



**Promoting Health for Academic Success:
An Assessment of Challenges and
Opportunities at City University of New York**

February 2018

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ACKNOWLEDGEMENTS

This report was prepared by faculty, staff and students associated with Healthy CUNY, a university wide initiative sponsored by the CUNY Graduate School of Public Health and Health Policy and the CUNY Office of Student Affairs. The research summarized in this report has been supported by the Robert Wood Johnson Foundation, the United Hospital Fund, CASA, the National Institutes of Health via New York University School of Medicine, the New York City Department of Health and Mental Hygiene, the CUNY Chancellor's Strategic Initiative and the CUNY Office of Academic Affairs.

We gratefully acknowledge the contributions of the many CUNY faculty, staff and students who contributed to this report. Professors Spring Cooper, Daliah Heller, Meredith Manze, Chris Palmedo, and Heidi Jones at the School of Public Health reviewed drafts of the report and assisted with analyses. School of Public Health Dean Ayman El-Mohandes provided encouragement and useful insights. At the CUNY Chancellor's Office, Laurie Beck, Ryan Camire, Vita Rabinowitz, and Chris Rosa provided support, helpful comments on earlier drafts of this report and assistance in finding information. We are deeply indebted to the CUNY doctoral, Masters, undergraduate and community college students from 10 campuses who participated in collecting data for this report. Their labor, insights and voices inform all our findings. These included Victor Adedara, Mohamed Adnan, Cynthia Agrispin, Lucas Almonte, Fernando Araujo, Christiana Ballayan, Sania Begum, Sanam Bhandari, Michelle Blackie, Elisha Bouret, Adrianna Campbell, Melissa Carreno, Anna Bianca Casira, Ashley Chastain, Mary Cheruvillil, Alexa D'Angelo, Zhi Dehuang, Catherine Dinh-Le, Isabella Divilova, Jalean Dominguez, Emelyn Fernandez de Guzman, Greg Gagnon, Sarah Garza, Corianna Givens, Pamily Gomez, Ashley Griffiths, Erika Guadalupe, Jascenth Harriott, Michelle Honan, Jasmine Irizarry, Tasia Jelatis-Hoke, Audrey Jenkins, Narciso Jimenez, Rokan Kadro, Stephan Lestin, Youxi Li, Natalie Lopez, Stephanie Lu, Pratima Maharjan, Uroosa Malik, Sanja Mehremic, Khadean Moncrieffe, Eleni Murphy, Michael Obadina, Yohanny Pena, Avi Pion, Brooke Prashker, Benjamin Rahman, Maria Rampersaud, Ayanna Reed, Gabrielle Ros, Jovensky Saint-Hilaire, Simon Sandh, Michele Silver, Geohaira Sosa, Keisha Sprott, Yasmin Subtyl, Kimberly Sy, Kadejah Thomas, John Thomas, Claudia Wald, Kian Williams, and others.

The views in this report reflect the opinions and judgments of the authors and not their employers, advisers or funders.

Suggested citation: Freudenberg N, Watnick D, Jones H, Lamberson P. Promoting Health for Academic Success: An Assessment of Challenges and Opportunities at City University Of New York, CUNY Graduate School of Public Health and Health Policy, 2018.

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INTRODUCTION

A recent study found that since the late 1990s, City University of New York (CUNY) has propelled almost six times as many low-income students into the middle class and beyond as all eight Ivy League campuses, plus Duke, M.I.T., Stanford and Chicago, combined.¹ As CUNY approaches its 170th anniversary, it continues to be one of New York City's and the nation's leading creators of a more equitable and more educated society. However, as at other public universities serving low-income urban populations, only about 25% of CUNY's community college students and 33% of undergraduates complete their degree within several years of enrollment and many never finish. Dropping out of college deprives students of the lifetime educational, health and economic benefits that a college education and degree confer and imposes high costs on the students who leave, CUNY and New York tax payers. One important reason for the high dropout rates is that many students encounter health and social challenges that undermine their academic progress.

This report, written by faculty and students at the CUNY Graduate School of Public Health and Health Policy and Healthy CUNY, a university-wide initiative to promote student health and academic success, highlights CUNY's

innovative and promising approaches to improving the well-being and academic success of its students. It identifies specific health conditions that can block the academic success of CUNY students and analyzes the challenges that CUNY faces in creating a culture that makes promoting health to support academic achievement a priority. Finally, the report recommends short term and longer term actions that CUNY—and other universities serving low-income populations—can take to increase retention and graduation rates by helping students to protect and improve their health.

In fall 2016, CUNY served 273,000 matriculated students across 25 campuses. CUNY undergraduates, the focus of this report, reflect the racial, ethnic, cultural and socioeconomic diversity within New York City: 45% are the first generation in their families to attend college; 36% were born outside the continental US; 42% live in households earning less than \$20,000 per year and 12% support children.¹ With this broad reach, CUNY is uniquely positioned to contribute to solving some of our nation's most persistent problems: reducing inequalities in education, health, income and life success for young adults in New York City.

HEALTH AND ACADEMIC SUCCESS

Powerful connections link health and education. The more education people attain, the better their health status. Compared with those without a degree, college graduates live longer, experience fewer illnesses, follow healthier habits and use health care more appropriately.² And the better the health of students, the more they achieve success, at every level from early child care through post-graduate study. While these associations are regularly documented in the public health and educational literatures, policy makers have not always made it a priority to build on the virtuous circle of education and health, especially in higher education as compared to in child care and primary school settings.

What are the health problems that interfere with the academic success of college students? In our review of the literature we identified four health domains that have consistently been linked to academic problems: mental health, sexual and reproductive health, health care access and hunger and food insecurity.

Mental Health: Depression and Anxiety

Growing evidence suggests that mental health problems, especially depression and anxiety, are a leading health cause of college dropout^{3,4,5} and that students from lower socioeconomic backgrounds are at higher risk for developing such problems.^{6,7} Depression and anxiety can impair students' engagement with school and their academic performance; these conditions can also contribute to substance abuse, further impeding academic progress.⁸ Depressed college students have been shown to have lower GPAs and diminished levels of academic persistence and achievement compared with peers who are not depressed.⁹ These effects are compounded for students who are both depressed and anxious. Feeling overwhelmed or depressed impedes the learning process. Students with unrecognized and untreated depression are hindered in courses, internships, and leadership

development experiences, and are at higher risk for considering or attempting suicide, even among those with only moderate depression.¹⁰

Nationally, about 70% of students who use counseling services at their college or university report that their personal problems had an impact on their academic performance; 20% considered withdrawing from school because of them.¹¹ In a survey of college students with mental health conditions, the National Alliance on Mental Illness found that 64% of college students surveyed withdrew from school because of their mental health issue.¹² Of that group, 50% reported never using college mental health services. Connecting students in need of mental health support to services is crucial, as early intervention can reduce the adverse consequences of depression, thereby helping students to improve their well-being and complete their degrees.^{13,14}

Sexual and Reproductive Health: Pregnancy, Parenting and Partner Violence

Establishing healthy sexual and romantic relationships or becoming a parent are key developmental tasks for many young adults. Many college students successfully negotiate these tasks and continue to pursue other life goals. For others, however, poverty, family problems or other difficult life circumstances can complicate pursuing both their education and healthy romantic and sexual relationships.

One study showed that 61% of women who bore children while attending community college did not complete their education; dropping out at a rate nearly two-thirds greater than women not having children.¹⁵ Young women experiencing pregnancy before the age of 21 have lower rates of college enrollment or maintaining matriculation once enrolled,^{16,17} although early pregnancy and lower academic achievement may both be consequences of lifetime poverty rather than being causally related. Other research demonstrates that mothers are more likely to drop out of college than non-mothers, suggesting that childrearing, including childcare needs, rather than pregnancy itself may account for variations in educational outcomes.¹⁸

In the United States, 4.8 million college students are also raising children and approximately 20% report devoting more than 30 hours per week to childcare.^{19,20} Parenting students struggle financially, with 88% having incomes below twice the Federal Poverty Level.²¹ Parenting

students face a variety of challenges in combining child rearing with academic work. Despite increasing enrollment of student parents in community and 4-year colleges, the availability and affordability of campus-based childcare has declined significantly in the past decade. A recent review of university services for parenting students concluded that “few resources exist for these students and the universities who provide services do not adequately promulgate them to the campus community.”²²

Intimate partner violence (IPV) includes “physical violence, sexual violence, stalking and psychological aggression by a current or former intimate partner.”²³ Sexual assault (SA), defined by the CDC as “a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse.”²⁴ SA is pervasive among college students and often goes unreported because of the nature of intimate relationships, stigma, gender norms, as well as institutional structures and biases. In approximately 80% of sexual violence incidents among 18-24 year olds, the perpetrator was known by the survivor, demonstrating that the majority of college-age sexual assault can be considered either IPV or acquaintance sexual assault.²⁵ In a 2015 national survey of 27 college campuses, 23% of undergraduate females experienced sexual violence “due to physical force, threats of physical force or incapacitation.”²⁶ This survey also showed that, when compared to cisgender students, rates of sexual assault, sexual harassment, and gender-

based discrimination are higher for transgender and others with non-conforming gender identity.

The traumas of IPV and SA affect students' physical, social, financial and emotional well-being. Students who experience this type of trauma may disengage from academic work because they are afraid of re-victimization, are depressed or anxious, or have suicidal ideation, attempts or completion. A combination of stigma, reinforced norms around sexual and gender-based violence and campus climates keep assault survivors silent and perpetrators active. Although IPV and SA have been linked to other determinants of reduced academic achievement and dropout, including depression, anxiety, post-traumatic stress, substance use and suicidal thoughts and behaviors,^{27,28} their impact on college achievement and graduation has not been well-studied. Most research on IPV and SA among college students has focused on the experiences of middle-class students living in dormitories, who face very different issues than low-income students living at home with families or partners.²⁹

Health Care Access: Insurance Coverage and Access to Care

Health care access is defined as being able to get the health care one needs, when it is needed and at an affordable cost.³⁰ In general, having health insurance is associated with better health, lower health care costs, and less debt.³¹ Conversely, not having health insurance is associated with higher rates of preventable deaths and illnesses,³² more trouble paying

medical bills and higher debt,³³ and use of less effective and more expensive medical care.³⁴

Young adults are especially likely to be uninsured. The Affordable Care Act remedied this somewhat by extending health insurance coverage for those under 26 years of age with a mandate that they be covered by their parents' health insurance plans and by expanding eligibility for Medicaid. Between 2010 and 2013, the US Department of Health and Human Services (HHS) estimates that 2.3 million young adults between 18 and 25 years of age gained coverage because they were able to join their parents' insurance plans.³⁵ Despite these gains, young adults are much more likely to be uninsured than the rest of the population. In 2015, 18.6% of young people between 18 and 30 were uninsured, compared with just 8.6% of the population.³⁶ One study found that more than half of uninsured young adults went without needed care, including not seeing a doctor, failing to fill a prescription, or skipping a recommended test, treatment or follow-up visit, because of cost.³⁷

A study of uninsured young adults found that only one-third of uninsured young adults had a regular doctor, compared with 81% of those with insurance for the entire year. Having a regular doctor improves continuity of care, use of preventive services, and getting early care for emerging conditions. Further, 35% of all young adults (regardless of insurance coverage) had trouble paying medical bills. Of those with trouble paying medical bills, 70% reported some financial consequence of medical debt with 28%

reporting that they had been unable to pay for necessities because of medical bills and 31% delaying education or career plans.³⁸

Few researchers have systematically studied the impact of health insurance coverage on academic success. Some evidence suggests that students who have access to their parents' health insurance are more likely to enroll in college than those whose parents lack coverage.³⁹

A study in Minnesota found that college students who have insurance are more likely to use preventive health services and have fewer sick days.⁴⁰

Several plausible pathways may link having health insurance with outcomes that influence academic success in college students. These include better use of preventive services, thus avoiding more serious illnesses and absences or leaves; earlier intervention for depression, an important cause of academic problems; fewer unintended pregnancies because of better access to contraceptive care; better management of chronic conditions such as diabetes and asthma; and lower medical debts that could interfere with tuition payments. To our knowledge, empirical studies have not yet tested these hypotheses.

Illustrating the reciprocal relationships between education and health, college graduation reduces the lifetime odds of being uninsured. Prior to 2010, 16.8% of high school graduates were uninsured, compared with 10.5% of those

with associate degrees, 8.3% of those with bachelor's degrees, and 5.0% of those with master's degrees.⁴¹ Thus, having health insurance may contribute to improved academic performance and graduating from college increases the likelihood of having health insurance after graduation.

The uncertain future of the Affordable Care Act and Medicaid expansion jeopardize the gains in insurance coverage among young adults and the resulting health and educational benefits for college students.

Food: Hunger and Food Insecurity

Food insecurity is defined by the United States Department of Agriculture (USDA) as having limited access to adequate food due to a lack of money or other resources. Hunger is the most serious short-term consequence of food insecurity. Adverse health outcomes of food insecurity include obesity, depression, poor nutrition, and stress.^{42,43}

Food insecurity among college students is a growing concern for higher education and public health professionals. Several recent studies suggest that both two-year and four-year college students are more likely to be food insecure than the general U.S. population, with college prevalence ranging from 14% to 59%.^{44,45,46} Among the conditions that put college students at risk of hunger or food insecurity are poverty, rising tuition costs, limited food and economic management skills, living independently (alone, in on-campus

housing, or in off-campus with roommates), having fair or poor health, being a single parent, housing insecurity, and being employed.^{47,48,49} While few U.S. studies have focused on the relationship between food insecurity and

academic success among college students, two studies have shown that food insecure students were more likely to have lower GPAs than their food secure peers.^{50,51}



A student enrolls in health care coverage at Lehman College.

HEALTH AND ACADEMIC ACHIEVEMENT

These seven conditions - depression, anxiety, pregnancy, parenting young children, partner violence, health care access and food insecurity—have been shown to be relatively common among young adults and to pose challenges to academic success in college. Each has the potential for adverse effects across the lifespan, but with proper support and services, the harmful academic consequences of each can be prevented. For each, the burden is greater for low income, recent immigrant, Black and Hispanic and other populations with less access to the wealth, power and services that protect better off populations.

A few caveats are in order. Not every college student facing the conditions we describe has trouble managing these experiences while successfully completing college. In fact, many show remarkable resilience and persistence in realizing their educational aspirations. In addition, college students also confront related health and social problems that can interfere with their education such as substance use,⁵² obesity,⁵³ and chronic conditions like asthma and diabetes.⁵⁴ Finally, more research is needed to document the pathways and quantify the impact of health on academic success in college. A core tenet of public health is the precautionary principle, which argues for action in the face of uncertain evidence when the benefits of such action are high and the risks of inaction are clear. Given our knowledge of the robust reciprocal relationships between higher education and health, we believe that now is the time to translate what we do know into university

policies and programs that promote health to support academic success.

Improving CUNY's capacity to help its students better prevent or manage depression, anxiety, pregnancy, parenting, partner violence, health care access and food insecurity can contribute to many good outcomes: better lifetime health for our students, lower rates of avoidable hospitalizations, improved school achievement, and higher graduation rates. For CUNY too, helping our students overcome problems that interfere with academic success helps the university achieve its most important goal: increasing the retention and graduation rates that are markers of institutional success.

In the next sections, we describe the characteristics of CUNY students, present data on the prevalence of health conditions among CUNY students and describe some of the ways that CUNY currently addresses these health concerns. Finally, we suggest a few short and long-term strategies for strengthening the university's response. Our goal is to help CUNY better achieve its central mission of educating "the children of the whole people" not just "the privileged few". This promise, made in 1847 by Horace Webster, the founding President of the Free Academy of New York City, CUNY's progenitor, committed New York City's public university to offer all New Yorkers the college education they need to become educated, productive and contributing residents of our city, nation and world.

Who are CUNY students?

Some numbers tell one side of the story of CUNY undergraduates. In 2016:

- 45% are first generation to attend college
- 39% speak a native language other than English
- 36% were born outside the US mainland
- 57% are female
- 32% are Hispanic, 26% are Black, 26% are Asian and 21% are White
- 42% live in households that earn less than \$20,000 per year
- 47% work while they study and 27% work for pay more than 20 hours a week)
- 27% are age 25 or older
- 12% are supporting children.^{55,56}

In Fall 2015 CUNY enrolled 274,537 degree students, of whom 245,279 were undergraduates, the subject of this report. Another 260,000 non-degree and continuing education students attended CUNY. Between 1990 and 2015, CUNY's enrollment of degree students increased by 37%, an increase of 74,000 students, about 1.5 times the total enrollment of another local institution, New York University. Almost 3 in 5 received Pell grants, a federal program that provides subsidies that help students to pay college tuition. In 2015, 77% of CUNY's incoming freshmen were graduates of New York City's public high schools.

What the numbers do not show is that in many ways, CUNY students are the success stories of New York City. To pursue their education, they overcome social, financial and educational barriers, often working to support their own children and families as they pursue degrees.

Many are actively engaged in their communities, workplaces, religious organizations and campuses, where they are role models for younger New Yorkers.

Over the years, CUNY students have played leading roles in advocacy for immigrants' rights, the inclusion of LGBTQ people, against police violence, and for access to affordable college education. In the years to come, CUNY graduates will become the teachers, nurses, police officers, business owners and government workers that the city needs to remain healthy, safe and prosperous. In short, CUNY graduates constitute a foundation for making the city a better place to live, realizing our values, and rebuilding the middle class. Finding ways to improve the academic success and promote the health of CUNY students can help ensure that New York will continue to improve on its past.

Health Problems and Social Challenges of CUNY Students

Using data from two surveys of representative samples of CUNY students between the ages of 18 and 30¹ in 2011 and 2015, focus groups with students, interviews with faculty and staff and environmental scans of CUNY campuses, we examine our seven conditions of interest as they relate to academic success for CUNY undergraduates. A complete description of the methods of these studies is available on request.

Anxiety and Depression

Our 2015 Healthy CUNY survey showed that:

- More than 18% of CUNY students 18-30 years old enrolled at community colleges and four-year schools suffer from depression and 20% from anxiety.⁵⁷ Extrapolating to the 245,279 undergraduates enrolled in Fall 2015, an estimated 44,886 CUNY students experience symptoms of depression and 50,037 students experience symptoms of anxiety.
- More than 9% of students 18-25 and 6% of those 26 to 30 had serious thoughts of suicide in the past year.
- Multiple stressors impose a disproportionate impact on Black and Latino students, women, and community college students compared to their respective peers.

To identify the specific predictors of depression and anxiety for CUNY students, we conducted regression analyses of findings from the 2015 Healthy CUNY survey. We found that several characteristics increased the risk of depression: being a woman, being Asian, increased age, greater cumulative stress, and increased use of marijuana. Risk characteristics for anxiety were being a woman, being White, increased income, being born in the US, increased cumulative stress, and increased use of marijuana. These findings suggest that initiatives to reduce depression and anxiety should pay special attention to the needs of female CUNY students

and seek ways to reduce the cumulative stress that students experience.

The 2015 Healthy CUNY Survey confirmed the findings from the literature that mental health plays an important role in college students' academic performance.⁵⁸ A third of CUNY students reported that a mental health issue had interfered with their schoolwork in the past 12 months. More women and LGBTQ students than male students reported such interference. Students reporting interference also reported more stressors than students who did not. Our regression analyses showed that students with depression reported significantly lower GPAs

¹ Our 2015 survey included students aged 18 to 30; 13% of CUNY undergraduates are older than 30 and their experiences are not reflected in this report.

than students without depression, a finding not observed for anxiety.

Do CUNY students with mental health problems get help for these concerns? The Healthy CUNY survey showed that one in five CUNY students indicated that in the last 12 months they thought they needed mental health help; and 11% indicated that someone suggested they needed mental health help or treatment. However, only 17% of CUNY students reported using a CUNY counseling center in the past 12 months. Of concern, only about one in four of students who thought they needed help or had someone else suggest they needed help used student counseling services, meaning that about 3 in 4 of those students indicated in need of help by themselves or some else did not get such help. About 4 in 5 CUNY students who met the criteria for depression or anxiety did NOT use the student counseling services in the past 12 months. In addition, 11% of students indicated that they did not know if their college had mental health professionals on staff and only 20% of students reported that they had received information about mental health services on campus in the past 12 months.

Many CUNY students turn elsewhere for help. About a quarter of CUNY students indicated

Yaritza (not her real name), a student from Bronx Community College, explained her struggles with depression and anxiety.

Sometimes I would get stuck in my emotions and sleep or binge eat, or I'd miss deadlines for assignments. I'd also have difficulty waking up with the motivation to attend class. I'd find myself overwhelmed, stressed, or waiting until the last minute to complete assignments. I wouldn't be as involved with student life or other campus events as I'd normally be and that would deepen my depression.

they would ask a mental health professional working at their college (26%) or in the community (27%) for help with a mental health issue while more than twice as many would ask a friend (55%) or family member (56%) for such help. Of the 11% of CUNY students who had gotten professional help for a mental health condition in the last month, almost twice as many had been treated by a community-based provider (61%) as a campus-based provider (33%).

Students reported trouble finding the time to get help. As one student explained in a focus group, “you need to find the right time and that is the hardest part actually going in because time is valuable.” About half of CUNY students indicated that lack of time would be a barrier to seeking help for a mental health issue. Stigma was another obstacle. “Poor mental health carries such a stigma that people are even afraid to go somewhere and find out [their condition] is going to be classified as mental illness,” explained one student in a focus group. Our analysis of the survey found that as depressive symptoms increased so did self-stigma regarding seeking mental health assistance, a negative cycle that interferes with getting effective help.

Yaritza's depression and related anxiety was causing her schoolwork to suffer. Her professors directed her to Student Services, where she attended a session at the Office of Personal Counseling.

They are already in a college setting, they know what college students are dealing with and juggling with and they understand the community they are dealing with. They understand the diversity of the students and ideas we have about what we need. They were able to direct me to other things-like doing things that I love. Student life is a big way to find things you love and build a community that is relevant. And when I am connected to a community it makes me feel stronger.

Yaritza's story shows how campus mental health services can help students overcome depression and anxiety. Unfortunately, our survey data show that many CUNY students are unable to get this help.

Pregnancy and Partner Violence

Two-thirds of CUNY students are between the ages 18 and 25, so sexual and reproductive health, including the developmental task of establishing and maintaining healthy relationships, is a central feature of their lives. For many CUNY students, healthy sexuality, relationships and parenting are normal experiences and do not interfere with academic success. For others, however, the challenges associated with parenting and childrearing or with abusive relationships are substantial, and CUNY can do more to help these students succeed.

Elisha began her Associate's degree when she was in her second trimester of pregnancy. She was new to college and to balancing the responsibilities of being a college student and a new parent.

I had a pre-term baby right before finals. I was so new, and I didn't know I had to tell someone. I didn't realize there were so many consequences. I thought it was just like high school and thought you could just come back. I got like a zero GPA. When I went back to school, they said I was not eligible for financial aid because my GPA was too low. I feel like the financial aid office should have told me the repercussions. Especially because I was a freshman, fresh outta high school. I had to appeal twice to get back into the school and explain the circumstances of why I had to drop out.

For those students wishing to prevent pregnancy, campus clinics offer limited help. Fewer than one third of CUNY clinics provide contraceptive services or methods, and only 5% of students relied on these clinics for acquiring contraception. According to Healthy CUNY 2015 survey, nearly 7% of CUNY undergraduates became pregnant or got someone pregnant in the past year—about 13,000 students. Most of these pregnancies (71%) were unintended. Students who reported their own or a partner's pregnancy in the last 12 months were more likely to be from community colleges than senior colleges, older (26-30) than younger (18-25), and Hispanic, Black or 'Other' vs. White or Asian.

According to the Student Experience Survey 2016, a survey CUNY conducts every two years, nearly 25,000 students financially support children under 18 years old, of whom half (more than 12,000) are under five.⁵⁹ Only a few of those with young children can enroll their children in CUNY's limited number of childcare center slots and many have trouble paying for childcare and school. Only 6% of students with children enroll their children into on-campus childcare centers vs. 37% who pay for off-campus childcare service: potentially an indicator of the need for increased capacity at on-campus centers.

Nearly 7% of students report violence from or fear of an intimate partner. CUNY students who feared their partner or had experienced sexual violence from a partner were 1.6 times more likely to have ever taken a leave of absence from school than those who had not experienced either form of abuse. In a focus group, a student explained the impact of partner violence on her schooling:

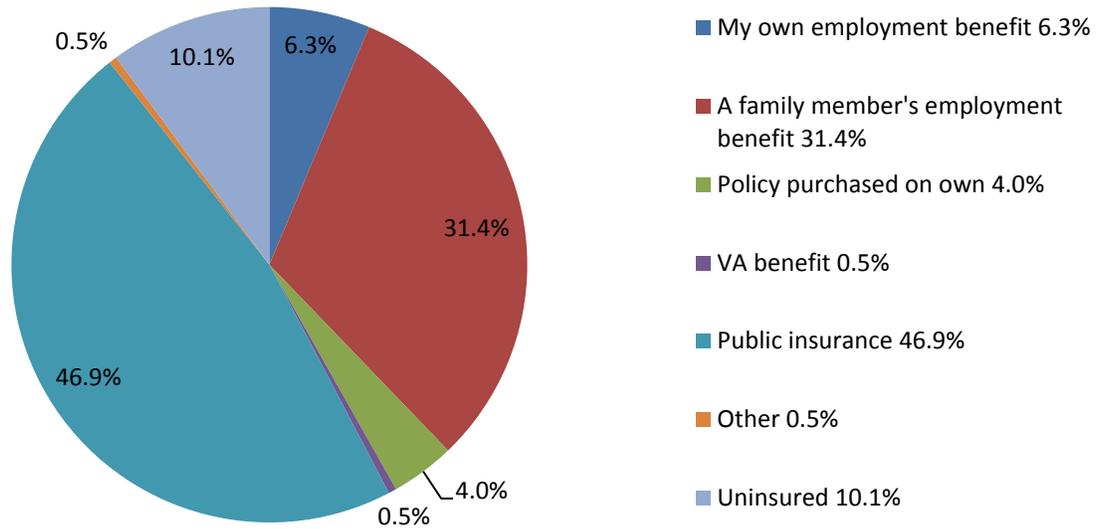
If you finish class at five, and he's home at six, you got to run home, cook, clean, do whatever you can in that hour before he's home and starts stomping around. And then, even then, you still have to tend to his every need. It's never you. You can't sit down and study. You can't do any of that. And your grades show that. You're taking a test and all that's on your mind is, like, your arm hurts because of how he pushed you yesterday, or your head is throbbing, or you didn't get enough sleep last night because he forced himself on you⁶⁰

Health Insurance and Health Care Access

Healthy CUNY surveys show that the percentage of CUNY undergraduates who lacked health insurance fell from 19% in 2010 to 10% in 2015. The success in reducing the rate of lack of insurance almost in half in six years demonstrates the ways that national policy such as the Affordable Care Act, New York State Medicaid expansion and federal, state, municipal and CUNY campaigns to enroll students in health insurance can overcome health conditions that disrupt academic progress. Nevertheless, one in ten CUNY students still lacks health insurance, and there are disparities in coverage rates by key demographic differences. Students born outside the United States are more than twice as likely to be uninsured as those born in the country (15% vs. 6%, respectively). Students from households with annual incomes of \$30,000 to less than \$50,000, were less likely to be insured than those from households with incomes of \$50,000+ (88% vs. 93%, respectively). Older students (26-30 yrs.) compared to younger students (18-25 yrs) were significantly less likely to have insurance (82% vs. 92%, respectively). Nearly 85% of students do have a regular doctor or other provider, a pattern of care associated with higher use of preventive services and fewer health problems.

Where do students get their health insurance coverage? As shown in the figure below, almost half have public health insurance such as Medicaid, Medicare or a city-subsidized plan such as MetroPlus. Just under a third has coverage from a family member and only 6% have insurance because of their own employment.

Figure 3.1: Source of Insurance for CUNY Students



Overall, insured students had better academic success than their uninsured peers on two measures we used to assess academic achievement. Compared to insured students, those without health insurance were 1.9 times more likely to fail out of a degree program (15% vs. 8%) and 1.3 times more likely to take a leave of absence (37% vs. 27%). Students without a regular provider of care were 1.2 times more likely to report some interruption to their academic progress than those with a provider (50% vs. 41%, respectively).

Carley (not her real name) explained how she desperately needed mental health counseling sessions but could not afford them or the expensive co-pays that were required from her mother's insurance plan.

I went to the [campus counseling center] during my freshman year but they only do crisis sessions or screening for off-site places. At the place they sent me they asked for an insurance card or else, I had to get it myself. So I was forced to get a job to get visits.

Initially, she could not find the care she needed because of limited resources at the campus clinic and lack of insurance coverage. After unsuccessful attempts to acquire insurance through the ACA Marketplace, Carley did eventually enroll in Medicaid with the help of a family friend.

I feel a huge relief knowing that I have my own insurance and full coverage. With my mom, it was a huge fight every time I wanted to get something or if I really needed therapy. And she told me she wouldn't pay for it, that I didn't need it enough. That was an additional stress. In addition to pay for school, I also had to pay for my copay every visit. Now I feel like I am more secure and don't have to worry about convincing someone I need the healthcare. And I have money to get my metro card to get to school.

Food Security and Diet

Food insecurity is prevalent for CUNY students and their communities and families. Hungry students and those who worry about how to pay for their next meal have trouble focusing on school work. About 15% of students report they had gone hungry sometimes or often in the past year because they lacked resources to buy food. This too represents a decrease from the 22.7% of students who reported this in 2010, demonstrating the capacity to significantly reduce food insecurity with focused action. In this case, an expansion of the national, New York State and New York City SNAP programs, more aggressive outreach for public food benefits, and the creation of Single Stop benefit enrollment centers and food pantries on several CUNY campuses may have contributed to this decline. Despite the drop, however, one quarter of students reported on the 2015 survey that they had to skip a meal because they could not afford food and almost 30% were sometimes or often unable to eat balanced or nutritious meals. Based on the surveys, it is estimated that in 2015, about 60,000 CUNY students experienced some form of what the United States Department of Agriculture defines as food insecurity.

Food assistance resources, such as Food Stamps (SNAP) and food pantries, serve as a safety net for individuals struggling to afford

food and can play a protective role against food insecurity. Students' current usage of these resources provides a measure of student need and can help inform interventions by identifying potential gaps in service access and utilization. In 2015, only 9% of CUNY undergraduate students reported using food assistance resources or services in the past 12 months. Despite the relatively large prevalence of food insecurity among students, only a small fraction (17%) of food insecure students utilized food assistance in the past 12 months.

Food insecure students were about 2.5 times more likely than food secure students to use such resources (17% of food insecure compared with 7% of food secure students). Of note, more than half (55%) of the students using these resources were food secure. In 2015, only 17% of food insecure students were aware of any on-campus resources available to them. Among students using food security services in the last 12 months, the most commonly used services were SNAP, used by 82% of those who used resources; WIC used by 14%; food pantries by 10%, on-campus meal vouchers by 10%, and farmers' market Health Bucks, used by 7.0%. Only 5% of students using resources reported using on-campus enrollment assistance or Single Stop services.

The most common reasons food insecure students reported for not using CUNY's food benefit programs were that they did not think they were eligible (36%) or they did not know where to get food assistance (33%). In addition, 12% of food insecure students reported that they were embarrassed or ashamed to use any assistance, 10% reported that they applied for assistance but were found ineligible, and 10% reported that applying for assistance requires too much paperwork.

Food insecurity was associated with various measures of academic problems. Food insecure students had on average lower GPAs than food secure students. Food insecure students were more likely than their food secure

peers to take a leave of absence (48% vs. 32%, respectively). Students who reported experiencing hunger were more likely to take a leave of absence (51% vs. 34%, respectively). In addition, students who used food assistance resources in the past 12 months were more likely to have lower GPAs and to take a leave of absence (47% of those who used resources compared with 36% of those who did not). Finally, in a regression analysis that adjusted for income, race, age, and gender, we found that food insecure students had 1.3 times the odds of having a GPA lower than 3 compared to food secure students; 45% of food insecure students had GPAs lower than 3.0 compared to 36% of food secure students.



Ribbon cutting at the Lehman College Food Pantry, March 2017

Summary of Prevalence of Health Conditions among CUNY Students

In sum, as shown in Table 1 below, more than half of CUNY undergraduates age 30 or less –almost 92,000 students-- reported at least one of the problems that have been shown to undermine academic success and more than 20% --about 42,000 students-- reported two or more.

Table 1 Prevalence and Estimated Number of CUNY Undergraduates Aged 18-30 with Selected Characteristics

Outcomes in Last 12 months	Prevalence from 2015 Survey	Estimated Number of CUNY Undergraduates in Fall 2015*
1. Depression (PHQ4 positive)	18.3%	35,392
2. Anxiety (PHQ 4 positive)	20.4%	39,453
3. a. Any pregnancy in last 12 months (reported by all genders)	6.7%	12,958
b. Parenting/living with children <18	6.3%	12,184
4. Fearful for safety because of threats from intimate partner or intimate partner forced you to do sexual things you did not want to do	6.7%	12,958
5. Lacked health insurance	10.1%	19,533
6. No doctor or regular source of health care	15.6%	30,170
7. Hungry often or sometimes in the last year due to lack of access to food	14.7%	28,430
One or more health problems	47.4%	91,671
Two or more health problems	21.8%	42,161

Source: Healthy CUNY Survey, 2015, *Based on Personal Communication from CUNY Office of Institutional Research, Number of Undergraduate and Community College students between ages 18 and 30 registered in Fall 2015: 193,399.



A group session at the counseling center at the College of Staten Island.

HOW CUNY SUPPORTS STUDENT HEALTH

Fortunately, to address these health concerns, CUNY students benefit from a wealth of human resources, campus and community-based health and social services, and social support from peer, family and CUNY faculty and staff. We profile some of these support services and describe how they help CUNY students.

Academic Advising Every CUNY campus provides academic advising to its students, services designed to help students find, enroll in and complete the courses they need, solve academic and social problems that may arise, and graduate with a degree. Among the components of CUNY advising programs are pre-enrollment activities, orientation programs, mandatory and what CUNY calls “intrusive” advisement in the first year, early alert systems, differentiated services for transfer students, ongoing training for faculty and professional advisors, and the use of technology and comprehensive assessment. Staffing levels for academic advising vary widely across campuses.⁶¹ In the 2016 CUNY-wide Student Experience Survey, 47% of undergraduates were very satisfied or satisfied with the academic advising on their campus and 18% were dissatisfied or very dissatisfied. On some CUNY campuses, academic advising and mental health counseling are integrated or coordinated; on others less so. No CUNY wide guidelines set uniform practices for addressing the many links between health and educational advising.

Accelerated Study in Associate Programs (ASAP), a comprehensive program sponsored by CUNY’s Office of Academic Affairs at nine CUNY colleges, helps students in associate

degree programs to earn their degrees as quickly as possible, with a goal of graduating at least 50% of students within three years. ASAP provides students with the academic, social, personal and financial support they need to achieve this goal. Evaluation studies of ASAP have shown that its coordinated and intensive academic, financial and support services can double six-year graduation rates, from 25% to 50%--a remarkable achievement.⁶² Programs like ASAP demonstrate the value of coordinating, integrating and evaluating the multiple programs in place on CUNY campuses, an approach that may also benefit health-related programs.

CUNY Central Office of Student Affairs (COSA) provides academic, health, mental health and other services to CUNY students. It also sets policies and provides support to the campus-based student services located on each of CUNY’s 24 campuses. While the portfolio of services available differs somewhat by campus, common elements of CUNY’s student services include Athletics, Career Services, Child Care, Mental Health Counseling, Disability Resources and Services, Health Services, International Student and Scholar Services, Student Housing and Residence Life, Veterans’ Affairs, and Women’s Centers. In addition, student services sponsor special programs such as CUNY

Dreamers Hub, a resource for immigrant students; CUNY Foster Care Collaborative; and SEEK and College Discovery, a program that provides additional academic support to incoming students. Several of these programs offer critical health and social services to specific populations of CUNY students.

We describe a few of COSA's health-related programs in more detail:

Campus Mental Health Centers serve students on 21 CUNY campuses. CUNY counseling centers support the academic mission of the university and the academic success of students by providing high quality counseling and mental health services and referrals to students and consultative services to faculty and staff. Counselors assist students to address psychological and adjustment issues such as depression, anxiety, relationships problems and psychosocial stress that can negatively affect academic performance, student retention, and graduation rates. The centers work collaboratively with students, faculty, and staff to support psychological well-being. All enrolled full-time or part-time students are eligible for counseling at these centers and counseling is generally free for short-term counseling. To provide mental health services not available on campus, the counseling centers establish referrals or partnership agreements with community-based mental health agencies. For example, several CUNY campuses have agreements with Northwell Health (formerly Long Island Jewish Medical Center) for

expedited admission of CUNY students experiencing an acute psychiatric episode.

Campus Wellness and Health Services provide a wide range of health services on 18 CUNY campuses. They monitor CUNY's compliance with New York City immunization requirements and sponsor health fairs and health education programs. Some campuses have on-site health providers who provide a limited range of services to CUNY students while others have affiliations with community-based health centers where they refer students. CUNY Central Office of Student Affairs provides some support and monitoring of these centers. No campus provides comprehensive health services.

In the last few years, campus wellness centers have several times established partnerships to promote the health of CUNY students with city agencies, including the New York City Department of Health and Mental Hygiene. One such partnership promoted awareness of birth control options and vetted community clinics to support the sexual and reproductive health of CUNY students. "CUNY is committed to promoting the health and well-being of our students, and for young women and their partners, reproductive health is an important part of this agenda," explained CUNY Chancellor James B. Milliken. "We are pleased to partner with the NYC Health Department on this important campaign to help us assure that CUNY students have accurate information and access to birth control options. This is a key component of CUNY's overall commitment to

our students and it fits perfectly with the “Healthy CUNY” initiative led by the CUNY School of Public Health.”⁶³

Single Stop provides free comprehensive social, legal and financial services to students at CUNY’s seven community colleges and at John Jay College. Single Stop counselors use a computerized tool to screen students for their eligibility for more than 40 public benefits (e.g., health insurance programs, nutrition programs, housing assistance, subsidies for childcare, energy assistance) as well as tax credits. The campus-based Single Stop counselors then use this information to guide students through the process of applying for benefits. Between 2009 and 2015, CUNY Single Stop sites served almost 75,000 students and gained access to benefits, legal services, financial counseling, and tax refunds valued at \$178 million. A preliminary assessment conducted at LaGuardia Community College has suggested that students who received Single Stop services have a higher retention rate than those in a comparison group.^{64(p. 60)} By 2020, CUNY hopes to extend the Single Stop program to more senior colleges. Like ASAP, Single Stop integrates services across the many domains that influence students’ academic success and well-being.

Food Pantries are located at ten CUNY campuses to provide free food to food insecure students and their families and to assist people to obtain food benefits such as SNAP. Several are affiliated with the Food Bank for New York City, the city’s largest anti-hunger organization.

In the Fall 2016 semester, eight CUNY food pantries reported serving almost 14,000 students. At a Healthy CUNY meeting for food pantry staff, one participant described a student who came in to her pantry at 8:30 am many days a week to eat enough to cure his hunger-related head ache before going to class.

Child Care Programs are available on 19 campuses, providing low cost child care to about 1,500 children of CUNY students. Parents can leave their children at the programs while they attend classes. Student-parents report that the accessibility of on-campus childcare enables students with young children to engage in academic and social activities that support engagement with their education.⁶⁵ Only 6% of CUNY students have a child enrolled in a campus childcare center, while 37% of student parents pay for childcare services off campus.

Student Peer Programs provide peer support and education to CUNY students. A Fall 2016 Healthy CUNY study identified 15 peer programs on 9 CUNY campuses, providing a mix of information, social support, advocacy and referrals on sexual and reproductive health, LGBT issues, HIV, mental health, health care access and other topics. These programs have the potential to reach CUNY students not reached by professional services and to provide the emotional and social support that can often help a student to overcome problems. Most have not been evaluated for reach or impact and CUNY has no coordinated training programs for peers nor system for monitoring their services. For example, Healthy CUNY’s Mental Health

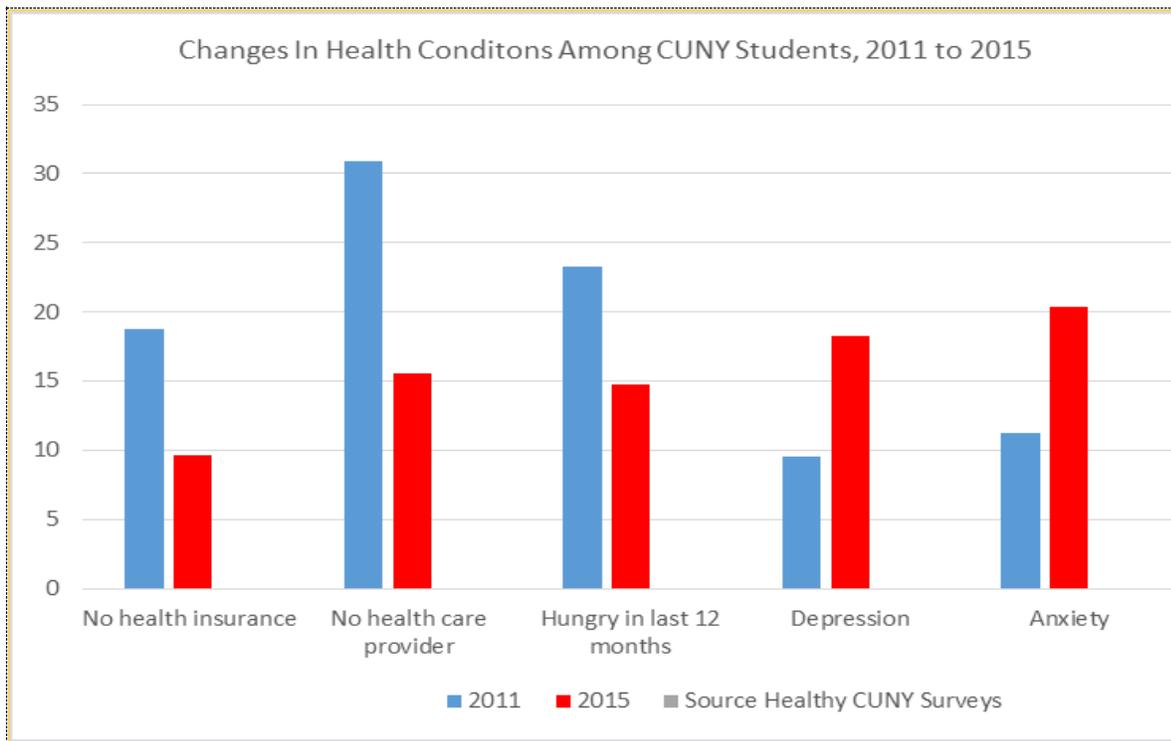
Ambassadors partnered with counseling staff at Bronx Community and Lehman Colleges and prepared students to encourage their peers to get help for mental health problems and launched campaigns to reduce the stigma of admitting and seeking help for a mental health problem, illustrating this potential to work across CUNY to coordinate evidence-based programs.

Faculty are another important source of support, advice and referrals for students. Students have daily or weekly interactions with the faculty who teach their classes. For some, students in Healthy CUNY focus groups told us, faculty serve as trusted credible sources of information and guidance. Finding additional ways to support faculty to help students get help for the health and social problems that undermine academic success could provide CUNY with an additional powerful helping force.

Public and University policies also have an impact on CUNY's health-related services and resources. For example, as previously described the Affordable Care Act, New York State's Medicaid expansion, and the health insurance enrollment campaigns supported

both by the city's Human Resources Administration and CUNY enabled many CUNY students to obtain health insurance and contributed to cutting in half the rate of lack of health insurance among CUNY undergraduates, from 20% in 2011 to 10% in 2015 and the rates of students reporting no regular health care provider dropped from 31% in 2011 to 16% in 2015.

Similarly, changes in SNAP enrollment rules in New York City and State—as well as new CUNY-based food security programs such as Single Stop and the food pantries, helped to reduce the proportion of students experiencing hunger due to inadequate resources for food in the last 12 months fell from 23% in 2011 to 15% in 2015. In contrast, in the absence of public or university policy initiatives on mental health, rates of these conditions increased between 2011 and 2015, as shown in the table below. Each of the five health conditions shown below have multiple causes and no single action can by itself reverse these trends. The clear differences between the right and left sides of the table below, however, demonstrate the power of coordinated policy changes at multiple levels.



Gaps in CUNY's Health and Social Services

CUNY students are fortunate to have a wealth of service programs to meet their health and social needs, substantial university investment in these programs, and dedicated professionals with extensive experience serving diverse populations. Since its founding in 1847, the central mission of CUNY has been to expand access to quality higher education to populations that have in the past been excluded. CUNY's current investment in student services reflects one way that CUNY continues to honor that commitment.

At the same time, it is essential to recognize that CUNY health and social services face significant challenges. CUNY has a tradition of acknowledging and investigating problems, then developing solutions that better serve students. ASAP, the CUNY program that helps associate degree students to graduate in three years, is a good example of this approach. Its success in doubling three-year graduation rates among participants testifies to the benefits of uncovering problems, then taking action to fix them.

In this section, we describe six recurrent and cross-cutting problems that our study of how CUNY meets the health and social needs of its students uncovered.

1. Insufficient efforts to leverage the linkages between health and education.

Healthier students learn better and achieve more academically. Those with more education live longer, have fewer health problems, use unnecessary health care less and pursue healthier lifestyles. These reciprocal relationships between health and education are among the most robust relationships in public health. Yet CUNY often acts as if education and health were two separate domains, with the university responsible for the former and without any obligations in the latter. In this report, we have summarized the growing scientific evidence that health conditions prevalent among CUNY students (in mental health, sexual and reproductive health, health care access and food insecurity) can undermine academic success. By translating this evidence into programs and policies, CUNY can open another path to improving academic performance, retention and graduation rates.

2. Limited coordination of services within and across campuses.

Most CUNY campuses have multiple programs that address the health and social needs of students. For example, many campuses have a mental health counseling center, wellness services, a food pantry, a women's center, a Single Stop, academic counselors, and peer programs, as well as services for immigrant students, veterans, and student parents. On some campuses, frontline staff coordinate on a case-by-case basis and on others, supervisors

meet periodically. On several campuses, however, there appears to be little coordination.

Among the consequences of this lack of coordination are:

- Students often need to go to several offices to get help for a problem that cuts across categories;
- Students with multiple connected problems (e.g., food insecurity, depression and low grades) may not get the opportunity to address these problems holistically or to take action to prevent rather than only cope with the problems;
- Since there is little shared outreach or information, many students don't know what services are available when on their campus, limiting access and use.

Across campuses, the usual tension between centralized CUNY-wide and de-centralized campus-specific services leaves campus-based programs without the resources they need to meet student needs and central office staff without the mandate to set guidelines for quality of care or collect consistent data to track trends.

3. Under-utilization of CUNY students and faculty as a resource for promoting health.

CUNY students provide formal and informal support and information on health-related issues to their peers and often serve as the most accessible and immediate source of help for health or social problems. As we noted, for many CUNY students, their own professors are trusted and credible sources of information and

support and can be an entry point into needed student services. Yet CUNY has few structured programs to mobilize these valuable resources for health and no incentives for students or faculty to take on these tasks. As CUNY encourages the expansion of experiential learning, this might provide an opportunity to develop more systematic ways of engaging students and faculty in helping students to overcome the health and social problems that interfere with academic success.

4. Narrow focus on reducing costs and avoiding liability, often driven by external pressures and mandates.

CUNY has lived through many harsh budget cycles, so university administrators are understandably reluctant to take on new mandates without the assurance that resources will be available to fulfill these mandates. In addition, as legislators, accrediting bodies, and investigatory agencies impose new expectations on universities, CUNY is cautious about taking on liabilities for outcomes it cannot fully control.

In some cases, however, these risk avoidance strategies also miss opportunities to more fully realize the university's core mission. If modest investments in improving health and social services led to improved retention and graduation rates, such an approach might be cost effective. Moreover, some administrators may be reluctant to take on the health needs of CUNY students because they believe the only possible solution would be an exorbitantly

expensive university-operated student health service. As we will show in our recommendations, we believe other less costly options warrant consideration.

5. Limited attention to evaluation, quality improvement and implementation research.

CUNY invests substantial resources in its panoply of student health and social services. For the most part, however, those services are not closely monitored, and few evaluation or quality improvement studies are conducted. This is NOT a criticism of the staff of these programs; they are committed professionals working hard to make an under-financed system work. Rather, the CUNY Office of Student Affairs needs the resources and mandate to more systematically evaluate the quality and impact of its services so that resources can be effectively and efficiently deployed

6. Few robust and sustainable partnerships with other New York City health care and social service institutions.

In some cases, CUNY has established productive partnerships with health care and social service institutions: Northwell Health (formerly Long Island Jewish Medical Center) picks up and hospitalizes CUNY students experiencing an acute psychiatric episode; Food Pantry of New York City assists the 10 CUNY food pantries to serve food insecure students, and the New York City Department of Health and Mental Hygiene provides support for

Healthy CUNY's mental health demonstration projects on seven CUNY campuses.

For the most part, however, each campus or each program on a campus negotiates its own partnerships with community providers for mental health services, primary care, sexual and reproductive health care and other social services. Some of these are active two-way relationships in which CUNY and agency staff work together to serve CUNY student, but many are passive referrals with no feedback to CUNY on whether the student showed up or was helped. In addition, partnership commitments shift with changes in organizational leadership without corrective action to fill resulting gaps in

services. This decentralized approach has some benefits: it allows each campus to tailor its partnerships to its own community and to use feedback from its students to strengthen effective partnerships and modify or end ineffective ones.

From a systems perspective, the decentralized approach also has limitations. It requires each of the 25 CUNY campuses to expend time and effort finding partners, and several campuses lack the staff or capacity to negotiate the linkages their students need. Second, it reduces opportunities for economies of scale. In the recommendations below, we suggest alternative approaches.

RECOMMENDATIONS

CUNY is the nation's largest and most diverse urban public university. It leads the nation in moving its students from poverty into the middle class. CUNY can teach the nation how to enroll and educate students who come from low-income, immigrant, Black and Latino and other low resource communities, preparing them to lead productive, civically engaged and healthy lives. In realizing this opportunity, CUNY will contribute to the creation of a more equitable city, state and nation and move towards fulfilling its aspiration to become the greatest urban university in the world.

The CUNY Master Plan for 2016-2020 observes that "CUNY is proud of its progress in expanding the avenues through which affordable and excellent higher education is available to a diverse population. With entry points for individuals with nearly every level of preparation and aspiration, CUNY plays an indispensable role in advancing educational attainment, strengthening the economic and social health of the city and state, and enhancing the overall quality of life among New Yorkers." ^{66(p. 41)}

One key strategy for achieving this vision is to assist CUNY students to surmount the health conditions that sometimes interfere with academic success. This will require both short term and longer-term changes in how CUNY organizes and delivers health and social services. It will also require mobilizing the remarkable assets of CUNY as an institution and of its faculty, staff and students as people. Finally, transforming the university's approach to health demands a recognition that CUNY can do better, that too many of our student fail to achieve their academic and life potential because we have not focused attention on reducing the obstacles they encounter.

The recent establishment of the Excelsior Scholarship Program by the New York State Governor and legislature, a program that will provide free tuition to full-time students at CUNY and SUNY whose families earn less than \$125,000 a year make new attention to health obstacles to academic success a timely priority. Excelsior minimizes one barrier to college graduation -- the high cost of tuition. By clearing another obstacle -- the health and social problems that undermine academic and lifetime success, New York City and State could again lead the nation in providing more equitable access to a college degree.

In this section we recommend specific steps CUNY can take to overcome the problems we have identified.

1. Affirm the university's commitment to promoting health for academic success.

In its *Master Plan for 2016-2020*, CUNY sets "ambitious new targets to raise its graduation

rates so that more students can reap the rewards of increased career options and earning potential." ^{67(p.5)} Through new coordinated initiatives to improve support and

build academic momentum, CUNY seeks to significantly raise graduation rates in its associate and bachelor's degree programs.

The evidence provided in this report suggests that one way to reach these targets is to rethink the connections between health and academic success. As CUNY's Master Plan notes, research has shown that expenditures on student services are associated with higher retention and graduation rates, and these effects are greater at institutions that serve low-income students.⁶⁸ By investing in new approaches to reducing the health problems that most interfere with the academic success of CUNY students, the university can benefit from the reciprocal relationships between health and education.

Specific steps the university can consider are:

- Create and seek funding for a multi-campus demonstration project to test new approaches to increasing retention and graduation rates by creating a package of services and policies that help students to better meet the educational burdens associated with mental health, sexual and reproductive health challenges, health care access and food insecurity.

2. Improve coordination and focus of CUNY Student Services (including health and mental health clinics). CUNY offers dozens of special programs to meet the breadth and depth of its students' educational, economic, social and health needs. Some are available CUNY-wide; others only at one or a few campuses. On many campuses, these worthy and needed program

operate in isolation from the others and lack central coordination, quality assurance or evaluation. Improved coordination, planning and information exchanges among these programs at both the campus and university levels could improve outcomes, including graduation rates, and save money. The Vice-Chancellor for Student Services should establish a Task Force that includes COSA staff, CUNY faculty and students and outside experts to make specific recommendations within 6-12 months for improved coordination of campus-based and community services on each campus and across campuses.

3. Fully engage CUNY students and faculty as resources for promoting health.

a. Engage CUNY students in promoting health for academic success. CUNY is committed to developing opportunities for experiential learning and already thousands of CUNY students play some role in peer counseling or education, advocacy or student services. By focusing and coordinating these activities, establishing guidelines and standards for quality, and linking them to academic fieldwork, internship and independent study programs, CUNY gains a powerful asset for promoting health for academic success and offers its students new ways to gain useful professional skills.

b. Define new roles for faculty and staff. The research literature shows that connection to caring adults is an important determinant of academic success. Many CUNY students told

our research team that they look to their own classroom faculty and advisers, as well as the counselors they see, for credible, valued guidance in overcoming their obstacles to academic success. Many faculty and support staff want to help their students overcome problems but often lack the skills, tools and infrastructure to realize this hope. By allocating institutional resources to helping faculty - even if only a fraction chooses to take on this role, CUNY can mobilize a powerful and effective resource for supporting success and overcoming the health and social problems that interfere with academic progress.

According to the CUNY Master Plan, “CUNY faculty possess uncommon interest in promoting the public good and expertise in addressing the challenges of urbanization, economic inequality, community health, sustainability, infrastructure, planning, social welfare and other 21st century concerns.” (p. 16) By engaging these faculty more fully in designing, evaluating and improving student services, CUNY can contribute new scholarship and new models of services.

4. Sponsor research, evaluation and quality improvement studies to provide evidence to improve services.

Documenting the ways that current CUNY student, health and social services benefit—or fail to benefit—its students is an essential step towards the establishment of quality, evidence-based and efficient services. Currently, CUNY has not made such monitoring a priority. In

addition, the emerging interdisciplinary field of inequality studies, especially of young adults, provides CUNY with an opportunity to gain national recognition by leveraging and coordinating its existing faculty expertise and the university population to studying these domains. Producing new evidence to inform scientific understanding of the complex reciprocal relationships between health and higher education could be a distinct CUNY contribution.

5. Establish partnerships with health care and social service providers.

CUNY lacks the mandate and resources to be able by itself to provide its students with the range of services needed to meet their health and social needs. At the same time, a plethora of such programs exist throughout New York City, often seeking clients who can use their services, and bring them revenue streams. If a single agency such as NYC Health & Hospitals, the city’s public hospital system, or Planned Parenthood of New York has the capacity to provide services for students at many campuses, a single agreement could reduce costs for students, establish standards of care, and provide for feedback on outcome, with appropriate consent from students. A more centralized approach might enable CUNY to take advantage of the current restructuring of health care in New York City triggered by the Affordable Care Act and New York State’s Medicaid Redesign. Many health and social service agencies as well as hospital systems and insurers are eager to enroll relatively

healthy young adults. By seeking to leverage these opportunities, CUNY has the potential to connect its students to the care they need at lower cost than they would be able to negotiate on their own. CUNY should assign a senior leader the responsibility for exploring, negotiating and monitoring such relationships.

These partnerships could better meet the needs of CUNY students, more efficiently use university resources, and contribute more fully to improving the well-being of young adults in New York City.



Commencement at Bronx Community College, 2009

CONCLUSION

Almost half of CUNY undergraduates report one or more of the seven health or social conditions we identified as having the potential to undermine academic success and more than one in five reports two or more of these conditions. These are depression, anxiety, pregnancy or parenting of young children, partner violence, lack of health insurance, no regular health care provider and food insecurity. By helping students to overcome these challenges to academic success, CUNY and other universities serving low-income urban populations can contribute more fully to reducing the educational, health, income and life satisfaction inequalities that characterize New York City and the United States.

By strengthening and better coordinating its existing student support services on conditions that interfere with graduation and academic success, establishing clear and sustainable partnerships with the multitude of the city's health and social service programs, and engaging the passion and energy of students and faculty in improving their own, their families', their communities' and their campuses' health, CUNY can make even stronger contributions to its students success as well as the well-being and economic development of the city. By committing themselves to helping CUNY students to overcome the health and social problems that interfere with academic success, the CUNY Board and Chancellor can write the next chapter in one of America's great working-class universities. They can translate into action CUNY's aspiration to become the greatest urban university in the world.

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