

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

A Snapshot of Operating Status and Response

REPORT #3
August 4–7, 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

The following is a report by the American College Health Association (ACHA) on its third survey to collect critical data during the COVID-19 pandemic. As college health, mental health, and wellness professionals were preparing for the fall semester, additional questions were added to the August 2020 survey. These were deemed relevant to reopening preparations in order to provide benchmarking data regarding preparation of campuses for the fall 2020 semester. The results included in this report represent a snapshot of the status of college health, mental health, and wellness services from August 4 through August 7, 2020. Results from the previous surveys are available; the report for the survey conducted April 6-9, 2020 is available [HERE](#) and the report for the survey conducted June 2-5, 2020 is available [HERE](#).

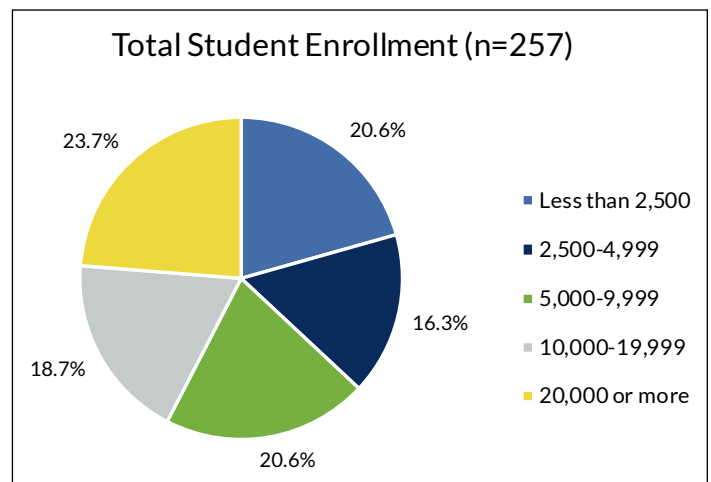
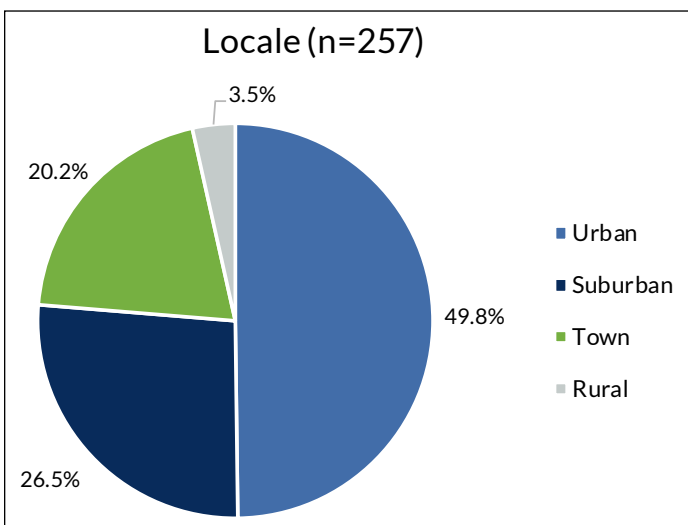
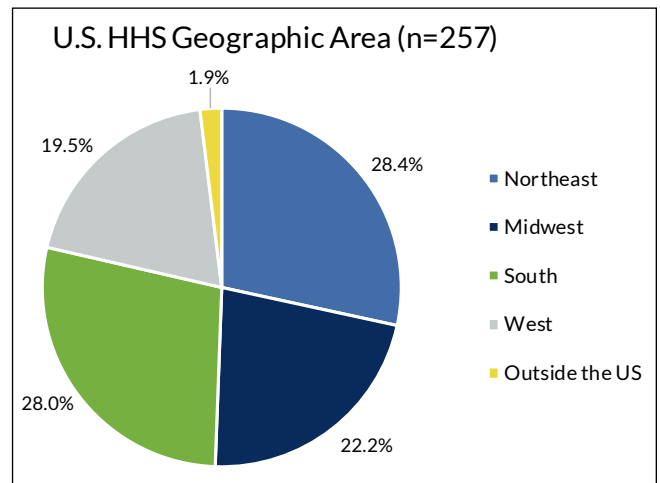
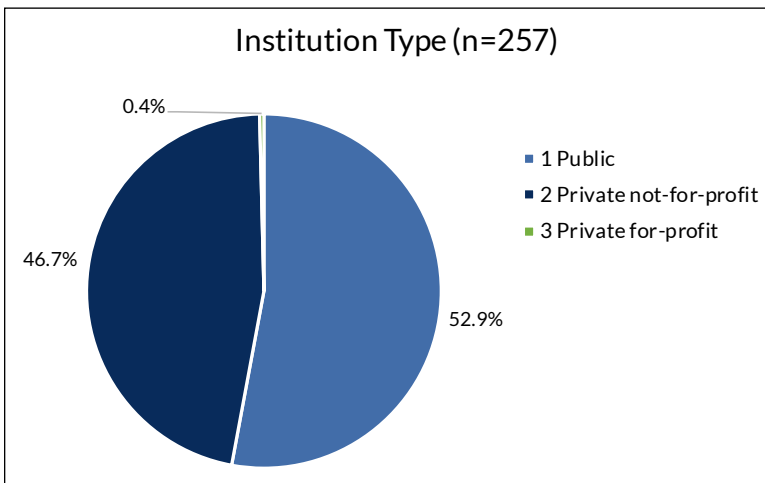
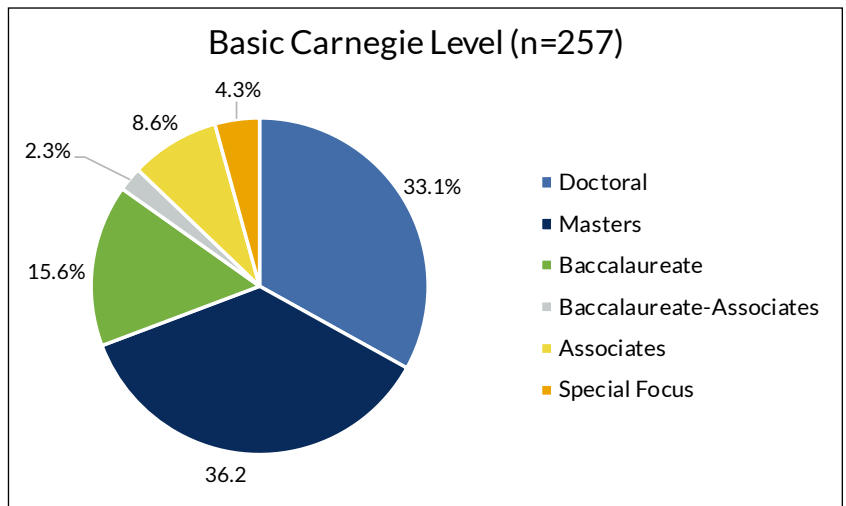
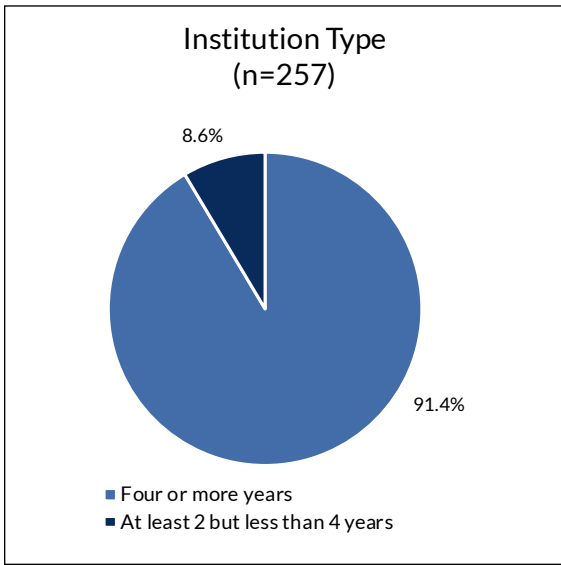
Methods

Responses were solicited from one ACHA member at each of 998 institutions of higher education. These individuals were asked to complete an online survey developed by the ACHA COVID-19 Task Force. The 998 institutions were comprised of all ACHA Institutional Members, as well as Individual ACHA Members at colleges and universities which did not hold ACHA institutional memberships. Respondents were asked to answer questions based on their Fall 2020 campus reopening plans, as well as on monthly COVID-19 metrics such as number of students and non-students infected with SARS-CoV-2, the capacity and use of isolation and quarantine beds, and the hospitalizations during June 2020 and July 2020. Responses were collected between August 4 and August 7, 2020, using the Qualtrics platform. A total of 229 completed surveys were submitted and an additional 28 surveys that were at least 50% completed were accepted, for a total of 257 usable surveys. The 257 surveys represented a response rate of 26% among the invited ACHA membership. The response rate for this survey was lower than those from the April 2020 and June 2020 surveys (52% and 35%, respectively.)

The Sample

The sample of 257 institutions was comprised of predominantly four-year institutions, with nearly half in urban settings. All but 5 schools were based in the U.S. The breakdown of public/private schools and total student enrollment was fairly evenly distributed with almost equal representation from small to large institutions. The regions of the U.S. were equally represented in the sample, except for the western U.S. Of the participating schools in the U.S., 4 (1.6%) were HBCUs, and 70 schools (27.3%) were religiously affiliated. All 257 schools held either institutional or individual membership in ACHA. Forty percent of the schools in this sample (n=102) also participated in all three surveys. Forty-five more schools in this sample also participated in Survey #1 in April. The geographic areas, basic Carnegie level, and total student enrollment distribution were comparable across all three surveys administrations.

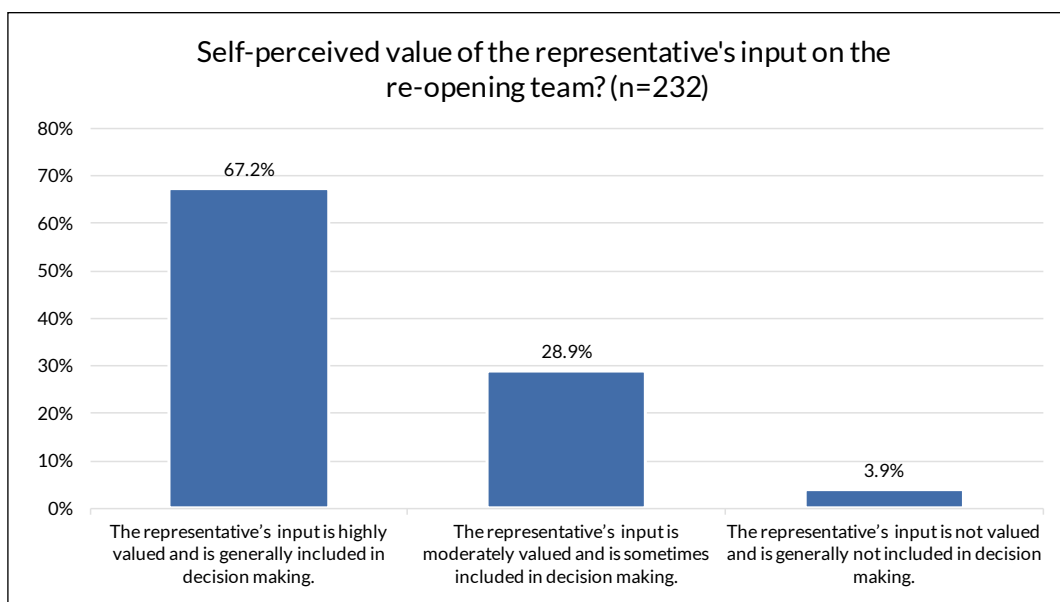
The Sample—continued



SURVEY RESULTS

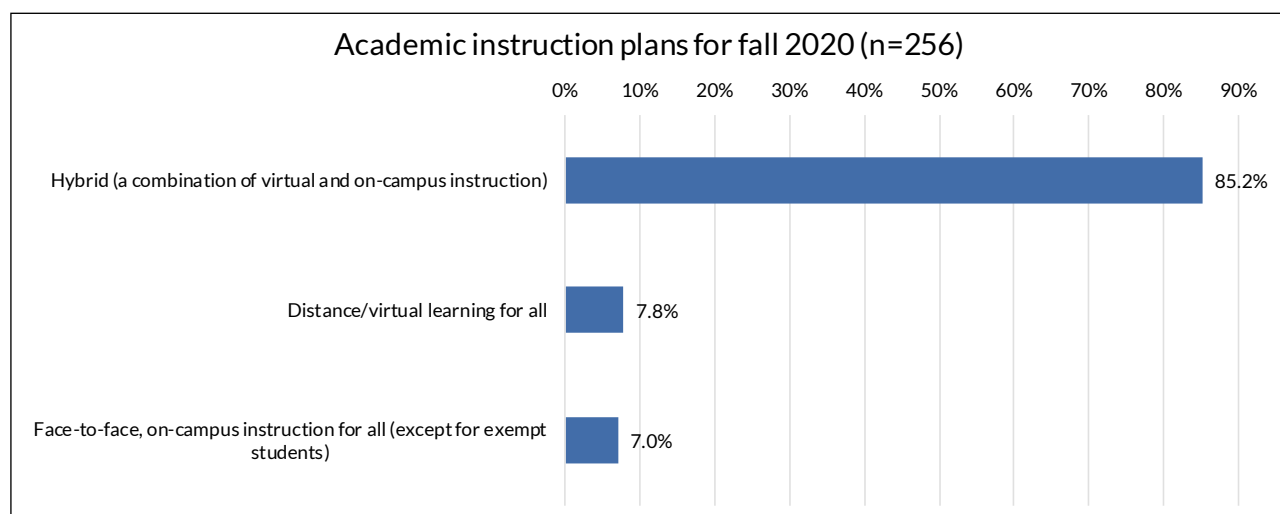
Did campuses tap the expertise of health, counseling, and/or health promotion professionals for their reopening teams?

Ninety-one percent of survey respondents reported that their campuses have a representative from student health, counseling, and/or health promotion services on their reopening team, consistent with the responses found in the June survey. However, to better understand the role of this representative, a new focus addressed whether the representative perceived that their input was being valued and included in decision making. Over two thirds of respondents (67.2%) reported that the campus health professional's input was highly valued and included in decision making, 28.9% stated their input was moderately valued, and only 3.9% felt their input was not valued.



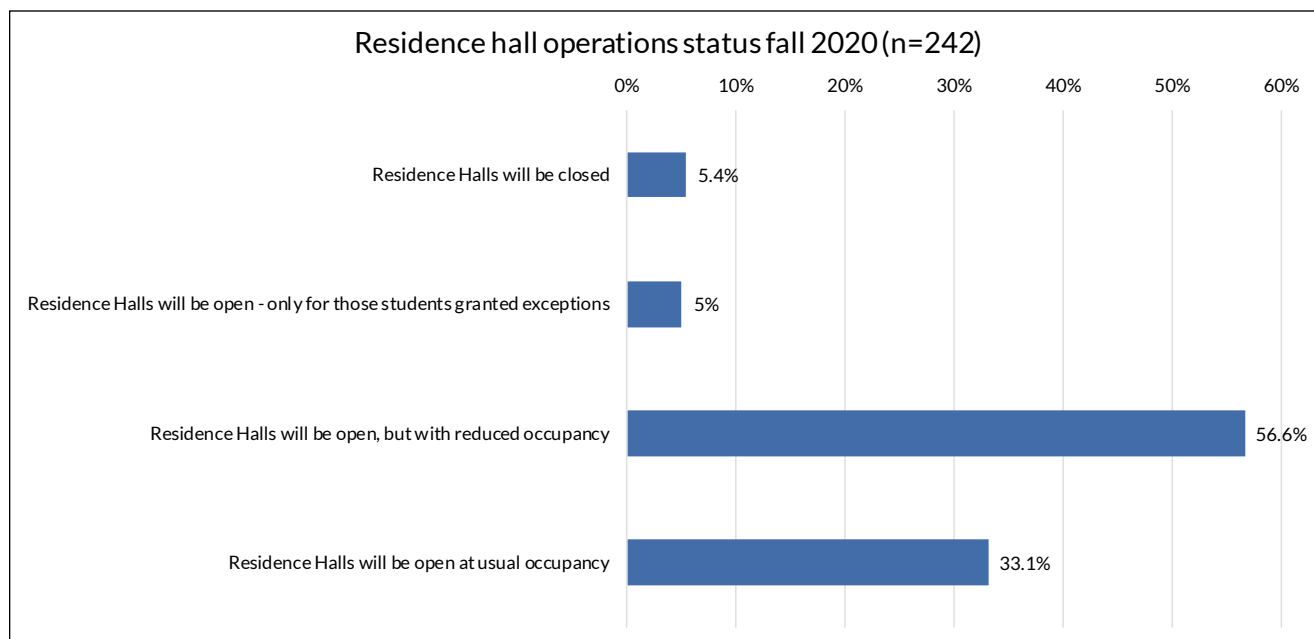
How are campuses delivering academic instruction for fall sessions 2020?

Most respondents (85.2%) reported that their campuses were planning for a hybrid model of virtual and on-campus modes of instruction for fall 2020. Only 7.8% planned to be fully virtual and 7% planned only face-to-face, on-campus instruction for all students.



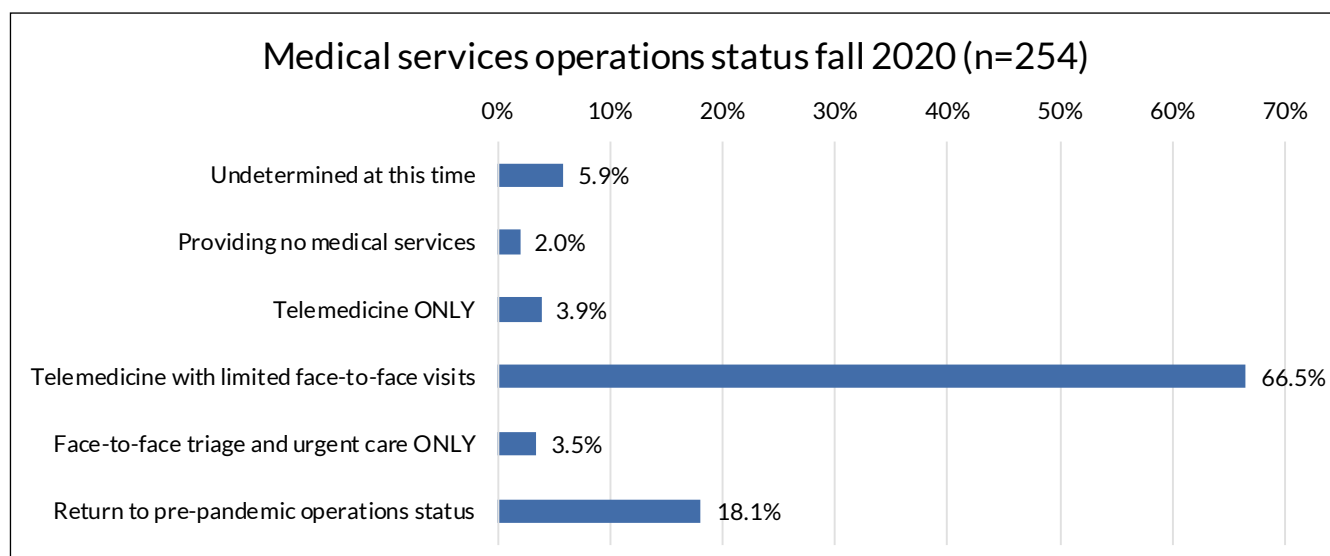
What are the current plans for the use of residence halls for fall 2020?

For fall 2020, 56.6% of campuses report that residence halls will be open but with reduced occupancy, and 33.1% of respondents plan for usual occupancy of their residence halls. Previous surveys showed most residence halls were open only for students who had been granted exceptions whereas this survey showed only 5% open only for students with exceptions.



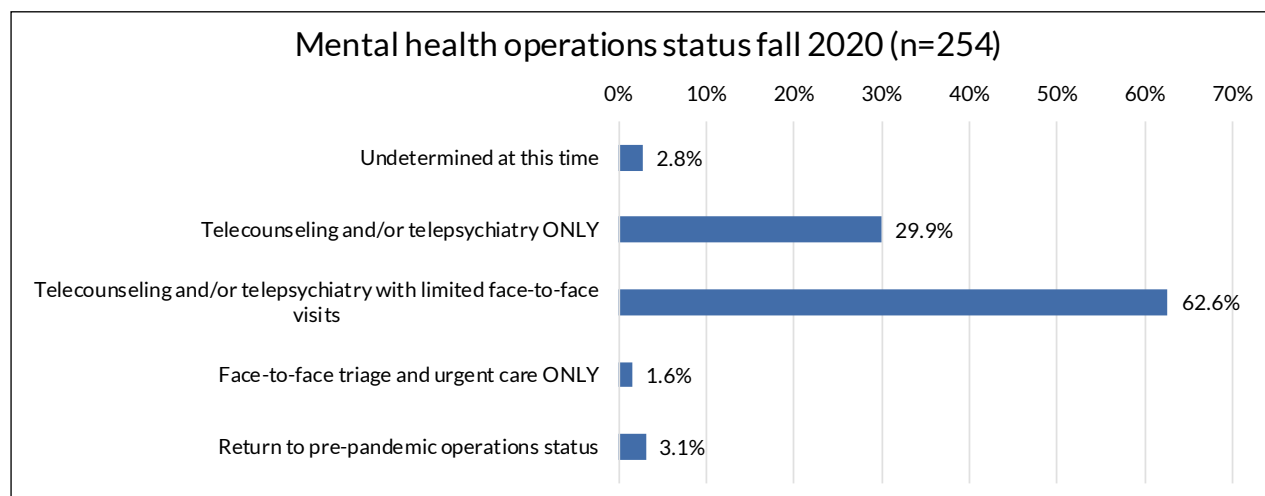
How are campus medical services planning to operate for fall 2020?

The majority of campuses (66.5%, n=169) report intentions to continue providing most medical care via telemedicine with limited face-to-face visits. Approximately 18% (n=46) report that they intend to return to pre-pandemic operations.



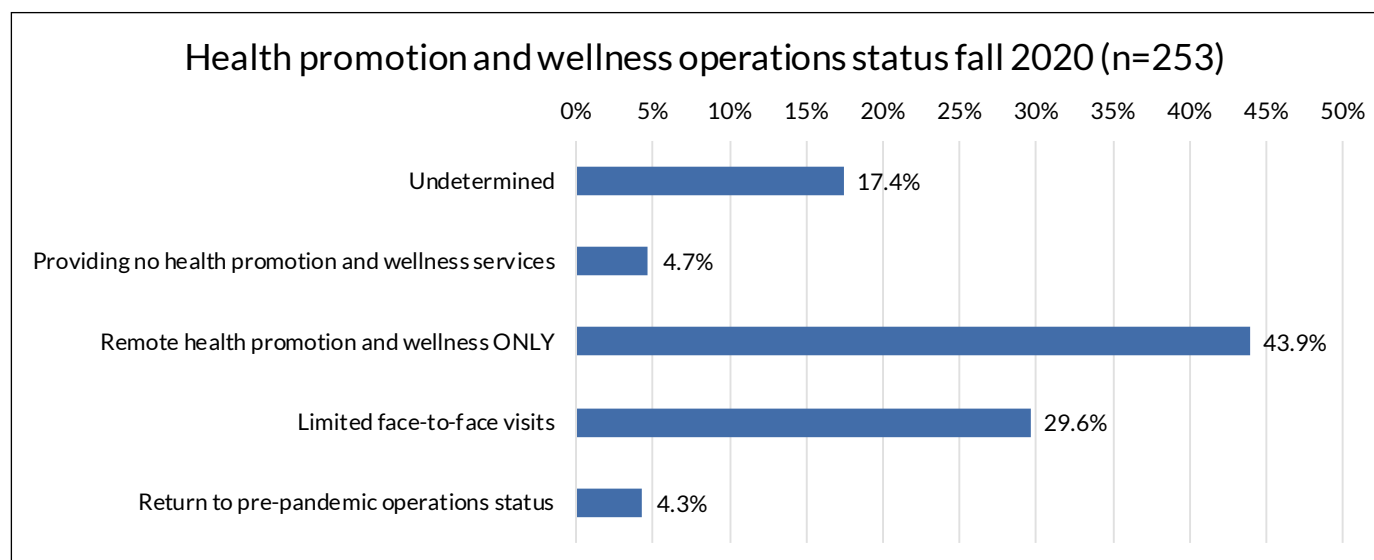
How are campus counseling/mental health services planning to operate for fall 2020?

Most campuses (62.6%, n=159) intend to continue providing counseling and mental health services through telecounseling and/or telepsychiatry with limited face-to-face visits. Almost 30% (n=76) intend to provide care solely on a virtual platform and 3.1% planned to return to pre-pandemic operations status for fall 2020.



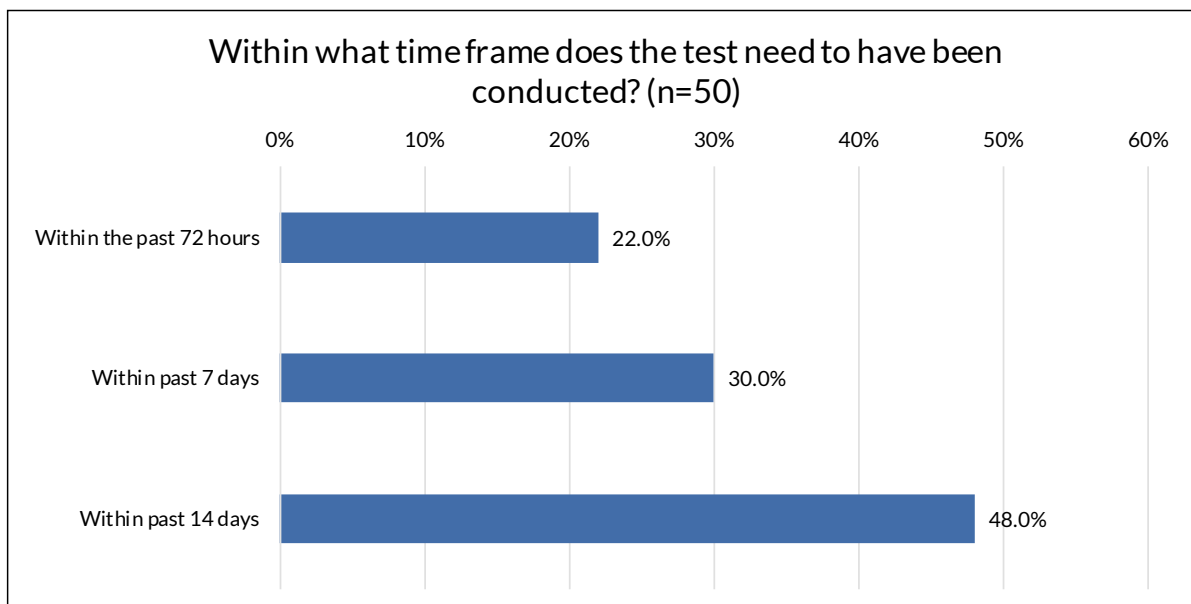
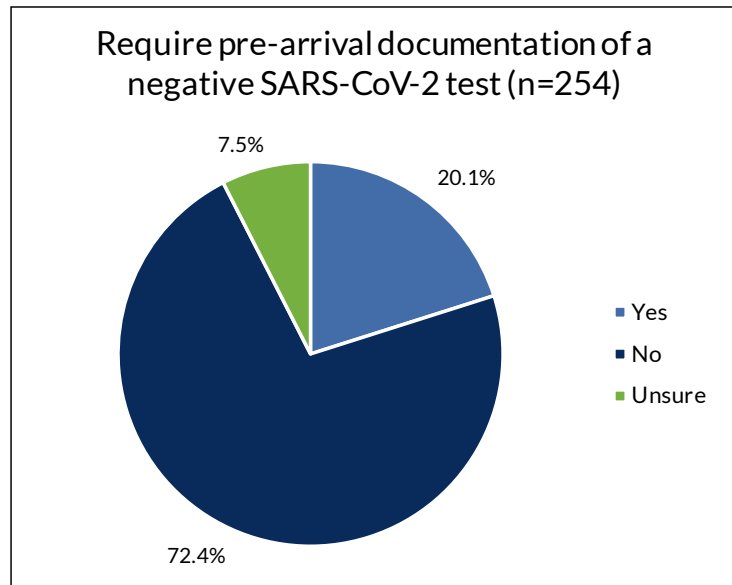
How are campus health promotion/wellness services (including sexual assault response, drug and alcohol) planning to operate for fall 2020?

Almost 44% (n=111) reported their intentions to continue with delivering remote health promotion and wellness services with 29.6% (n=75) reporting limited face-to-face visits. Seventeen percent had not yet decided on the mode of health promotion service delivery and 4.3% plan to return to pre-pandemic delivery model for services for fall 2020.



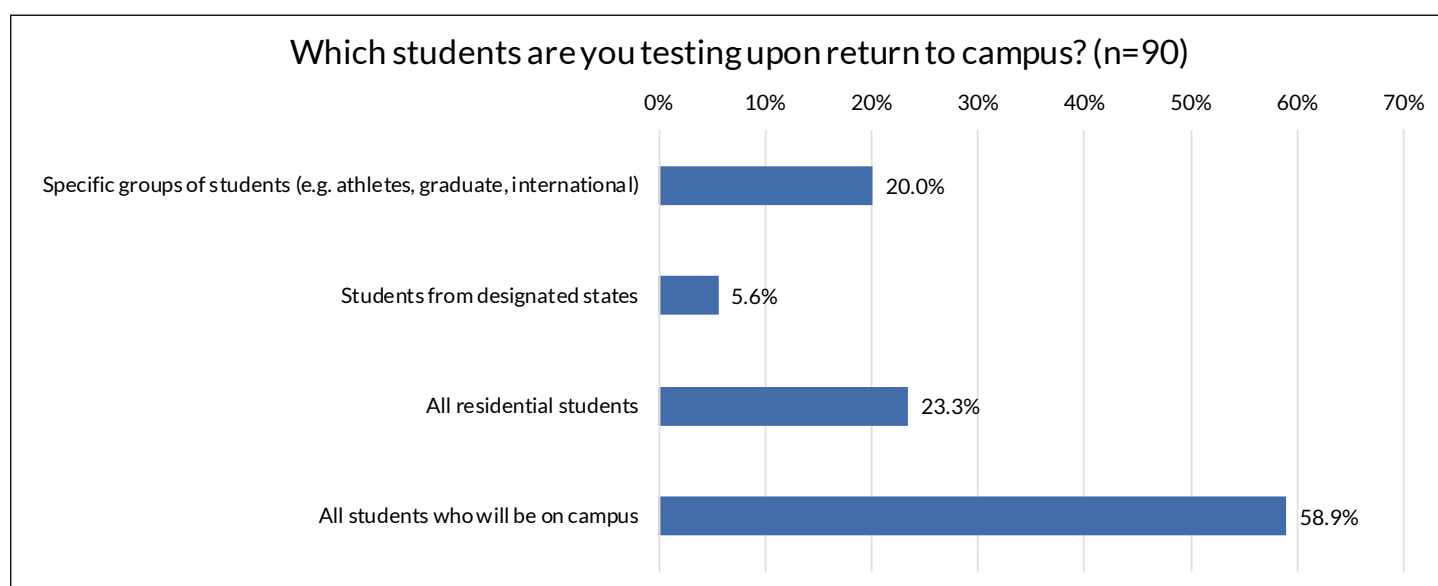
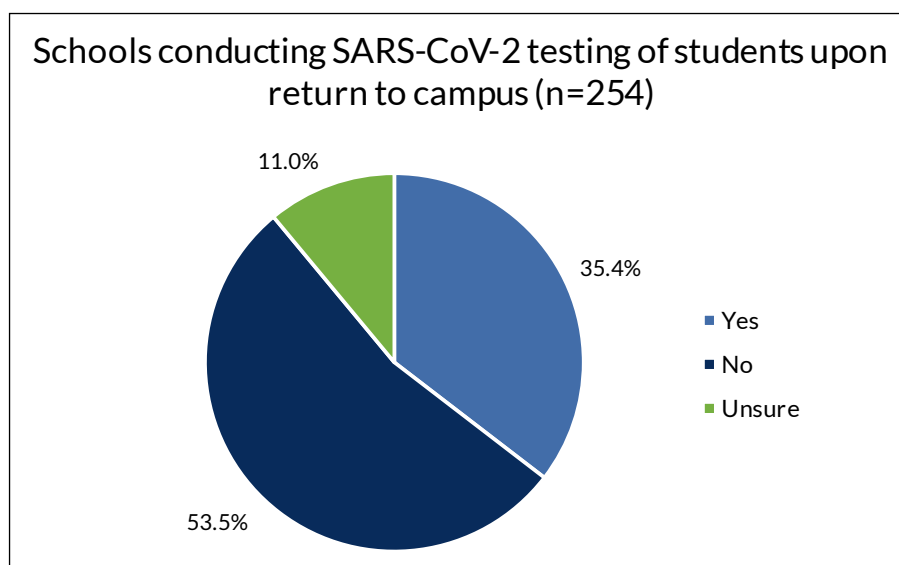
Are campuses requiring evidence of testing prior to campus arrival, and, if so, what's the time frame by which those tests must be conducted?

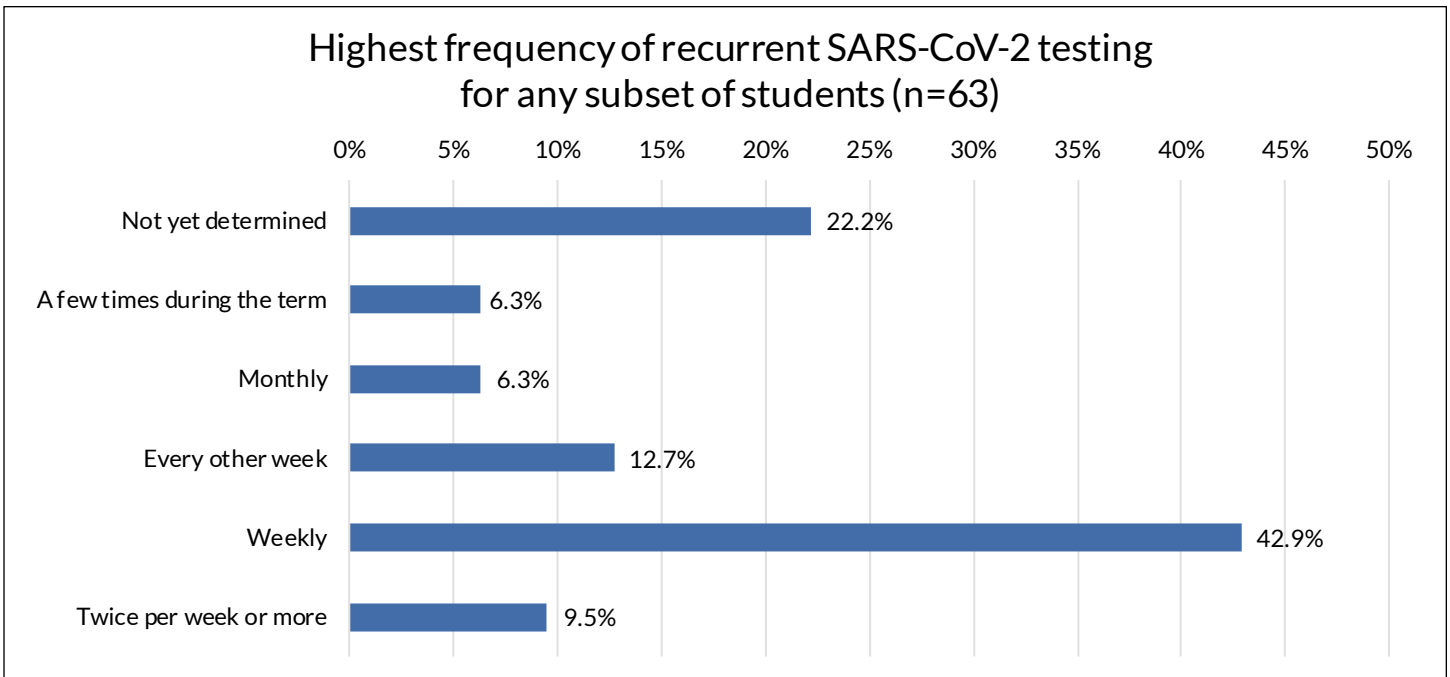
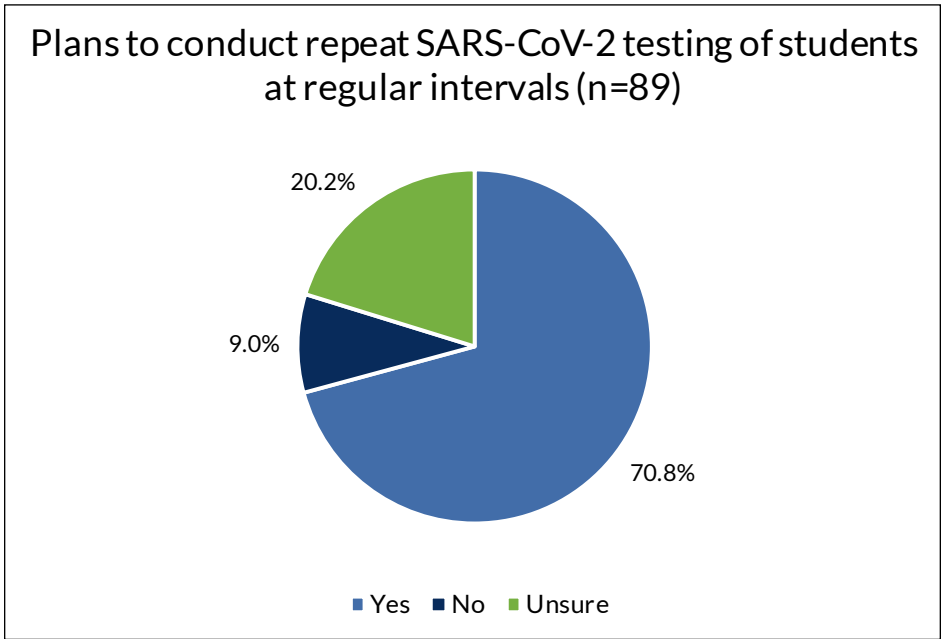
Campuses are creating their own specific testing protocols for students as they return to campus. As of early August when the survey was administered, only 20.1% (n=51) of respondents said they were requiring evidence of a negative test result in order for the student to return to campus. The acceptable time frame for pre-arrival testing to have been conducted varied from within 72 hours prior to arrival on campus to within 14 days of arrival.



Are schools testing students for SARS-CoV-2 upon return to campus?

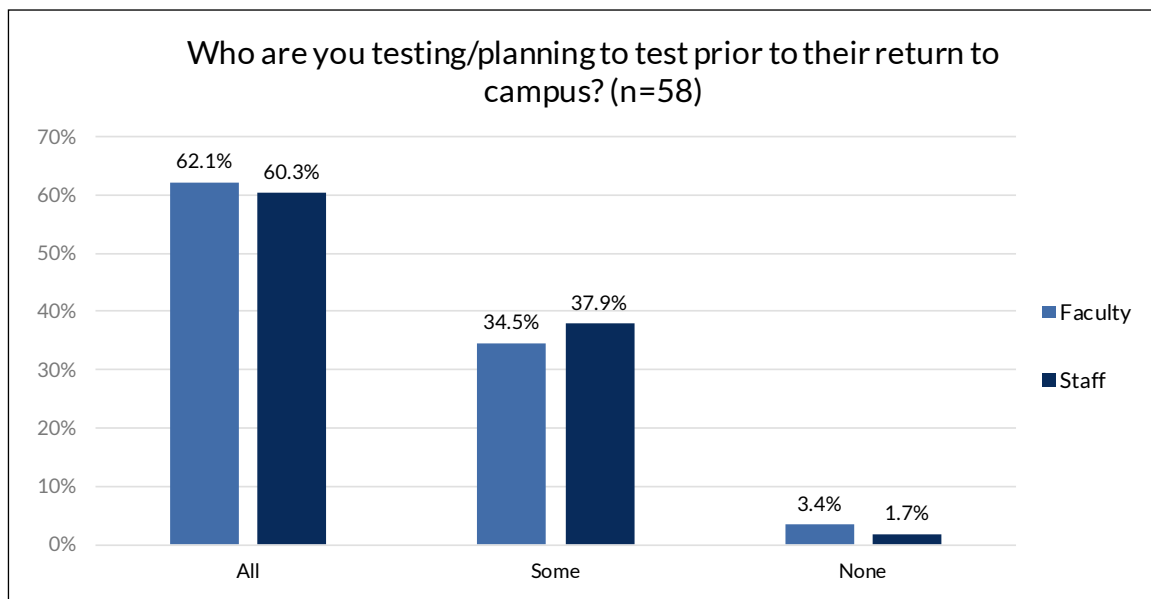
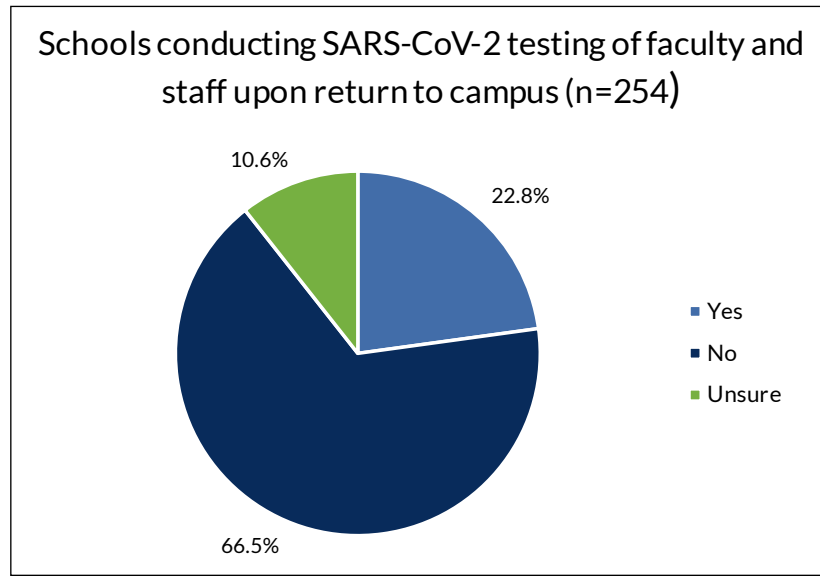
More than half of all survey respondents indicated that they were not testing any students upon return to campus. Of the 35% (n=90) who reported that they intend to test at least some subset of students upon return to campus, 59% (n=53) intend to test all students on campus, 23.3% (n=21) intend to test all residential students, and 20% (n=18) intend to test specific groups such as athletes or international students. Seventy-one percent (n=63) of those testing upon return to campus intend to test repeatedly, with almost 43% (n=27) reporting a plan to test weekly and 9.5% (n=6) were testing more often than weekly. Of the 90 schools conducting testing upon return and planning to test on a recurring basis, 62.2% (n=56) were private and 37.8% (n=34) were public. The size of enrollment was not a distinguishing factor.





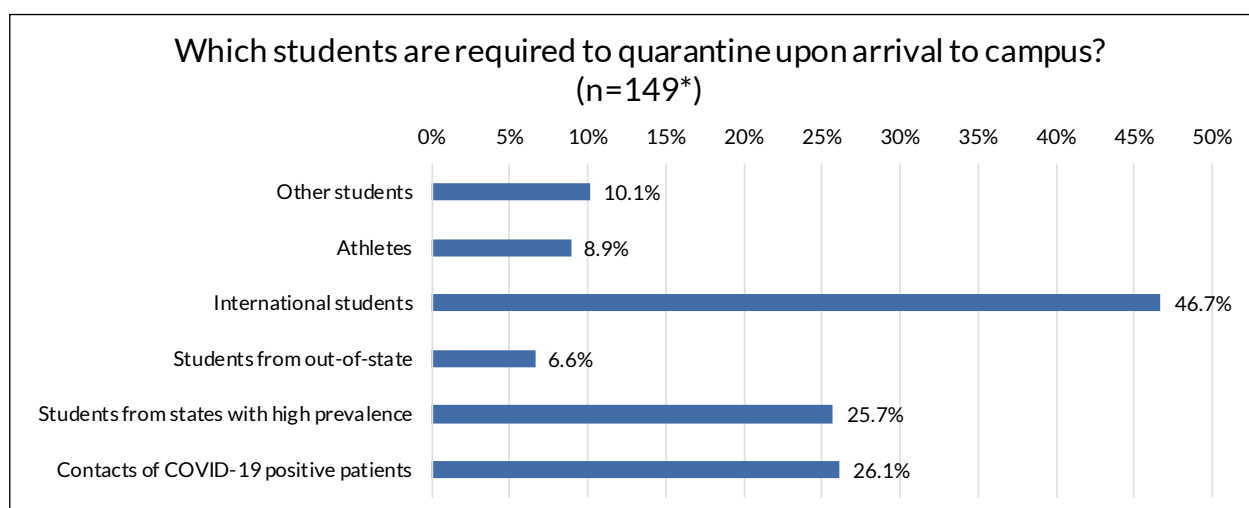
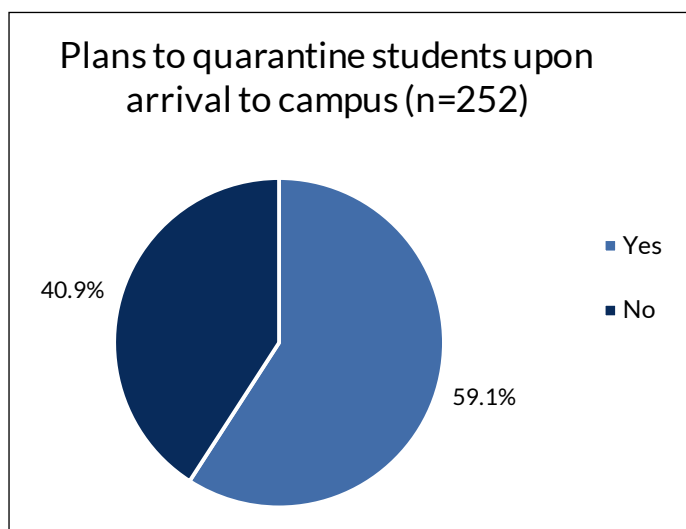
Are campuses conducting SARS-CoV-2 testing of faculty and staff upon return to campus and if so, who are they testing?

About 66% (n=167) of schools responded that they were not testing any faculty or staff. Of the 22.8% (n=57) of respondents indicating that they are testing faculty and staff, most were testing all faculty and staff and over three quarters were utilizing student health services staff in some capacity to do so.



Are campuses planning to quarantine students upon arrival to campus and if so, which students are expected to be quarantined?

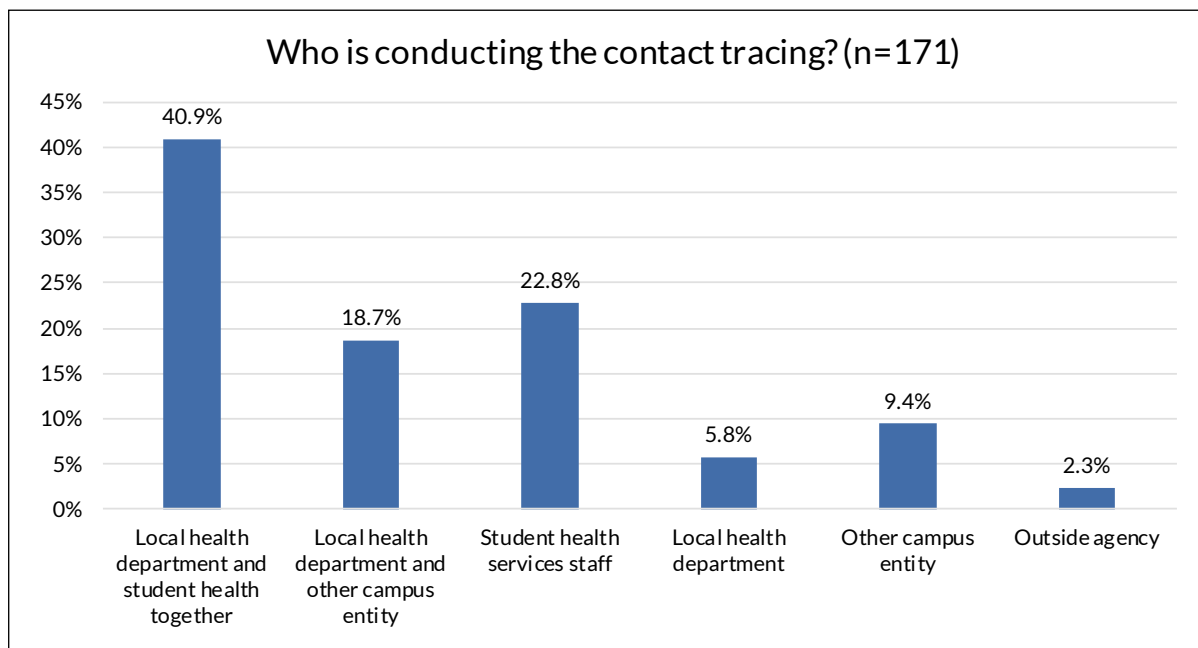
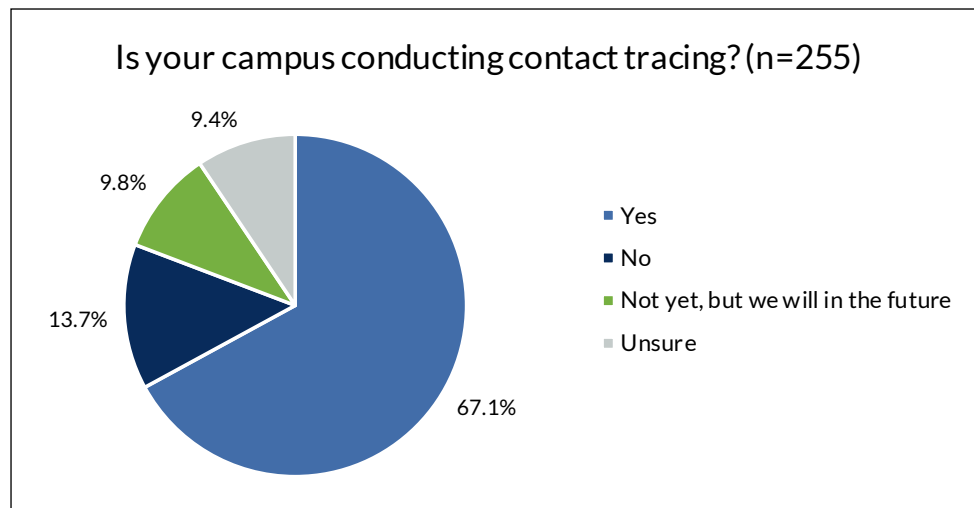
Fifty-nine percent (n=149) of responding campuses were planning to quarantine students upon arrival as a mitigation strategy. Of those planning to quarantine, 46.7% were quarantining international students, 26.1% were quarantining students who were exposed to COVID-19 positive contacts, and 25.7% were quarantining students from states with high prevalence.



*Respondents were allowed to check more than one category

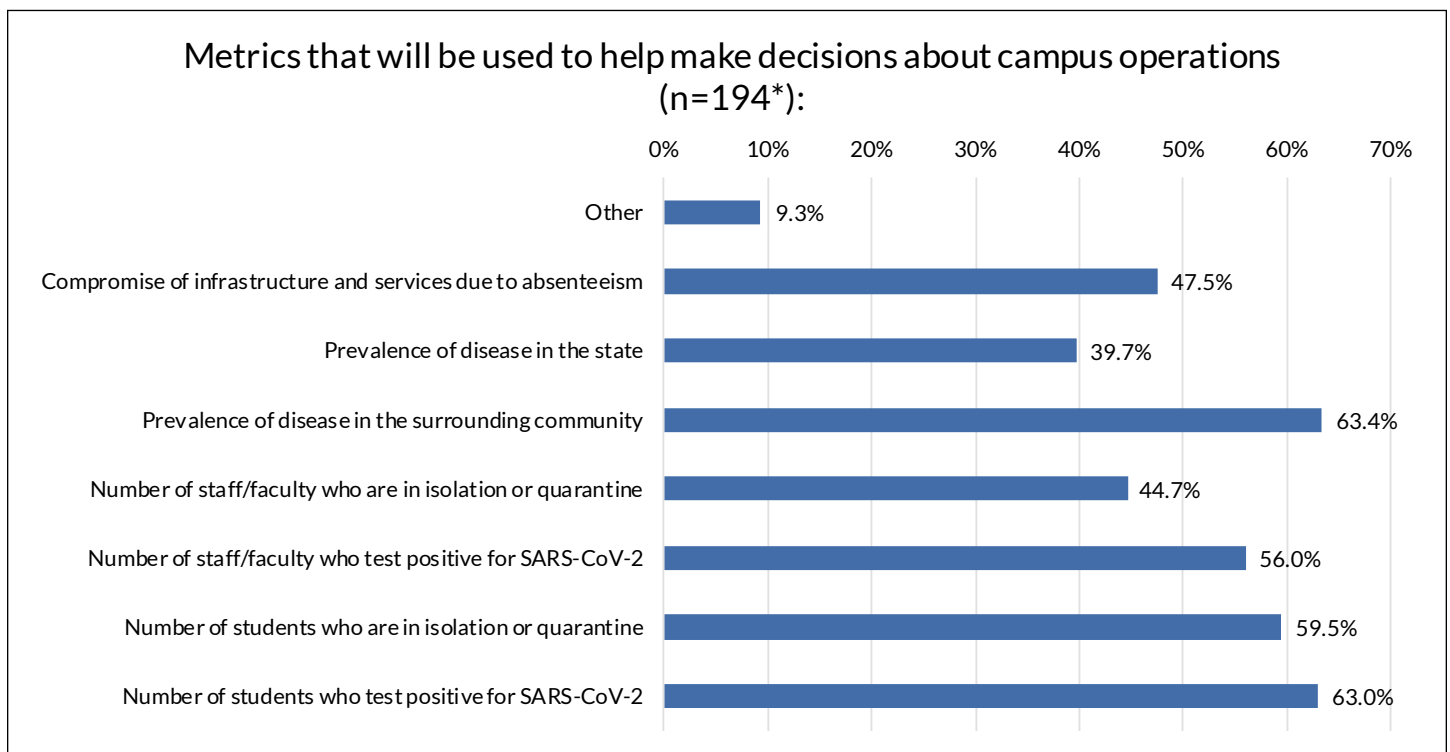
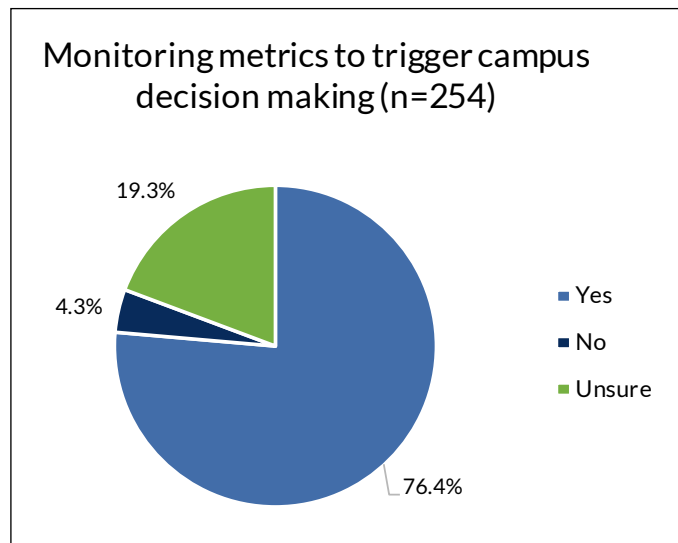
Are campuses conducting contact tracing and if so, who is doing the work?

The vast majority of campuses (76.9%) report that they were currently conducting contact tracing or they were planning to do so. The majority (59.6%) of survey respondents indicated that contact tracing is being done in partnership with their local health departments. About 23% report that student health services is solely responsible for contact tracing.



Are campus leaders looking at metrics/measures that trigger campus decision making regarding the level or nature of campus operations and if so, which ones are most common?

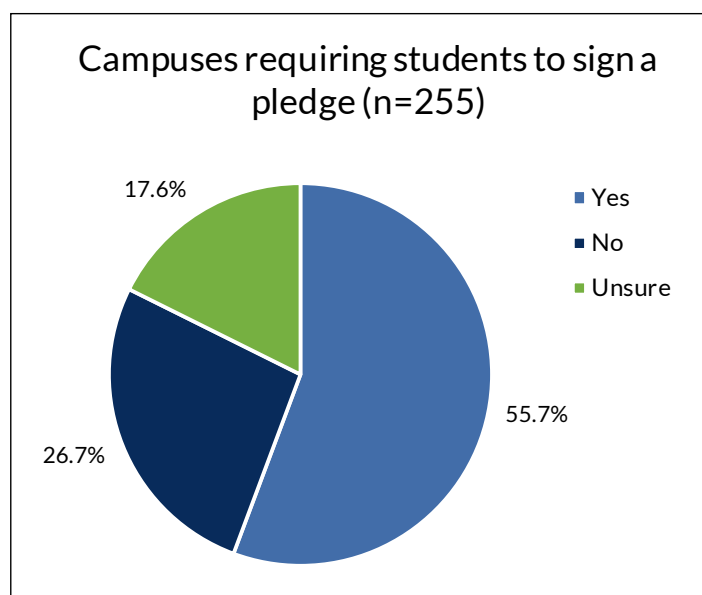
The majority (76.4%) of campuses are using data to inform decisions regarding campus operations. The top four metrics (>50%) used by campuses to make decisions are prevalence of disease in the surrounding community, the number of students testing positive for the virus, the number of students in isolation and quarantine, and the number of staff and faculty who test positive for SARS-CoV-2.



*Respondents were allowed to check more than one category

Are campuses requiring students to sign a pledge committing to following harm reduction practices and if so, who is being asked to sign?

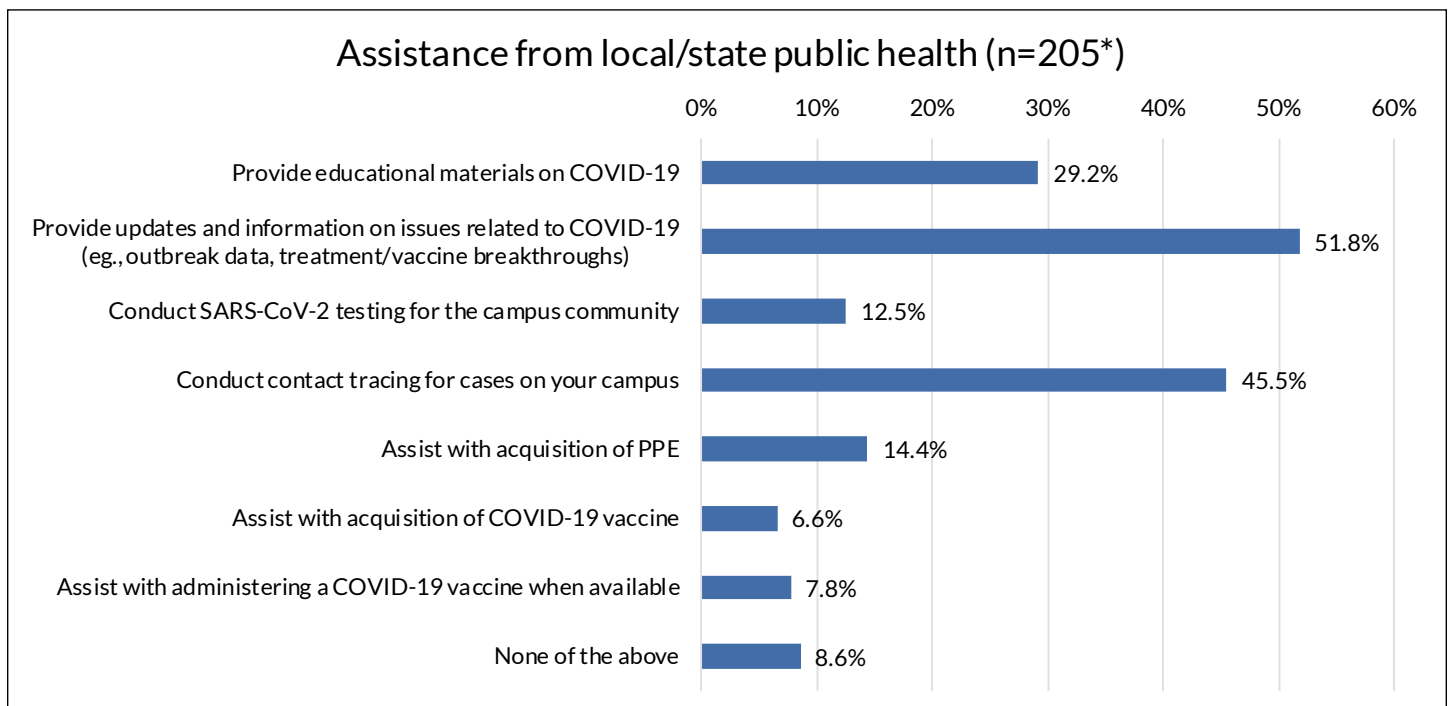
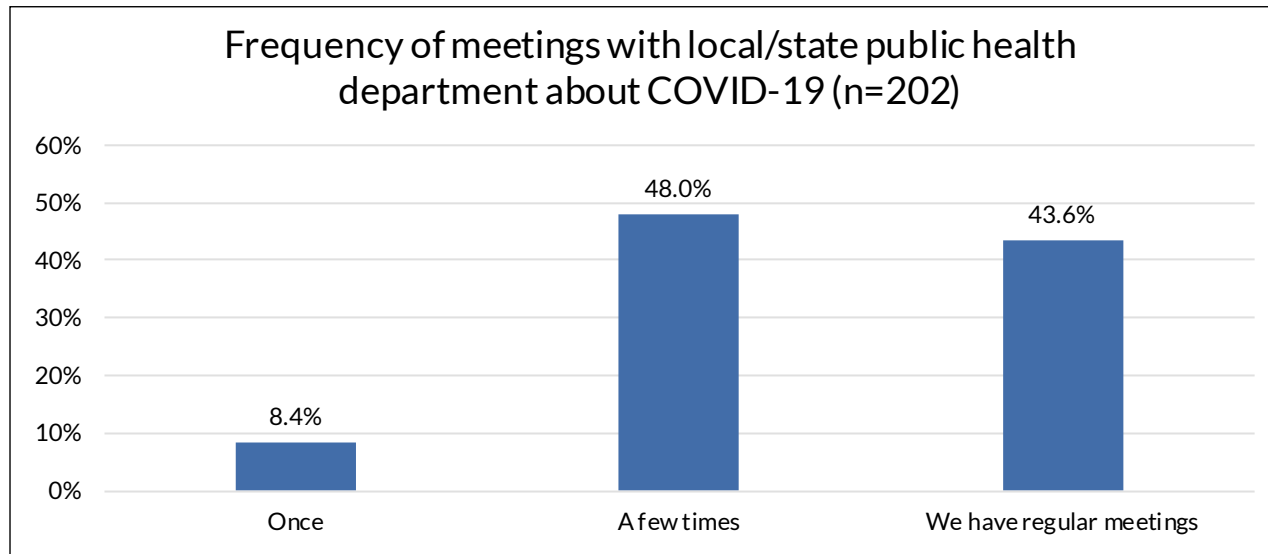
Over 55% of campus respondents stated they were asking students to sign a pledge committing themselves to following harm reduction practices. Of those, 90.8% were requiring all students to sign the pledge.



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

Eighty percent of respondents reported meeting with their local/state public health department about COVID-19, a slight increase from the 76.7% who responded affirmatively in the June survey. Of these, more than 90% of respondents reported meeting with public health departments more than once. Forty four percent of respondents reported meeting with them regularly, up from 33% in June. This data indicates increasing collaboration between college health and public health departments.

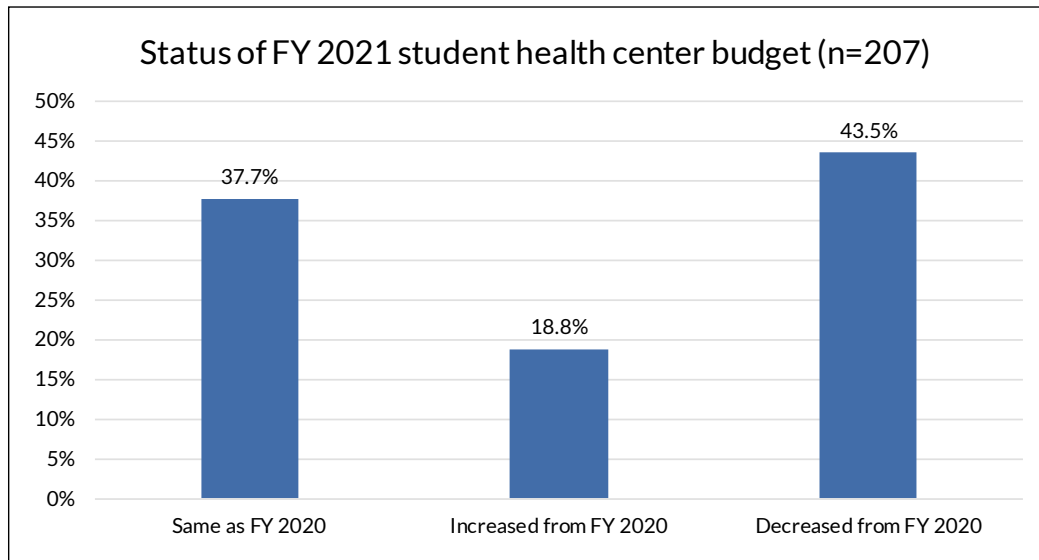
The 202 survey respondents who reported having met with their local/state public health department about COVID-19 were then asked to report what types of assistance these entities were providing. While public health support still primarily consists of providing updates, information, and educational materials to campuses, 45.5% (up from 43.2% in June) of respondents reported that their public health departments have agreed to provide contact tracing for their campus. Most significant, however, is that 8.6% of respondents who have met with their local public health departments report that the health departments were not providing any assistance in the areas listed in the survey; this is in contrast to the 22.5% reporting a lack of assistance in June.



*Respondents were allowed to check more than one category

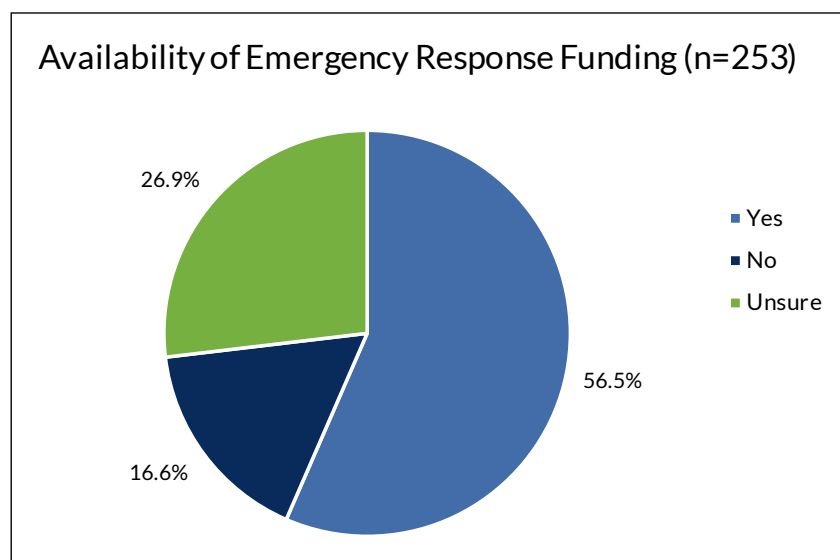
What is the status of the FY 2021 student health services budget?

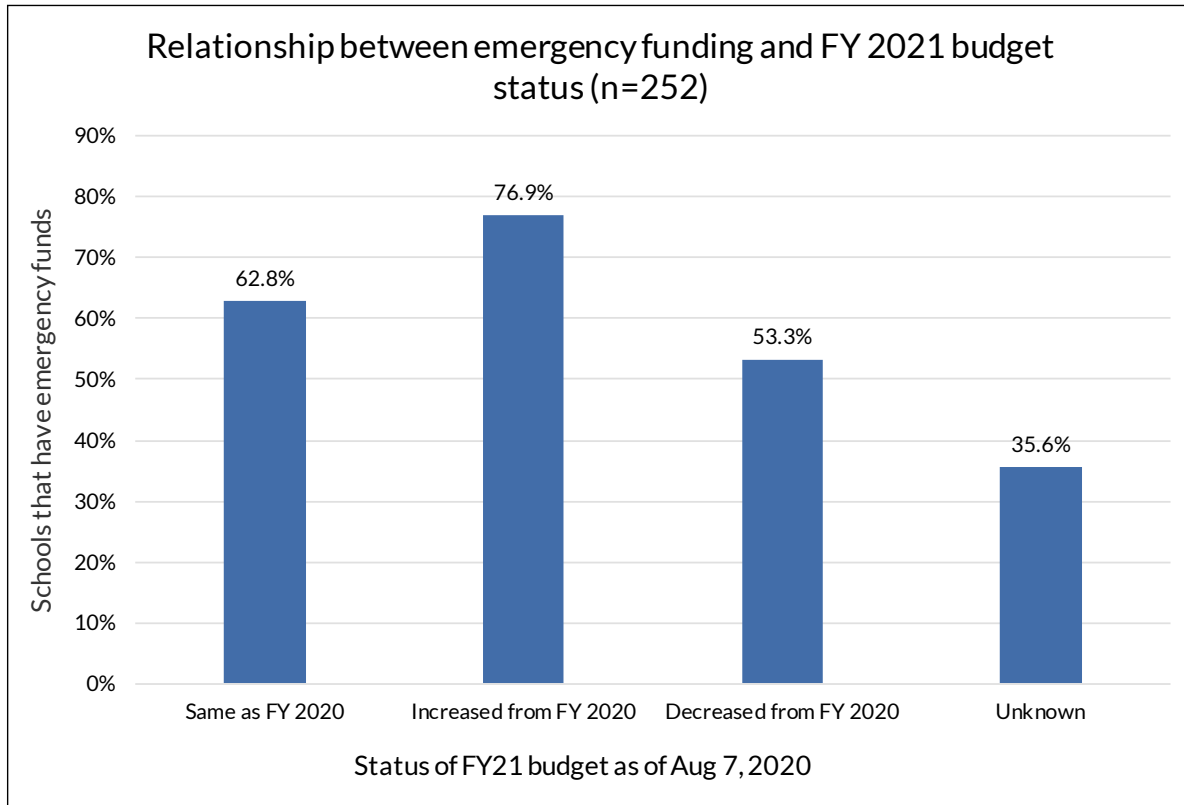
By early August, most schools (82.1%, n=207) were able to knowledgeably answer budget questions for FY 2021. While 18.8% (n=39) of survey respondents reported an increase in the student health services budget, 37.7% (n=78) indicate that their budgets were the same as last year and 43.5% (n=90) noted that their budget was decreased.



To better understand how COVID-19 related expenses were being funded on campus, campuses were asked if an emergency response fund existed that can be used for PPE and SARS-CoV-2 testing supplies, or staff and/or services that support health services needs related to COVID-19 response.

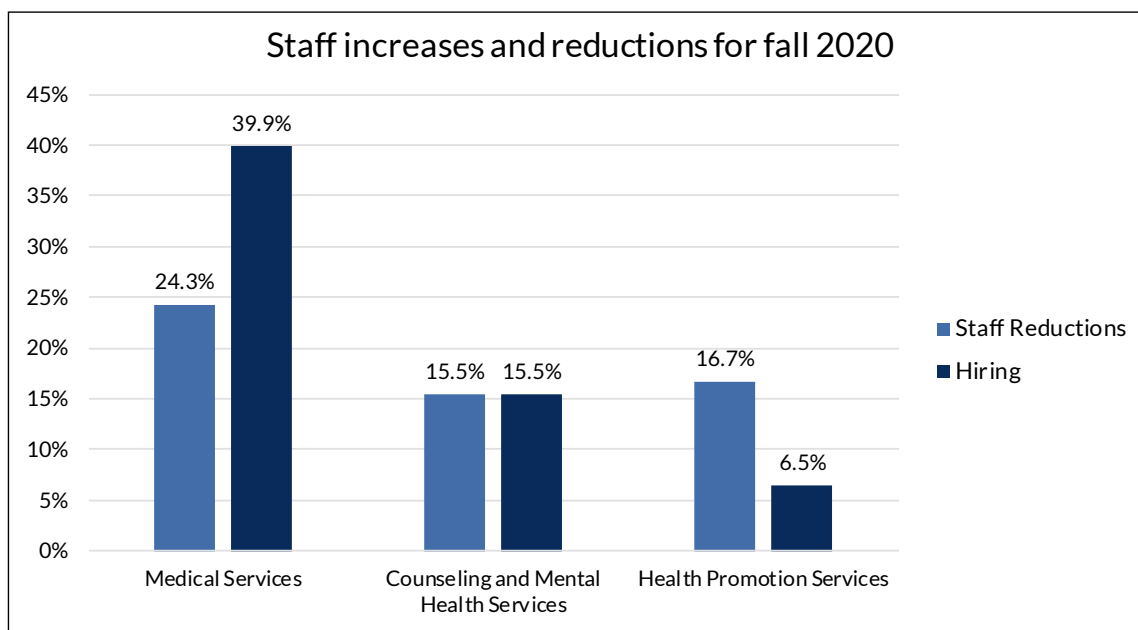
Over half of survey respondents (56.5%) indicated that an emergency response fund exists that is being used to purchase supplies or to support COVID-19 related efforts on campus. Of note, those reporting an increase in the health service's budget for FY21 were also more likely to have emergency response funds.





Are campuses expecting staff reductions (furloughs, early retirements, layoffs) and/or hiring in medical services, counseling/mental health, and health promotion/wellness services for Fall Term 2020?

Some campuses were making staffing changes for the fall. While about 40% report hiring in the medical services area, 24% expect staff reductions. In counseling and mental health services, only 15.5% report that they expect to hire staff, while the same number of schools expect staff reductions. Only a small percentage of schools (6.5%) report that they expect to hire health promotion professionals and 16.7% of respondents report that staff reductions in this area were expected.



Monthly COVID-19 Metrics

Data were collected about the number of students and non-students being tested for SARS-CoV-2, number of positive tests and allocation and occupancy of isolation and quarantine beds, as well as known hospitalizations and deaths. The tables below represent the data collected for June and July. ACHA plans to collect this information on a monthly basis and will make it available on the ACHA website.

SARS-CoV2 Testing Metrics	June 1-30		July 1-31	
	N (tests)	N (schools)	N (tests)	N (schools)
Number of on campus SARS-CoV-2 tests performed on students	6,978	35	18,670	47
How many students tested positive?	616	23	832	44
How many students tested positive for SARS-CoV-2 off campus, if known?	369	38	544	61
Total students positive for SARS-CoV-2 (calculated)	985		1376	
Number of on campus SARS-CoV-2 tests performed on non-students (faculty/staff)	3,409	11	8,648	24
How many non-students tested positive?	40	14	77	19
How many non-students tested positive for SARS-CoV-2 off campus, if known?	167	28	235	40
Total non-students positive for SARS-CoV-2 (calculated)	207		312	

Isolation and Quarantine Metrics	June 1-30		July 1-31	
	N (beds)	N (schools)	N (beds)	N (schools)
How many beds were designated for isolation?	3,501	80	4,365	94
How many of the isolation beds were utilized?	178	19	227	33
Isolation bed occupancy	5.1%		5.2%	
How many beds were designated for quarantine?	3,247	62	3,896	73
How many of the quarantine beds were utilized?	205	18	448	31
Quarantine bed occupancy	6.3%		11.5%	

Known Hospitalization and Mortality Metrics	June 1–30		July 1–31	
	N (people)	N (schools)	N (people)	N (schools)
Number of students hospitalized for COVID-19	5	4	7	5
Number of non-students hospitalized for COVID-19	9	6	5	4
Number of COVID-19 related student deaths	0	0	0	0
Number of COVID-19 related non-student deaths	2	2	5	4

What else do you want ACHA to know?

Overall, respondents voiced concern about the enormity of the task at hand and the challenge of adapting quickly to rapidly changing information. They identified the need for more detailed guidance on testing, contact tracing, and isolation and quarantine processes and expressed frustration over the lack of a national testing strategy. Several respondents expressed appreciation for the guidance ACHA has provided to date and requested continued guidance and updates on response strategies.

Limitations

The sample came from ACHA Institutional Members and ACHA Individual Members at non-member institutions and therefore does not represent all IHEs in the United States. Institutions from the Western U.S. as well as two-year institutions were underrepresented in the sample. The response rate for this survey was lower than the surveys done in April 2020 (52%) and June (35%). This was unfortunate, though not surprising as the timing of the August survey coincided with the time most college health, counseling, and wellness services were preparing mitigation policies and procedures, care models, and facilities in anticipation of students returning to campus.

Results presented in this report represent the best information available between August 4–7, 2020, and may not represent the current situation.

Conclusions

College health professionals fulfill a significant public health role for institutions of higher education. College health professionals continue to be represented on campus reopening teams, with the majority reporting that their input is valued and included in decision making. Collaboration with local and state public health departments continues to increase, demonstrating a strengthening partnership particularly in information sharing, education, contact tracing, and testing. Even with the improved collaboration, almost a quarter of respondents performing contact tracing stated student health services alone are responsible for contact tracing for the campus. Though two-thirds of respondents were not testing faculty and staff, of the 23% of schools performing testing, 75% of them were utilizing student health services staff for this function, once again emphasizing how student health services have filled multiple public health gaps.

Most respondents indicated that their school is preparing to reopen using a hybrid academic model that includes in-person and virtual learning and a reduction in density residence hall strategy. Care models and mitigation efforts have been identified. Approximately a third of respondents noted campus housing will open the residence halls at usual occupancy, which conflicts with expert guidance to decrease the density of these congregate spaces.

College medical and counseling services pivoted to telemedicine and telecounseling/telepsychiatry models beginning in March. Telemedicine with limited face-to-face visits continues as the predominant model for medical services. Likewise, the majority of counseling and mental health services plan to use telecounseling/telepsychiatry with limited face-to-face visits as their primary model, with 30% planning to use a virtual platform exclusively. The majority of campuses providing health promotion and wellness services also plan to deliver services virtually this fall.

Campuses are employing a number of mitigation strategies in an effort to protect the health and safety of students, staff, and faculty. Student pledges have been required at 55% of the colleges in the survey. Students will be asked to take personal responsibility by signing a pledge, agreeing to adhere to behavioral mitigation.

Testing, contact tracing, quarantine, and isolation are strategies included in the mitigation effort. Schools are adopting a variety of testing strategies including testing prior to arrival on campus, testing on arrival and repeat testing on a regular basis. The lack of a national testing strategy with a uniform approach to IHEs and lack of availability of supplies, PPE, staff, funding, and expertise are all plausible explanations for this spectrum of testing plans.

A plan for contact tracing to identify those exposed to individuals who test positive will be implemented on most campuses, with many of these being done in collaboration with local public health colleagues. Fifty-nine percent of schools are quarantining subsets of students upon arrival to campus. Those being quarantined include international students, students from states with high prevalence of infection, and students who have been in contact with a COVID-19 positive individual. Pre-arrival requirement for negative test results along with contact tracing and testing on campus are intended to act as methods to limit transmission at the start of the fall term.

The vast majority of respondents indicated that their campuses are using metrics to make evidence-informed decisions about the level or nature of their academic model. The most common metrics and measures employed are based on prevalence of disease on campus and in the surrounding community, number of students testing positive, the number of students in isolation and quarantine, and the number of staff and faculty who test positive for SARS-CoV-2. Understanding and identifying key metrics to monitor COVID-19 is another area in which close collaboration between the campus health experts and the local public health authority is essential.

Strategies to contain community spread are resource intense. However, the anticipated need for additional resources does not appear to be reflected in budgetary allocations for FY21. Of the 82% of schools who have received their budget allocation for the upcoming year, only 16% reported that their budget was increased; the vast majority reported that their budgets were decreased or remained the same as FY20. Over half of respondents indicated that there is a separate emergency response fund available for COVID-19 related purchases. Some schools report staff reductions; health promotion and wellness services appear to be especially impacted. The important role of health promotion and wellness services during the COVID-19 pandemic and its role in the public health response may be less well understood and may be at the root of the anticipated staff

reductions. Decreased budgets and staff reductions are particularly concerning for all health services and will present serious challenges to effective implementation of mitigation strategies to address the health impacts of the pandemic and the ability to continue to provide medical, mental health, and health promotion services to college students.

Respondents to the survey continue to express concerns over the enormity of the tasks associated with an effective response to reopening in the absence of clear guidance and evidence-based strategies, especially on testing. The rapidly changing landscape has contributed to this sense of frustration.



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