Implications of Partisan Coronavirus Public Health Policies on the Health and Wellness of First-Generation and Continuing-Generation College Students in the Year 2020

by

JAMIE ODELL

A THESIS

Presented to the Department of Political Science
and the Robert D. Clark Honors College
in partial fulfillment of the requirements for the degree of
Bachelor of Arts

May 2025

AN ABSTRACT OF THE THESIS OF

Jamie Odell for the degree of Bachelor of Arts
in the Department of Political Science to be taken June 2025

Title: Implications of Partisan Coronavirus Public Health Policies on the Health and Wellness of First-Generation and Continuing-Generation College Students in the Year 2020

Approved: *Heather McClure PhD*
Primary Thesis Advisor

The Coronavirus pandemic was an unprecedented global catastrophe that has impacted lives uniquely and universally. The politicalization of COVID-19 by both Republican and Democratic politicians created a climate in which state actors and their citizens exhibited attitudes and behaviors closely aligned with their political affiliations. While the medical interventions implemented in 2020 are no longer deemed necessary in public spaces today, the long-term impacts on individuals, particularly young adults, have yet to be thoroughly studied. This thesis explores the different approaches states took in implementing COVID-19 public health policies and examines the relationship between state and college COVID-19 policies and the self-reported health and wellness outcomes of student residents. The data is sourced from the College Student COVID-19 Study conducted by Dr. Seth Schwartz (University of Texas at Austin) and his colleagues at universities across the United States. Students responded to a quantitative survey about their coping strategies and health and wellness and provided sociodemographic information related to their gender, racial/ethnic background, and college generational status. Findings indicate that respondents, regardless of their generational status, who attended college in traditionally Republican-leaning states reported better health and wellness outcomes compared to those in traditionally Democratic-leaning states.

ACKNOWLEDGEMENTS

I would like to thank my primary thesis adviser, Professor Heather McClure, for her vital guidance through the research and writing process. Moreover, I wish to express my gratitude for Elizabeth Raisanen, my representative from the Clark Honors College, for her valuable contributions as a member of my thesis committee. Additionally, I would like to thank Dr. Seth Schwartz and his colleagues at the University of Texas, Austin College of Education for generously granting me access to the data collected in their College Student COVID-19 Study. Lastly, I am deeply appreciative the consistent support of my family throughout all my academic endeavors.

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INTRODUCTION

In March 2020, as a high school senior, my primary concerns were selecting a prom dress, working my part-time minimum-wage job at the mall, planning spring break, and spending the final months with friends I had grown up with. However, by mid-March, these concerns abruptly vanished: prom was canceled, my job at the mall was suspended, my spring break plans were scrapped, and I found myself suddenly isolated from my friends. Entering college that fall was nothing like I had anticipated. The dorms were eerily silent, my weekends were spent binge-watching reality TV alone instead of trying to meet new people, and I struggled to adjust to the new environment.

While the Coronavirus pandemic changed my life in indescribable ways, my experience during the first year of the pandemic was neither unique nor unheard of; it was a nearly universal experience for the high school graduating class of 2020. Despite this shared experience, I could not help but compare my situation to that of my peers. One of my high school friends, Tess (real name omitted), attended Texas Christian University. Judging by her social medical posts, our college experiences were starkly different. During my freshman year of college (2020-2021), while she attended tailgates and parties on the weekends, I ate alone in my dorm room and attended remote classes, meetings, and appointments.

My mental health reached an all-time low. I had lost the last few months with friends I had known since childhood, moved away from my family and pets, and was deeply concerned about the state of the world amid an unprecedented global pandemic. Although isolating myself was the responsible thing to do, I could not help but feel envious of Tess's seemingly idyllic college experience. This internal struggle led me to consider the impact of the politicization of the Coronavirus and how partisan public health policies might have influenced the college

experience and overall well-being of students. If Tess's experience at college in Texas, a predominantly Republican state, was drastically different from mine in Oregon, a predominantly Democratic state, perhaps there was a political dimension to our experiences beyond my personal social challenges.

The Coronavirus pandemic, though better controlled currently than in 2020, continues to have lasting impacts on various aspects of life, including individual well-being, the economy, politics, science, higher education, and more. The enduring relevance of these impacts, coupled with my personal experience as a freshman in college during the pandemic, spurred my interest in examining the pandemic's effects from a political perspective. As college students, educators, parents, and university officials, it is crucial to analyze not only how the pandemic has affected and continues to affect our lives but also how it has shaped the broader spheres of our society.

Terminology

In this section, I will clarify my definitions and uses of the terms "blue state" and "red state." While these terms are relatively well-known among U.S. citizens, the concept of "red" and "blue" states is a comparatively recent phenomenon, becoming solidified in the national consciousness during the 2000 presidential election ("The Origins of Red and Blue States," 2019). Tim Russert, NBC News political director, is credited with the first public reference to "red" and "blue" states. He predicted a potential victory for presidential candidate George W. Bush in "red" states on the Today Show one week before the 2000 election ("The Origins of Red and Blue States," 2019). Russert's use of an electoral vote map on MSNBC to predict victories for Al Gore and George W. Bush catalyzed the widespread use of red and blue maps in newspapers, television news, and other media ("The Origins of Red and Blue States," 2019).

Since the 2000 election, the terms “red” and “blue” states have become commonly understood in political language. Matthew S. Levendusky and Jeremy C. Pope (2011) define red states as “states carried by Republicans at the presidential level.” Conversely, blue states are inferred to mean states carried by Democrats at the presidential level (Levendusky & Pope, 2011). Because red and blue states are defined by their political support for either the Republican or Democratic Party, they are also more likely to support policies endorsed by their respective parties (Feinberg et al., 2017). Thus, red and blue states can be characterized not only by their support for specific presidential candidates but also by the public policies they endorse.

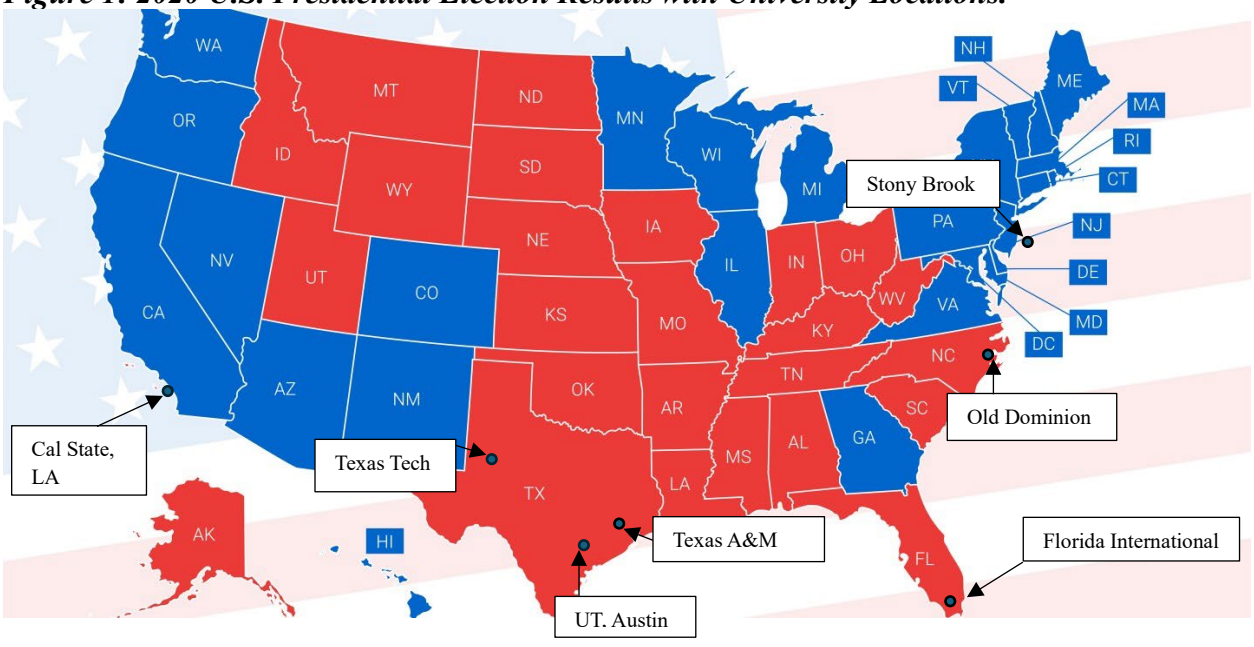
This distinction is significant for my research, as I need clear criteria for categorizing states as either red or blue to accomplish this, I will analyze the voting patterns of each state since the 2000 presidential election and consider the extent of constituent support for politically charged public policies associated with specific parties and ultimately, the political leaders of each of state in the study. Based on these factors, I identified New York, California, and Virginia as blue states, and Florida and Texas as red states.

LITERATURE REVIEW

My research aims to answer three distinct research questions. First, I seek to determine whether the political ideological dominance in a state (i.e., whether it can be classified as a red state or a blue state) and its influence on COVID-19 policies significantly alter public health and wellness outcomes as reported by students. Second, I aim to explore the relationship, if any, between health and wellness outcomes for first-generation college students compared to non-first-generation college students. Finally, I intend to examine the relationship, if any, between health and wellness for first-generation college students attending college in red states compared to those attending college in blue states.

To address the first and third research questions, I will meticulously analyze the COVID-19 policies in each state involved in my study (New York, California, Virginia, Texas and Florida) during the study data collection period April-August 2020. Subsequently, I will identify the specific COVID-19 policies implemented by each university included in the study during the same period (See Figure 1).

Figure 1: 2020 U.S. Presidential Election Results with University Locations.



COVID-19 Public Policies Per State

The global pandemic was an unprecedented event in the modern world, leading to diverse opinions, perspectives, and policies on how to best protect public health. In the United States, this was further complicated by the politicization of the virus, and also the established federalist governmental system. Given that the federalist system requires individual state governments to formulate their own public health policies, each state was allowed to impose or not impose their own COVID-19 restrictions, leading to a lack of uniformity in COVID-19 prevention measures on a national scale. Furthermore, given that each state adopted different approaches, ranging from air travel bans to hospital policies, my research focuses on examining COVID-19 state public policies related to the enforcement of the health protection measures recommended by the national Center for Disease and Control Prevention (CDC) governmental agency. The CDC measures include mask mandates, physical distancing and capacity requirements, state or county mandated business closures, and governor-issued stay-at-home orders.

To gather accurate data, I utilized resources from the Husch Blackwell law firm, which developed a resource center that tracks the timeline of each state's COVID-19 rules, restrictions, and orders. I cross-referenced this information with Ballotpedia's coverage of the general timeline of state government responses to the pandemic to ensure accuracy.

New York

Governor Andrew Cuomo issued Executive Order 202.6 on March 22nd, 2020, requiring all non-essential businesses to cease in-office operations and mandating a stay-at-home order for individuals at increased risk ("New York COVID-19 Guidance," 2020). The Executive Order also mandated that essential businesses must enforce social distancing requirements of at least six feet for both workers and customers. On April 13th, 2020, Cuomo mandated that all essential businesses provide employees with face coverings, and on April 15th, 2020, he extended this

requirement to the general public, requiring everyone in the state of New York to wear a mask or face covering in situations where social distancing is not possible ((“New York COVID-19 Guidance,” 2020).

California

Governor Gavin Newsom declared a State of Emergency in California on March 4th, 2020. However, it was not until March 19th, 2020, that he issued Executive Order N-33-20, requiring all California residents to stay home except for essential workers (“California COVID-19 Guidance,” 2020). Additionally, on March 15th, 2020, Newsom ordered the closure of all bars, wineries, nightclubs, and brewpubs, which were only allowed to resume limited operations on June 12th, 2020 (“California COVID-19 Guidance,” 2020). Newsom signed a statewide mask mandate on June 18th, 2020 (“California’s Path to Recovery from COVID-19,” 2020). On July 13th, 2020, Newsom reimposed a statewide prohibition on all indoor operations of restaurants, bars, wineries, movie theaters, entertainment venues, museums, and cardrooms (“California COVID-19 Guidance,” 2020).

Virginia

Governor Ralph Northam declared a state of emergency on March 12th, 2020. He set capacity limits on public gatherings on March 15th, 2020, and closed recreational facilities and placed limitations on restaurants and non-essential retail establishments on March 23rd, 2020 (“Virginia COVID-19 Guidance,” 2020). Although Northam did not issue a shelter-in-place order, he banned gatherings of ten or more people and urged residents to follow CDC social distancing guidelines (“Virginia COVID-19 Guidance,” 2020). Virginia began Phase One of reopening on May 15th, 2020, and on May 26th, 2020, face coverings became mandatory inside public establishments through Executive Order 63 (“Virginia COVID-19 Guidance,” 2020).

Texas

On March 13th, 2020, Governor Gregg Abbott issued a disaster proclamation acknowledging the severe and imminent threat posed by COVID-19 to all counties in Texas (Abbott, 2020). On March 19th, 2020, Abbott issued Executive Order GA-08, which prohibited social gatherings of more than ten people and recommended, but did not mandate, the avoidance of bars, restaurants, and gyms unless alternatives such as drive-thru or delivery were available (Abbott, 2020). Despite pressure from the Texas Hospital Assembly and the Texas Nurses Association to issue a statewide stay-at-home order, Abbott insisted this decision should be made by local governments ("Texas COVID-19 Guidance," 2020). On April 2nd, 2020, Abbott clarified that his previous order effectively required all Texans to stay at home except for essential activities ("Texas COVID-19 Guidance," 2020). On July 2nd, 2020, Abbott issued a statewide executive order requiring all residents to wear masks in public spaces, having previously left mask mandates to local governments ("Texas' Path to Recovery from COVID-19," 2020).

Florida

Governor Ron DeSantis declared a state of emergency for Florida on March 9th, 2020, and ordered the closure of all bars and nightclubs by March 17th, 2020 (DeSantis, 2020). On May 4th, 2020, DeSantis initiated reopening by issuing Executive Order 20-112, allowing restaurants to resume indoor dining at 25% capacity, provided they implement social distancing. In addition, Executive Order 20-112 allowed in-store retailers, museums, and libraries to reopen at 25% capacity ("Florida COVID-19 Guidance," 2020). Notably, Florida was one of eleven total states that chose to never issue a statewide mask mandate ("Florida's Path to Recovery from COVID-19," 2020).

COVID-19 Policies Per College

In line with the varied COVID-19 policies of individual states, I have focused on two categories of university requirements: learning, and health and wellness. In the learning category, I examine university policies regarding classroom format (remote, hybrid, and in-person instruction), physical distancing requirements, capacity regulations, and, when applicable, strategic scheduling of classrooms to reduce population density in the buildings. In the health and wellness category, I review policies regarding face-covering requirements, COVID-19 testing protocols, cleaning procedures for classrooms and common areas, and policies related to student extracurricular activities and mental health services.

Stony Brook University, New York

According to the Stony Brook University COVID-19 Recovery Plan, the university modified classroom capacities to 45% and lecture halls to 18-22% to comply with social distancing requirements. Physical distancing enforcement techniques such as sneeze barriers and marked individual spaces were also implemented by the university. In-person instruction scheduling was reorganized to increase transition time between classes, reducing campus density (Stony Brook COVID-19 Recovery Plan). The university introduced daily self-screening temperature checks and symptom reviews and promoted mental health initiatives with infographics on grounding and relaxation techniques, coping skills, and managing anxiety.

California State University, Los Angeles

For the fall 2020 semester, California State University, Los Angeles (Cal State LA) primarily offered online instruction, with fewer than 2% of the total 26,342 student population attending in-person classes (“COVID-19 Messages,” 2023). All faculty, staff, and students on campus were required to wear face coverings both indoors and outdoors. The campus opened a

free COVID-19 testing site on May 7th, 2020, available to students and the surrounding community.

Old Dominion University, Virginia

The Old Dominion University Blueprint for Fall 2020 Reopening outlined three instructional options: online, flexible hybrid, and face-to-face instruction. ("Reopening Plan Fall Semester," 2020). Face coverings were required on campus in accordance with the Governor's Executive Order 63, especially when physical distancing could not be maintained. Plexiglass barriers were installed in high-contact locations, and classroom cleaning protocols aligned with CDC recommendations ("Reopening Plan Fall Semester," 2020). The university collaborated with Sentara Healthcare to develop cohesive screening, testing, and contact tracing protocols for students.

University of Texas, Austin

According to the Fall 2020 Reopening Plan announcement from Interim President Jay Hartzell, the University of Texas, Austin offered remote, hybrid, and in-person instruction (Hartzell, 2020). In-person instruction ended on November 25th, 2020, with the remainder of the semester and final exams conducted online. Classrooms operated at 40% capacity to enforce physical distancing. Face coverings were required indoors, but not mandated outdoors. A new app was developed to help students monitor symptoms and access COVID-19 testing on campus, and hand hygiene products and cleaning stations were made available throughout the campus.

Texas A&M University, College Station

Texas A&M University's Office of the Provost set classroom occupancy at a about 33% of normal capacity to maintain physical distancing, unless configurations allowed for a higher percentage ("Office of the Provost," 2020). All in-person courses were streamed remotely via

Zoom, and instructors were advised to rotate students' in-person attendance. Course schedules were adjusted to include 30-minute passing periods and a 45-minute mid-day passing period for additional classroom cleaning. Face coverings were required for in-person classes, and non-compliant students could be asked to leave and join the class virtually.

Texas Tech University

In a letter from President Lawrence Schovanec, Texas Tech University allowed in-person instruction with social distancing barriers, enabling instructors to teach without face coverings (State of Texas and Texas Tech University, 2020). However, face coverings were required for students, faculty, and staff in campus buildings and in-person classes. The university provided free but non-mandatory COVID-19 testing and introduced a dashboard to track active cases within the community. A new app was launched to help users monitor and track symptoms.

Florida International University

The Panthers Protecting Panthers COVID-19 Guidelines for Repopulating FIU Campuses and Regional Academic Locations outlined various instructional methods: face-to-face instruction with physical distancing, certified hybrid courses, synchronous remote classes, and fully online classes ("Panthers Protecting Panthers," 2020). Hybrid courses met both online and face-to-face, while synchronous remote classes were conducted remotely at specific times. Prioritization for face-to-face instruction was based on course necessity and enrollment. Face masks were required on campus, and cleaning frequency for classrooms and common areas was increased. An app was developed for symptom screening, and all student extracurricular activities required approval to ensure compliance with university guidelines ("Panthers Protecting Panthers," 2020).

College Student Attitudes and Behaviors Towards COVID-19 Policies

Given the transmissible nature of COVID-19, university officials tended to prioritize vaccination and infection prevention on the densely populated campuses. A 2021 survey of college students revealed that 79% supported vaccinations before returning to campus, while only 21% were opposed, indicating a general comfort with vaccination (Taylor et al., 2021). Additionally, only 30% of respondents stated they would withdraw from classes if a COVID-19 vaccine was required to remain on campus, suggesting a preference for vaccination over returning home (Taylor et al., 2021). However, despite overall support for vaccination mandates, adherence to other preventive measures, such as mask-wearing at social gatherings, declined in November 2020 (Rosenblum et al., 2022). The study of two Wisconsin universities also found that students who attended parties or consumed more alcohol were less concerned about COVID-19 risks, indicating that socially active students were less likely to adhere to preventive measures. This information provides valuable context for understanding college students' perspectives on vaccination, physical distancing, and mask-wearing.

First-Generation College Students' Attitudes and Behaviors Towards COVID-19 Policies

First-generation college students, defined as those whose parents did not earn any postsecondary credentials, were found to be more comfortable receiving a COVID-19 vaccine, especially if required by their university, compared to continuing-generation students (Taylor et al., 2021). Furthermore, there was no statistically significant difference in withdrawal rates between first-generation and continuing-generation students if vaccines were mandated by their universities (Taylor et al., 2021).

Relationships Between Partisanship and COVID-19 Compliance

The COVID-19 pandemic in the United States was highly politically polarized. Then-U.S. President Donald Trump and various conservative media outlets contributed to this

politicization through the spread of misinformation, partisan infighting, and statements that served to undermine health experts (Gadarian et al., 2021). Additionally, the federal government's inconsistent recommendations on face-masking and lack of nationwide test availability further created uncertainty. Differences in mitigation strategies among state governors exposed the political nature of public health responses (Gadarian et al., 2021).

During 2020, Democratic politicians were more likely to emphasize health, adopt behaviors like social distancing in compliance with CDC recommendations, change personal health behaviors, and support policies that socialize the costs of testing and treatment (Gadarian et al., 2021). Conversely, Republican politicians tended to focus on issues like China and business and were less likely to comply with CDC-recommended behaviors and were generally less concerned about the pandemic (Gadarian et al., 2021). This political polarization is unique to the COVID-19 pandemic and not characteristic of all public health crises, as compliance improved when mandates were issued by co-partisans rather than a specific political party (BalaEddy, 2022).

This literature is crucial for my study as it provides background information on the influence of political affiliations on compliance with CDC-recommended behaviors and explains the variation in state government-issued COVID-19 policies based on whether a state is considered a red state or a blue state (Figure 1).

RESEARCH QUESTIONS

My research questions are as follows:

1. At the beginning of the Coronavirus pandemic, how does students' college residency in blue versus red states relate to public health policies and student-reported public health and wellness outcomes?
2. At the beginning of the Coronavirus pandemic, what are the relationships between student-reported outcomes for first-generation compared with continuing-generation college students?
3. At the beginning of the Coronavirus pandemic, how does first-generation college students' residency in blue versus red states relate to public health policies and student-reported public health and wellness outcomes?

METHODOLOGY

The focus of political research varies depending on the specific study but generally it involves analyzing data from the general populace on social, economic, and/or political issues, often with an emphasis on partisanship. This research may rely on surveys targeting either the broader public or specific demographics, depending on the issue under examination.

One of the main challenges in obtaining a large sample size for survey responses is simplifying the questions to ensure they are easily understandable. This approach encourages participants to complete the survey and provide honest, comprehensive answers. Additionally, political research is influenced by external circumstances, necessitating an understanding of the broader context in which the data is collected for accurate interpretation.

For my study, it is essential to investigate the public health policies of each state and university to comprehend how the policy environment may have influenced students' experiences. I also examined the political climates of each state by analyzing voting trends in presidential elections since 2000 to determine each state's position on the partisan spectrum. Therefore, a thorough analysis of these public policies is crucial for accurately interpreting my data findings within the political and public health contexts of the United States in 2020.

Secondary Research Analysis

My study primarily relies on a secondary research analysis designed by Dr. Seth Schwartz and a collaborative team of faculty members from various universities across the United States. The participating universities included University of Texas, Austin; Texas A&M University; University of Florida, Miami; Florida International University; Texas Tech University; University of Arkansas; Stony Brook University (New York); University of Oregon; Old Dominion University (Virginia); California State University, Northridge; California State

University, Los Angeles; and University of Nevada, Las Vegas. In Dr. Schwartz's study protocol, students were recruited through the research participation systems of the psychology and educational psychology departments. Participants signed a consent form and then completed the survey online. Identifying information was not collected, and names and student identification numbers were only used for participant credit before being discarded.

Specifics of Variables and Data Collection

My primary research question investigates the relationship between state and university public health policies and student-reported health and wellness outcomes. For this analysis, I focused on the University of Texas, Austin; Texas A&M University; Florida International University; Texas Tech University; Stony Brook University (New York); Old Dominion University (Virginia); and California State University, Los Angeles. Using data provided by Dr. Schwartz and his team, I selected twelve survey variables that aligned with my research objectives and grouped them into three categories: stressors, coping strategies and outcomes, and health and wellness.

- Stressors: Racial/ethnic microaggressions, discrimination, and college student stress.
- Coping Strategies and Outcomes: Total activity levels, social support, COVID-19 family cohesion, and resilience.
- Health and Wellness: COVID-19 anxiety levels, obsession with COVID-19, COVID-19 related suicide thoughts, psychological well-being, and life satisfaction.

I categorized respondents based on the university they attended and the state where the university is located. States were classified as either "red states", in reference to Republican-leaning states, or as "blue states", in reference to Democratic-leaning states, based on presidential voting trends since 2000, recent public policy affiliations, and the political party

of the state governor. Accordingly, New York, California, and Virginia were categorized as blue states, while Texas and Florida were categorized as red states. I then calculated frequencies for populations in red and blue states to determine the overall student sample size and the percentage breakdown by gender and race/ethnicity.

Survey respondents provided answers on a numerical scale, allowing me to conduct t-tests to determine if differences in average responses were statistically significant. Statistical significance indicates a high likelihood that observed differences are due to the variables themselves rather than random factors.

Variable's Defined

I am using the de-identified secondary data collected through the COVID-19 University Research on Education and Sustainability (CURES) project.

Racial/Ethnic Microaggressions. This variable was measured using the Racial and Ethnic Microaggressions Scale (REMS), a 45-item instrument developed to measure individuals' experiences with racial and ethnic microaggressions (Nadal et al., 2014). Participants were asked to indicate whether they had encountered each listed microaggression within the past six months, with 0 signaling "no" and 1 signaling "yes." The REMS comprises six subscales: (1) Assumptions of Inferiority, (2) Second-Class Citizen and Assumptions of Inferiority, (3) Microinvalidations, (4) Exoticization/Assumptions of Similarity, (5) Environmental Microaggressions, and (6) Workplace/School Microaggressions. Sample items include: "Someone assumed that I would not be educated because of my race" (Subscale 1); "I observed people of my race in prominent positions at my workplace or school" (Subscale 5); "Someone assumed that my work would be inferior to people of other racial groups"

(Subscale 6); and “My opinion was overlooked in a group discussion because of my race” (Subscale 6).

Discrimination. In their study “Psychological Variables as Predictors of Perceived Ethnic Discrimination Among Minority and Immigrant Adolescents,” Jean Phinney, Tanya Madden, and Lorena Santos define perceived discrimination (PD) as “the individual interpretation of events as discriminatory.” To assess PD, participants responded to seven items on a five-point Likert scale ranging from 1 (almost never) to 5 (very often). These items measured how frequently participants felt they were treated unfairly or negatively due to their ethnic background by various groups, including teachers, other adults outside of school, and peers. Additional items assessed broader perceptions of ethnic discrimination, such as feeling that others behave unfairly toward their ethnic group, feeling unwelcome in American society, lacking acceptance from other Americans, and perceiving that other Americans hold something against them (Phinney et al., 1998).

College Student Stress. To evaluate this variable, a questionnaire consisting of 7 items on a 5-point Likert scale was used to gauge students’ views on their vulnerability to COVID-19 and its impact on their academic settings and social interactions (Schwartz et. al., 2023). Participants rated each statement (for example, “How do you perceive the relationships with your classmates during this period of COVID-19 pandemic?”) using a scale from 1 (not at all stressful) to 5 (extremely stressful) (Schwartz et al., 2023).

Total Activity Levels. This variable was assessed using the International Physical Activity Questionnaire (IPAQ) (Lee et al., 2011). Participants reported the frequency and duration of physical activity performed over the past seven days in four categories: vigorous-intensity

activity such as aerobics, moderate-intensity activity such as leisure cycling, walking, and sitting (Lee et al., 2011).

COVID-19 Family Cohesion. This variable was measured using the COVID-19 Household Environment Scale (CHES), which includes 15 items each for two subscales: household conflict and household cohesion (Behar-Zusman et al., 2020). For the household conflict subscale, participants were asked to evaluate whether, compared to before the COVID-19 pandemic, there were increased conflicts during social distancing regarding topics such as leisure time, parenting or childcare, children's schoolwork, health-related decisions, going out, having visitors, home maintenance, personal hygiene, food, employment, finances, privacy, media consumption, substance use, and politics. For the household cohesion subscale, participants were asked whether, relative to pre-pandemic levels, social distancing led to greater togetherness through shared leisure, conversation, fitness, involvement in children's education, collaborative problem-solving, mutual assistance, household chores, errands, meals, emotional support, affection, physical intimacy, religious or spiritual activities, resource sharing, and helping others.

Resilience. This variable was evaluated using the Brief Resilience Scale, which comprises six items that measure the ability to recover from challenging situations (e.g., "I tend to bounce back quickly after hard times") (Schwartz et. al., 2023). Participants rated their agreement with each statement on a scale from 1 (strongly disagree) to 5 (strongly agree) (Schwartz et. al., 2023).

Social Support. This variable was assessed using the Medical Outcomes Study Social Support Scale, which includes eight items (Schwartz et. al., 2023). Each item begins with the

question, “Please indicate how often each of these supports would be available to you if you needed it” (Schwartz et. al., 2023). Participants responded to statements such as “Someone to prepare your meals if you were unable to do it yourself” using a 5-point Likert Scale from 1 (none of the time) to 5 (all of the time) (Schwartz et. al., 2023).

Obsession with COVID-19. The Obsession with COVID-19 Scale was used to assess this variable, consisting of a 4-item questionnaire that gauges how often participants think about the personal impacts of the Coronavirus (Schwartz et. al., 2023). Higher scores indicate more obsessive thoughts related to COVID-19 (Schwartz et. al., 2023). Responses were measured on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree) (Schwartz et. al., 2023).

COVID-19 Anxiety Levels. This variable was assessed using the 7-item GAD-7 (Schwartz et. al., 2023). Each item asks the participants to evaluate the severity of their symptoms over the two weeks prior to the assessment (e.g., “feeling nervous, anxious, or on edge”; “being so restless that it is hard to sit still”) (Schwartz et. al., 2023). Participants responded on a scale from 0 (not at all) to 3 (nearly every day) (Schwartz et. al., 2023). Total GAD-7 scores were calculated by summing the item responses according to established guidelines (Schwartz et. al., 2023).

Life Satisfaction. Life satisfaction was measured using the Satisfaction with Life Scale, a 5-item tool that assesses overall happiness with one’s life (Schwartz et. al., 2023). Items include statements such as “In most ways, my life is close to my ideal” (Schwartz et. al., 2023). Participants rated their agreement with each statement on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) (Schwartz et. al., 2023).

Psychological Well-Being. This variable was evaluated using the 18-item version of the Scales for Psychological Well-Being (Schwartz et. al., 2023). Sample items include "For me, life has been a continuous process of learning, changing, and growth" (Schwartz et. al., 2023). Participants rated their agreement with each statement on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) (Schwartz et. al., 2023).

COVID-19 Suicidality. This variable was measured using the Suicidal Behaviors Questionnaire-Revised (SBQ-R), a four-item survey designed to assess multiple dimensions of suicidality (Osman et al., 2001). The first item assesses lifetime suicidal ideation and attempts; the second evaluates the frequency of suicidal thoughts within the past twelve months; the third measures the extent to which individuals have communicated suicidal intent; and the fourth assesses respondents' self-reported likelihood of engaging in suicidal behavior in the future.

Secondary Research Question

My secondary research question examines the differences in attitudes and behaviors between continuing-generation college students and first-generation college students. I define first-generation college students as those whose parents did not obtain any kind of postsecondary degree, while continuing-generation college students as parents who did complete any level of postsecondary education. To categorize students based on their generational status, I used a direct survey question and recorded responses accordingly. I then calculated frequencies for each group, broken down by gender and race/ethnicity. The three groups of variables (stressors, coping strategies and outcomes, and health and wellness) remained the same as in the primary research question.

I conducted t-tests to analyze whether differences in average responses between the two groups were statistically significant or due to random chance. This analysis helps to identify any notable disparities in how first-generation and continuing-generation students experience and respond to stressors, coping strategies, and health and wellness outcomes.

Participants

I conducted a descriptive statistical analysis to determine the percentage of the overall sample size based on the following criteria: (1) attendance at each university, (2) attendance at colleges in red states versus attendance at colleges in blue states, in addition to (3) self-identification of their college generational status (e.g., first-generation versus continuing-generation), gender, and racial/ethnic background. For the descriptive characteristics of the entire student sample, refer to Table 1. For the descriptive statistics of students attending colleges in red states versus those attending colleges in blue states, refer to Table 2. For the descriptive statistics of students identified as first-generation college students and continuing-generation college students, refer to Table 3.

Table 1: Descriptive Characteristics for the Entire Student Population Sample

Category	Variable	UT, Austin	Old Dominion University	Stony Brook University	Florida International University -	Texas A&M University	Texas Tech University	California State Los Angeles University
Gender	Male	28.33% (102)	14.85% (15)	17.46% (22)	11.92% (51)	0% (0)	35.42% (192)	28.33% (115)
	Female	71.66% (258)	84.16% (85)	82.54% (104)	87.38% (374)	100% (14)	64.58% (350)	70.94% (288)
	Other	0% (0)	0.99% (1)	0% (0)	0.47% (2)	0% (0)	0% (0)	0.74% (3)
Race/Ethnicity	White	29.72% (107)	43.56% (44)	26.19% (33)	12.62% (54)	35.71% (5)	61.44% (333)	4.43% (18)
	African American	8.05% (29)	35.64% (36)	16.66% (21)	14.02% (60)	7.14% (1)	10.52% (57)	4.43% (18)
	Hispanic/Latin American	41.11% (148)	3.96% (4)	30.16% (38)	68.46% (293)	35.71% (5)	22.51% (122)	76.12% (309)
	Asian/Pacific Islander	17.50% (63)	6.93% (7)	23.02% (29)	1.40% (6)	14.29% (2)	2.95% (16)	12.81% (52)
	Native American	0.55% (2)	1.98% (2)	0% (0)	0% (0)	0% (0)	0.37% (2)	0% (0)
	Middle Eastern	1.94% (7)	0% (0)	0% (0)	0.93% (4)	0% (0)	0.18% (1)	0.74% (3)
	Other	1.38% (5)	7.92% (8)	3.97% (5)	2.34% (10)	7.14% (1)	1.85% (10)	0.74% (3)
Generational Status	First-Generation College Student	60.27% (217)	53.47% (54)	60.32% (76)	74.07% (317)	92.86% (13)	30.44% (165)	74.88% (304)
	Continuing-Generation College Student	40.55% (146)	46.53% (47)	39.68% (50)	25.93% (111)	7.14% (1)	69.56% (377)	25.12% (102)

Total	363	101	126	428	14	542	406

For the entire sample population, Texas Tech University had the highest number of respondents (n = 542), while Texas A&M University had the fewest respondents (n = 14). Additionally, the majority of respondents identified as female, with Florida International University having the highest number of female respondents (n = 374) and Texas A&M University the fewest female respondents (n =14). Despite having the lowest respondents in total, Texas A&M University had the highest percentage of female respondents (100%) because all 14 of their respondents self-identified as female.

Moreover, five out of the seven universities involved in the study are nationally recognized Hispanic serving institutions (UT Austin, Florida International University, Texas A&M University, Texas Tech University, and California State Los Angeles University). The majority of respondents racially identified as Hispanic and/or Latin American with Cal State Los Angeles University having the largest number of Hispanic and/or Latin American respondents (n = 309) and Old Dominion University having the smallest number of Hispanic and/or Latin American respondents (n = 4).

Additionally, the majority of the respondents identified as first-generation college students. Florida International University had the largest number of first-generation college student respondents (n = 317) and Texas A&M University having the lowest number of first-generation college student respondents (n = 13). Despite having the lowest respondents in total, Texas A&M University had the highest percentage of first-generation college students in the sample (92.86%).

Table 2: Descriptive Characteristics for Students Attending College in Red versus Blue States

	Red States		Blue States	
Category	**Variable**	**Frequency (%)**	**Variable**	**Frequency (%)**
Gender	Male	25.61% (345)	Male	24.01% (152)
	Female	73.94% (996)	Female	75.35% (477)
	Other	0.15% (2)	Other	0.63% (4)
Racial/Ethnic Background	White	37.04% (499)	White	15.01% (95)
	African American	10.91% (147)	African American	11.85% (75)
	Hispanic/Latin American	42.17% (568)	Hispanic/Latin American	55.45% (351)
	Asian/Pacific Islander	6.46% (87)	Asian/Pacific Islander	13.90% (88)
	Native American	0.27% (4)	Native American	0.32% (2)
	Middle Eastern	0.89% (12)	Middle Eastern	0.32% (2)
	Other	1.93% (26)	Other	3.00% (19)
College Generational Status	First-Generation Students	52.86% (712)	First-Generation Students	68.56% (434)
	Continuing-Generation Students	47.14% (635)	Continuing-Generation Students	31.44% (199)
Total		1347	**Total**	633

Overall, the data collected shows that there are more respondents attending university in a red state versus a blue state (terms defined on page 22-26) with a total frequency of 1,347 respondents in red states compared with a total frequency of 633 respondents in blue states. In both red and blue states, the gender majority is female with a range of 73%-76% female and a range of 24% and 26% male. Furthermore, in both red and blue states, the racial/ethnic majority is Hispanic and/or Latin American with 568 respondents self-identifying as such in red states and with 351 respondents self-identifying as such in blue states. The racial/ethnic minority in both states is Native American with red states having four respondents identifying as such in red states and two respondents identifying as such in blue states. Additionally, however, blue states also have a minority of two Middle Eastern respondents while red states have twelve Middle Eastern respondents. Finally, both red and blue states have a majority first-generation college student respondent rate with 712 respondents identifying as such in red states and 434 respondents identifying as such in blue states. In general, the data illustrates that in both red states and in blue states, most of the respondents were Hispanic and/or Latin American first-generation female college student respondents.

Table 3: Descriptive Characteristics for Students Self-Identified as First-Generation College Student or Continuing-Generation College Student

	First-Generation College Students		**Continuing-Generation College Students**	
Category	**Variable**	**Frequency (%)**	**Variable**	**Frequency (%)**
Gender	Male	20.12% (233)	Male	32.25% (269)
	Female	79.36% (919)	Female	67.26% (561)
	Other	0.35% (4)	Other	0.24% (2)
Racial/Ethnic Background	White	16.75% (194)	White	48.08% (401)
	African American	11.49% (133)	African American	13.78% (115)
	Hispanic/Latin American	60.79% (704)	Hispanic/Latin American	26.26% (219)
	Asian/Pacific Islander	8.46% (98)	Asian/Pacific Islander	9.23% (77)
	Native American	0.35% (4)	Native American	0.24% (2)
	Middle Eastern	0.77% (9)	Middle Eastern	0.59% (5)
	Other	2.76% (32)	Other	1.56% (13)
Total		1158	**Total**	834

The data shows that the majority of the respondent population sample identifies as a first-generation college student (n = 1,158) as opposed to a continuing-generation college student (n = 834). Overall, the data shows that for both first-generation college students and continuing-

generation college students the gender majority is female, with a larger number of female first-generation respondents (n = 919) than female continuing-generation respondents (n = 561). However, there are more male continuing-generation respondents (269) than male first-generation respondents (n = 233). First-generation respondents were mainly Hispanic and/or Latin American whereas continuing-generation respondents were mainly white. Furthermore, for both first-generation respondents and continuing-generation respondents, the minority racial/ethnic group identified is Native American, with four first-generation respondents and two continuing-generation respondents identifying as such. In general, the data presents that the majority of first-generation college student respondents identify as Hispanic and/or Latin American females, and the majority of non-first-generation college student respondents identify as white females.

RESULTS

My analysis is guided by three overarching research questions. My primary objective is to examine the impact of political ideological dominance in states, classified as red states or blue states, on COVID-19 state policies and the subsequent effects on reported public health and wellness outcomes among university students. My hypothesis posited that college students attending universities in red states would exhibit more positive health and wellness outcomes compared to those in blue states. The data supports this hypothesis, showing that students in red states tend to experience more favorable health and wellness outcomes (See Table 4).

Table 4: College Student Stress, Coping, and Health During COVID-19 in Red States versus Blue States in Spring-Summer of 2020.

			Standard Deviation (SD)		
Groupings	**Variables**	**Range**	**Red States (n = 1347)**	**Blue States (n = 633)**	**Difference *t***
Stressors	Racial/Ethnic Microaggressions	24.00 – 144.00	42.31 (24.35)	42.11 (22.04)	0.17
	Discrimination	7.00 – 35.00	13.67 (6.94)	14.91 (6.50)	-3.34**
	College Student Stress	6.00 – 30.00	16.47 (5.45)	17.34 (5.59)	-2.91**
Coping Strategies and Outcomes	Total Activity Levels	0.00 – 70686.00	4523.17 (5746.79)	3697.27 (5607.59)	2.99**
	Social Support	8.00 – 48.00	32.16 (7.92)	31.56 (7.94)	1.38
	COVID-19 Family Cohesion	15.00 – 75.00	51.27 (11.39)	49.15 (11.04)	3.39**
	Resilience	9.00 – 45.00	30.03 (6.49)	28.98 (5.88)	3.08**
Health and Wellness	COVID-19 Anxiety Level	7.00 – 28.00	15.10 (6.39)	16.17 (6.47)	-2.08*
	Obsession with COVID-19	3.19 - 4.00	6.09 (3.11)	6.79 (3.33)	-3.99***
	COVID-19 Suicidality	1.00 - 4.00	1.06 (0.302)	1.06 (.294)	0.11
	Psychological Well-Being	26.40 - 102.00	69.60 (12.51)	67.09 (11.47)	3.69***
	Life Satisfaction	1.00-6.00	3.79 (1.18)	3.55 (1.12)	3.63***

According to the data, the most statistically significant variables were Obsession with COVID-19, Psychological Well-Being, and Life Satisfaction (at $p < 0.001$) (see Table 4). The Obsession with COVID-19 variable's significance indicates that students attending college in red states reported a lower amount of obsessive behavior regarding the COVID-19 pandemic. The Psychological Well-Being variable's significance indicates that students attending college in red states reported feeling healthier levels of psychological well-being in comparison to students attending college in blue states. The Life Satisfaction variable's significance indicates that students attending college in red states report a feeling a higher degree of satisfaction and happiness with their lives compared to students attending college in blue states. Other significant variables included Discrimination, College Student Stress, Total Activity Levels, COVID-19 Family Cohesion, and Resilience (at $p < 0.01$). The Discrimination variable's significance indicates that students attending college in red states report a lower degree of perceived discrimination compared to students attending college in blue states. The College Student Stress variable's significance similarly indicates that, in comparison to students attending college in blue states, students attending college in red states report a lower degree of stress because of their student responsibilities. The Total Activity Level variable's significance indicates that students attending college in red states reported higher engagement in activity compared to students attending college in blue states. The COVID-19 Family Cohesion variable's significance indicates that students attending college in red states report feeling closely connected and having fewer internal family conflicts compared to students attending college in blue states. Finally, the Resilience variable's significance indicates that students attending college in red states express a stronger sense of resilience compared to students attending college in blue states. The variable measuring COVID-19 Anxiety Level also showed statistical significance (at $p < 0.05$), which

indicates that students attending college in red states report feeling less worried or concerned with the COVID-19 pandemic in comparison to students attending college in blue states. However, constructs related to Racial/Ethnic Microaggressions, Social Support, and COVID-19 Suicidality were not statistically significant.

Table 5: College Student Stress, Coping, and Health During COVID-19 by Generational Student Status in the Spring-Summer of 2020.

			Standard Deviation (SD)		
Groupings	**Variables**	**Range**	**First-Generation Students**	**Continuing-Generation Students**	**Difference *t***
Stressors	Racial/Ethnic Microaggressions	24.00 – 144.00	43.16 (24.33)	41.36 (24.37)	1.15
	Discrimination	7.00 – 35.00	14.50 (6.89)	12.74 (6.88)	3.97***
	College Student Stress	6.00 – 30.00	17.21 (5.42)	16.10 (5.57)	3.95***
Coping Strategies and Outcomes	Total Activity Levels	0.00 – 70686.00	3972.64 (5781.55)	4609.84 (5581)	-2.46**
	Social Support	8.00 – 48.00	32.06 (7.82)	31.84 (8.07)	0.56
	COVID-19 Family Cohesion	15.00 – 75.00	50.81 (11.35)	50.33 (11.33)	0.84
	Resilience	9.00 – 45.00	29.62 (6.48)	29.86 (6.13)	-0.75
Health and Wellness	COVID-19 Anxiety Level	7.00 – 28.00	6.84 (3.59)	6.81 (3.75)	0.25
	Obsession with COVID-19	3.19 - 4.00	6.42 (3.22)	6.12 (3.15)	1.86
	COVID-19 Suicidality	1.00 - 4.00	1.05 (0.27)	1.07 (.33)	-0.95
	Psychological Well-Being	26.40 - 102.00	69.15 (12.51)	68.40 (11.91)	1.17
	Life Satisfaction	1.00-6.00	3.65 (1.18)	3.79 (1.15)	-2.35*

Additionally, I explored the potential relationship, if any, between health and wellness outcomes for first-generation college students compared to their continuing-generation counterparts (Table 5). Drawing from the data, non-first-generation students are more likely to have positive health and wellness outcomes compared with their first-generation student counterparts. The difference in responses between non-first-generation respondents and first-generation respondents for the variables regarding Discrimination and College Student Stress are statistically significant (at $p < 0.001$). The Discrimination variable's significance indicates that continuing-generation college students report a lower degree of perceived discrimination compared to their first-generation college student peers. The College Student Stress variable's significance similarly indicates that, in comparison to their first-generation college student peers, continuing-generation college students report a lower degree of stress because of their student responsibilities. Total Activity Levels and Life Satisfaction are also statistically significant, but less so (at $p < 0.05$). The Total Activity Level variable's significance indicates that continuing-generation college students reported higher engagement in activity compared to first-generation college students. The Life Satisfaction variable's significance indicates that continuing generations report a feeling a higher degree of satisfaction and happiness with their lives compared to first-generation college students. Moreover, the constructs Racial/Ethnic Microaggressions, Social Support, COVID-19 Family Cohesion, Resilience, COVID-19 Anxiety Level, Obsession with COVID-19, COVID-19 Suicidality, and Psychological Well Being are not statistically significant.

Table 6: College Student Stress, Coping, and Health During COVID-19 by Generational Student Status in Red States versus Blue States in the Spring-Summer of 2020.

Groupings	Variables	Range	First-Generation Students in Red States (SD)	First-Generation Students in Blue States (SD)	Differences *t*
Stressors	Racial/Ethnic Microaggressions	24.00-144.00	41.65 (21.97)	42.30 (22.10)	0.30
	Discrimination	7.00-35.00	15.08 (6.88)	14.83 (6.33)	-0.38
	College Student Stress	6.00-30.00	16.51 (5.48)	17.72 (5.61)	2.20*
Coping Strategies and Outcomes	Total Activity Levels	0.00-70686.00	3822.90 (4957.87)	3639.72 (5885.92)	-0.38
	Social Support	8.00-48.00	31.98 (8.37)	31.36 (7.74)	-0.79
	COVID-19 Family Cohesion	15.00-75.00	47.38 (11.88)	49.94 (10.56)	2.32*
	Resilience	9.00-45.00	29.16 (5.90)	28.90 (5.87)	-0.48
Health and Wellness	COVID-19 Anxiety Level	7.00-28.00	7.02 (3.72)	7.17 (3.67)	0.39
	Obsession with COVID-19	3.19-4.00	6.50 (3.00)	6.92 (3.46)	1.28
	COVID-19 Suicidality	1.00-4.00	1.04 (0.23)	1.06 (0.32)	0.82
	Psychological Well-Being	26.40-102.00	68.23 (11.89)	66.57 (11.27)	-1.44
	Life Satisfaction	1.00-6.00	3.76 (1.11)	3.46 (1.12)	-2.63**

Legend

NS = Variable is not significant	Red = Variable is significant only in red states	Blue = Variable is significant only in blue states	Both = Variable is significant in both red states and blue states

Lastly, I explored the relationship, if any, between health and wellness outcomes for first-generation students in red states compared to first-generation students in blue states (Table 6). Overall, the data indicates that first-generation students attending university in red states are generally more likely to report better health and wellness outcomes than first-generation students attending university in blue states. For these sample sizes, the data shows the variables Life Satisfaction, College Student Stress, and COVID-19 Family Cohesion are statistically significant. First, the Life Satisfaction variable shows that first-generation students attending college in red states reported higher levels of satisfaction with their lives compared to first-generation students attending college in blue states (at $p < 0.001$). The College Student Stress variable similarly indicates that, in comparison to first-generation students attending university in blue states, first-generation students attending university in red states report a lower degree of stress because of their student responsibilities (at $p < 0.05$). However, the COVID-19 Family Cohesion variable is an outlier in this statistical dataset. The Family Cohesion variable illustrates that first-generation students attending college in blue states report feeling closely connected and having fewer internal family conflicts compared to first-generation students attending college in red states (at $p < 0.05$). In conclusion, the following variables were not found to be statistically significant: Racial/Ethnic Microaggressions, Discrimination, Total Activity Levels, Social Support, Resilience, COVID-19 Anxiety Level, Obsession with COVID-19, COVID-19 Suicidality, and Psychological Well-Being.

DISCUSSION

The hypotheses for this secondary research study were developed based on previous research examining the relationship between political affiliation and variations in attitudes and compliance behaviors in combination with my personal experience as a freshman in college in the year of 2020. Overall, the background research on each state's COVID-19 policies indicates that the red states involved in this study, Texas and Florida, were less likely to impose stringent COVID-19 measures compared to the blue states in the study. For example, in terms of a state-wide mask mandate, Texas did not impose a state-wide mask mandate until July 2nd, 2020, and Florida did not impose a state-wide mask mandate in the year of 2020. In general, this study's hypotheses were supported by its original descriptive survey data, showing a clear correlation between a States's political affiliation, and their relative COVID-19 policies, and the health and wellness of students attending college in those states. Each research question and its corresponding hypothesis is listed below with an analysis of its compatibility with the data of this research.

H1: College students attending college in red states are more likely to report better health and wellness outcomes than students attending college in blue states in 2020.

This hypothesis assumed that red states were more likely to implement more lenient COVID-19 policies compared to blue states. Consequently, college students in red states would, presumably, have more opportunities to engage in social gatherings and activities, potentially leading to better health and wellness outcomes. This study's data supports this hypothesis.

In particular, the data indicates that there is an extremely significant difference in students attending college in red states and students attending college in blue states in terms of students' reported obsession with COVID-19, psychological well-being, and life satisfaction. First,

students attending college in red states reported a lower degree of obsession with COVID-19 positivity, symptoms, and the overall spread of the virus than students attending college in blue states. Given that red states generally implemented fewer COVID-19 restrictions and lockdown precautions, it is likely that students had more opportunities to engage in normal daily activities and interactions, making COVID-19 feel less intrusive in students' lives and reducing the constant focus of the virus. Furthermore, in many red states, political leaders and local media outlets tended to downplay the severity of the virus, framing it less as a threat compared to blue states. This messaging likely influenced students' perceptions of the pandemic which made them feel less preoccupied with the virus. Ultimately, if the surrounding environment treats the virus as a manageable risk, alike to the common cold or flu, rather than as a central concern, students are more likely to adopt a similar perspective. Second, students attending college in red states were more likely to report higher levels of psychological well-being compared to students attending college in blue states. In view of the leniency of red states' COVID-19 policies, students in these states were likely to have more opportunities for social interaction with their peers in addition to being less concerned with COVID-19 in general. The combined effect of those factors that were more likely to be available for students' attending college in red states compared to students attending college in blue states likely contribute to a higher degree of emotional well-being and mental stability. Third, students attending college in red states were more likely to report higher levels of life satisfaction compared to students attending college in blue states. Again, given the lenient COVID-19 policies in red states, students in these states likely had more opportunities for social and in-person interactions and were generally less concerned about COVID-19. These factors, more prevalent for students attending college in red

states than in blue states, likely contributed to reported feeling a higher sense of contentment in terms of academics, social relationships, extracurricular involvement, overall outlook, and more.

Additionally, the data shows there is a significant difference in students attending college in red states and students attending college in blue states in terms of students' reported feelings of discrimination, college student stress, total activity levels, COVID-19 family cohesion, and resilience. First, students attending college in red states were less likely to report instances of perceived discrimination compared to students attending college in blue states. One possible reason college students attending college in red states might report fewer instances of perceived discrimination compared to students in blue states is the political and cultural climate that influences social dynamics and individual perceptions. In red states, where conservative values may be more prevalent, there may be less emphasis on identity politics and social justice issues. As a result, people in these regions might have a different awareness of discrimination—either recognizing it less frequently, interpreting it through a different lens, or being less likely to discuss it openly. This could also lead to a lower sensitivity to recognizing subtle forms of bias, such as microaggressions, or a reduced inclination to label certain behavior as discriminatory. Additionally, institutions in red states may place more emphasis on creating a general sense of community and less on diversity and inclusion programs. This could lead to students feeling less inclined to perceive or report discrimination if they are in an environment that does not highlight these issues as much. Ultimately, it is also possible that students in red states might have different coping mechanisms or cultural attitudes towards discrimination, viewing certain behaviors as less problematic or less worth reporting compared to their peers in blue states.

Second, students attending college in red states reported lower levels of college student stress compared to students attending college in blue states. Red states that had fewer long-term

business closures and economic restrictions may have contributed to a lowered amount of financial stress for students given that jobs, internships, and other economic opportunities may have been more readily available which alleviated any financial concerns. Additionally, more consistent in-person instruction, interaction, and activities with fewer disruptions could have helped students maintain a sense of normalcy and routine which helped to reduce the stress that potential unknown change can create. Ultimately, the lenient policies in red states likely allowed for more social interactions, gatherings, and extracurricular activities which provide students with crucial social support, benefiting their mental health and reducing stress levels.

Third, students attending college in red states reported higher engagement in physical activities compared to students attending college in blue states. The more permissive COVID-19 policies in red states likely allowed for more opportunities for in-person physical activities such as intramural sports teams and open recreational facilities. This increased opportunity for in-person physical activity may have also stimulated opportunities for social engagement and the ability for students to participate in various activities together which may have helped students stay engaged and connected with their peers and overall campus community.

Fourth, students attending college in red states reported a higher sense of family cohesion during the year of 2020 compared to those in blue states likely due to the less restrictive COVID-19 policies prevalent in red states. These less stringent policies may have allowed for frequent family visits and gatherings which helped to foster strong family bonds given that red states generally had fewer travel restrictions, making it easier for students to travel home or for family members to visit them at their university. Additionally, with fewer limitations on social gatherings and public activities, students in red states may have had more opportunities to

engage in family events, celebrations, and shared activities; all of which contribute to a sense of togetherness and cohesion.

Lastly, students attending college in red states reported feeling a higher sense of resilience compared to students attending college in blue states. One possible explanation for this is that with fewer social distancing mandates, students in red states may have had more opportunities for in-person interactions with friends, family, and peers. These interactions likely fostered strong social support networks, which are crucial for providing both emotional and practical assistance during difficult times. The ability to rely on these networks may have helped students develop a greater capacity to cope with challenges, adapt to adversity, and maintain a sense of stability, all of which are key components of resiliency. Furthermore, red states often emphasize values of individualism and self-reliance so students immersed in this cultural environment might be encouraged to adopt a mindset that views challenges as opportunities for personal growth and problem-solving, thereby fostering resilience. Alternatively, another possible reason for students reporting higher levels of resilience is that the lenient policies in red states may have allowed students to have more control over their decisions regarding safety measures and risk management. This sense of personal agency can empower students and strengthen their resilience by making them feel more in control of their circumstances.

Moreover, the data suggests that there is a significant difference in students attending college in red states compared to students attending college in blue states in terms of reported COVID-19 anxiety levels. Here, students attending college in red states were less likely to report feeling a high level of anxiety due to the pandemic compared to students attending college in blue states. Students in red states might have perceived the threat of COVID-19 as lower or felt less anxious about the pandemic due to the general political and social attitudes towards the virus

in those areas. Given that red states generally implemented less restrictive measures, students may have perceived that the threat of COVID-19 was lower, leading to lessened feelings of anxiety about the virus. Additionally, political leadership and media in red states tended to downplay the severity of the pandemic compared to blue states which could have influenced students' perceptions of the virus as well. Similarly, there may have been cultural differences in risk tolerance, with students in red states possibly having a higher tolerance for risk and a greater emphasis on personal freedom which may have translated into lower anxiety about COVID-19 among students. Ultimately, in red states, community behaviors and the continuation of in-person social interaction may have led students to perceiving the threat of COVID-19 as minimal and thus, contribute to an overall reduction of individual anxiety about the virus.

H2: Continuing-generation college students are more likely to report better health and wellness outcomes than first-generation college students in 2020.

This hypothesis assumed that first-generation college students lack the same level of college-related familial and/or financial support as their peers whose parents' attended college. This can result in higher levels of stress, anxiety, financial strain, and feelings of unfamiliarity and isolation as they navigate college life without the benefit of parental experience. Additionally, they may have to work additional hours to support themselves, leaving them with less time for self-care, exercise, and social interaction with friends, all of which can negatively impact their health and wellness. COVID-19 exacerbated these issues, as many first-generation students faced job losses or reduced family incomes, further straining their financial situation. This stress, combined with the challenges of adapting to remote learning and potential lack of access to necessary materials such as computers or Wi-Fi, presumably, would contribute to poorer health and wellness outcomes for first-generation college students. Ultimately, continuing-generation college students often have the advantage of parents or other family

members who have navigated the college system before, providing them with insights and social capital that help them integrate more smoothly into campus and professional life. The study's data supports this hypothesis.

In particular, the data (see Table 5) indicates that there is a significant difference (at $p < 0.001$) in continuing-generation college students and first-generation college students in terms of reported exposure to discrimination and college student stress. First, continuing-generation college students reported fewer amounts of perceived discrimination in comparison to first-generation college students. First-generation students disproportionately come from underrepresented racial groups and lower socioeconomic backgrounds. These are groups that, independently of first-generation status, face higher rates of discrimination. In contrast, continuing-generation students, who often come from white and higher-income backgrounds, may encounter fewer class-based microaggressions or systemic barriers, reducing their overall perception of discrimination. Additionally, continuing-generation students may have entered college with more familiarity with institutional norms, expectations, and cultural capital. This familiarity can reduce feelings of marginalization or "otherness" which in turn can lower the likelihood of perceiving interactions as discriminatory.

Next, continuing-generation college students reported feeling a lesser degree of college student stress compared to first-generation college students. Given that continuing-generation college students are more likely to receive practical advice from family members who have previously attended college, provides these students with a clearer understanding of what to expect, which can significantly reduce the uncertainties and pressures associated with college life. In contrast, first-generation college students often lack this familial guidance, making them more susceptible to stress as they navigate the complexities of higher education on their own.

Moreover, the data also suggests that there is a significant difference in continuing-generation college students and first-generation college students in terms of reported total physical activity levels. Continuing-generation students may have been more likely to know about informal or off-campus alternatives to campus recreational facilities such as trials, club sports, or virtual workout groups because their family members that attended college before may have encouraged or even just known about those opportunities. This prior knowledge and encouragement can make them more confident in seeking out and joining these activities, leading to higher levels of engagement. Conversely, first-generation college students may face challenges such as limited access to reliable technology, lack of a quiet environment for online participation, and less familiarity with digital tools and platforms. These barriers can make it more difficult for them to engage in online activities, leading to lower overall engagement compared to their continuing-generation college student peers. Lastly, first-generation students may have higher levels of imposter syndrome and academic stress which leads to an over-prioritization of studies at the expense of self-care activities whereas continuing-generation students may have felt more secure in balancing academics with physical activity.

Lastly, the data highlights a significant difference in continuing-generation college students and first-generation college students in terms of reported life satisfaction (at $p < .05$). Continuing-generation college students may have had access to more stable support networks during the pandemic, including financial assistance, academic guidance, and emotional support. In contrast, first-generation college students may have faced additional challenges in adapting to remote learning or coping with uncertainties brought about by the pandemic, potentially leading to lower levels of life satisfaction. Additionally, continuing-generation students might have had greater familiarity with online resources and technology, which could have facilitated their

transition to remote learning more smoothly compared to their first-generation counterparts. Moreover, higher levels of stress, greater exposure to discrimination, and reduced activity levels reported by students in blue states may have compounded feelings of dissatisfaction and difficulty adjusting. Increased stress due to stricter pandemic-related restrictions, heightened awareness of social and political tensions, and fewer opportunities for in-person interactions could have negatively impacted well-being. In contrast, students in red states, who may have experienced fewer restrictions and had greater access to social support networks, may have been better positioned to maintain higher levels of life satisfaction despite the challenges posed by the pandemic because their daily routine was ultimately uninterrupted.

H3: First-generation students attending college in blue states are more likely to report better health and wellness outcomes than first-generation students attending college in red states in 2020.

This hypothesis assumed that college campuses in blue states emphasize inclusivity and support for diverse student populations more than college campuses in red states, which would contribute to creating a positive sense of belonging for first-generation college students. Furthermore, this hypothesis also assumed that colleges and universities in blue states had well-established programs specifically designed to support first-generation students through academic advising, mentorship, financial assistance, and mental health services. These programs, that are more popular and widespread in blue states compared to red states, would be crucial in aiding first-generation students in navigating various stressors brought on by virtue of being a college student and by the pandemic. Lastly, blue states generally have stronger social safety nets, including more extensive financial aid, food assistance, and housing programs, which can alleviate the financial pressures that disproportionately affects first-generation students. This

reduced financial strain would contribute to better health and wellness outcomes for first-generation students. The data provides partial support for this hypothesis.

The data indicates that there is a significant difference in first-generation students attending college in red states and first-generation students attending college in blue states in terms of their reported sense of life satisfaction. First-generation students attending college in red states reported higher rates of life satisfaction compared to first-generation students attending college in blue states. Again, because red states generally implemented fewer COVID-19 restrictions, this allowed for more in-person interactions, social events, and campus activities to continue. This could have provided students with a sense of normalcy and community that was absent in blue states, which ultimately contributed to a higher sense of life satisfaction. These findings do not support my hypothesis.

Additionally, the data suggests that there is a significant difference in first-generation students attending college in red states versus blue states regarding self-reported college student stress and COVID-19 family cohesion. First, students attending college in red states reported lesser rates of college student stress compared to first-generation students attending college in blue states. One possible reason for this difference could be that red states, who imposed less restrictive measures, may have allowed for more stable job opportunities for students. First-generation students are generally more likely to have higher rates of financial pressure and thus, being able to maintain part-time employment can alleviate financial stress. Study findings do not support my hypothesis.

Second, first-generation students attending college in blue states reported higher rates of COVID-19 family cohesion compared to students attending college in red states. One possible reason for this difference is that blue states, that generally had a stricter adherence to COVID-19

safety measures, may lead to more consistent family attitudes towards health and safety, potentially fostering stronger family cohesion. Additionally, more extensive social welfare programs in blue states might alleviate some financial stress, allowing facilities to maintain better cohesion. These findings do support my hypothesis.

Ultimately, there are both positive and negative student outcomes occurring in blue states. While first-generation students attending college in blue states reported lower degrees of life satisfaction compared to students in red states, students in blue states reported higher degrees of family cohesion compared to students in red states.

CONCLUSION

This study extended prior research by examining the ways in which political loyalties, ideologies, and affiliations at a state-wide and individual level impacted college students in the year of 2020. Moreover, this study also looked at whether there were relevant differences between those college experiences between first-generation college students and continuing-generation college students. The politicization of a global pandemic during the year of 2020 is only one illustration of the increasing political polarization of the United States in recent years. The research reveals that generally, students attending college in red states were more likely to report better health and wellness outcomes than students attending college in blue states. It also shows that continuing-generation college students are, in general, more likely to report positive health and wellness outcomes compared to first-generation college students. Finally, the research reveals both positive and negative correlations for first generation college students between outcomes and state political leanings (e.g., red vs. blue).

The impacts of the 2020 Coronavirus pandemic have yet to be fully realized by the medical industry, psychology field, and political sphere, but this research indicates that more emphasis needs to be placed on health and wellness of our younger generations in the midst of a global crisis. As the data demonstrates 2020, students attending college in blue states generally tended to report worse health and wellness outcomes compared to their peers in red states, likely due to stricter lockdowns, prolonged remote learning, and limited social interaction. While these measures ultimately contributed to significantly lower COVID-19 death rates in blue states by 2021, they also took a toll on students' mental health. This raises a critical question: Were the strict restrictions that saved countless lives worth the decline in mental well-being among the younger generation? Ultimately, despite the real and lasting consequences on student mental

health, I believe these restrictions were necessary. The primary goal of public health measures is to protect human life, and the fact that blue states saw significantly fewer COVID-19 related deaths in 2021 is a testament to their effectiveness. While mental health challenges must be addressed and taken seriously in future crisis responses, saving lives was, and always will be, the higher priority.

Further, this research indicates that politicalization, and ultimately polarization, of public health crises does nothing but exacerbate the problem in a manner that is disadvantageous for all, regardless of political affiliations. In 2020, there was no significant difference in COVID-19 related deaths between red and blue states, but by 2021, mortality rates in red states surged as red states relaxed their restrictions. This divergence highlights how political ideology influenced public health responses at both an individual level and a state-governance level. Because COVID-19, and other global pandemics, do not care what our political beliefs and affiliation are, neither should we in cooperating to end a crisis earlier on to protect not only our physical health, but also our mental well-being.

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