

THE COVID-19 PANDEMIC'S EFFECT ON CAMPUS HEALTH AND WELL-BEING SERVICES

**A Snapshot of Operating Status and Response,
June 2–5, 2020**



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This report has been collaboratively created by the following members
of the ACHA COVID-19 Task Force:

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For additional COVID-19 information and resources for campuses,
visit ACHA's COVID-19 Resource page:

www.acha.org/COVID-19

Purpose

As college health, mental health, and wellness professionals are called upon to provide guidance to their campus communities regarding their response to the pandemic, it is critical that there is access to timely, ongoing benchmarking data to measure the effect of the pandemic on college health services as well as their responses to the crisis. To that end, the American College Health Association (ACHA) has developed and administered surveys to collect critical data to assist in the study of campus responses to the COVID-19 pandemic. The results included in this report represent a snapshot of the status of college health, mental health and well-being services from June 2 through June 5, 2020. Results from the first survey, conducted April 6-9, 2020, are available in PDF format [here](#).

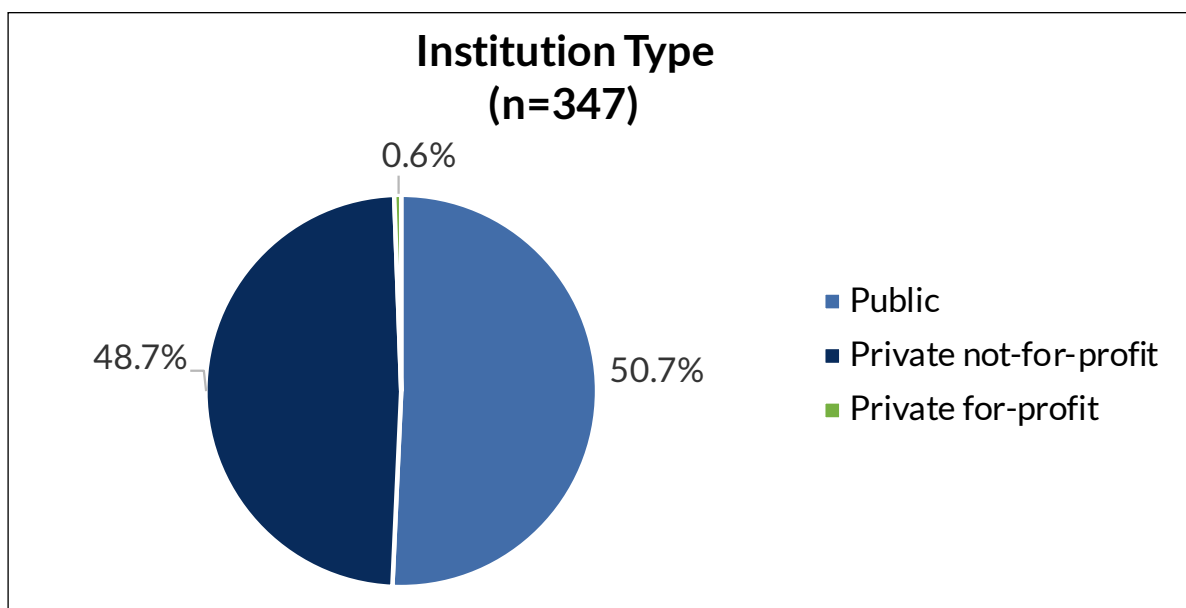
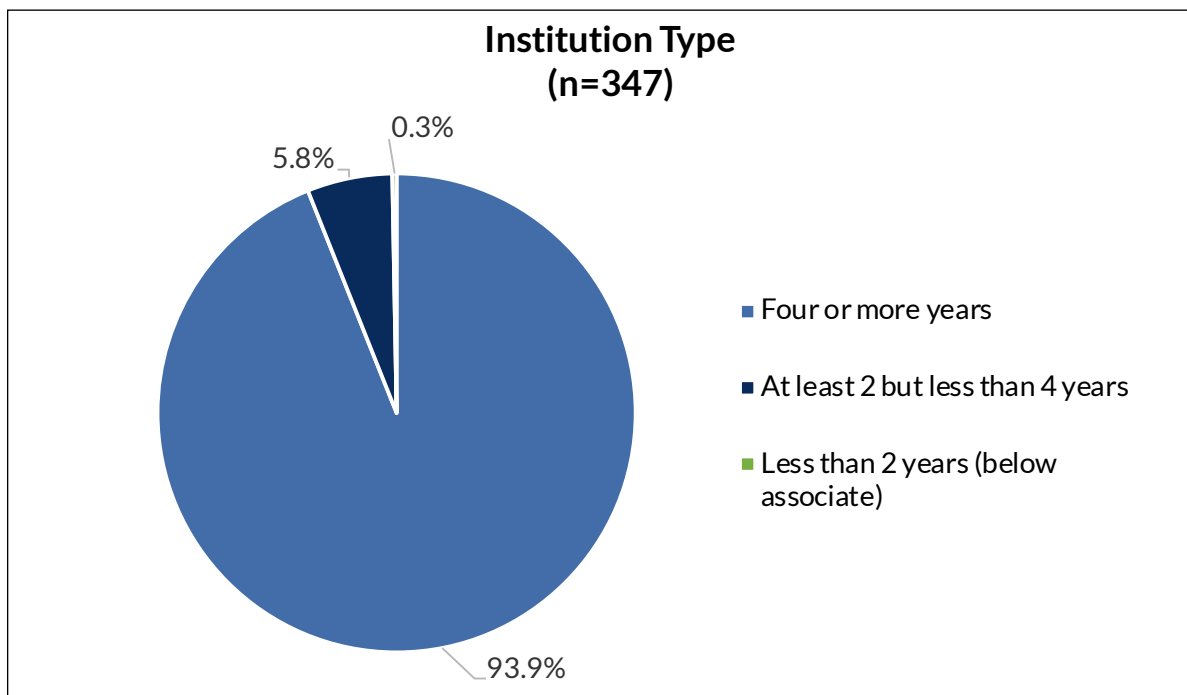
Methods

Responses were solicited from a single ACHA member at 973 institutions of higher education; they were asked to complete an online survey developed by the ACHA COVID-19 Task Force. The 973 institutions were comprised of all ACHA Institutional Members, as well as Individual ACHA Members at colleges and universities that did not hold institutional memberships (only ACHA Institutional Members had been asked to participate in the April 2020 survey). A static link for the survey was also made available on the Student Health Service (SHS) listserv. Respondents were asked to answer questions based on summer 2020 services and resources on their campuses, as well as questions on COVID-19 testing, confirmed infections, and deaths occurring between May 1 and 31, 2020. Responses were collected between June 2 and June 5, 2020, using the Qualtrics platform. After eliminating duplicate responses from three institutions, a total of 347 usable surveys were collected through these processes, representing a response rate of 35% among the invited ACHA membership.

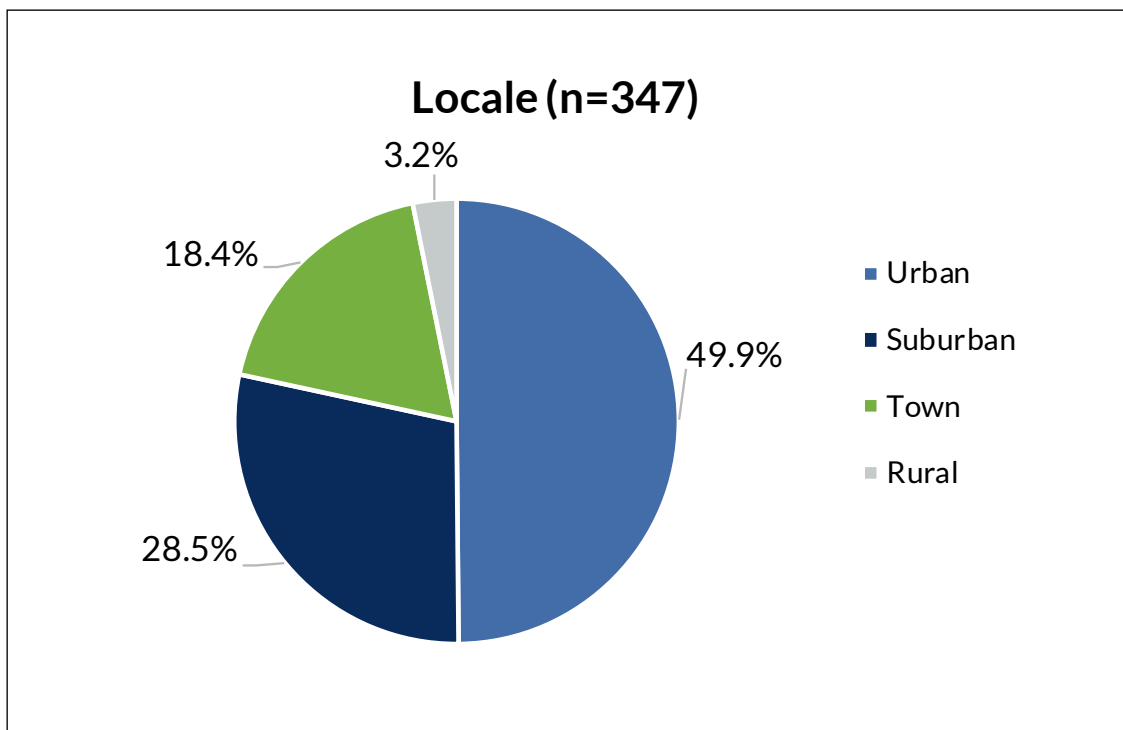
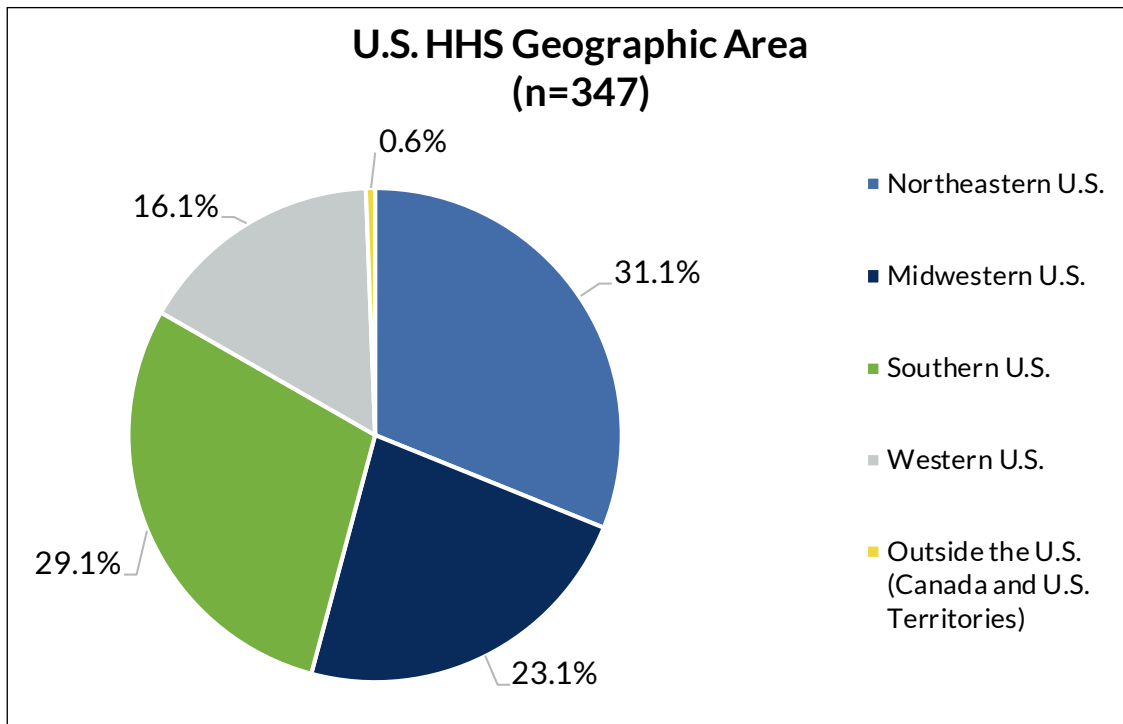
The Sample

The sample of 347 institutions is comprised of predominantly four-year institutions, with nearly half in urban settings. The breakdown of public/private schools and total student enrollment are fairly evenly distributed. The regions of the U.S. are equally represented in the sample, except for the western U.S. Of the 347 participating schools in the U.S., 11 (3.2%) are HBCUs, and 92 schools (27%) are religiously affiliated. All but 6 (1.2%) of the 347 schools held either institutional or individual membership in ACHA. More than half of the schools in this sample (57%, n=198) also participated in the ACHA COVID-19 Task Force Survey #1 in April 2020. This sample of 347 is similar to those responding to the April 2020 survey, in which 94.5% of respondents were four-year institutions, 52.1% were public, and 49.2% were urban. The geographic areas, basic Carnegie level, and total student enrollment distribution were also comparable to those of the April 2020 survey.

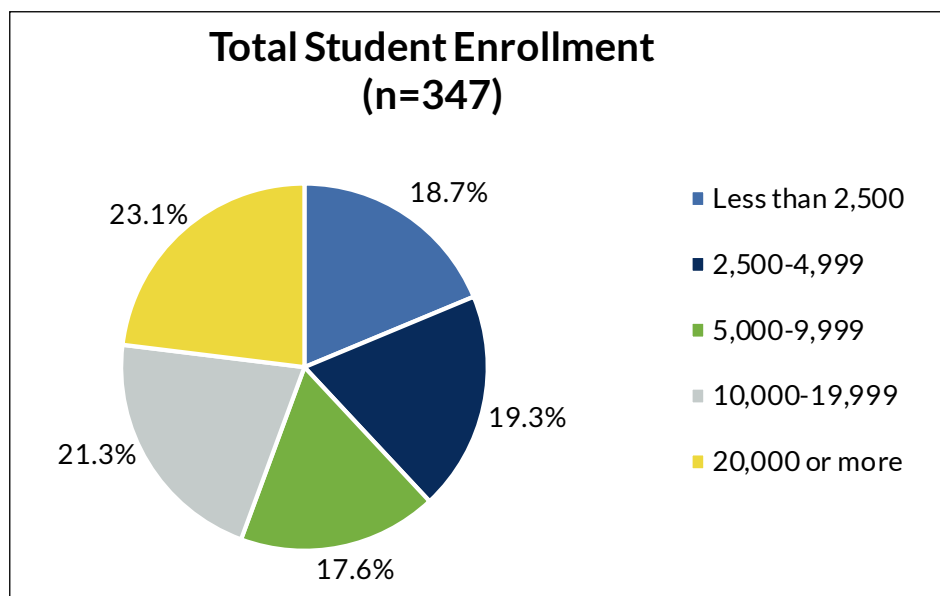
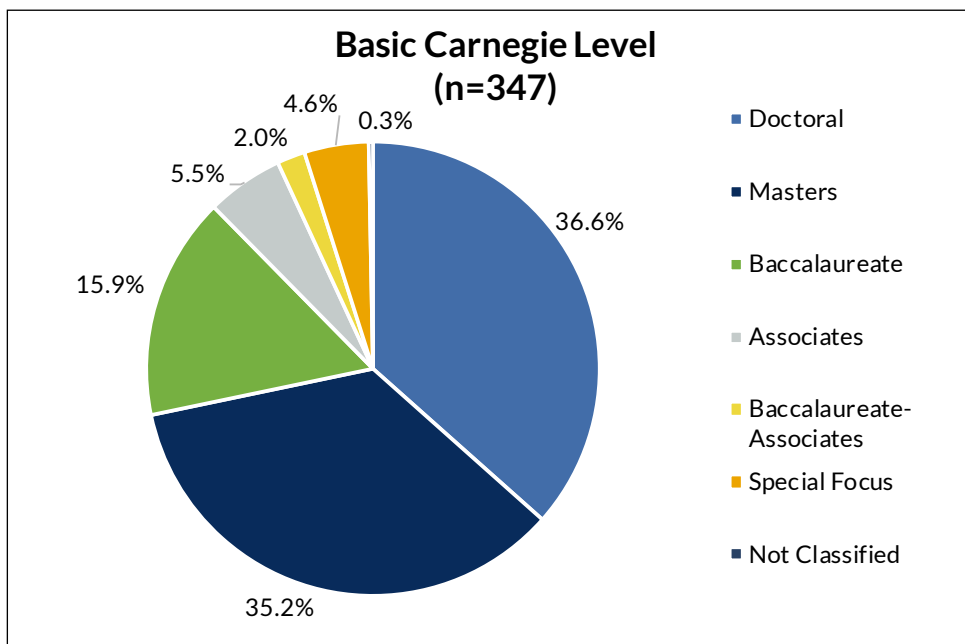
The Sample—continued



The Sample—continued



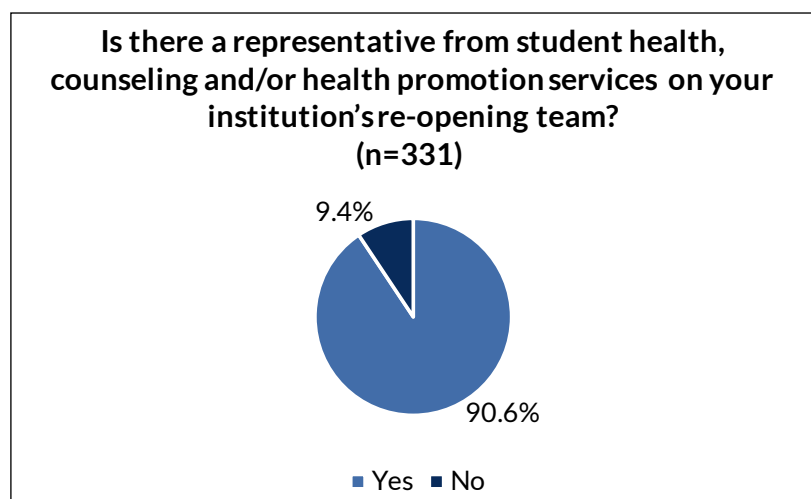
The Sample—continued



SURVEY RESULTS

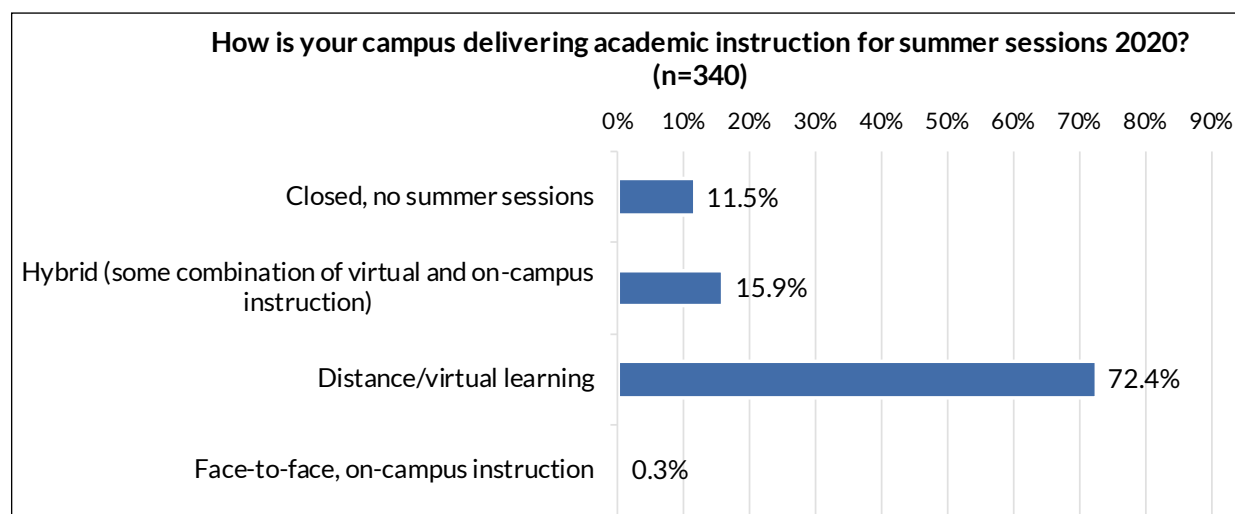
Did campuses tap the expertise of health, counseling, and/or health promotion professionals for their reopening teams?

Almost 100% of respondents reported that their campuses have a reopening team, and 90.6% have a representative from student health, counseling, and/or health promotion services on that team. Survey #1 conducted in April 2020 asked respondents if there was an Incident Response Team (IRT) on campus. Of those who responded “yes” at that time, 94% had a representative from the student health, counseling, and/or health promotion area on the IRT.



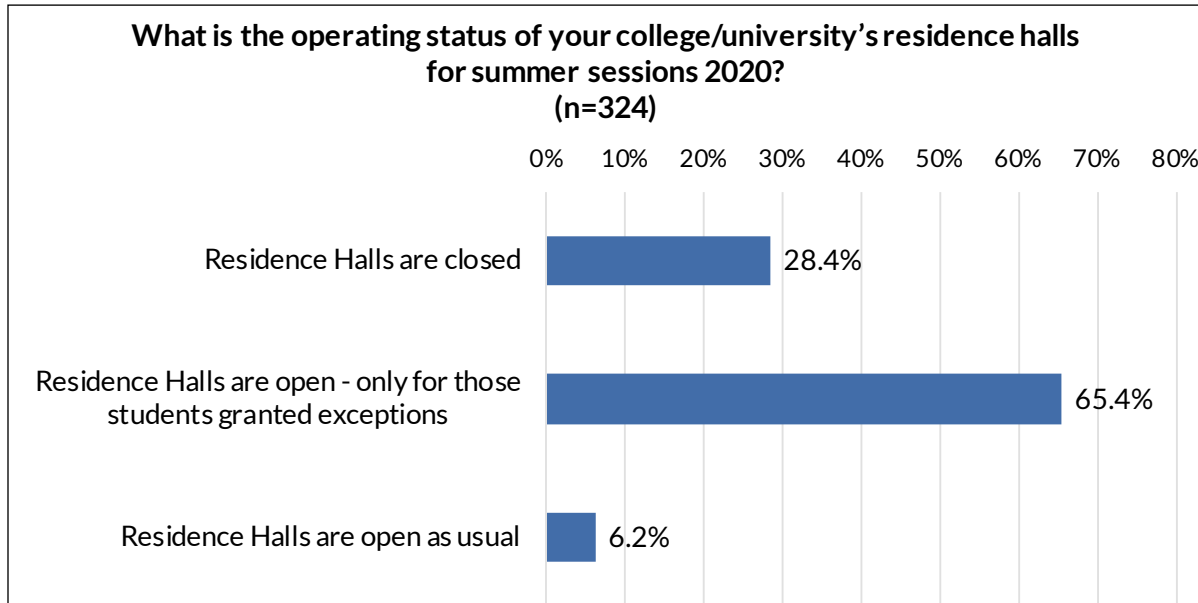
How are campuses delivering academic instruction for summer sessions 2020?

Most respondents (72.4%) reported that their campuses were providing distance learning during the 2020 summer sessions, with 15.9% reporting a hybrid virtual and on-campus mode of instruction and only 0.3% reporting face-to-face, on-campus instruction.



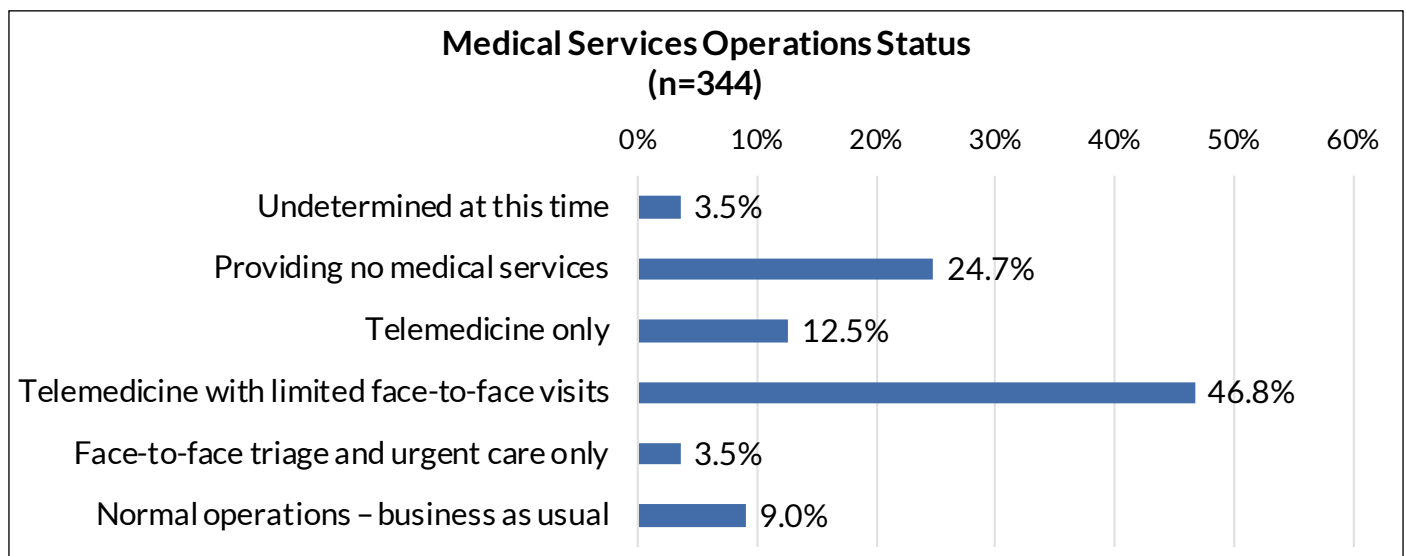
Are campuses using their residence halls for summer sessions 2020?

Like the responses from Survey #1, most residence halls (65.4%) were open only for students who had been granted exceptions. Only 6.2% of campuses had residence halls open as usual. Follow up questions about residence hall operations revealed that only 8.6% of campuses were using the residence halls for purposes other than housing enrolled students; among these, 18.9% (5 schools) allowed those guest residents access to on-campus health services.



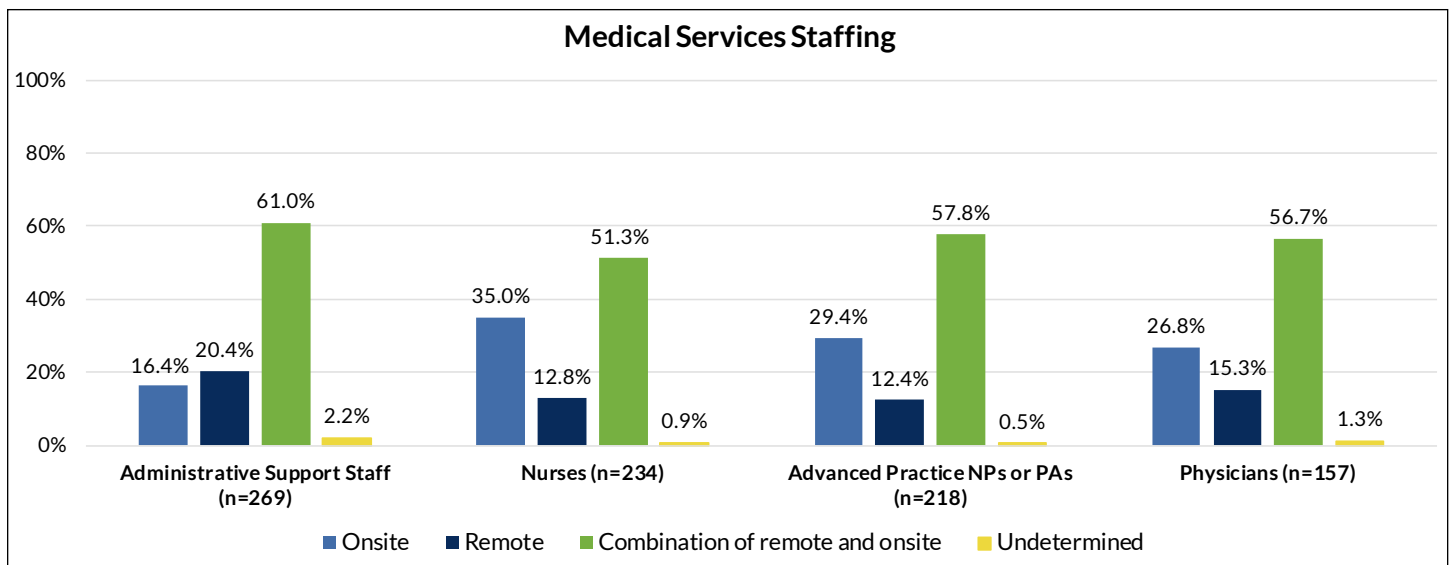
How are campus medical services operating for summer 2020?

Nearly one-quarter (24.7%) of campuses reported providing no medical services for summer term, and 59.3% of respondents stated that they were providing telemedicine services, with over three-quarters (78.9%) of these also providing limited face-to-face visits.



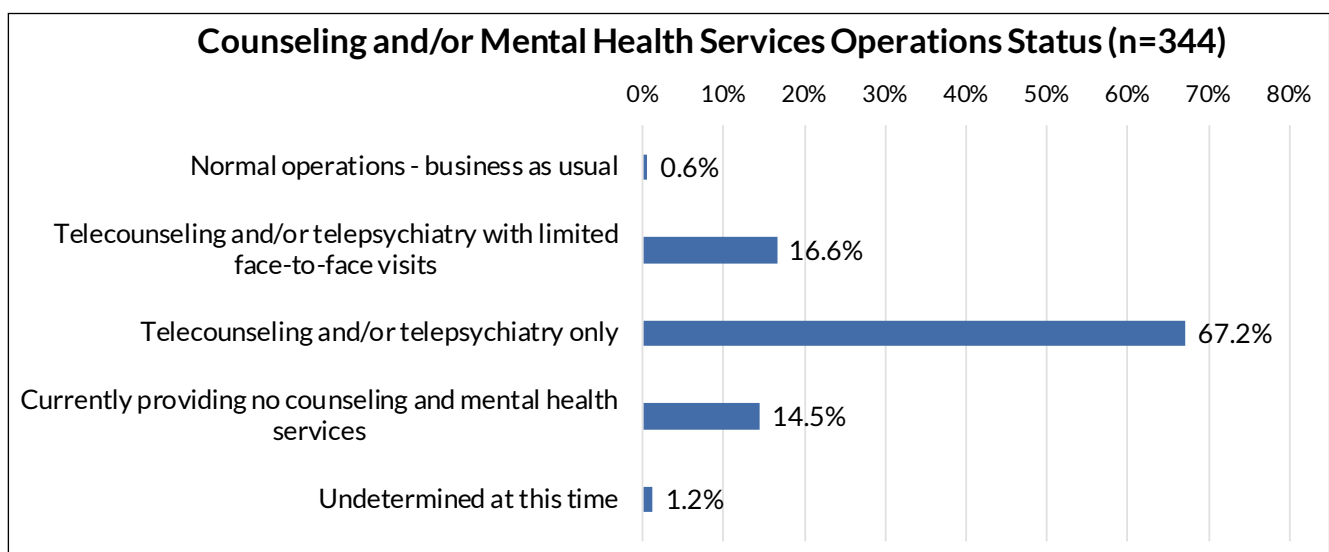
What is summer 2020 staffing for medical services?

Respondents were asked whether the school had physicians, nurse practitioners, physician assistants, nurses, and administrative support staff working onsite and/or remotely this summer. Most schools had staff working in both capacities. It is noteworthy that most of the colleges had over 50% of administrative and clinical staff working a combination of remotely and onsite with only about 30% working onsite exclusively.



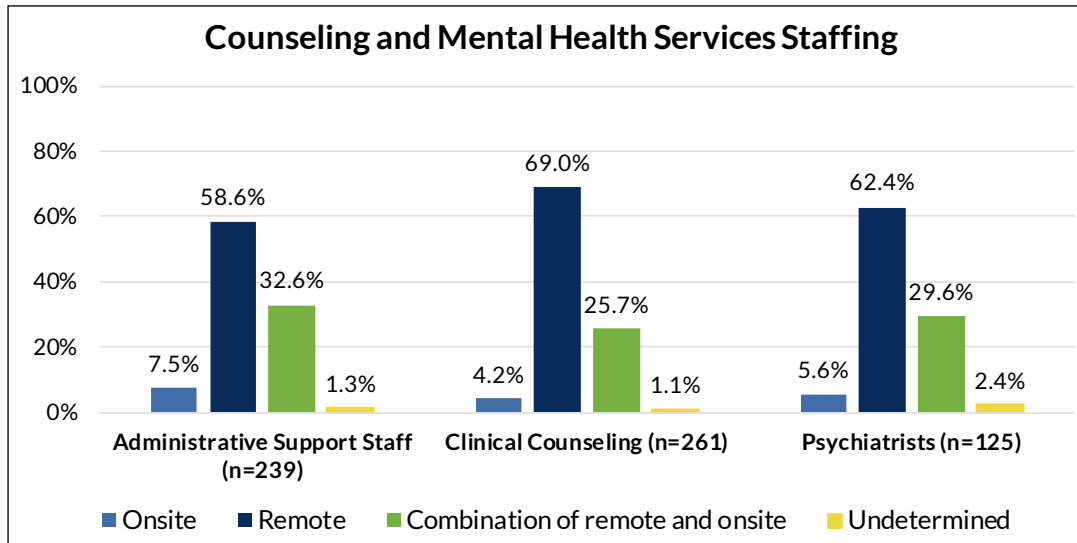
How are campus counseling/mental health services operating for summer 2020?

Most campuses (83.8%) reported providing telecounseling or telepsychiatry and 16.6% of schools reported providing a combination of telecounseling and face-to-face visits. Only 14.5% reported providing no counseling or mental health services for summer term.



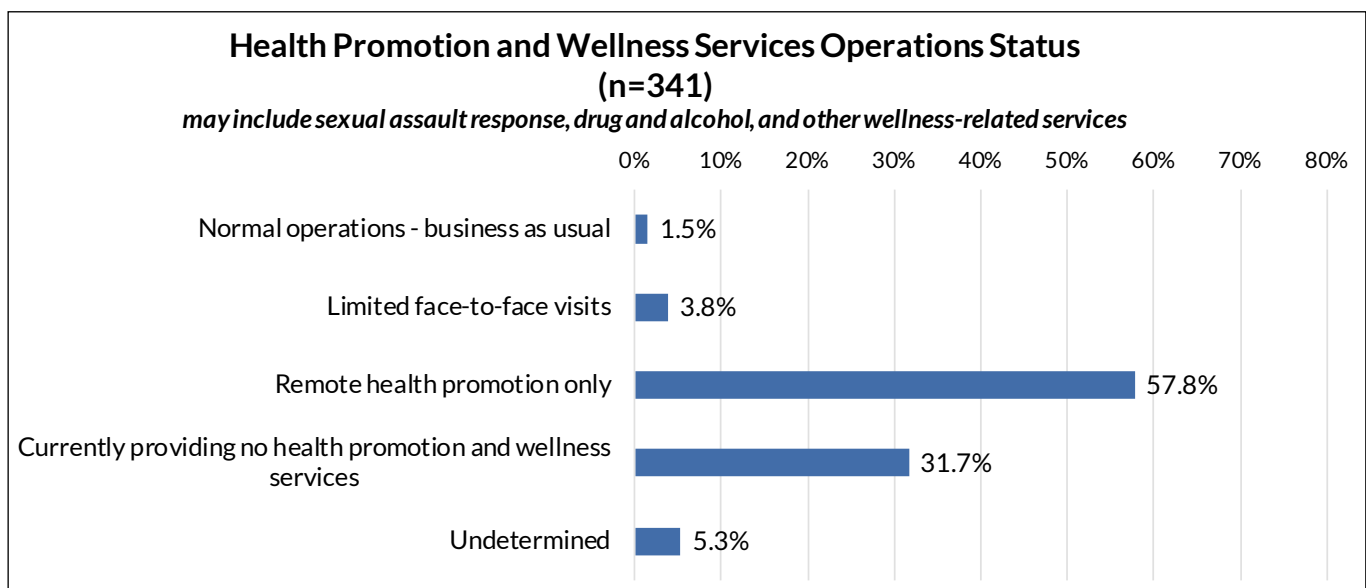
What is the summer 2020 staffing for counseling/mental health services?

The survey asked whether the school had clinical counselors, psychiatrists, and administrative support staff working onsite and/or remotely. Many schools had staff working in both capacities. However, a majority continue to work remotely.



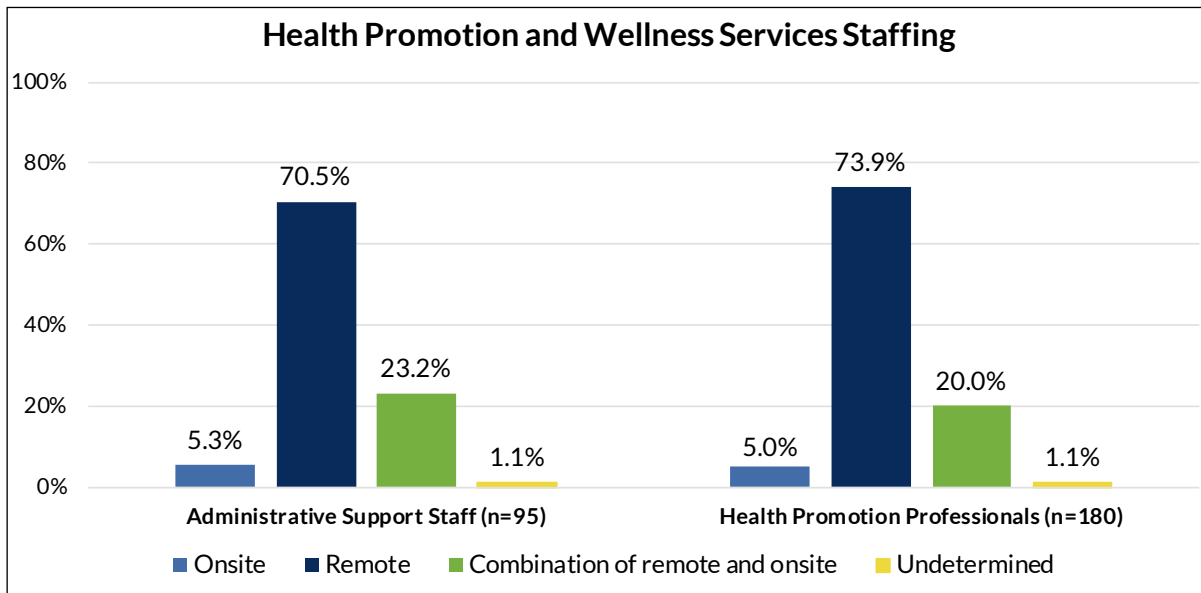
How are campus health promotion/wellness services operating for summer 2020?

Over one-half of schools (57.8%) reported operating only remote health promotion services. Nearly one-third (31.7%) were offering no health promotion and wellness services in summer 2020. Only 5.3% were having normal operations or providing limited face-to-face visits.



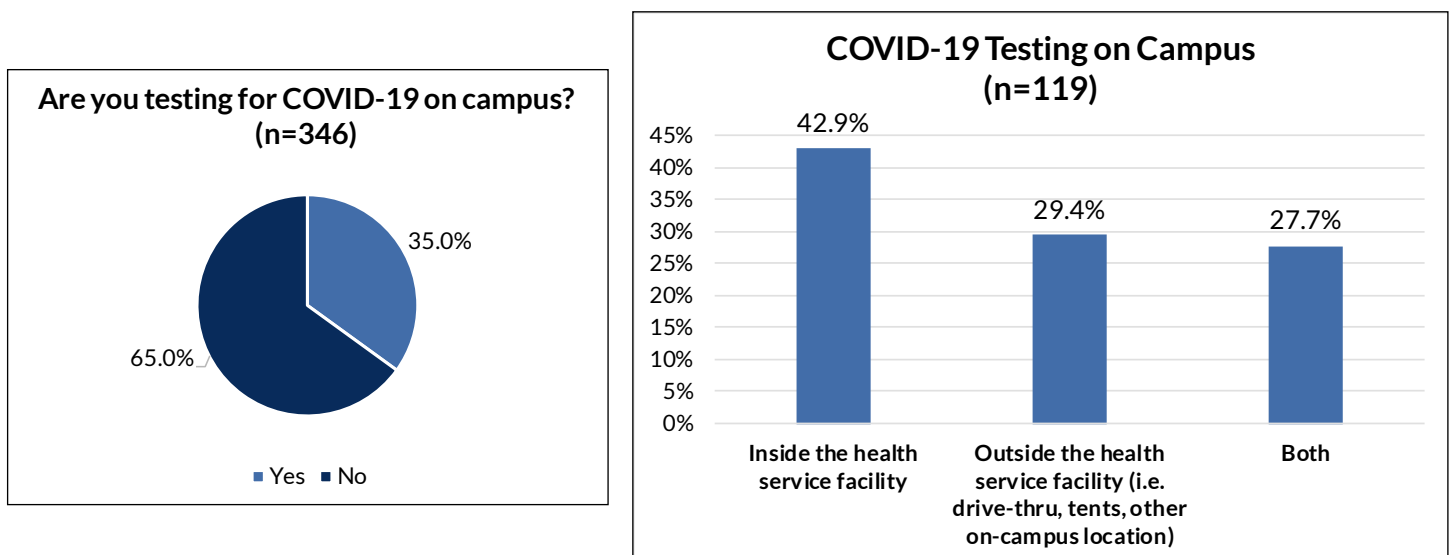
What is summer 2020 staffing for health promotion/wellness services?

Respondents were asked whether the school had health promotion professionals and administrative support staff working onsite and/or remotely. Many schools had staff working in both capacities.



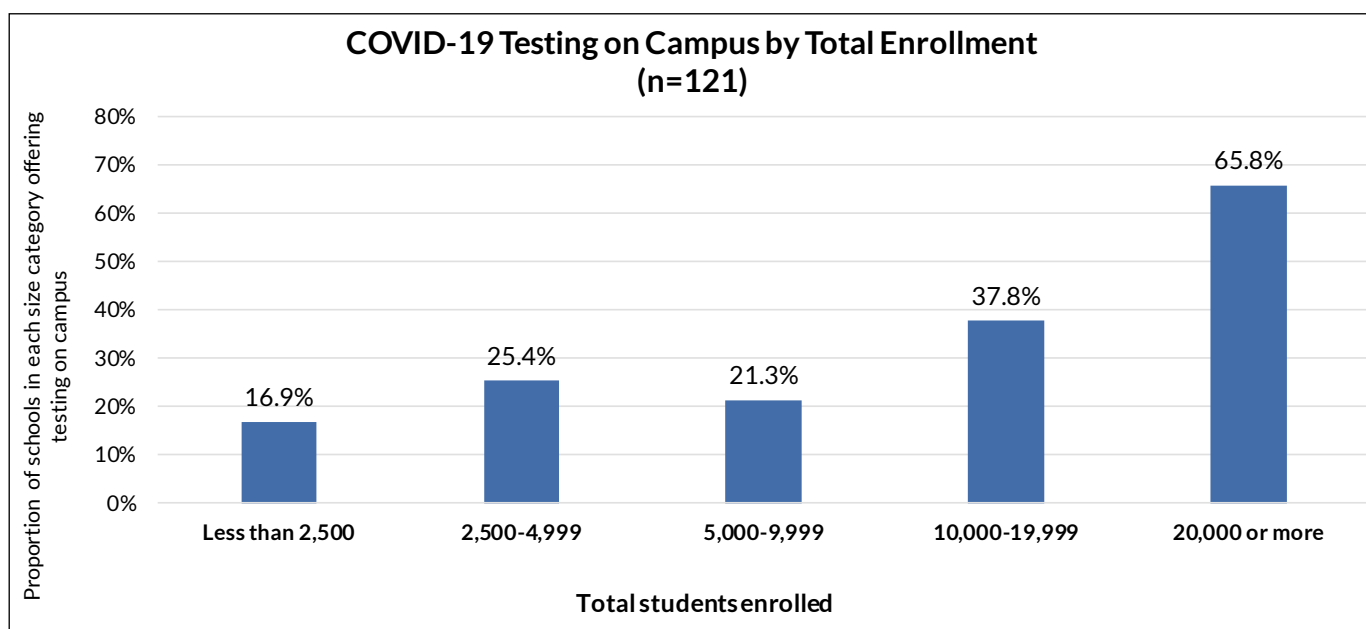
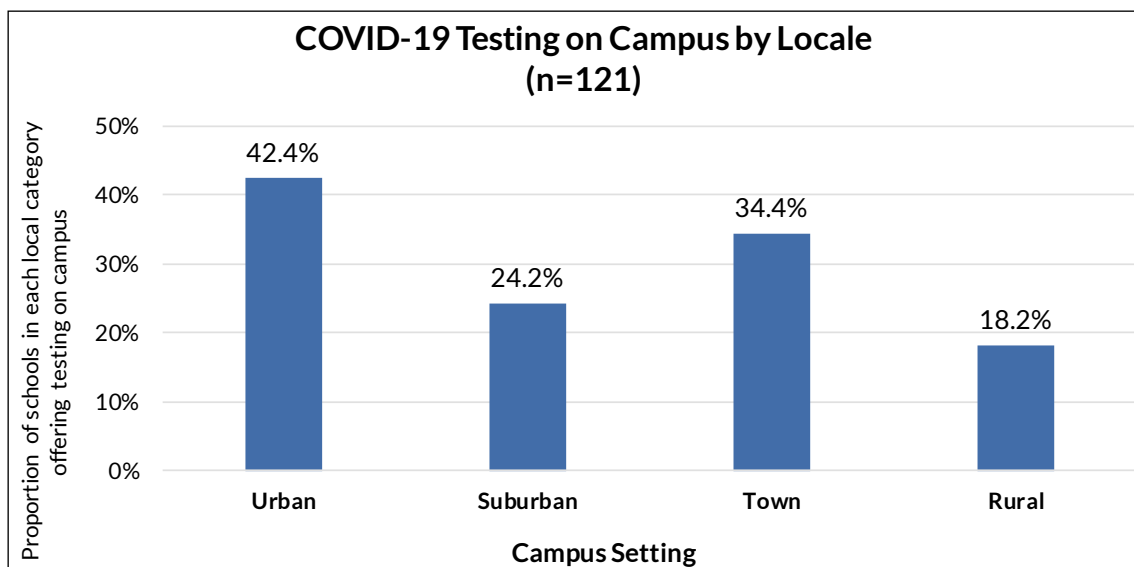
Are campuses testing for COVID-19 and if so, where are tests being conducted?

Thirty-five percent (119) of schools reported that they were testing for COVID-19 on campus. This is an increase from 28.3% of schools that were testing for COVID-19 on campus in the April 6-9 survey. Of those testing in summer 2020, 42.9% were testing inside the health center and 29.4% were testing in other facilities (i.e., tents or in other campus locations). Among these 119 campuses, a total of 16,314 individuals were reportedly tested for COVID-19 between May 1 and May 31. While 92 schools had no students test positive, 26 schools reported between 1 and 13 students tested positive. The median number of students testing positive at these 26 schools was 2.5. Fifteen schools (12.6%) reported a combined total of 231 positive non-student tests. Of these 15 schools testing non-students (some of whom may be testing members of the local community), the median number of non-students testing positive was 2.0.



Which campuses are testing for COVID-19?

As in the April survey, schools in urban areas and schools with higher enrollments were more likely to report on-campus testing (42.4% and 65.8%, respectively) than schools in other settings. Of note, the percentage of schools in town settings that reported testing increased from about 20% to 38% between the April survey and this survey. There was a decrease from 25% to 18% in rural schools reporting on-campus testing. Additionally, there is a greater proportion of schools in every size category reporting the availability of COVID-19 testing on campus.



Are campuses being notified of off-site positive tests?

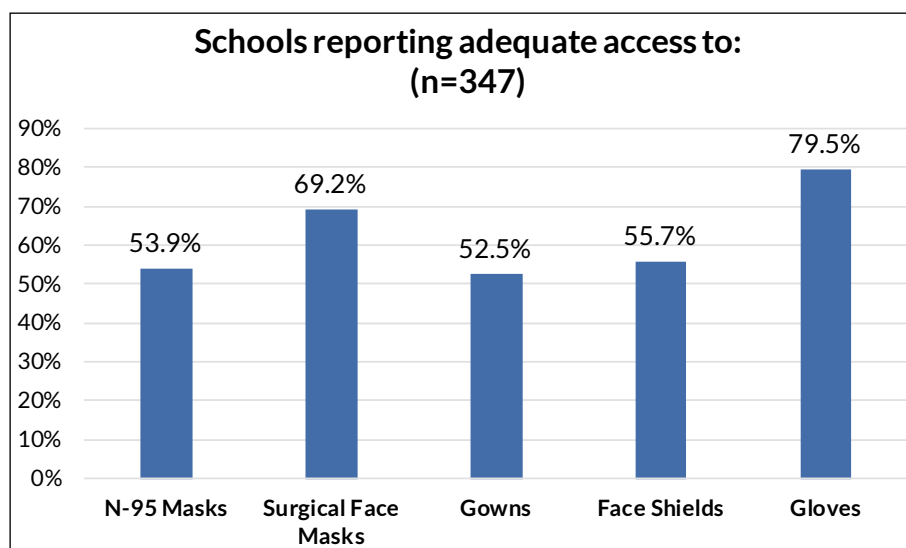
Less than half of the schools (n=147) reported being formally notified of **additional** members of the campus community testing positive at off-campus testing sites. These schools reported that they were notified of 401 students and 239 non-students testing positive for COVID-19 off campus between May 1 and May 31.

What notifications have campuses received about COVID-19-related deaths?

Between May 1 and May 31, 26 of the 347 responding schools reported a total of 30 deaths. Respondents were not asked to specify whether these deaths occurred among students, faculty, or staff.

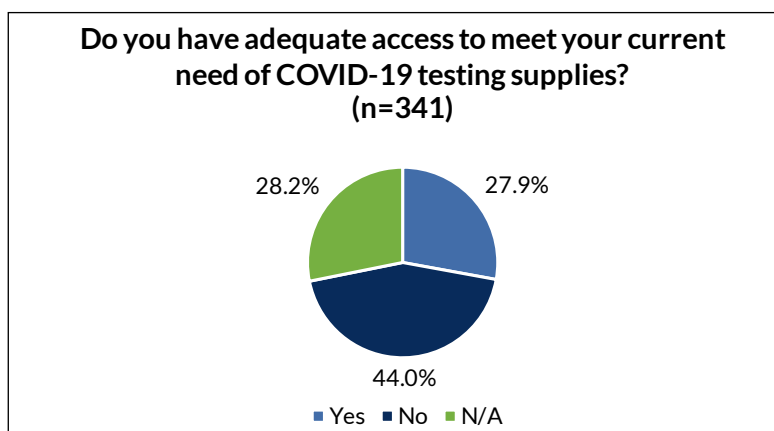
Do campus health centers have adequate access to PPE to meet their current needs?

Overall, almost one-half of the responding schools report inadequate supplies of N-95 masks, gowns, and face shields to meet their current need. Higher proportions of schools report adequate access to surgical face masks (69%) and gloves (80%).



Do campus health centers have adequate access to COVID-19 testing supplies to meet their current needs?

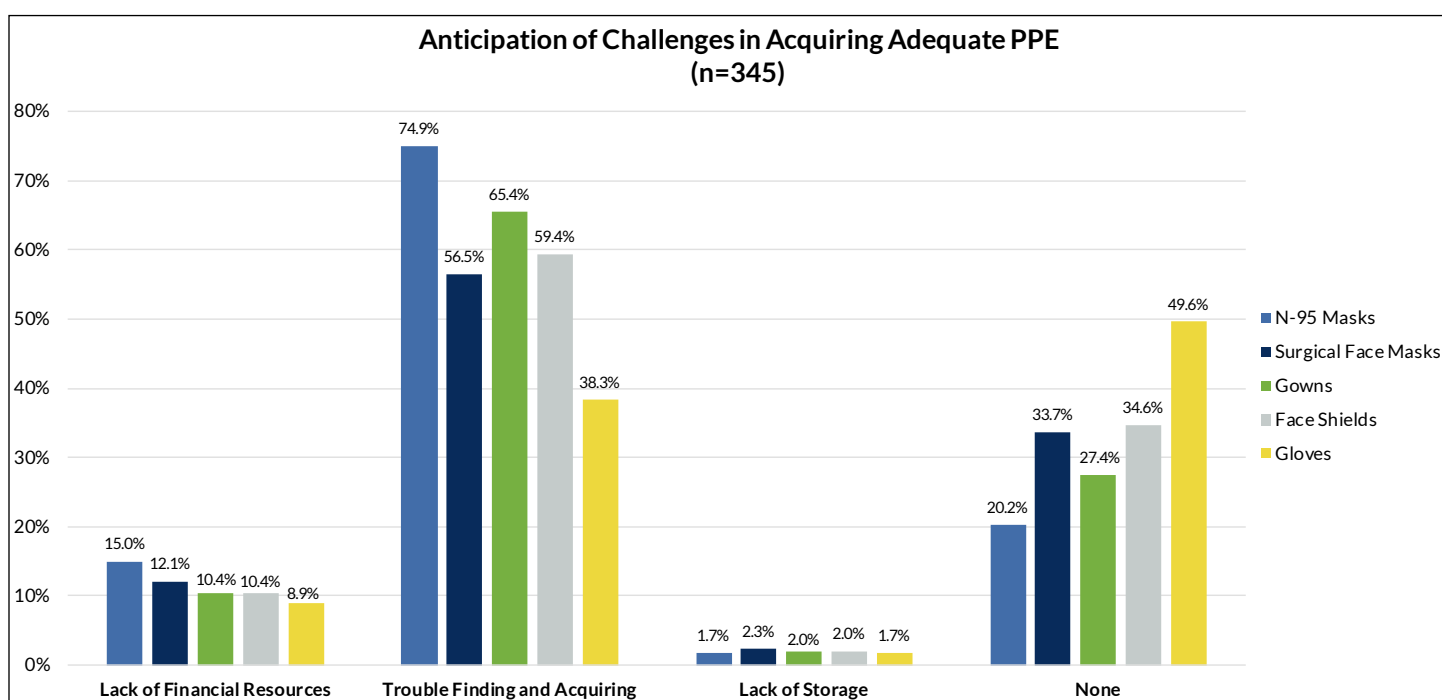
Regarding testing supplies, only 28% of schools report adequate access to these resources to meet current needs. Another 28% indicated that the question was not applicable and 44% report a lack of adequate access to testing supplies to meet their current need.



Institutional respondents answered these questions about having adequate access to personal protective equipment (PPE) and COVID-19 testing supplies based on the number of people on campus during the survey period. It is possible that the adequacy of PPE will differ when the campus is fully operational with students, faculty, and staff on campus.

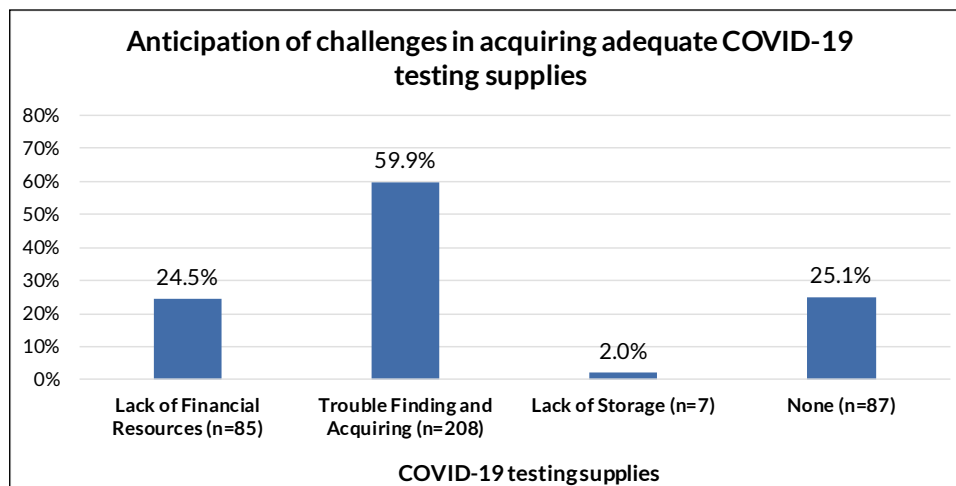
Do campuses anticipate challenges in acquiring PPE supplies in the future?

Respondents were asked what challenges, if any, they anticipated in acquiring adequate supplies of PPE. They were given an option of citing “none” or up to three other choices (financial resources, access, and storage). Respondents reported that they are most concerned about their ability to acquire adequate N-95 masks (79.8%) and gowns (72.6%), followed by surgical face masks (66.3%), face shields (65.4%), and gloves (50.4%). By far the greatest concern among survey respondents was PPE supply chain and to a lesser extent having the financial resources to purchase these supplies, with almost no concerns about storage space. Note that responses do not equal 100% due to multiple selections among the specified challenges.



Do campuses anticipate challenges in acquiring COVID-19 testing supplies in the future?

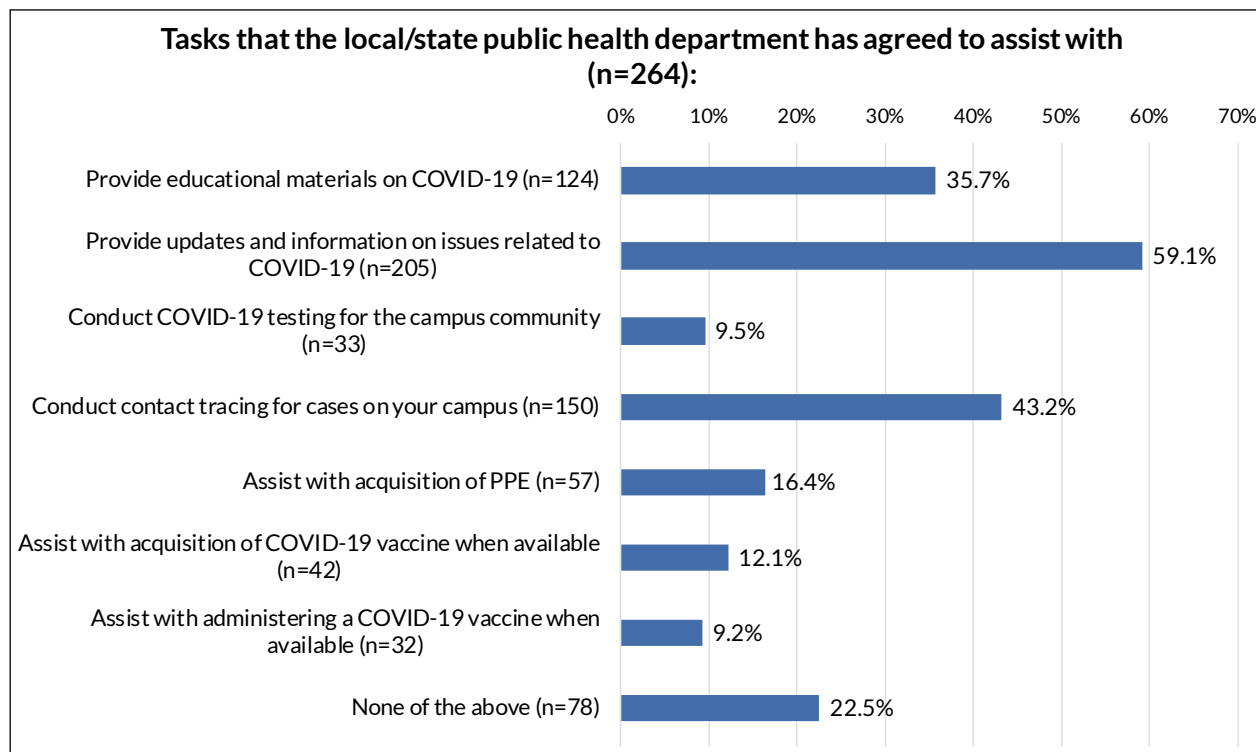
Just as with the previous narrative and chart, respondents were asked to identify what challenges, if any, they anticipate in acquiring adequate COVID-19 testing supplies. The majority (74.9%) of respondents anticipate challenges in accessing COVID-19 testing supplies to continue. Only 25.1% of campuses reported anticipating no challenges in acquiring adequate testing supplies. Nearly three of five campuses (59.9%) cited difficulty with acquiring these testing supplies.



How are campuses collaborating with their local/state public health departments?

Over three-quarters of respondents (76.7%) reported meeting with their local/state public health department about COVID-19, with more than 90% of that group meeting with them more than once. Nearly one-third (114) of the overall sample of 347 schools reported regular meetings with their local/state public health departments.

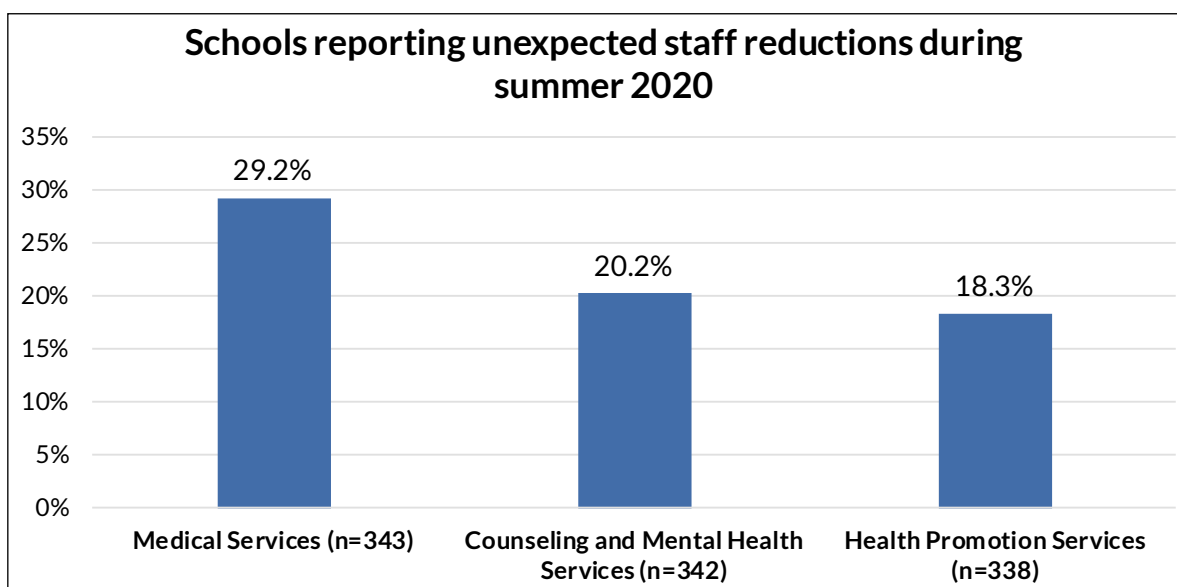
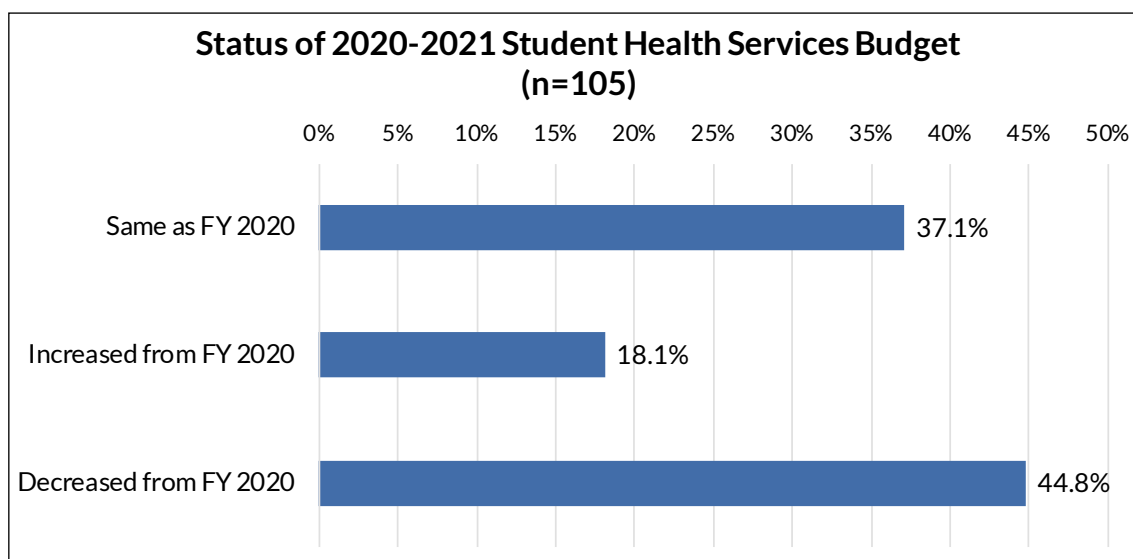
The 264 survey respondents who reported having met with their local/state public health department about COVID-19 were then asked to report what types of assistance these entities were providing. At this time, public health support primarily consists of providing updates, information, and educational materials to campuses. Forty-three percent of these respondents reported that their public health departments have agreed to provide contact tracing for their campus. However, 22% still report that their local public health departments are not providing any assistance in the areas listed in the survey.



What is the status of the FY 2021 student health services budget?

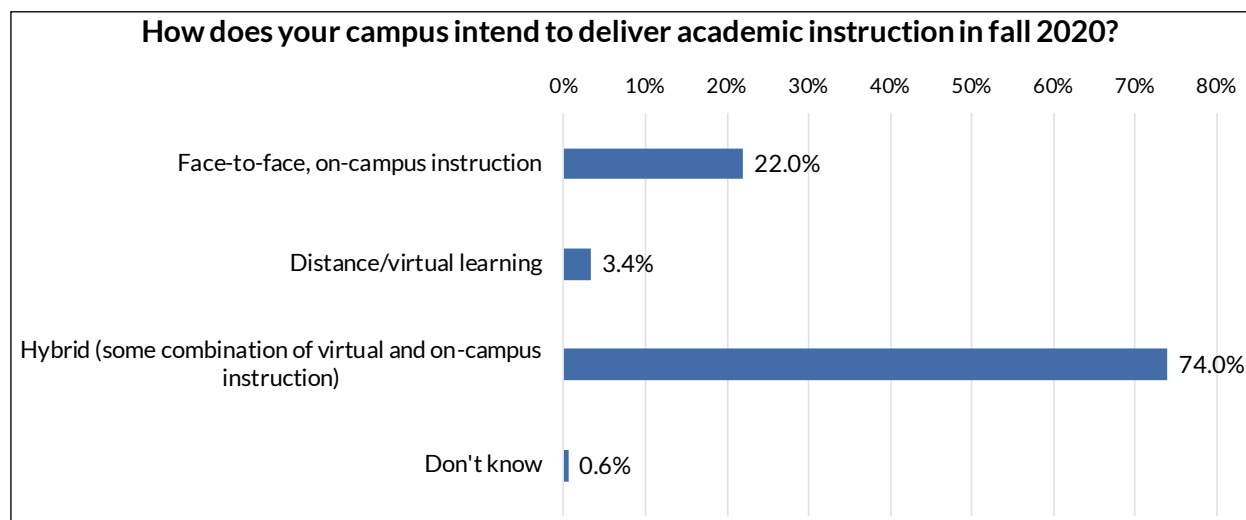
Only 31.1% of schools reported that their FY 2021 budget had been approved at the time of this data collection. Of the 105 schools that had approved budgets, more than 80% indicated that their budget would be the same or less than that of FY 2020 despite the projected increased needs related to COVID-19. Up to 29% of schools are already seeing unanticipated reductions in staff for summer 2020.

Since many college budget cycles finalize in July, information about budget and staffing issues may become clearer in subsequent surveys.



What decisions have been made about academic instruction in fall 2020?

Just over one-half (51%) of respondents reported that a decision had been announced regarding instruction for fall 2020. Of these, nearly three-quarters (74%) of those intend to offer a combination of virtual and on-site learning, and 22% reported offering face-to-face on campus instruction.



What else do you want ACHA to know?

The final survey question provided an opportunity for respondents to provide additional comments. Testing, contact tracing, and isolation and quarantine were all mentioned as areas of continuing concern, with respondents identifying the need for more detailed guidance.

Frustration was expressed that there was not a national strategic plan for testing or a recommendation on whether to do universal or targeted testing. Respondents requested clarity on which test to use, whom to test, how often to test, payment for testing, and which entity is responsible for testing.

Questions were asked about how to determine the number of beds and the number of bathrooms for isolation and quarantine based on college residential population. PPE scarcity was mentioned. Respondents asked questions about how to determine the number of N-95 masks, surgical masks, gloves, and face shields that would be needed to care for students, faculty, and staff eligible for health services. Finally, respondents asked for templates for daily COVID-19 screening.

Financial concerns regarding unexpected staff reductions, costs for renovations, PPE, and testing materials were noted. Services dependent upon revenue generated by fees for service could be negatively impacted by reduced visits to the health service, thus threatening the health service's ability to sustain operations.

There was a comment about the need for specialized guidance for small and medium sized colleges and universities, commuter students, and outsourcing entities.

Several respondents commented that ACHA's guidance has been useful and appreciated.

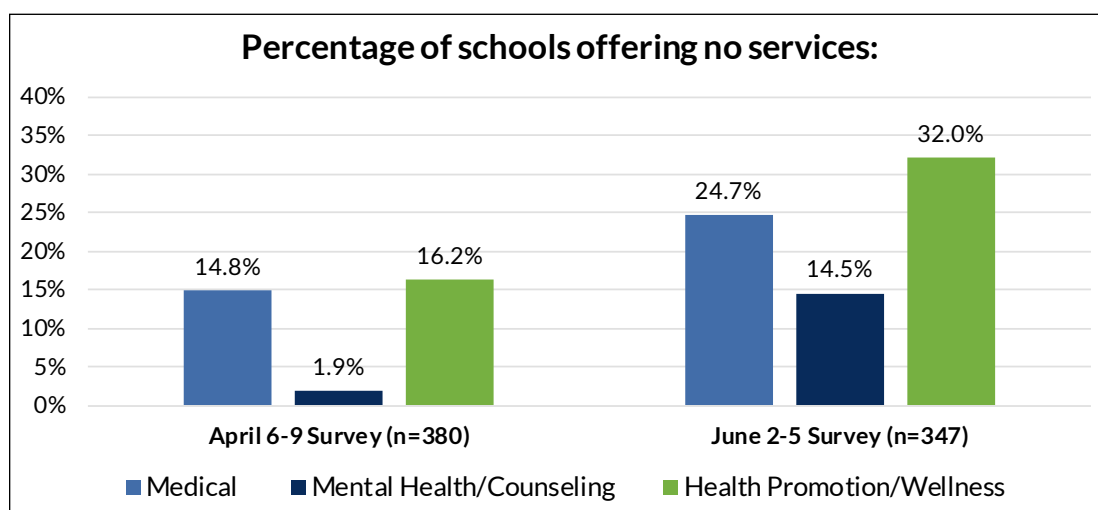
Limitations

While measures were taken to allow non-ACHA members to participate in the survey, 98.8% of the sample came from ACHA Institutional Members or ACHA Individual Members at non-member institutions, so the sample do not necessarily represent all IHEs in the United States. Institutions from the Western U.S. and two-year institutions are underrepresented in the sample. Another limitation includes not adequately addressing the 9- or 10-month summer staff in the staffing questions or those health services units fully closed during the during the summer months. The response rate for this survey was lower than the survey done in April 2020 (35% vs 52%), but not surprising as some college health centers may be closed over the summer or working with both anticipated and unanticipated staff reductions. Lastly, this survey did not address the capacity for contact tracing.

Conclusions

This COVID-19 snapshot survey confirmed what many have been reporting anecdotally. Campuses continue to predominantly teach remotely, following their reported approach in April. Compared with the April survey, on-site medical care showed a slight increase from 5.4% to 9%. The exclusive use of telemedicine services for care decreased from 24% reported in the April survey to 12.5% reported in this survey.

Both counseling and health promotion services continued to deliver services remotely. Approximately 15% of counseling services and 30% of health promotion respondents reported providing no services for the summer. Typically, the student health services, counseling/mental health, and health promotion staffs utilize this lower intensity time to divert resources from direct care delivery to administrative functions of wrapping up the spring semester and planning for fall. This may partially explain the reporting of no service provision across the board over the summer. However, students with ongoing stress, anxiety, depression, interpersonal violence, and substance use may have no other mental health, counseling, or wellness coaching support while off-campus.



Additionally, all three areas —student health services, counseling/mental health and health promotion—have important tasks to accomplish this summer, such as planning for isolation/quarantine, addressing increased mental health needs of students, faculty, and staff due to the pandemic and social justice issues, and preparing the campus for effective health education about COVID-19, harm reduction strategies, and social media outreach. All of these are critical pieces to the reopening plans.

As testing for COVID-19 becomes more widely available, a greater number of campuses report that their student health services are performing on-campus testing. Currently, when compared with April results, fewer schools report adequate access to all PPE, including gloves, surgical masks, gowns, N-95 masks, and face shields, as well as COVID-19 testing supplies. In addition, many respondents reported anticipated challenges with acquiring adequate PPE and COVID-19 testing supplies. This is particularly worrisome as colleges and universities will face an inevitable increase this fall in COVID-19 cases as well as in expected influenza cases. These supply limitations will impact the ability for campus health professionals to perform on-campus testing unless less invasive testing or self-testing becomes more reliable and available.

While nearly one-quarter of respondents reported that their campuses had not met with their local/state public health department about COVID-19, of the 77% that had, over 90% had met more than once. We understand the tremendous pressure public health professionals are experiencing during this pandemic as they respond to multiple stakeholders with conflicting (or different) agendas. Developing stronger relationships with these partners is an important focus area.

Not surprisingly, the negative financial impact on the institution's budget appeared to affect student health, counseling, and health promotion services. The vast majority (81.9%) of campuses for whom budgets had been finalized reported that the student health services' budget for 2020-2021 remained unchanged or was decreased. For summer 2020, over one-quarter of campuses reported unexpected reductions in staffing due to furloughs and layoffs; this was 20.2% for counseling and mental health services and 18.3% for health promotion services. These decreased budgets and staffing cuts will present serious challenges as student health services plan for reopening campuses and the return of students, faculty, and staff to campus.

While student health services are generally being included in campus reopening plans, their abilities to fully prepare for the fall academic session are being hampered by challenges in staffing, budget, and access to supplies. The open-ended question on the survey reflect numerous concerns among respondents about the enormous task of keeping campuses safe and well come this fall.



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