, and general distress (Pieterse, Neville, Todd, & Carter, 2012). Their findings also indicated that perceptions of racism inversely are associated with psychological well-being and positively associated with psychological distress. Discrimination and racism generally are associated with poor health, and are more strongly associated with mental health than physical health (Pieterse, Neville, Todd, & Carter, 2012). Pieterse et al.'s findings also suggest that the mental health of Black Americans is negatively impacted by exposure to racism. More specifically, the greater the exposure to and awareness of racist events, the greater the likelihood of individuals reporting mental distress (Pieterse et al., 2012). Moreover, the effects of racist events on psychiatric symptoms and general distress were stronger than the effects on life satisfaction and self-esteem.

In general, the relationship between perceived racism and self-reported depression and anxiety is quite hefty, playing an important role in health disparities (Pieterse et al., 2012). Additionally, it should be noted that higher rates of hypertension were noted among those exposed to racist events, which is important because hypertension has been known to have a link to stress and depression (Pieterse et al., 2012).

Health-Related Determinants of Racial Discrimination

Racial discrimination is understood as not just the expression of individual attitudes, beliefs, and acts against minorities, but as a system of cultures and institutions involving social power and resulting in inequitable outcomes for various racial groups (Okazaki, 2009). The health-related determinants of racial discrimination are substantial. For example, Okazaki (2009) reported that the perceived racial discrimination by African American pregnant women over their lifetime as well as during their childhood predicted their infants' birth weights above and beyond the effects of medical and socio-demographic factors. Okazaki also suggested that race-based encounters, when perceived as racism, act as stressors that elicit coping responses as well as psychological and physiological stress responses, which, in turn, can lead to negative health outcomes among African Americans. Likewise, even subtle racism, such as stereotype threat, can increase blood pressure among African Americans (Okazaki, 2009).

In the healthcare field, mistreatment due to implicit discrimination undermines the experiences of individuals in minority groups resulting in minority groups suffering from certain diseases at up to five times more than the rate of white Americans (American Nurses Association, 1998). For instance, cancer is the leading cause of death for Chinese and Vietnamese Americans, while Surveillance, Epidemiologic and End Results (SEER)

data from the National Cancer Institute show that stomach cancer rates among Korean Americans are five times the rate for the total U.S. population (American Nurses Association, 1998). Similarly, Vietnamese women in the U.S. suffer from cervical cancer at a rate nearly five times the rate for white Americans and the number of Hepatitis B cases among Asian American and Pacific Islander children is two to three times higher than for children in the United States (American Nurses Association, 1998). Another disparity involves life expectancy among black Americans which is six years shorter than the life expectancy for white Americans. Moreover, in the U.S., black men less than 45 years old have a 45% higher rate of lung cancer and are ten times more likely to die from hypertension than white men under the age of 45 (American Nurses Association, 1998).

Mental Health Consequences of Discrimination

Research done by professors at UCLA School of Public Health revealed that when people are chronically treated differently, unfairly, or badly, it can have effects ranging from low self-esteem to an increased risk of developing stress-related disorders such as anxiety and depression (UCLA, 2013). Dr. Gee, professor from the Fielding School of Public Health (FSPH), suggested that when the mental health of one person is affected, it can produce a ripple effect affecting many areas of an individual's life. For example, in the area of parenting, a depressed mom might not be able to interact with her child in a way that effectively promotes that child's development in a healthy way, thus increasing the risk of the child developing certain behavioral disorders. The child then goes on getting discriminated; hence, everyone suffers from the effects of discrimination (UCLA, 2013). Gee's research determined the extent to which Asian Americans who reported being the victims of discrimination were more vulnerable to developing

clinically diagnosable mental disorders. Much of his research focused on symptoms of sadness and anxiety resulting from mistreatment. While taking into account other potential causes of stress, Gee found a clear relationship between discrimination and an increased risk of mental disorders. Additionally, in a 2014 study of Latinas/os, discrimination significantly was associated with an increased risk of alcohol abuse among women and an increased risk of drug abuse among men (Amaro, Gee, Grella, & Verissimo, 2014). Furthermore, in 2015, Gee and colleagues performed an analysis drawing from approximately 300 studies conducted around the world over the previous three decades; their meta-analysis concluded that self-reported racial discrimination consistently is related to poor mental health (Ben et al., 2015).

Mental Health Consequences of Discrimination among College Students

As a result of the increasing student-led protests around the country, colleges have been concentrating on making their campuses more accommodating for minority students. Students of color across the country actively are voicing their feelings of disconnectedness from their schools and proclaiming that implicit, yet institutionalized racism creates a gap between them and their white peers and faculty (Green, 2016). While mental health issues do not occur among all students of color, studies have suggested that perceived discrimination or actual discrimination can make it hard for students of color to engage with a campus in the way their white peers do (Steele, 1992). For minority students, surviving and thriving academically despite numerous encounters with racial discrimination may require a different strategy to cope beyond that needed for the typical struggles their white counterparts experience such as balancing work and class or overcoming difficult assignments (Steele, 1992).

Many students of color not only have to battle institutional racism, but they also have to engage in academic environments that condone microaggressions and stereotyping. Such environments can make these students feel like they have to outshine their peers in the classroom to disprove the notion that they are academically inferior (Steele, 1992). Some experts suggest that students of color who simultaneously strive to excel in the classroom might ultimately overwork themselves to the point of illness just to prove their intellectual worth (Steele, 1992).

From Okazaki's study to understand *The impact of racism on ethnic minority mental health*, findings support that race-based encounters can lead to negative mental health outcomes among ethnic minorities (Okazaki, 2009). Moreover, Okazaki's study concluded that perceived racism is associated with negative psychological states including symptoms of depression and anxiety, lower feelings of well-being, lower self-regard, and ill health (Okazaki, 2009).

In a similar study, Hwang and Goto (2008) investigated discrimination experiences among Asian American and Latino American college students across a variety of social and professional settings. They found that the frequency of perceived discrimination and the perceived stressfulness of related incidents had serious consequences for minority college students. Specifically, results suggested that perceived discrimination was associated with increased risks for psychological distress, suicidal ideation, anxiety, and clinical depression (Hwang & Goto, 2008).

While there is an increased awareness of mental health problems among college students, there is not necessarily an increased awareness of racial discrimination that potentially influences mental health among college students of color. In fact, the majority

of minority students may choose to keep their racial discriminatory experiences away from faculty and administrators, thus leading to illiteracy about racism and discrimination among minority students which could cause more harm to their psychological well-being (Wynaden, McAllister, Tohotoa, Heslop, & Byrne, 2014).

It should be noted that persons of color essentially have two identities and are pressured to view themselves as they are perceived by their white counterparts (Green, 2016). Some psychology researchers argue that this may lead to mental health problems that go unnoticed. Throughout the recent protests and subsequent discussions, a common theme that has emerged is that college campuses have not shielded students of color from the effects of societal racism and, at times, have exacerbated it. By recognizing that uncomfortable campus climates can take a toll on the mental health of students of color, perhaps colleges and universities will better understand the root causes behind the protests (Green, 2016).

Need for the Research

Modern-day racial discrimination occurs in forms that are difficult to detect. In fact, research continues to support that racism still transpires unknowingly without any intent to harm minority groups (Okazaki, 2009). Previous research has suggested that bias, miscommunication, lack of trust, and financial access barriers are what allow racial discrimination and stereotypes to continue to occur (Okazaki, 2009). Though most researchers will agree that extreme and direct racism is harmful, more research needs to be done to determine if persons from racial minorities who perceive racism in subtle forms are psychologically harmed or if they are simply being too sensitive (Okazaki, 2009).

Considering that previous research has shown a link between mental health issues and discrimination, it is important to note relevant findings from the National College Health Assessment (NCHA). The American College Health Association developed the NCHA, a national survey to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' habits, behaviors, and perceptions on the most prevalent health topics. Results from the 2015 survey revealed that the anxiety rate among college students was 25.3%, the depression rate was 14.1%, the prevalence of discrimination was .7%, and the prevalence of stress reported among college students was 35.0% (NCHA, 2015).

In addition to the aforementioned statistics, the Southern Poverty Law Center estimated that every minute, a college student somewhere sees or hears a racist, sexist, homophobic, or otherwise biased word or image. The US Department of Justice (2003) agrees that "there is no place where hate crimes and/or incidents are occurring with increasing frequency, more visibility and hostility, than in institutions of higher education" (US Department of Justice, 2003, p. 1). Additionally, on college campuses, one in four students have a diagnosable illness, while 80% of college students feel overwhelmed by their responsibilities and 50% of college students are so anxious that they struggle in school (Best Colleges, 2017). Researchers have conducted multiple studies to assess the relationship between racism and mental health issues; however, there still is a need to examine racial discrimination and its relationship to mental health among the college population.

Accordingly, Hoggard, Byrd, and Sellers (2015) conducted a study to assess the relationship between reported racial and non-racial stressors among Asian American

college students. While only 15% of their sample population experienced a racial stressor, other researchers found that 60% of Asian American students experience day-to-day discrimination and 55% of Asian American college students experience at least two racist incidents during a two-week interval (Hoggard, Byrd, & Sellers, 2015). Other findings have revealed significant morbidity associated with depression and anxiety as a result of discrimination experiences (Pieterse et al., 2012). While these findings provide evidence of the mental health impact of racial discrimination, it is important that researchers continue to explore the causes of discrimination in an effort to develop interventions for addressing racial discrimination experiences. Exploration of potential racial discrimination experiences among college students would help in developing goals for interventions to alleviate mental health issues and/or concerns among the minority student population.

Prevalence of Racial Discrimination at UW La Crosse

The UWL Hate and Bias Response Team was established to provide students and staff an inclusive and safe place to live, work, and learn (UW-La Crosse Campus Climate, 2016). Hate and bias incidents are non-criminal acts motivated by the victims' actual or perceived race, religion, ethnic background, sexual orientation, gender identity/expression, disability, or nationality (UW-La Crosse, 2016). Since 2012, race is the category that has had the most incidents being reported indicating that the most targeted identity is race and ethnicity (UW-La Crosse Campus Climate, 2016). From 2015 to 2016, race and ethnicity continued to remain the most targeted identity with 33% of reported incidents of hate and bias in 2015 and 28% of reported incidents in 2016

(UW-La Crosse Campus Climate, 2016). Consequently, the overall trend of the report on hate and bias relating to race and ethnicity have remained the same or increased gradually

Reports such as these show the relevance of the issue at UW-La Crosse; therefore, understanding the experiences of students of color can help administrators, faculty, and staff recognize the effects of racial discrimination on academic performance at higher education institutions. It can also assist faculty, staff, and administrators to become more proactive in promoting a safe campus and providing support and protection for the students of color they serve.

CHAPTER III

METHODS AND PROCEDURES

The purpose of this study was to understand the racial discrimination experiences of students of color on a predominantly white campus and their perceived mental health. Racial tension exists between persons of color and whites on this campus and in our larger community. Being able to recognize the racial discrimination experiences and feelings of students of color will help us further understand and appreciate the impact of discrimination bestowed upon students of color in higher education. Once we understand the relationship between racial discrimination and mental health concerns that affect students in higher education, we can take the necessary steps to lessen the burden our students of color face. This qualitative study will help us understand how our students of color perceive their racial discrimination experiences and how these experiences affect their mental health.

The objective of this qualitative study is to gain a better understanding of how recognizing racial discrimination experiences affects students before and after the experiences, the students' perception of university administrators' efforts and ability to address issues of inequality, and their recommendations for improving educational experiences of students of color on campus. The main objective of this qualitative research study is to discover what is important to know about the subject of racial discrimination among students of color and how their experiences impact them in an effort to improve experiences on campus.

Research Method

Prior to the development of this study, appropriate materials were submitted for approval from the University of Wisconsin-La Crosse Institutional Review Board (IRB). This study was then approved via expedited review. An expedited review was deemed appropriate and the research proposal was exempt from further review per 45CFR46, 46.101(b)(2). Additionally, no persons from vulnerable populations knowingly were participants in this study.

This study used the following eight characteristics of qualitative research from Maykut and Morehouse's (1994) book, *Beginning Qualitative Research: A Philosophical and Practical Guide*:

1. An exploratory and descriptive focus
2. Emergent design
3. Purposive sample
4. Data collection in a natural setting
5. Emphasis on "human-as-instrument"
6. Qualitative methods of data collection
7. Early and ongoing inductive data analysis
8. A case study approach to reporting research outcomes

In accordance with the *exploratory and descriptive focus*, the methods were designed to discover the perception of participants' racial discrimination experiences and how they felt prior to and after the experiences. The *emergent design* of the study (i.e., face-to-face interviews) was approved by the Institutional Review Board (IRB). A *purposive sample* (students of color who identifies with another race/ethnicity other than

white or Caucasian were identified and asked to participate in this study) was carefully selected based on the desire to gain a deeper understanding of the experiences of students of color. The guideline of *data collection in as natural a setting as possible* was followed by reserving private rooms for only the participants and researcher to meet, and being respectful of participants' limited amounts of time to dedicate to this study. The study took into consideration the *human-as-instrument* role of the researcher; that role is crucial to the trustworthiness of the research results. Specifically, the researcher assumed the role of human-as-instrument, carrying all of her experiences and biases with her into the research. The role of the researcher became "both the collector of relevant data – data whose relevance changes as the study proceeds – and the culler of meaning from that data" (Maykut & Morehouse, 1994, 5). Following *qualitative methods of data collection*, the researcher did not pre-determine what was important to the study, but instead concentrated on each participant's own words to describe her/his experiences. Using *early and ongoing inductive analysis*, the researcher uncovered outcomes of the research as the study evolved and themes emerged. The last component involved the method for presenting outcomes. A detailed narrative described the *reporting of research outcomes* to help the reader of the research study gain a better understanding of the actual data collected.

The focus of inquiry was to gain a better understanding of how racial discrimination experiences of students of color on a predominantly white campus influence their perceived mental health. The sampling strategy used for this study was purposive and emergent. The data collection procedures followed emergent research design so that the focus of inquiry could be refined as data were collected and analyzed.

It was proposed that in-depth, one-on-one interviews be conducted with participants. The interview questions focused directly on the participants' perceived experiences of racial discrimination and how they felt about the experiences.

The participants for this study were selected from the University of Wisconsin-La Crosse. The rationale for studying these individuals was to examine how different students of color understand their experiences of discrimination, and how those experiences affect their mental health. Racial discrimination affects the lives of students within the institution; understanding the role that racial discrimination plays is important in beginning to understand how the institutions can progress to support their students of color effectively.

From February 2017 through March 2017, participants were sent an email asking for them to engage in a private interview. An informed consent was attached with the email to recruit participants and to make them aware of the nature of the study. Participants were given the opportunity to ask necessary questions to help them be fully prepared to participate in the study.

Instrument Development

The interview questions were developed in alignment with the three research questions that helped guide this study, "*How do selected students of color experience discrimination?*," "*How does discrimination affect the mental health of selected students of color?*," and "*What do selected students of color think about the role of their institution in their experiences with discrimination?*". Interview questions were developed through a review of secondary literature and guidance from the thesis committee members. The proposed interview questions were submitted for approval from

the University of Wisconsin-La Crosse Institutional Review Board (IRB) and then approved via expedited review.

Discussions regarding racial discrimination can cause emotionally charged experiences. Questions for this study were designed to further understand participants' feelings and behaviors related to coping with these emotionally charged experiences. These questions were relevant to the researcher because in order to effectively alleviate mental health concerns among students of color and to better support students of color in higher education, acknowledging their experiences at an emotional, as well as a cognitive level are the first steps to begin mitigating these issues.

The first question used to guide this study was "*How do selected students of color experience discrimination?*" Participants were asked the following questions including: "*What does discrimination mean to you?*", "*How have you experienced discrimination?*," and "*Please share a specific example.*" These questions provided a framework for participants to reflect on their views of discrimination and what it means.

The second question used to guide this study was "*How does discrimination affect the mental health of selected students of color?*" In order to try and fathom the psychological impact of racial discrimination experiences, participants responded to detailed questions including: "*How has discrimination impacted you emotionally?*," "*How has discrimination impacted the way you interact with your friends and family?*," and "*How do you respond to/cope with discrimination.*"

Finally, the last question used to guide this study was "*What do selected students of color think about the role of their institution in their experiences with discrimination?*" Participants were asked detailed questions including: "*How do you think UWL is doing*

when it comes to promoting awareness of discrimination to students, faculty and staff?,"
"What do you think UWL can do to improve support for students of color who experience
discrimination?," and *"What suggestions do you have to promote awareness and reduce*
discrimination at UWL." These questions are necessary to gain a sense of where the
institution is on diversity and inclusion from the students' perspective, as a base to assist
with improving students of colors experiences and to better support them.

Privacy and Informed Consent

Participants were given an informed consent form with the invitational email (see Appendix B). The informed consent form was provided for participants to review prior to the interview. A hard copy of the informed consent form was provided at the interview; the researcher went over the informed consent again, asked if there were questions, and asked for a signature from the participants. Participants also were given the opportunity to preview the questions, as well as seek additional information from the principal investigator and other sources before completing the interview (see Appendix A). The researcher made every effort to ensure that participants felt prepared to respond to the interview questions and that their privacy was protected. Confidentiality was insured by keeping the recorded data in a locked area where only the researcher have access to. The data were not shared with anyone and names of participants were eliminated to maintain confidentiality.

Data Analysis

The purpose of this study was to understand the racial discrimination experiences of students of color and their perceptions of their mental health after the experiences. After the data were collected, the researcher attempted to describe what was learned from

the participants with minimal interpretation. Specifically, the researcher used an inductive approach to analyze the collected data. The Dedoose software was used to assist the researcher with coding data gathered, recognizing patterns relevant to the research questions, and searching for deeper meaning underneath the patterns of data.

Dedoose is a mixed method program that can be used to help organize non-constructive data. Data is gathered and recorded in MP4 format and is exported into the software. The data is listened to the first time to gauge the feeling and meaning of the participants, the data is again listened to and notes were taken to capture some of the descriptors that were coming up. Descriptors (codes) and sub codes are created out from the participants experiences to visualize the different types of experiences and feelings that arise. Specific excerpts are then created and tagged to the different descriptor codes. The codes applied to the excerpts help to facilitate the researchers attempt to organize the data, which are the specific themes used to serve as the basis for analyzing the data. The researcher then reviews all the codes and descriptors to make sure there is no overlap and combined all similar themes under a major theme or patterns. The process resulted in the major themes that will be discussed in the results section: *All acts of racial discrimination were in subtle forms of racial discrimination and participants were unaware of the encounters until after the fact; psychological impacts include internalized racism and low self regard after the experience; and all participants conceded that more effort can be put into educating white students and staff on cultural competency and racial discrimination.*

CHAPTER IV

FINDINGS

Using the participants' own words, this chapter will describe the racial discrimination experiences of four anonymous students at a predominantly white campus and how their experiences impacted their mental health. To protect the confidentiality of participants, pseudonyms will be used for all participants. A qualitative approach was utilized for this research in order to gain a better insight into the experiences of students of color and to better understand how their psychological well-being was affected by their experiences. The questions in the interview schedule (see Appendix A) gave participants the opportunity to critically evaluate their own experiences and understanding of how those experiences affected their well-being. The experiences and knowledge of racial discrimination play out differently for persons of color. While participants expressed their own individual experiences, the impacts each participant had were unmistakably similar when it came to their well-being, hence common themes were identified from the analysis.

The first section will discuss the *racial discrimination experiences* participants encountered; such experiences occurred in subtle forms and were difficult for participants to realize at first. *Psychological impact* and feelings of *internalized racism* with *low self-regard* were present in all four participants during or after their racial discrimination experiences and will be discussed in the second section. Furthermore, all participants had similar opinions when it came to UWL staff and students' awareness of racial

discrimination and how to be more supportive of students of color on campus, such that *more effort can be put into educating white students and staff on cultural competency and racial discrimination*; this will be discussed in the last section.

Racial Discrimination Experiences

In order to understand how students of color perceive acts of racial discrimination, the investigator explored the experiences and emotional impact of the participants' encounters. By examining the racial discrimination experiences of students of color, the investigator hoped to understand how racial discrimination impacts the mental health of students of color. Racial discrimination experiences of students of color vary greatly, but the impacts are comparable.

The students first defined racial discrimination as an action, such as being treated differently based on their skin color, race, and ethnicity. However, after receiving more time to answer and process the question, all of the participants defined racial discrimination as subtle acts that lead to negative feelings. Some of the participants said that the incidents did not feel right; they were hurt by the incidents, while trying to make sense of them and later realized that the incidents were acts of racial discrimination.

Lucho, a fourth year student attending UWL who identifies as Latino, explained acts of racial discrimination that were done covertly, such as "assuming something about you, just because you look different...how they address you differently, or trying to be very sensitive or politically correct, or trying very hard to be nice just because you're different; they don't joke, they are not themselves around you, because they see you differently so they have to think differently or act differently." He went on to explain that the interactions with whites in these instances are not sincere and, in actuality, the white

individuals display feelings of being uncomfortable because he looks different.

Florina, a 26-year-old Latina who attended graduate school at UWL, explained these covert acts of racial discrimination as “jokes, not meant to do any harm.” However, one particular joke was made in regards to her family background and, being the only person of color in her class, she felt very uncomfortable about the joke. She took action to address the joke and after disciplinary measures were taken to address the experience with the staff member who made the joke, she felt even more uncomfortable when the staff member was around.

Yasmina, a Middle Eastern Asian who came to UWL for graduate school, described her racial discrimination experiences as deliberate acts or actions performed by whites to discriminate against her; however, the acts were done in a way that she felt was not extreme so she assumed the acts were just typical roommate conflicts. Nevertheless, Yasmina felt the issues were not handled properly and the conflicts arose because of her race. She shared, “We have small issues like where should we put the internet [router], in the room, how should we divide up the refrigerator.... I think she used the internet problem as a reason to show her discrimination behavior.” As stated by Yasmina, “She started hiding my stuff.” Yasmina went on to say, “You could tell she acted the way she did because I was not white...she wasn’t talking to me.... instead she’d just leave me notes. I feel like she just wanted to avoid me.” Yasmina described her racial discrimination experiences as subtle acts, but the series of slight behavior given to her was a process of racial discrimination that made a huge impact on her psychologically.

A Southeast Asian UWL graduate student finishing her last year at UWL, Myang defined racial discrimination as actions that involve “treating people differently because

they are different; for example, showing favoritism from professors to white students.” Myang went on to talk about her experience while looking for an internship site that is required for her degree; the person discriminating was the internship site manager. She said, “The whole time she kept talking about how great the other white student that will be interning with them will be and how glad she is that the white student will be interning with them; they didn’t even say anything about me.” Myang thought that since this meeting was about her interning with the site, the discussion would consist of a little about her interest and how she could intern there, but the whole time there, the attention was put onto another student who was in the program. The whole time during the meeting she felt confused and bad about herself; she just tried to forget about that site because she knew they did not want her interning there considering the entire meeting was focused on another student instead. Although all participants defined racial discrimination as actions or interactions, it is clear that the actions were covert and were present in all of the participants’ experiences.

Psychological Impact and Feelings of Internalized Racism

One of the main purposes of this study was to explore the mental health and well-being of students of color who encountered racial discrimination experiences, how they handled the situations, and how the situations impacted them. During the interview, when asked to describe how participants felt and what they did to cope with their experiences, multiple emotions were described. Because there were multiple feelings conjured from participants, the researcher tried to group all the feelings that were similar together; this was done by listening to participants’ words to help combine them. For example, when participants mentioned feelings of sadness and rejection together in one example of an

encounter, those two feelings were grouped together as negative feelings. The two groups formed from these emotions were negative emotions and confusion. Additionally, to get the whole picture and fully grasp the experiences of these participants, emotions that were not grouped will be reported as well. Overall, after all of the feelings of confusion, anger, and low self-regard were expressed from participants, the researcher concluded that students experienced negative emotions of sadness, hurt, and pain during or after their racial discrimination experiences leading to one theme that emerged from the participants—internalized racism. Specifically, participants conjured up negative emotions of hurt leading to internalized racism with participants feeling a wave of emotions (e.g., hopelessness). Alternatively, participants felt hurt and uncomfortable during encounters and eventually left the situations confused about what had happened and then later on self-reflected on the experiences, thus leading to internalized racism.

Negative Emotions

Feelings that were present in all participants included feelings of rejection or not being accepted by white students, faculty, staff, and community members. Additionally, all participants confidently stated that racial discrimination impacted their social life such as how they interact with their family or friends or how they interact with other white persons.

Rejection or not being accepted was mentioned 12 times and at least once from each participant. For example, Yasmina mentioned, “Besides being rejected, I’ve never felt that stress in my life before. We as humans just want to feel that we belong, and want to be loved. I’m already okay with feeling rejected... But...feeling not safe... they never got to know me.” Lucho described his experience of un-acceptance as white individuals

“Making you feel like you’re less than some people...At the same time, I’m curious to understand the meaning.”

Feeling hurt was mentioned by two participants for a total of four times. As voiced by Lucho, “I just feel hurt... It was a process, I was in denial. At first, I wondered if I did something wrong.” During this process, the participant was hurt and had to take time to wonder what happened for him to be treated that way; then he wondered if he did something wrong. The participant internalized it and blamed himself for being treated that way when, in fact, he did nothing to deserve that treatment.

Feelings of not being safe were present among three participants and were mentioned a total of five times. Lucho explained, “I have to be aware of my surroundings, be aware of someone who can get mad,” while Yasmina voiced, “I don’t feel safe because they have their friends come talk to me about why I do the things that I do at the apartment.”

Feelings of being outnumbered and uncomfortable were mentioned a total of three times by two participants. For example, as mentioned by Yasmina, “I felt that I don’t have any support or backup. I don’t have friends or family here... She has friends; who am I supposed to ask for help?”

Other negative feelings participants felt included hopelessness, fear, and anger. As expressed by Yasmina when asked how she felt about the whole experience with her roommate, her response was, “Angry, this is not my language, this is not my land. I have to handle this by myself when there are a few of you.”

Additional emotions included shutting down during the encounters and feeling stressed out as conveyed by Florina who said, “It caused distress... It just feels

uncomfortable after; I felt that he held a grudge because, to him, it was just a joke, but to me, it was not.” Feelings of sadness and anger were revealed by Myang who exclaimed, “That is not fair! The white student who is really smart, she will get to do her internship first and I can not disturb them. I feel that this is total discrimination.” Frustration was expressed by Yasmina who stated, “I cried a lot in class, I was very frustrated. I have a lot of intense negative thinking.”

Confusion

A feeling that was present in all participants was confusion. Specifically, participants mentioned feeling confused 19 times, replied “I don’t know,” or were exasperated and frustrated when trying to convey their experiences. Specifically, they did not understand why they were treated in a certain way and were not aware that they were being discriminated against during the encounters.

While working in the community, Lucho was trying to help a customer and the customer asked for a white worker to assist them instead. After this encounter, Lucho expressed his understanding of the situation as a constant thought of what happened, “It was a normal day, just a regular day; I just wanted to get through the day, but after that incident, it changed to be gloomier, and it became a constant thought of what just happened.”

Similarly, Yasmina was unaware her experience was discrimination although she knew that she was treated differently from her other roommates because she looked different. Yasmina stated, “ I didn’t know that was a problem; I didn’t know that was harassment.”

Florina’s experience with her teacher making a joke about her left her confused

and hurt. Florina expressed her reality by saying, “Everyone laughed; they thought it was so funny, and I just kept walking and I was like.... ‘what?’ It was supposed to be a joke because he was a funny guy, but that was not a joke; that’s not funny.”

Similarly, Myang’s meeting with her potential internship supervisor left her feeling upset, rejected, and confused. She said, “The lady, when she saw me...I’m Asian and I can’t speak properly like Americans so she cut me off basically and I’m fine. I don’t have to go to work that way.... I didn’t know what’s going on; I just did my best to get my internship. I don’t understand.”

Internalized Racism

While analyzing the data, multiple emotions arose that were important for the researcher to acknowledge. Additionally, the researcher recognized one similar theme that emerged after all the emotions of hurt and confusion—internalized racism. Internalized racism is when people of color begin to “develop ideas, beliefs, actions, and behaviors that support or collude with racism” (Biven, 2017, p. 44). Race is a social and political construct grounded in history and experiences of oppressors and the oppressed, and is based on physical characteristics; hence, it limits people of color’s sense of self-perception. With internalized racism, this limited sense of self can undermine people of color’s beliefs in their full humanity and disrupt their understanding of their inner lives. This manifests in ways such as having a sense of inferiority to other human beings (Biven, 2017, p. 46).

An example of internalized racism was when Yasmina felt her roommates did not like how she did things in their apartment; she said that they “Made fun of the way I dress, or they did not like how I did the dishes.” She concluded that her roommates used

these as excuses to start issues with her. However, she still blamed herself for being different and eventually internalized it, saying things such as “I hated myself; I wondered why I got myself into this situation.”

Internalizing racial discrimination experiences can lead to unconscious acceptance that the dominant culture is better than one’s own. Therefore, being the only student of color in her class, Florina eventually longed to be white. She shared, “It impacted myself first such as, white students are smarter, or I’m not smart enough, not eloquent enough. I would just try to reject my culture and try to be as white as I could and try to assimilate.”

Internalized racism can cause people of color to criticize themselves and begin to find fault in themselves or their own race. For example, when other white people asked for another white individual to assist them instead, it automatically made Lucho wonder if he did something wrong. He stated, “I was in denial; at first, I wondered if I did something wrong...I tried to rationalize, to make sense of what happened; that was basically the rest of my day” (Lucho, 2017).

Internalized racism can manifest as unconscious acceptance and thus, people of color can begin to believe that they are less than whites without realizing that their actions and behaviors contribute to the problem. For example, based on Myang’s experience, she automatically assumed her classmate was smart because the classmate was white. She said, “The white student who is really smart, she will get to do her internship first and I cannot interrupt them.”

Eventually, all the participants stated that their racial discrimination experiences have changed the way they interact with certain friends or how they are around people they care about such as their family. The most consistent coping mechanisms all of the

participants displayed were talking to friends to validate their experiences and taking time to reflect and understand what had happened.

As noted by Yasmina, “My personality changed a lot; I have a quiet personality. When they did this to me, I interpreted it as we are not getting along together. Now, I don’t smile to people anymore; why should I smile to you? To show that I’m a good person?” Yasmina acknowledged that she noticed her personality had changed; she was friendly at one point and as she encountered these experiences, she no longer was going to be the first person to extend a welcome. Yasmina went on to say, “Sometimes you don’t know if it’s just you who is feeling this way, or if you are just thinking too much.”

Other students do not know what to do when they encounter racial discrimination experiences. Hence, many do not speak up; they just brush it off and later on regret it. As noted by Florina, “During the experience, I just shut down. I don’t speak up and after the moment, I feel sad, but then I realize I should’ve said something afterwards. I also have trouble speaking up at that time.”

Although physical health was not something the researcher was studying, it is a part of well being and could affect mental health. It was clear that physical health was impacted by participants’ racial discrimination experiences. Some physical symptoms mentioned included those associated with anxiety and stress. As voiced by Lucho, “When I’m with my family, especially with my parents, I tend to be more attentive.... Like I have to always be engaged and alert of my surroundings” (Lucho, 2017). Similarly, Myang shared, “I just ignore it.... I feel so stressed,” and Yasmina stated, “I cried a lot, because I was very stressed out, I cried in class, I was very frustrated.”

Although not mentioned much, there were a few expressions of anger after

encountering racial discrimination incidents for an extended amount of time as stated by Yasmina, “Angry, I’m an international student, this is not my language, this is not my land, I have to handle this by myself when there are a few of you!” Similarly, Myang conveyed heatedly, “That is not fair! The white student who is really smart, she will get to do her internship first and I cannot interrupt them! I feel that this is total discrimination!” Accordingly, two out of the four participants said they were angry although one of them just pushed it aside and ignored it to cope. It is important to acknowledge this emotion among students of color as it could cause a greater divide between students of color and administrators.

UWL Staff and Students’ Awareness of Racial Discrimination and How to Be More Supportive of Students of Color on Campus

One of UWL’s core values is “diversity, equity, and the inclusion and engagement of all people in a safe campus climate that embraces and respects the innumerable different perspectives found within an increasingly integrated and culturally diverse community” (UW-La Crosse, 2016). As such, it is important to understand the racial discrimination experiences of students of color on the UWL campus. In order for faculty and staff to continue their commitment to educating and promoting awareness for culturally competent students, the investigator explored the thoughts of four student of color regarding how well UWL faculty and staff are doing when it comes to cultural competency and providing supports for students of color. All participants expressed that UWL staff could do a better job when it comes to being culturally competent. Furthermore, all participants acknowledged that white students at UWL need more education and awareness on diversity. When it comes to having resources or support

services on campus for students of color, students of color are asserting they are not aware of the resources for them. All things considered, the participants conceded that UWL should strive to inform all incoming white students on the diverse student population, more outreach is needed to inform students of color about what resources are available to them and finally faculty and staff should put in more effort to strive to be culturally competent so that they can be more inclusive to their students of color.

As stated by Yasmina, “The university needs to prepare the incoming students about the diverse student population...inform the students of color more about the resources available, and of their rights, that no one should be treated this way. I don’t want to say recruit more students of color, because they will come here and feel rejected and not accepted; that will affect them especially when they are younger. Talk more about it.” Yasmina felt her experience happened because her roommate does not have any experience with students of color, or she felt that the white students did not know that UWL has a diverse student population. She felt UWL students did not know how to interact with students of color and did not even want to try to get to know her because of preconceived notions. In light of her situation, she argued that UWL could do a better job of reaching out to students of color to provide them with the resources they need if they encounter similar experiences.

When asked, *How do you think UWL is doing when it comes to promoting awareness of discrimination to students, faculty, and staff*, Florina’s response was, “Not so great, from personal experiences; there was not a class that covered diversity. There was a class that touched on it for one day and it was only a couple of slides on how to work with diverse populations. We had the conversation of white privilege a few times

because another student brought it up, but everyone else was so uncomfortable. My program should have made more effort to be more inclusive.” Florina and all the other participants believed that more education on different races and cultural competency could help educate students as well as professors. They felt that the university is not inclusive enough because in their programs, they are usually by themselves as students of color and none of the classes really include other cultures. In this sense, they believed UWL or the different departments should work on curriculums to add more classes on cultural competence.

Lucho indicated, “Not good..... Stop ignoring the problem. I think that most of the discrimination issues come from ignorance. I think what they are trying to do is make everyone feel okay; there are problems happening that are not being addressed because it might bring some distress or discomfort to some students...I think mostly white students...I think making white students aware of the issues will make them feel uncomfortable.” All participants also mentioned that UWL can do a better job of addressing the issues. Participants agreed that the issue is not talked about and ignoring the problem because it is uncomfortable to talk about just increases animosity.

Furthermore, participants stressed the importance of acknowledging the problem, discussing it, and addressing it appropriately. As noted by Myang, “I think that the white students feel like they are better; they make me feel like I’m not smart enough. Education comes from teachers and professors because they are role models...[We need] more education on cultural competence and discrimination for the students.” Participants believed that many of the white students have not had enough interactions with people of color and therefore, are not aware of their preconceived judgments. Therefore,

participants felt that educators are role models and students look up to them so education should begin with the professors by being more inclusive and providing more culturally competent resources to students.

Drawing from conclusions of the four participants racial discrimination experiences, the investigator found that physiological impact, internalized racism, and a lower self regard due to being a different race were present in all four participants. It was evidenced that there is still a lot of work to make UWL a more diverse and friendly atmosphere. As stated earlier, attending a campus with a predominantly white environment was hard on all four participants. It should also be noted that the participants were not comfortable speaking up during their encounters, this could be from feeling unsafe to fully express how they truly feel. Although UWL has strive to achieve a more diverse and welcoming environment, a lot of work is still ahead in making the campus more inclusive and accepting of all races.

CHAPTER V

DISCUSSION

The purpose of this study was to explore the racial discrimination experiences and the mental health of students of color on a predominantly white college campus. The interview questions were developed in alignment with the following three research questions which guided this study:

1. How do selected students of color experience discrimination?
2. How does discrimination affect the mental health of selected students of color?
3. What do selected students of color think about the role of their institution in their experiences with discrimination?

In order to begin to understand how the racial discrimination experiences of students of color impact their mental health, it must be acknowledged that the experiences and feelings of these individuals are real to them. This qualitative study examined the perspectives of four students of color regarding their racial discrimination experiences and their perceptions of how those encounters affected their psychological health and their life.

All participants for this study attended the University of Wisconsin-La Crosse and identified as a race other than white. Undergraduate students as well as graduate students were recruited by email to participate in this study. Each participant was allocated one hour for a private interview with the researcher. Data were collected and analyzed with Dedoose software. The main goal of this study was to understand how

students of color were impacted by their racial discrimination experiences as well as their perceptions regarding support by their institution.

Outcomes

The research process resulted in three major themes that were identified from the research questions to include:

1. How do selected students of color experience discrimination? *All acts of racial discrimination occurred in subtle forms and participants were unaware of the encounters until after the fact.*
2. How does discrimination affect the mental health of selected students of color? Psychological impacts included *internalized racism and low self-regard after the experiences.*
3. What do selected students of color think about the role of their institution in their experiences with discrimination? *All participants conceded that more effort can be put into educating white students and staff about cultural competency and racial discrimination.*

How Selected Students Experienced Racial Discrimination

Participants defined racial discrimination experiences as being treated differently based on their skin color, race, or ethnicity. The experiences all participants described were subtle acts not intended to hurt participants, however the acts made a lasting impact on the participants. These more subtle forms of racial discrimination also are known as racial microaggressions, brief everyday insults and denigrating messages sent to people of color by well-intentioned white people who are unaware of hidden messages being communicated (Sue, 2010). While microaggressions may be small, intentional, or

unintentional offenses, they can accumulate and become burdensome over time for those who experience them (Molock & Roberts, 2013).

Psychologists suggest that most people harbor unconscious biases and prejudices that leak out in many interpersonal situations. Many racial microaggressions are subtle such as *jokes, avoidance, and not communicating with students because of their race or ethnicity*; consequently, neither the target nor the perpetrator may entirely understand what is happening (Molock & Roberts, 2013). Compared to similar research (Molock & Roberts, 2013) that looked at racism and the mental health of people of color, this study resulted in similar findings. Although racist interactions between whites and students of color may seem minimal, racial discrimination has a powerful and detrimental consequence to students of color; thus, it is important to be aware of implicit biases that lead to unintentional microaggressions. Getting perpetrators to realize that they are acting in a biased manner is important because people are unaware of their implicit biases. Hence, becoming aware of biases helps individuals who would not normally discriminate become aware of their actions (Molock & Roberts, 2013).

How Discrimination Affects the Mental Health of Selected Students of Color

Findings from this study showed that all participants have feelings of confusion, rejection, and low self-regard. These feelings closely related to people of color internalizing racism. Internalized racism is defined as, developing ideas, beliefs, actions, and behaviors that support racism (Bivans, n.d.). Internalized racism is systemic oppression and must be distinguished from human wounds like self-hatred or low self-esteem; it negatively impacts people of color intra-culturally and cross-culturally due to race being a social and political construct that comes out of particular histories of

domination and exploitation between people (Bivans, n.d.). Likewise, unintentional microaggressions often lead to students of color feeling excluded, untrustworthy, abnormal, and like second-class citizens. For example, people of color often describe the dehumanizing feeling of being watched suspiciously in stores and that any mistakes they make would negatively impact every person of color. They also feel pressured to represent their racial groups in positive ways and feel trapped in stereotypes. The burden of constant vigilance (e.g., *"I have to be aware of my surroundings, be aware of someone who can get mad,"* Lucho, 2017) drains the psychological energy out of people of color and contributes to chronic fatigue and feelings of frustration and anger (Sue, 2010). As noted by Yasmina, *"[I feel] angry... This is not my language, this is not my land. I have to handle this by myself when there are a few of you."*

Psychologists propose that racial microaggressions are more harmful than overt racism because of their invisibility, which puts people of color in a psychological bind. While people of color may feel insulted by microaggressions, they often are uncertain about why they feel insulted. For example, as revealed by Lucho, *"It was a normal day, just a regular day; I just wanted to get through the day, but after that incident, it changed to be gloomier, and it became a constant thought of what just happened?"* Interestingly, perpetrators are unaware that anything has happened and are not aware that they have been offensive. According to Sue (2010), "For people of color, they are caught in a Catch-22. If they question the perpetrator, denials are likely to follow; indeed, they may be labeled 'oversensitive' or even 'paranoid.' If they choose not to confront perpetrators, the turmoil stews and percolates in the psyche of the person taking a huge emotional toll. In other words, they are damned if they do and damned if they don't" (para. 19). This

phenomenon was described by Florina when she said “*It caused distress It just feels uncomfortable after; I felt that he held a grudge because to him it was just a joke, but to me it was not.*”

Interestingly, microaggressions may appear like insignificant slights, or trivial in nature. However, studies have revealed that racial microaggressions have powerful and detrimental consequences to people of color. Specifically, microaggressions have been found to: (a) berate the mental health of people of color; (b) create a hostile and invalidating work or campus climate, (c) contribute to the development of physical health problems, (d) saturate the broader society with cues that signal devaluation of social group identities, and (e) create inequities in education, employment, and health care (Sue, 2010).

Thoughts of Selected Students of Color about the Role of Their Institution in Their Experiences with Discrimination

While two out of the four participants said that staff are trying when it comes to educating and creating awareness on cultural competency and racial discrimination, two of the students bluntly stated that the institution is *not doing a good job* of addressing these concerns. Moreover, all four participants agreed that *white students and staff need more education and awareness* on cultural competency and how to effectively address racial discrimination experiences.

Racial discrimination can occur at multiple levels to include: (a) internalized racism (implicit biases) such as racist attitudes, beliefs, or ideologies relating to one’s worldview, (b) interpersonal interactions between individuals such as microaggressions (Cartwright et al., 2008), and (c) systematic or institutional racism, or the collective and

historical failure of an organization to provide an appropriate and professional service to people because of their color, culture, or ethnic origin (Katcher, 2003). Despite staff and administration trying to support students of color at UWL, it is clear that another force plays a role. Although there are resources available to support students of color, participants were not aware of all of the resources available to them. As stated by Yasmina, "*Inform students of color more about the resources available, and of their rights, that no one should be treated this way.*" Above all, all participants challenged faculty and staff to have more discussions on this issue. For example, Yasmina mentioned the need to "*Talk more about it.*" Having spaces for students of color to be around each other also is supportive as it makes them feel welcome. As noted by Florina, "*Just having a space to be comfortable and to be included and tell us that we matter is very important.*"

Hughes (2014), an associate professor in higher education/student affairs in the School of Education at Indiana University who focuses on issues of race and sports in education and society, argues that institutional racism is a problem that may reside in schools that are not diverse. Unfortunately, institutional racism is a part of the very cultural fabric we live in and often gets unnoticed, ignored, or denied. Most people have no reason to dare or even think about questioning discriminatory acts because institutional racism is part of the very structure in which they reside, operate, and work (Hughes, 2014). According to Lucho, it is important to "*Stop ignoring the problem... most of the discrimination issues come from ignorance.*" Likewise, institutional racism can be seen in processes, attitudes, and behaviors which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and racist stereotyping that

disadvantage minority groups (Oakley, 2000). For example, Lucho stated, *"I think that most of the discrimination issues come from ignorance [or] when people assume something about you."* This evidence supports the idea that racial discrimination is unconscious and unintended and that the focus is on an entire group instead of individuals. Thus, discrimination can be directed against people because of their ethnic or racial group and can simply affect or disadvantage certain groups.

Not being aware of implicit biases and how they can cause institutional racism may be counterproductive to an institution because it conceals the real problem. As mentioned by Lucho, *"I think what they are trying to do is make everyone feel okay; there are problems happening that are not being addressed because it might bring some distress or discomfort to some students...I think mostly white students... I think making white students aware of the issues will make them feel uncomfortable."*

Recommendations for Further Research

It is recommended that additional research be conducted to assist in identifying effective policy and support systems for students of color in higher education who experience racial discrimination in their everyday life. Due to time constraints, this study only examined the racial discrimination experiences and mental health of four students of color; future studies should replicate this study to examine the experiences of more students of color and see if different themes occur. Additionally, quantitative research should be conducted to supplement this research and gain more insights from a larger sample. To gain a deeper understanding of the long-term effects on psychological health, this study could be replicated as a longitudinal study for participants when they first enroll at the institution and then again when they graduate. To gauge how well the

institution is doing when it comes to diversity and inclusion practices, this study also could be repeated in a few years to examine changes in campus policies, resources, staff, and personnel. Finally, to gain a bigger picture of the issue at hand, a study could be conducted to include other universities to compare and contrast the experiences of students of color as well as the different support systems and resources selected universities provide to support their students of color.

Recommendations for Public Health Practice

Public health involves health promotion and disease and injury prevention through research, community intervention, and education; it also involves eradication of health disparities. Public health has good intentions of alleviating suffering and extending life, however multiple studies have confirmed that good intentions and good science are no longer enough to address health equity. Executive Director of the American Public Health Association (APHA) George Benjamin (2015) suggests, “We must listen more to the people we serve, have uncomfortable conversations, and increase the push for social justice” (para.1). Benjamin’s statement is comparable to what Lucho mentioned--“Stop ignoring the problem. I think that most of the discrimination issues come from ignorance. I think what they are trying to do is make everyone feel okay; there are problems happening that are not being addressed because it might bring distress or discomfort to some students.”

Accordingly, APHA suggests that the biggest threats to health and longevity of Americans are preventable diseases, and the root causes of many of these health threats are linked to the social determinants of health and the conditions that shape a person’s opportunity to attain good health and adopt healthy behaviors (Benjamin, 2015). Social

determinants of health include access to safe housing, good jobs with living wages, quality education, affordable health care, nutritious foods, and safe places to be physically active. Racism, discrimination, and bias also are social determinants of health (Benjamin, 2015). The roles of racism, discrimination, and bias in perpetuating generational cycles of poor health and risky health behaviors are more known today, however it is still difficult and uncomfortable for people to confront and acknowledge our history of racism. Benjamin acknowledged that truly eliminating health disparities and creating a nation in which every person has the opportunity to live a long and healthy life begins by having the uncomfortable conversation of disparities due to race (Benjamin, 2015).

In a 2014 article in *Public Health Reports*, Paula Braveman and Laura Gottlieb indicated that health equity means social justice in health where no one is denied the possibility to be healthy for belonging to a group that historically has been economically or socially disadvantaged. Health disparities are metrics used to measure progress toward achieving health equity. A reduction in health disparities is evidence that we are moving toward greater health equity. Social justice, on the other hand, is defined as “justice in terms of the distribution of wealth, opportunities, and privileges within a society” (Benjamin, 2015, para. 7); ensuring social justice is therefore one component to achieving health equity.

As public health professionals, we must continue to understand and develop a process-oriented approach to cultural competency for the increasing racial and ethnic diversity in our nation (Asbill & Waters, 2013). Cultural diversity and the rising emphasis on evidence-based practice have sparked dialogues regarding cultural competence among

health professionals. A concept public health professionals can utilize to address this issue is cultural humility, the “ability to maintain an interpersonal stance that is other oriented in relation to aspects of cultural identity that are most important to the [person]”(Hook, Davis, Owen, Worthington, & Utsey, 2013, p. 2). Cultural humility has three guiding factors--a lifelong commitment to self-evaluation and self-critique, a desire to address power imbalances, and an aspiration to develop partnerships with people and groups who advocate for others (Asbill & Waters, 2013).

All things considered, research on the intersection among health, racism, and discrimination is gaining momentum and public health plays a vital role in the health equity movement. Our long-time commitment to the communities we serve and our deep understanding of the connections between individual health and community conditions are essential to achieving health equity and eliminating health disparities. However, even within the public health field, making an earnest shift toward health equity means having that “uncomfortable” conversation. We must also look at ourselves and ask how our actions may perpetuate feelings of exclusion among the most vulnerable populations. To do so is to begin building genuine relationships of trust among communities and simply listening to the communities’ stories and having open, honest discussions about the role of institutions in perpetuating racism among minority populations. As Benjamin (2015) mentioned, *“seeing health through a health equity lens means listening to those we serve and acknowledging their experiences. It means looking deep inside ourselves and our institutions, no matter how uncomfortable the journey. The march toward health equity will be a long one, requiring the support of players across the private and public sector,*

but at the end of the day health equity is the ultimate form of patient-centered care”
(para. 11).

Accordingly, CityMatCH, a national organization of city and county health departments’ maternal and child health (MCH) programs, published the report *Undoing Racism in Public Health: A Blueprint for Action in Urban MCH*; this report continues to formally address health disparities. The report aims to: 1) examine the scientific basis for racism as a determinant of health status and health disparities, and the manifestation of institutional racism in health care and health departments; 2) provide an overview of existing directions, options, and resources for “undoing racism;” and 3) outline a series of activities for a local public health-based Undoing Racism initiative, ranging from awareness to action (National Organization of Urban MCH Leaders, n.d).

Recommendations for UW La Crosse

Institutions of higher education are viewed as places of equity and opportunity, however racial discrimination still presents itself in covert forms that can influence the mental health of students of color. In order to address racism and better support students of color, institutions need to acknowledge that institutional racism is a common tendency that must be investigated and handled appropriately and that measures should be taken to combat and prevent it. Institutional change is essential to support and not perpetuate the oppression of minority student groups.

One of UWL’s core values is “diversity, equity, and the inclusion and engagement of all people in a safe campus climate” (UW La Crosse, 2016). To begin addressing racial discrimination at UWL appropriately, students, faculty, and staff first need to acknowledge that racism still is occurring and is occurring on campus. Acknowledging

this issue means we need to be aware of our unconscious bias and our willful blindness. “Willful blindness examines the intricate, pervasive cognitive and emotional mechanisms by which we choose, sometimes consciously but mostly not, to remain unseeing in situations where we could know, and should know but don’t know because it makes us feel better not to know” (Popova, n.d., para. 2).

Unfortunately, most white people cannot handle talking about racism, as it is hard for them to understand the subject, they tend to get really uncomfortable, and they are afraid of saying the wrong thing (Kegler, 2016). There are many reasons why white individuals have a low threshold for discomfort, as they tend to live segregated lives and view themselves as individuals as opposed to members of a group. For the most part, everything is centered on whiteness and thus, they receive constant messages that whiteness is a valuable thing and they are used to the comfortable feeling of belonging in most spaces (Kegler, 2016). This lead to a sense of entitlement and being comfortable and correct all the time even when exposed to diverse populations. Consequently, white individuals tend to avoid talking about race (Kegler, 2016), and often are not able to acknowledge the problem. Unfortunately, not acknowledging the problem leads to the issue not being addressed appropriately, which can interfere with the recruitment of students of color to campuses like UWL. This point was reiterated by Yasmina who said, “I don’t want to say recruit more students of color because they will come here and feel rejected and not accepted; that will affect them especially when they are younger.”

At UW-La Crosse, there are multiple departments and resources that are available to support students so that they have positive educational experiences and can successfully complete their courses. Some of these offices include the Office of Student

Life, Residence Life, the Counseling and Testing Center, the ACCESS center, and the Student Health Center. It is recommended that this study be shared with these offices to provide additional insight on the struggles of students of color in order to provide students with the support they need. It also is recommended that findings from this study be shared with administrators as well as instructors as a guide to begin understanding the support students of color at UWL need to successfully complete their educational experiences.

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APPENDIX A
INTERVIEW QUESTIONS

Interview Questions:

Assessing Racial Discrimination Experiences and Mental Health of Students of color at a Predominately White Campus

Demographic Assessment

What race / ethnicity do you identify with?

What is your year in school?

What gender do you identify with?

<p>How do selected students of color experience discrimination?</p>	<ol style="list-style-type: none">1) What does discrimination mean to you?2) How have you experienced discrimination?3) Share specific examples.
<p>How does discrimination affect the mental health of selected students of color?</p>	<ol style="list-style-type: none">1) How has discrimination impacted you emotionally? (How does it make you feel? Example: how is your mood during or after an experience with discrimination?)2) How has discrimination impacted the way you interact with your friends and family? (social life)<ol style="list-style-type: none">a) What are some examples?3) How do you respond to/ cope with discrimination?
<p>What do selected students of color think about the role of their institution in their experiences with discrimination?</p>	<ol style="list-style-type: none">1) How do you think UWL is doing when it comes to promoting awareness of discrimination to students, faculty, and staff?2) What do you think UWL can do to improve support for students of color who experience discrimination?3) What suggestions do you have to promote awareness and reduce discrimination at UWL?

APPENDIX B
INFORMED CONSENT FORM

INFORMED CONSENT FORM FOR INTERVIEWS

Introduction My name is Lee Vang and I am a Master of Public Health candidate at the University of Wisconsin La Crosse. I am currently conducting research titled, An Exploratory Study Assessing the Experiences of students of color on a predominantly white campus and how their discrimination experiences impact them.

Purpose The purpose of this research is to explore the meaning of racial discrimination, discrimination experiences of students of colors and how each experience affect the mental health of students of color.

Benefits & Risks There are no anticipated risks associated with participation in this research. There may or may not be any direct benefit to you from participation in this study. However, the investigator may learn more about the different discriminations students of color experiences and how these experiences affect their mental health. By having a better understanding of how racial discrimination impacts students may be beneficial to your campus.

Procedures If you agree to contribute to this study, you will be asked to participate in a discussion that will last approximately 30-60 minutes. The researcher will videotape your session and quote statements in the written report with the understanding that the videos will only be used for transcribing the results and no names will be attached to maintain confidentiality.

Voluntary Nature You have been selected to participate in this interview for this study because your insight on this topic is valuable. Participation in the study is voluntary and you may discontinue your participation or withdraw at any time during the discussion without any consequences.

Confidentiality The results of this study will be kept completely confidential. The interviews will be audio taped / videotaped to assist the researcher with transcribing the results. The tapes will be stored in a locked area where only the researcher will have access to. The videos will not be shared unless the researcher obtains additional consent from you to use them. The information obtained will be used and the names of the participant will be eliminated in the written report to maintain confidentiality. Research records will be kept confidential, consistent with federal and state regulations. Only the investigator will have access to the data, which will be kept for six months and then destroyed.

IRB Approval This project has been reviewed and approved by the University of Wisconsin La Crosse Institutional Review Board for the protection of Human Subjects. Questions concerning your rights as a participant in this research may be addressed to the University of Wisconsin La Crosse Institutional Review Board for the protection of Human Subjects, (608-785-8124 or irb@uwlax.edu)

Questions

Questions regarding study procedures may be directed to me directly Lee Vang at vang.lee@uwlax.edu or 608-785-8065. If you have any questions about your rights as a research participant you may contact Associate Professor Michele Pettit, at mipettit@uwlax.edu or 708-785-6789. Questions regarding the protection of human subjects may be addressed to the University of Wisconsin La Crosse Institutional Review Board for the protection of Human Subjects, (608-785-8124 or irb@uwlax.edu). Thank you for your time. Your participation with this project is greatly appreciated.

Investigator Statement

“I certify that the research study has been explained to the individual, by me and that the individual understands the nature and purpose, the possible risks and benefits associated with taking part in this research study. In addition the participant has been made aware that they are being audio recorded throughout the interview discussion and is giving the investigator permission to directly quote their comments knowing that names will not be attached to the comments to ensure confidentiality.”

Signature of PI

Lee Vang MPII Candidate
Principal Investigator
(715) 302-4287
Email: vang.lee@uwlax.edu

Name of Participant

By signing below I agree to allow the researcher to audio-tape/digitally record our interview for the purpose of this research study.

Signature of Participant