Accessibility of Health Services: A Study of International Students’ Access to Physical and Mental Health Services at St. Olaf College

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Executive Summary: Accessibility of Health Services: A Study of International Students’ Access to Physical and Mental Health Services at St. Olaf College

Abstract:
This study aims to contribute to a growing body of research examining international students’ experiences at American colleges through the investigation of international students’ access to physical and mental health services at St. Olaf College. This study seeks to analyze the ways in which international students utilize the primary health services available on campus and identify if barriers to health service access exist. The available health services on campus are the Boe House counseling center, Health Services, and the Wellness Center, and students access these services differently. The primary factors identified in how international students access mental and physical health services are: information disseminated to students about health services, visibility and engagement on campus, health service perception, health insurance, cost of services, and familiarity with the health care system.

Main Points:
- There is a lack of information being disseminated to international students about how health services function.
- This lack of information was more evident for physical health services than for mental health services.
- The main sources of confusion for how to access health services are: the hours in which services can be accessed, the cost of services, what services are provided, and the ability to make appointments.
- Visibility and engagement on campus is a factor in international students’ ability to access mental and physical health services.
- The Wellness Center is perceived as making an effort to engage with the student body, whereas the student Health Services are perceived as being disengaged from campus.
- The location of services and the lack of visibility of Health Services discourage international students from accessing the services provided.
- Health service perception is a primary factor in how students access services.
- There is a perception that the Boe House appointment wait time is long and Health Services are ineffective, and this discourages students from accessing these services.
- St. Olaf insurance is perceived as more expensive, but looking for other insurance plans that cost less is discouraged because it is a) perceived as being confusing due to the unfamiliarity with the health care system and b) perceived to have the potential of not yielding a better result.
- Participants who identified health insurance as a barrier identified it as inhibiting their access due to cost and coverage.
- Care is identified as being of lesser quality than what students were accustomed to, and the cost of services was identified as being higher than what students were accustomed to.
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ABSTRACT

This study aims to contribute to a growing body of research examining international students’ experiences at American colleges through the investigation of international students’ access to physical and mental health services at St. Olaf College. This study seeks to analyze the ways in which international students utilize the primary health services available on campus and identify if barriers to health service access exist. The available health services on campus are the Boe House counseling center, student Health Services, and the Wellness Center, and students access these services differently. The primary factors identified in how international students access mental and physical health services are: information disseminated to students about health services, visibility and engagement on campus, health service perception, health insurance, cost of services, and familiarity with the health care system.

INTRODUCTION

I conducted this study with the intention of examining international students’ access to physical and mental health services at St. Olaf College. My motivation for conducting this study stems from my public health background and interest in barriers to access to health services. Previously I have conducted a study on barriers to primary health care service access for a different population in a different context. This sparked an increased interest in examining how to increase access to health services. Access to health services is important to the well being of a community, and there are many complex factors that go into how individuals access health services. This research was conducted for an ethnographic research methods course at St. Olaf, with the intention of doing meaningful ethnographic research that might effect change at this
institution. I hope that the suggestions to remedy the gaps in access I identified will serve as recommendations to better the access to physical and mental health services available at St. Olaf. My own background as a researcher is important to acknowledge. I am a white female who grew up in a city in Minnesota. I was raised in the American biomedical health care system, and have never experienced being an international student at St. Olaf. It is important to be cognizant that I am an outsider to the population that I conducted interviews with.

SETTING/COMMUNITY

This study is researching international students currently enrolled at St. Olaf College. St. Olaf College is a four-year, private liberal arts college in Northfield, Minnesota. Northfield is a town of approximately 20,000 in rural Minnesota, about 45 minutes away from the capital St. Paul Minnesota (Northfield City Data 2018). St. Olaf is a residential college where students are required to live on campus while enrolled. In the fall of 2017 there were 3,003 full-time students enrolled at St. Olaf (St. Olaf Census 2017). 58% of students at St. Olaf were female (St. Olaf Census 2017).

St. Olaf was founded in 1874 by Norwegian immigrants, and is associated with the Lutheran faith (St. Olaf Website 2018). The largest majors at St. Olaf are: biology, economics, mathematics, psychology, chemistry, and political science. 74% of students identify as White and Non-Hispanic, 6% identify as Hispanic, 6% identify as Asian and Non-Hispanic, 3% as Multiracial and Non-Hispanic, 2% identify as Black or African American and Non-Hispanic, with 0% identifying as American Indian or Alaskan Native and Native Hawaiian or Pacific Islander (St. Olaf Census 2017). Music is a big part of student life at St. Olaf, with a large
number of students singing with choirs on campus. Additionally, study abroad is an important aspect of student life, with 101 off-campus programs offered, with 76% of students participating in an off-campus program during their time at St. Olaf (St. Olaf Student Profile 2016).

In the fall of 2017 there were 294 nonresident international students enrolled at St. Olaf, 9% of the total student body (St. Olaf Student Profile 2016). The nearly 300 international students are from over 80 countries (CMIE International Students 2018). The Center for Multicultural and International Engagement provides resources for international students on campus. The number of international students has increased over the years at St. Olaf, and yet the resources and staffing for CMIE has stayed the same or decreased. CMIE used to have a staff member dedicated solely to international students, but in 2013 this position was terminated and absorbed into one director overseeing the entire CMIE (St. Olaf Website 2018). Currently in the Spring of 2018, one interim director is in charge of all of CMIE. CMIE has not had a permanent director in months. The lack of resources dedicated to international students’ needs in CMIE is indicative of a larger structural absence of dedication to putting resources towards the needs of international and multicultural students on campus.

The physical health services available at St. Olaf are: Health Services and wellness services with sexual health resources (provided by the Wellness Center). St. Olaf Health Services employ one nurse and one administrative assistant and is located on the first floor of Tomson Hall, an academic and administrative building on campus (St. Olaf Website 2018). The Health Services page on the St. Olaf website is relatively comprehensive, and includes hours of operation, brief information about insurance, the cost of services, a detailed list of what services are offered and what services are not offered, and billing information. According to the website,
There is no charge for office visits with a nurse practitioner, but out of pocket fees may apply for medication, immunizations, TB skin tests, lab tests, and supplies. Insurance is not billed” (St. Olaf Website 2018). The Health Services do not use insurance, but instead charge through Ole Cards. Students are required to make appointments, and the hours on the website are listed as Monday – Friday, 9 – 11:30 a.m. and 1 – 4 p.m, although these hours change in the winter due to weather (St. Olaf Website 2018). In describing what days Health Services are open, the website says, “Health Service is closed during student breaks, summer, and occasional days during the school year” (St. Olaf Website 2018). The language of “occasional days during the school year” is vague and recognizes that the Health Services close without prior notice throughout the school year.

The Wellness Center is located in Buntrock, a central building on campus, and provides a large number of educational events on mental, physical, and sexual health throughout the year that are always advertised in common spaces (St. Olaf Website 2018). The Wellness Center has peer educators, which are students that work in the Wellness Center that are available to talk with students as needed. As part of the General Education requirements, students are required to take two physical movement courses, and these courses all require attendance at a specific number of Wellness Center events, thus ensuring that students are familiar with the Wellness Center and their events.

The mental health services offered at St. Olaf are: the Wellness Center; the Sexual Assault Resource Network; the Boe House Counseling Center, with trained counselors; and the pastors on campus. The Boe House is a counseling center that is in a house on a main street down a hill from academic buildings. Boe Hours are listed on the website as M-F
8:00am-12:00pm and 1:00pm-5:00pm (St. Olaf Website 2018). There is one administrative assistant, four graduate interns, and eight staff, which are a mix of psychiatrists, counselors, and psychologists (St. Olaf Website 2018). General discourse on campus is that the Health Services are confusing to make an appointment with, and that the nurse is ill-equipped to handle many medical issues, and that the Boe House has a very long wait time.

METHODOLOGY

The data from this qualitative study was obtained through in-person interviews lasting approximately 45 minutes. In-person interviews allowed this study to collect in depth data on the participants’ experiences with accessing health services at St. Olaf and allowed me to track general patterns within responses from participants. 10 international students currently enrolled at St. Olaf College were interviewed. The participants were contacted through word-of-mouth, emailing aliases, and posting on a public Facebook page. Before the interview started, participants were given a consent form with information about the research project and verbally consented to participate in the study with knowledge that they can stop at any time.

The interview questions began with general questions about the participant’s lives at St. Olaf and asked about basic background information such as their major and class year. The questions then transitioned to more specific questions about their experience as an international student at St. Olaf. I then asked the participants about how they conceptualize health on campus and their knowledge of the health services available on campus. The questions then started targeting their experience with accessing health services. The questions finished by asking about
the participant’s experience with access to health insurance and how this impacted their access to health services.

The interviews were recorded with the participants’ permission. Notes were also taken during the interview. Once data was collected from the participants it was written up and patterns from the responses were identified and analyzed. Data from the participants, including recordings and notes, will be deleted after the completion of this research project. All names included in this study are pseudonyms.

A strength of this methodology is that in-person interviews allowed for in depth information and discussion related to access to health services. I had a variety of interview questions, found in Appendix A, that allowed me to approach the topic of access from several different angles. A limitation of this methodology is the small sample size. I only interviewed 10 international students, and thus have a small sample of the population. The participants were all upperclassmen, which means I did not get the perspective of freshmen in this study. Therefore, the results of this study are only generalizable to junior and senior international students at St. Olaf.

PROBLEM AND LITERATURE REVIEW

This study aims to examine any barriers to access to health services for international students at St. Olaf Colleges. Several studies have found that international students have lower utilization rates of counseling services and health services on college campuses, despite the need for these services (Bong Joo Hwang et al. 2014; Cranford et al. 2009; Eisenberg et al. 2007). Most studies conducted about the usage rate of health services by international students were
geared towards policy changes on the administrative level or towards health service personnel (Grahame and Poyrazli 2007). Some studies have identified stigmas associated with mental health services on college campuses (Bong Joo Hwang et al. 2014; Holland and Wheeler 2016). A gender gap has been identified where more female international students accessed services than male (Sukys et al. 2017). Additionally, studies have found that increasingly high deductibles and cost of services impacted students’ ability to access services (Wagner 2006; Caulfield 2002). Cost has been identified as a significant barrier to international students’ accessing health services (Grahame and Poyrazli 2007). Health insurance was also identified as a barrier, where the lack of affordability and familiarity with the health system can make it increasingly difficult to acquire (Caulfield 2002).

In terms of mental health, studies have emphasized the impact of stress on international students’ mental health (Chun-Ja, JeeWon, and Se-Wong 2015; Holland and Wheeler 2016). Some studies have found that the relocation from a familiar country to an unfamiliar country, and the normal pressures that are associated with transitioning to college, put additional stress on international students (Chun-Ja, JeeWon, and Se-Wong 2015; Holland and Wheeler 2016). Despite this increased stress, studies have repeatedly found that mental health services are underutilized by international students (Mori 2000; Lipson et al. 2014; Holland and Wheeler 2016). A few studies have specifically examined the effect of stigmatization on international students’ access to mental health services on college campuses. These studies have found that the greater the stigma associated with the service, the less services were accessed (Holland and Wheeler 2016; Eisenberg, Golberstein, and Gollust 2007).
According to a study by Kenzig (2015), the effect of the transition to college on students’ health is influenced by lifestyle factors, group dynamics and participation, and personal development. Studies have found that international students are under greater stress because of the greater transition that they face, in that they are farther away from their support system and are in a completely unfamiliar environment (Chun-Ja, JeeWon, and Se-Wong 2015; Mori 2000). Additional stressors are associated with an increased need of accessibility to mental health services on campuses (Bong Joo Hwang et al. 2014).

Additionally, studies emphasize the organization of the health care system as a major barrier for international students due to the lack of familiarity with the system (Wagner 2006; Grahame and Poyrazli 2007). A study by Grahame and Poyrazli (2007) examined what resources international students turn to when they need help navigating the healthcare system, and found advisors, faculty, and staff to be helpful resources. A study conducted by Lamber and Donovan (2016) found that health care professionals assist college students in decision-making regarding their health insurance. This emphasizes the importance of culturally competent medical care from medical professionals, particularly if international students turn to them for advice in navigating the health care system. This same study also emphasizes the importance of empathy in a health care setting. The study “Addressing the Mental Health Concerns of International Students” (Mori 2000) emphasized the stress that cultural transitions place on international students and examined what other stressors factored into international students’ lives on campus. The study aimed to influence health service staff to be more culturally sensitive and to encourage campuses nationwide to bring awareness to the underutilization of services. The study “International students: a vulnerable student population” (Sherry, Thomas, and Hong Chui 2010)
identified the major stressors for international students as adapting to a new culture, financial barriers, and language barriers.

Another study conducted by Martin and Dyer (2017) examined the healthcare experiences of international students before and after they attended university in the United States, and found that exercise, nutrition, yearly checkups, and self-care were the primary areas of health maintenance. The purpose of this study was to identify the ways in which access to healthcare for international students changed once they began to study in the United States, and it was geared towards urging members of the administration at colleges to improve access on their campuses. The study emphasized that international students found healthcare expensive and less accessible, and had major communication issues once they accessed the health services.

**Health insurance has been another area of focus for studies on international students’ access to health services on college campuses.** McAllister (2007) examined how social networks of international students on campus influenced how these students accessed health services. This study found that health insurance was one of the most significant barriers for accessing health services on campus. It also emphasized the importance of the formation of social networks and the role they play in ease of access for health services. Health insurance for all college students was examined further in several studies which looked specifically at the high cost of health insurance as a factor in access to care (Caulfield 2002; Lambert and Donovan 2016). Another study by Wagner (2006) found that students may find the student plan offered by colleges too expensive, and students that are underinsured or uninsured increase the cost of services on campuses and put increased pressure on campus health centers as a result.


**Theoretical Framework**

In examining international students’ access to health services at St. Olaf, Foucault’s theoretical framework concerning discourse and power dynamics will be used to analyze the findings (Pugalis 2009). According to Foucault, “power and knowledge are not seen as independent entities but are inextricably related—knowledge is always an exercise of power and power always a function of knowledge” (Social Theory Rewired 2016). In examining the information disseminated about how to access health services, and the ways in which international students discuss the dominant discourse surrounding health services on campus, Foucault’s analysis of knowledge, power, and discourse will lend a lens from which to analyze the complicated dynamics at play. Foucault argues that discourse is essential because “it helps us understand how the world shapes how we behave and the kind of world we help to create as a result” (Johnson 2000). Discourse is defined as a means to “unite language and practice and refers to regulated ways of speaking about a subject through which objects and practices acquire meaning. The production of knowledge through language that gives meaning to material objects and social practices we may call discursive practice” (Barker 2004). Specific social practices are given meaning through the discourse we frame them in (Barker 2004).

A discursive formation is one that is “repeated motifs or clusters of ideas, practices and forms of knowledge (Barker 2004). In an interview with Foucault in 1975, in response to a question of “Who or what is it that coordinates the activities of agents of the political body?” Foucault responds with, “This is an extremely complex system of relations… Naturally it's medicine which has played the basic role as the common denominator. Its discourse circulated from one instance to the next. It was in the name of medicine both that people came to inspect
the layout of houses and, equally, that they classified individuals as insane, criminal, or sick. But there also emerged, out of the confused matrix of philanthropy, a highly diverse mosaic comprising all these 'social workers'...” (Quel Corps 1975). Medicine as politics is an important aspect of this theoretical framework. Health is political, and thus the discourse surrounding medicine is indicative of the power structures a work at St. Olaf College. In examining the discourse surrounding health on campus, the acknowledgement of the connection between power and knowledge will be vital in the interpretations of the results.

FINDINGS AND ANALYSIS

*Information Disseminated to Students about Health Services*

The primary health services that participants identified were: Health Services, the Boe House, and the Wellness Center. All participants mentioned Health Services, a majority discussed the Boe House, and around half the participants specifically mentioned the Wellness Center without prompting. This could be due to the language of health and access to health care, where the word health is directly in the name Health Services, and thus it is easier to make the connection between health and Health Services.

A recurring theme throughout my research was a lack of information being disseminated to international students about how health services function. The confusion that stems from this lack of information was more evident for the physical health services as opposed to the mental health services offered on campus. One participant said that they were confused about how to make appointments at the Boe House, but beyond that no other participant displayed confusion about how to access Boe House services. The Health Services, on the other hand, was repeatedly
brought up with an air of confusion and misunderstanding. Often when a participant would start
to talk about the functioning of the Health Services, they would become very unsure, and would
look at me to confirm that they were saying correct information. A quote from Sarah, a female
junior, summarizes the recurring sentiments about Health Services throughout the interviews.

Here it feels like a little hectic, um, I remember having to go there for something really
important and they were closed. I just don’t really know what’s going on. If I had a
problem I would not go to [there] unless it was an emergency… and I didn’t know where
else to go.”

Me: You mentioned earlier that the Health Services feel inaccessible, why do you feel that it’s
inaccessible?

Just to find it is one problem, it took me a long time to know where it is. Or what to do,
can I just walk in? Can I knock? Do I need to have an appointment? Who to talk to? How
many nurses? Just general feeling of what I’m doing, what can I do, what am I allowed.
Also the time, if the weather is bad they’re like ‘we’re not here’ [and] I don’t know how I
feel like that [when it comes to] health. Even meeting with the nurses and knowing who
they are generally. You know who the pastor is, you know who the president is, that’s
obvious, but the nurses, I don’t even-- there’s no connection, not even friendly…[trails off]

These quotes contain several key points about the way that students feel about Health
Services. The first thing that they highlight is the general air of confusion surrounding the Health
Services. International students aren’t just unclear about the hours of the Health Services, but
where it is, how you are supposed to access it, who is staffing the Health Services, and what
they’re allowed to do. This was echoed in other interviews, such as with Al, a male junior, who
said:

I think it is unclear how much of the service is actually for free when we’re talking about
Health Services in particular… I found it difficult to talk with the nurse because I was not
sure how much I can say before I would be, like, as silly as it sounds, I don’t know how
free the services were I was afraid to say more so they wouldn’t charge me… I think it’s
unclear what the nurse can do for free and what are the services that are paid for, like the
lab tests. I felt the same with the Boe House, in that I didn’t know exactly what is for
free.
The cost of services is a significant factor for international students, consistent with other studies that have found that increasingly high deductibles and cost of services impact students’ ability to access services (Wagner 2006; Caulfield 2002). A lack of clarity about the cost of Health Services is also a significant factor. This lack of clarity surrounding how much services will cost adds to overall confusion surrounding the Health Services. Sarah said directly that unless it was an emergency she would not access Health Services, primarily because she felt it was unclear about how to go about accessing services. The Health Services provide many services for free, but if students are unaware or misinformed about the cost, then they may be less likely to access these services, despite their need.

Connected to how much information students feel they have about health on campus is how much information students feel they were given. One of the primary questions asked to see how much information students were receiving was: how much information did you receive from St. Olaf about accessing health services and health insurance? The response of “not much”, or an equivalent response like “only a little”, was the answer given by 8 out of 10 respondents. The remaining responses were centered around the information they received about health insurance before arriving at St. Olaf, and one respondent could not recall what information was given. The 80% response rate indicating that there was a lack of information given about health services demonstrates a lack of health service information given within this select population.

Another question aimed at gauging the participants perception of the information provided was: Do you think St. Olaf provides adequate information about the health services it offers? Why or why not? There were a variety of responses with a common thread of general displeasure at the information offered, and it is worth exploring the variety of responses. Al, a
male junior, thought St. Olaf could be doing more to inform the student body what services were available. Julie, a female junior, thought that St. Olaf did provide adequate information about services, although she qualified this statement with the feeling that she was unsure of what services were available. John, a male senior, felt that there was an adequate information because he was part of residence life and was trained to know about the health services offered. Sarah, a female junior, said that she was well informed about wellness talks, and the Wellness Center offered stable hours, but that there wasn’t enough information about Health Services, and they had very changeable hours. Samantha, a female junior, felt that the St. Olaf website was helpful, but the student orientation was overwhelming and provided too much information for her to absorb at the time. Tim, a male junior, thought that St. Olaf provided adequate information but felt disengaged with Health Services. He felt that peer educators did a good job but that Health Services did not adequately engage with the student body. Robert, a male senior, thought that good information was provided about health services but that mental health services needed more awareness and information on campus. Beatrice, a female junior, thought inadequate information was provided, and that appointments were difficult to make and she did know what services were provided. She also said that there was a lack of transparency with physical health services. Samuel, a male junior, felt the information provided was highly inadequate, and he had to rely on outside services because he didn’t know what services are provided or what they cost. Jeremy, a male senior, expressed that he wasn’t aware of what services were offered and felt confused about where to go if he needed to access services. The trend with these responses is that there is a disengagement with Health Services versus the Wellness Center. This disengagement will be discussed further in the section below. Another trend in these responses is the confusion
regarding hours, cost, and services provided. Some participants identified these issues specifically with a lack of information provided. However, some participants separated this lack of clarity with a lack of information divulged.

Several participants clearly stated that they thought the information provided was adequate, yet they also said that they were unsure of what services were offered on campus. This disconnect indicates that there is an issue beyond simply lack of information provided about these services. One potential issue beyond lack of information identified in these responses is the changing hours of the Health Services. Set hours are posted on the Health Services webpage as Monday – Friday, 9 – 11:30 a.m. and 1 – 4 p.m, although these hours often change in the winter due to weather (St. Olaf Website 2018). As discussed earlier, the website says, “Health Service is closed during student breaks, summer, and occasional days during the school year” which recognizes that Health Services can close at unpredictable times during the school year (St. Olaf Website 2018). Inconsistent hours are related to information but are deeply related to clarity in discourse surrounding services. Visibility and engagement also play a role in access to services, which will be discussed later.

An apparent lack of information can be traced to the international student orientation that occurs on campus one week before domestic students arrive on campus. The majority of students that were interviewed recalled that they had been required to participate in a tour in the first week of school. This tour that went by the Wellness Center and the Boe House in order to familiarize international students with the physical locations of these services. It is notable that only a few participants remembered being shown where the student Health Services was located. Whether this was an oversight where the orientation brushed past the Health Services in Tomson
Hall, or whether they actually did stop by the location, it is clear that the Health Services location was not an emphasized aspect of the tour. The majority of students did not remember ever being shown where the Health Services on campus are, and this is an indicator that the physical location of the Health Services at St. Olaf was an overlooked or under-emphasized aspect of the orientation tour at St. Olaf. The physical location of Health Services can be a barrier to accessing health services on campuses. If students are confused about where to go to access Health Services, then they are less likely to seek out treatment. Location will be discussed further in the next section.

Another aspect of getting information about Health Services is how much information students receive from the practitioners directly. According to Beatrice, a female junior,

[Barriers] for here… I’d say basically not knowing about it or not feeling comfortable. Because even if you go, they’ll probably ask will this be charged to me or how insurance works, I know a lot of students will probably ask the question…. But maybe questions that they might have in terms of like, how will my insurance work at other clinics, and if they don’t know about that insurance… here they won’t know about that. That restricts them being able to access more outside of the health services here.

This demonstrates that, when students seeking services are confused about what is offered, they may turn to the health practitioners themselves, who may be unable to clarify or answer their questions.

Lack of information about health services plays into the general discourse surrounding health and Health Services on campus. If students feel confused about the student Health Services, they may turn to other students, who may tell them that it is confusing or that they are unsure of how Health Services work. Participants who have not accessed health services themselves relayed conversations that they had with other students about accessing services, and said that other students told them it was difficult to access services. This rhetoric presents Health
Services as confusing, and may impact international students’ decision to attempt to access services. As discussed above, according to Foucault, “power and knowledge are not seen as independent entities but are inextricably related—knowledge is always an exercise of power and power always a function of knowledge” (Social Theory Rewired 2016). The lack of knowledge and clarity surrounding Health Services is linked to an absence of power. The lack of dissemination of information about Health Services to international students plays into existing power structures where international students are then less likely to seek out the care that they need. The more knowledge international students have about Health Services, the more they have the power to access those services.

Visibility and Engagement on Campus

Visibility and engagement of Health Services and the Wellness Center was a common theme in the responses of participants. Several participants in their responses mentioned that the peer educators and the Wellness Center made an effort to engage with the student body, whereas the student Health Services were disengaged from the campus. Disengagement from everyday student life could lead to confusion about the Health Services offered because they are not discussed on a regular basis. The visibility of the Wellness Center on campus means that it appears to be easier to access, and the discourse surrounding the Wellness Center is centered around the visibility on campus. Tim, a male junior, spoke about how Health Services is more disengaged compared to the Wellness Center.

I’ve mentioned my disappointment with how disengaged Health Services is from campus life in general… and from other organizations [it is] such a contrast, like the Wellness Center. [It would be] very nice if there was some sort of partnership… Because you never see the nurse practitioner that works there talking or giving [an] activity, while you always see the peer educators trying really hard to create a certain consciousness in
people...I don’t think they [Health services] are very informative about it… but with the Wellness Center, for example, their doors are open all the time.

The Health Services do not provide any events for students, does not post any posters or informational flyers, and rarely emails the student body except when hours of service are cut short due to weather on a particular day. As Sarah was quoted above, there is no connection between the nurse and the students. Outreach on campus from the nurse working in Health Services is minimal, whereas the Wellness Center is highly involved in campus life. This is partly due to the fact that the two required physical activity classes require students to attend a certain number of wellness events. Therefore, all students are required to engage with Wellness Center activities on campus. Unless students directly interact with the Health Services on campus they would not interact with the nurse practitioners at all. Before directly accessing Health Services on campus, students have to rely on what others have told them about the nurse practitioner because there is no contact with them on campus unless you are directly interacting with services. The power of the discourse surrounding the health practitioners on campus is increased due to the lack of campus engagement by Health Services.

Implicit within visibility on campus is the location of services. The Wellness Center is in Buntrock, the central building where most student activities beyond classes take place. The Health Services, however, are tucked away in the bottom floor of Tomson, a building less central to everyday student life. Tomson is viewed as a more administrative building, whereas Buntrock is viewed as a more student-oriented building for everyday student life. The general rhetoric of confusion surrounding the Health Services on campus is directly connected to the location. Jeremy, a male senior, expressed that “I still actually don’t know the hours of the [Health
Services].” This confusion surrounding the hours of the Health Services was tied to the location of them:

The fact that it’s buried under the WLC, kinda have to go down, the fact that it’s not visible, you can’t walk by and see oh those are the hours so I can plan ahead or I just have it in the back of my mind when something happens what the hours are. They could probably replace… it’s some administration office in front of the WLC, they could probably put the clinic there instead… the location probably matters a lot and being visible on campus.

Jeremy felt that, because of the hidden location, the hours weren’t prominently posted and therefore made more inaccessible because they could not walk by and see when they were available. This demonstrates the real repercussions of a hidden location. Not only does this make it less physically accessible, it also creates barriers to accessing information about the Health Services. Jeremy’s ideal location for Health Services was Buntrock:

[I] feel like it makes the most sense to put it in Buntrock, that’s where everyone goes. Even if not, if it’s in some building, it should be on a main level.

Other offices, like the Piper Center, are displayed prominently on the first floor of Tomson with big doors and signs detailing the hours. It is clear that the school encourages students to access the Piper Center. Health services, on the other hand, is on the bottom floor of Tomson, tucked away where all that is visible is a door. This ties into Foucault’s discussion of power because as health services are essential to have access to, and therefore easy access to them signifies power. If they are not visibly accessible on campus for students, but yet are essential to a healthy, functioning population, this sets up an imbalance between the needs of students and the accessibility of the services they need.
Health Service Perception

The perception and discourse surrounding health services on campus is another factor that significantly impacts how international students access health services. The question “what is your overall impression of health services at St. Olaf?” provided good information about how health services are perceived on campus. Several participants had never accessed health services before, and were solely relying on the discourse surrounding health on campus to inform their perspective on health services. Al felt that the Wellness Center did general education really well, although sometimes he felt that they didn’t reach as wide of an audience as they should. Julie, a female junior, felt that the Health Services weren’t actually able to effectively help and that their services were very limited, which John, a male senior, also felt was the case. Sarah felt that services were limited, inaccessible, and complicated. Samantha perceived health services in general to be very high in demand and busy. Tim thought that the Health Services do a good job and offer a lot of services, but wondered about cultural competence. Jeremy hadn’t accessed services but thought that they weren’t very effective, and heard that Health Services will just refer students on to an outside clinic, even for small problems.

These responses demonstrate the power of discourse, which Foucault discusses in his theoretical work on the productive elements of discourse, which control what is knowable and transform ideas into practice (Pugalis 2009). In Foucauldian terms, discourse is “productive; it governs what is knowable and in turn it controls – but not without contestation – the production of ideas, concepts and meanings into practice by way of how people act and respond to particular ways of knowing” (Pugalis 2009). Subjectivation refers to a “person being at once rendered a subject (through practices of the self) and subjected to relations of power through discourse
(constituted through the technologies of disciplinary power)” (Pugalis 2009). The discourse surrounding health services demonstrates power through the social construction of how health services are thought of. The discourse surrounding Health Services is that it is ineffective. For example, Jeremy, who had never accessed any health services on campus, had heard that the Health Services weren’t very effective. The power implications within this discourse of a lack of effectiveness is amplified for international students. While domestic students might be familiar with the healthcare system and able to seek out services outside of the campus, international students are more reliant on the services offered on campus. Therefore, the power of discourse influences international students’ power and ability to access services.

Specifically in relation to the Boe House, several students mentioned that they heard that the wait time was very long, and that they might have benefitted from services but because of the discourse surrounding the long wait times, they did not seek these services. This is an example of how discourse about health services on campus can be a barrier to accessing health services. Whether Boe House actually takes a long time to get an appointment or not, the perception on campus is that the wait line is very long and this discourages people from even trying to make appointments, even if they feel that it would benefit them. Jeremy, who had never accessed mental health services but was speaking about barriers to accessing mental health services, said...

... I’ve never accessed any [mental health services] because, maybe even though at some point that would’ve been useful, because all I’ve ever heard was oh the waiting list for Boe is months ahead so you’ll never be able to get in there, so I wouldn't even bother. Which apparently might not even be true because I ran into a friend who is a freshman and [they] were walking there, so, oh you don’t have to make an appointment 2 years ahead…. And I don’t even know how you would go and make an appointment.

This quote highlights two main problems with accessing mental health services. The first is that the discourse surrounding the Boe House can be a hindrance to individuals accessing
services at the Boe House. Those who might feel that they would benefit from going to the Boe House do not end up accessing its services because they anticipate there will be a long wait, regardless if that is the case. The second issue addressed in this quote is the lack of clarity surrounding making an appointment at Boe. The appointment for Boe House is made through email or phone call, in contrast to Health Services where you have to make appointments online through the student health portal. Directions on how to make an appointment is clearly listed on the website, however writing emails and calling on the phone may discourage students who have anxiety about these modes of communication, and thus discourage them from making an appointment.

The Boe House has expanded some of its efforts, including having shorter consultations offered throughout the week on campus, through its Let’s Talk program (Let’s Talk 2018). Several participants said that they would benefit from an increase in services offered from the Boe House, including an increased number of counselors with a more diverse background that they feel can address concerns related to being an international student, race, or sexuality.

Discourse about health services influences how these services are perceived and accessed. One participant found out that the Health Services on campus were free from a friend. Another participant heard through word of mouth about a lack of sensitivity from the Health Services. Several participants had never actually accessed health services, and were basing their prescription of health services off of what they had heard from others about accessing services. As Foucault postulated, power flows through discourses and through the technologies of disciplinary power. Thus the power of the discourse about the inaccessibility or poor quality of
the Health Services can be tied to the lack of visibility or change in the structure of the Health Services.

Health Insurance

Health insurance is a factor in international students’ access to health services on campus. When asked about how international students acquired health insurance at St. Olaf, most of the participants said that they received an email from the college explaining that they needed health insurance and that there was St. Olaf health insurance that they could enroll in. Answers varied to the question of how they characterized their experience acquiring health insurance. Both Sarah and Al said that acquiring health insurance was difficult to navigate, and that terms like copay and deductible were confusing. Julie, a female junior, said that her experience acquiring health insurance was easy and she acquired her plan online. John, a male senior, said that he bought health insurance then dropped it because it wasn’t cost-effective. Robert, a male senior, characterized the experience as easy because he gained more knowledge as he went, however he was unsure if their plan was overpriced or underpriced. Beatrice, a female junior, said that she had St. Olaf health insurance because she didn’t want to look for another insurance plan, particularly because she didn’t know what the average pricing is. She said she didn’t want to spend time looking into it even though she potentially could have found a cheaper one. Jeremy, a male senior, said that the experience was easy because he chose St. Olaf health insurance, but that he is aware that other people say there are cheaper plans but exploring that seemed daunting.

There are several important trends in these responses. Even though the experience was characterized by a variety of adjectives (ie. “easy” “difficult” “daunting”), one thing that stayed
consistent was the confusion surrounding the terms used. Regardless of whether the participant characterized the experience as easy or difficult, most still mentioned that they were unfamiliar with terms specific to health insurance, like copay or deductible, and that this made the experience more difficult. The participants seemed to be split into three primary groups. One group thought that the experience of acquiring health insurance was easy because they chose the default St. Olaf health insurance. Within this group, although they characterized the experience as easy, there were doubts about the price of the plan. It appears that the people that chose the St. Olaf health insurance often acknowledged that they had heard that there were cheaper plans but that they did not have an interest in exploring other options.

Samantha, a female junior, responded that her experience of acquiring health insurance was easy because she got health insurance from her home country. Samantha also expressed her view of cheaper insurance plans.

I’ve heard that international students doing that, like they didn’t want to pay the St. Olaf one cause they thought it was expensive and they’ve been trying to find cheaper ones, but maybe not so good, so yeah I didn’t want to get into that whole thing here.

This response demonstrates the discourse surrounding health insurance, where St. Olaf insurance is perceived as more expensive, but looking for other insurance that may cost less is a) more work and confusing due to unfamiliarity with the health care system and b) may not yield a better result. Several participants also mentioned not being aware of what the average cost of health insurance is, so they were unsure whether they were overpaying or underpaying. This relates to lack of familiarity with the health care system, thus suggesting that the discourse about searching for another health insurance plan as a “mess” further discourages international students from seeking out other insurance plans. Tim said they were not informed about how health
insurance works, what it covers, and what it doesn’t. He emphasized the difficulty in understanding the health insurance system when it wasn’t something that they grew up with. This is consistent with research that found that health insurance is a barrier to access to services, where the lack of affordability and familiarity with the health system can make it increasingly difficult to acquire (Caulfield 2002).

Inquiring if participants knew what their health insurance covered and if their health insurance encouraged or hindered their access to health services yielded a variety of responses. In response to the question of whether or not participants knew what their health insurance covered, four participants said yes they knew what their health insurance covered, four participants said no they didn’t know what their health insurance covered, and two participants said that they were aware of some services and not aware of others. Their response to what their health insurance covered did not have any definitive correlation to their response to whether their health insurance encouraged or hindered their access to health services. Detailing their variety of responses will allow for further exploration of the complex ways in which health insurance impacts access to health services on campus. Al thought that health insurance hinders his access to services for sure. He said he would rather not go to the doctor here primarily because of health insurance. He expressed fear of paying more than they actually need because they are confused. Julie said that health insurance hinders her access. She didn’t feel like she had a very good health insurance plan and worried that her plan will not be accepted. John said that the health insurance provides them with services, and therefore encourages access. Sarah, a female junior, emphasized that it is good to have health insurance and that having health insurance helps them access services at the local clinic in Northfield. She didn’t feel like health insurance was very
encouraging, partially because she was not used to using health insurance. She felt insurance should only be used in a crisis, not day to day care. Tim felt that insurance is hindered their access because insurance is used primarily for emergencies. He used the example of going for a physical and having to pay for everything. He emphasized the impact of cost as discouraging to accessing services. Robert, a male senior, expressed that health insurance encourages him because it is less of a burden to access services when something does happen, however he has never had to use services. Beatrice, a female junior, felt that in the majority of cases, health insurance encourages them if they know that the service is covered. However, for the services he knows aren’t covered, it discourages him from accessing them. Samuel, a male junior, said that health insurance doesn’t encourage him because there are so many terms and conditions, and that it does not cover many of the services they need. He said that maybe they would feel different if he had ever had to use a service that their health insurance covered. Jeremy, a male senior, said that he felt like it’s hindered because he still have to cover the cost of some services, which causes them to avoid accessing services in the US that he would otherwise utilize.

Several important trends emerged from these responses. The first is those who indicated that health insurance was a barrier thought it inhibited their access due to a) cost and b) coverage. Cost and coverage were major factors in whether students felt that they could actually in practice access services. The other trend that emerged was from those participants that felt that health insurance did encourage them, because it did cover some services. Having insurance was viewed as better than not, but the quality of their plan and the range of services covered under the plan were highly important in interpreting whether health insurance was viewed positively or negatively.
Familiarity with the Health System

Another factor in accessing health services that emerged was familiarity with the health care system. This factor contributed to the amount of information, understanding of health insurance, and their perception of services offered on campus. When asked about how their experiences at the St. Olaf campus compared to their previous experiences, four participants mentioned cost in their answer. Health care expenses are a major factor in students’ decision to access services, and the cost of services can differ greatly depending on what health system they are coming from. All participants said that the cost of health services in the United States is higher than what they were accustomed to. Samantha, a female junior, spoke about having difficulty putting into words what their medical issue was, and struggling to communicate exactly what issues they were having. Connecting with Boe House counselors can be a barrier as well. Al, a male junior, spoke about this issue, saying:

Boe House, from my experience, the counselor did not have a lot of multicultural expertise. So I didn’t feel like they were comfortable helping me with thinking about what it is like to be away from home, what it is like to be a new person in a… country or being somewhere else, so… I think that is probably a bigger challenge for students who come from cultures who are not as close to the majority culture as mine is.

In this participant’s experience, the Boe House was not equipped to effectively discuss mental health in the context of being an international student.

Furthermore, several students talked about the quality of care being different. John mentioned the importance of care in their previous health care system, and how disconcerting it was for them to be in a health care system that did not seem to prioritize patient care. Tim, a male junior, also discussed how different their health care was with regards to the gap of
professionalism and patient distance. He also felt like there was a lower level of care here and they questioned the culturally competency of the health practitioner at St. Olaf.

There was not that barrier, that gap of professionalism. Here the health care provider versus patient distance… sometimes it’s harmful. And sometimes you do need things such as validation… and I don’t think you can get that here… I don’t know if the nurse practitioner here is culturally competent.

In discussing the Health Services on campus, Tim said,

It can certainly be very intimidating as an international students, especially when the nurse practitioner comes and is asking questions in American terms, and you’re in a new country, health care is seen very differently, you have different terms, you prioritize different things. And they assume that if you have an issue you can go somewhere else and get care somewhere else when in reality that is not the case…

These quotes demonstrates the barriers that can arise when there is a lack of familiarity with the American healthcare system and the terms used in the health care setting. Health services on campus assume accessibility for all students, that they will be able to go to another clinic or travel outside St. Olaf to pick up prescriptions, when the reality is this is not always the case. The Foucauldian power dynamics interacting here are between the international students, unfamiliar with the system and with decreased access, and the health service staff and administration. The discourse of “intimidating” found in the quotes above demonstrates the power imbalance between international students, faced with an unfamiliar system, and the staff and administration, set up to cater to those who are familiar with the health system.

**Improvements**

St. Olaf Health Services, Boe House, and the Wellness Center all can be adjusted to better serve international students at St. Olaf. Suggested improvements include more involvement of the Health Services on campus, including having the Health Practitioner engage with students outside of the Health Services. This could take the form of participating in one or
two events on campus, or greeting incoming freshman during week one at the beginning of the
eyear. Another recommendation is to expand the hours offered at Health Services, and to
prominently display the hours that the Health Services are open that day on the front door of the
Health Services. Health Services should also be a more emphasized aspect of student life at St.
Olaf. During the Week 0 tour, the Health Services location and information about what services
it provides should be a central part of the tour. Additional staffing would be useful, including an
additional nurse that works at Health Services, particularly if this allowed Health Services to
expand their services. A recommendation for the Boe House is to increase the variety of different
backgrounds of counselors and therapists so that they can better address mental health issues
relating to being an international student at St. Olaf. CMIE should receive more funding and a
permanent staff member should be hired to be a resource for specifically for international
students on campus.

SUMMARY AND CONCLUSION

This study examined international students’ access to physical and mental health services
at St. Olaf College. The available health services on campus are the Boe House counseling
center, Health Services, and the Wellness Center. The primary factors identified in how
international students access mental and physical health services are: information disseminated
to students about health services, visibility and engagement on campus, health service
perception, health insurance, cost of services, and familiarity with the health care system.
Ultimately, there are a variety of factors that influence how international students access health
services at St. Olaf. A major factor impacting health service access is the lack of information
disseminated to international students about how to access health services. The primary ways in which participants were unclear about how to access health services were: what services were provided, the hours of the services offered, the cost of services, and how to make appointments. Visibility and engagement on campus differ depending on the service, where the Wellness Center was perceived as making an effort to engage with students and the Health Services were perceived as being completely disengaged from student life. Additionally, there is a perception that the wait time is long for the Boe House and Health Services are ineffective, and this discourages students from accessing these services. St. Olaf insurance is perceived as more expensive, but looking for other insurance plans that cost less is discouraged because it is perceived as being confusing due to the unfamiliarity with the healthcare system and may lead to a less quality health insurance plan.

In reflecting on the research process and results, it is important to note that I interviewed a small portion of international students at St. Olaf. In the future a larger sample of the population should be interviewed. In-person interviews allowed me to gain in depth knowledge, and I am grateful to the people who dedicated time to participating in my study. I have a background in public health, not sociology/anthropology, and so I approached access to health services from a different perspective. This research project as allowed me to expand my research capabilities and gain further knowledge about access to health services that I hope will lead to improvements to health service access at St. Olaf.

The uses of this research concern improvements to access to health services on St. Olaf campus. The Health Services should be significantly improved, particularly with regard to the dissemination of information about Health Services to international students and students in
general. The Boe House should hire counselors with a range of backgrounds in order to better serve not only international students, but also domestic students of color and LGBTQ+ students. More funding should be allocated to CMIE and a permanent staff member should be hired specifically to be a resource for international students on campus.

Further research is needed to examine international students’ underutilization of mental health services and physical health services. Additional research should be done on international students’ access to health services on college campuses in the United States. This study examined a small portion of international students at one college, and therefore results cannot be generalized to other college campuses. Additionally, research should be done on the health insurance plans that colleges offer, and international students’ access to quality health insurance plans.
REFERENCES


Kenzig, Melissa. 2015. “Health Status During College Students' Transition to Adulthood: Health Behaviors, Negative Experiences, and the Mediating Effects of Personal Development.” ProQuest, Ann Arbor MI 75 (8).


APPENDIX A

Interview Questions

1. What are your preferred gender pronouns?
2. What year are you?
3. What are you majoring in?
4. Where did you grow up?
5. What things do you like the most about St. Olaf, and why?
6. What things do you find most challenging about St. Olaf, and why?
7. Does being an international student influence your experience at St. Olaf? How?
8. When you hear the word "health," what comes to mind? What does healthy mean to you?  
   (Does it encapsulate physical health, mental health, sexual health?)
9. What health services are available at St. Olaf that you are aware of?
10. What is your overall impression of health services at St. Olaf?
11. What do you define health as? (Does it encapsulate physical health, mental health, sexual health?)
12. Do you know where to go when you need health services?
13. Where/how did you hear about these services?
14. How much information did you receive from orientation or from St. Olaf in general about accessing health services and health insurance?
15. Do you think St. Olaf provides adequate information about the health services it offers? Why or why not?
16. What factors go into your decision to access services?
17. Are there barriers for international students in your experiences accessing physical health services at St. Olaf? If so, what are they?
18. Are there barriers for international students in accessing mental health services at St. Olaf? If so, what are they?
19. How does your experience with health services at St. Olaf differ from your previous experiences?
20. How did you get information about health insurance?
21. What was your experience of acquiring health insurance here? (How easy or difficult was it?)
22. Do you know what health services (both mental and physical) your health insurance covers?
23. Do you think your health insurance encourages or hinders you accessing services?
24. Is there anything that prevents you from accessing services you otherwise would access? Please explain.
25. Is there anything that you would change about the way that St. Olaf health services (both mental and physical) operate?
26. Is there anything else that you would like to tell me about this topic?