

Key Insights in Health and Safety *for* Higher Education

DURING THE COVID-19 PANDEMIC

July 2021



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The COVID Collaborative is a national assembly to tackle the COVID-19 crisis, unifying leaders in public health, education, and the economy with state, local and federal policymakers to end the COVID-19 pandemic and sustainably reopen schools, businesses, and places where Americans gather.

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Executive Summary

Institutions of higher education have reacted to the COVID-19 pandemic with a variety of responses befitting the diversity of mission and vision represented in the sector. The American College Health Association and COVID Collaborative, in cooperation with leading associations for higher education professionals, have probed the experiences of higher education professionals—from front-line staff to executive leadership—through interviews and surveys. Institutions of all types will find relevant exemplars for effective planning and communication.

Part I of this paper is a distillation of the most vital of these insights, organized into eight areas of focus: collaboration; leadership, management, and planning; behavioral risk mitigation; communication; technology; community-building; health services; and mental health and well-being. Part II offers recommendations in each of the eight areas, many of which will prove essential as institutions prepare and finalize their return-to-campus plans for Fall 2021.

Introduction

As economic drivers, incubators of education and research, and fertile grounds for civic engagement, institutions of higher education (IHEs) in the United States have been looked to as models of conscientious response to the COVID-19 pandemic. Every aspect of campus life has been impacted by the pandemic, but those departments and individuals responsible for the safety and well-being of the campus were unexpectedly thrust into the spotlight, where their decisions were scrutinized and contested but often emulated on campuses across the country. With input from some of the country's most respected professional associations for higher education*, this report explores key insights discovered in response to the COVID-19 pandemic. Highlighting eight facets of college and university operations, this report summarizes the most effective and innovative actions taken at IHEs and provides recommendations for those resuming in-person operations. Examination of these insights and recommendations will allow IHEs and policymakers to leverage lessons learned as they reopen campuses in Fall 2021. And many of these lessons can also be applied to emergency response plans that will allow IHEs to stay ahead of future crises.

* American College Health Association (ACHA); Association for Chaplaincy and Spiritual Life in Higher Education (ACSLHE); Association of College & University Housing Officers - International (ACUHO-I); Association of Fraternity/Sorority Advisors (AFA); College and University Professional Association for Human Resources (CUPA-HR); International Association of Campus Law Enforcement Administrators (IACLEA); NAFSA: Association of International Educators; NASPA: Student Affairs Administrators in Higher Education; and NIRSA: Leaders in Collegiate Recreation

Context

This paper emerges in a unique historical context, just weeks ahead of the Fall 2021 semester—which will be conducted traditionally at many campuses—and several months into vaccination efforts, which have varied significantly in their success. Continued vaccine hesitancy among 18-23-year-olds, as well as the emergence of viral variants in communities across the country, suggests that the road to the end of the pandemic, which began more than a year ago, is still a long one.

By January 2020, executive leadership at many IHEs were closely tuned into developments about the newly identified SARS-CoV-2 virus. Those who weren't already planning an institutional response were forced into action in February, when the U.S. implemented restrictions on travel into the country and declared a public health emergency. Information about the virus was sparse and often competing, with wildly varying messages emerging from the CDC, White House, and other institutions of authority. With very little data available, many national associations began forming task forces and working groups to try to understand how the virus would impact the higher education environment. Lack of testing at this time made the information-poor environment even more unnavigable. These challenges coalesced during the traditional spring break time for most IHEs, which led many institutions to extend their spring breaks while administrators determined how to safely bring students back to campus.

By mid-March 2020, most IHEs had vacated students, faculty, and most staff and had reduced or suspended campus services. Practically overnight, almost every aspect of campus life—instruction, research, and support services—were transitioned to virtual formats. Cross-institutional emergency response teams were charged with making a smooth transition to virtual services and ensuring their communities were informed about the constantly changing circumstances. As IHEs prepared for the Fall 2020 semester, testing for COVID-19 was still largely unavailable, and most campuses planned to conduct the semester virtually or in a hybrid mode.

The circumstances of the COVID-19 pandemic and the quick, complex institutional responses it necessitated created a plethora of novel health, financial, and leadership challenges. IHEs have shown the strength of their commitment to innovation in this difficult time; the efforts of countless leaders, academics, clinicians, policymakers, and others have created a blueprint for pandemic response that merits documentation and review. In the following sections, this white paper describes key insights in eight domains that were instrumental in keeping IHEs operational through the darkest hours of the pandemic.

Establishing best practices, learning how to collaborate within and across institutions, and embracing lessons learned during this pandemic will better equip colleges and universities to prepare for a safer and more stable Fall 2021 and beyond. The following insights and recommendations will help campus leadership and policymakers at all levels capitalize on the partnerships and innovations that emerged during COVID-19 to strengthen their operations now and in the future.

Part I: Key Insights

While some campuses chose to remain virtual for the Fall 2020 semester, many reopened at reduced capacity. Both options required careful planning to assure fulfillment of the academic mission while also ensuring the safety and health of students, faculty, and staff. Safety and well-being functions, which have traditionally been confined to the titular offices of campus safety and health services, were shared among entire institutional communities. Residential life, spiritual life, recreation, human resources, information technology, student affairs, and many others shared responsibility for communal well-being.

Narratives provided by ACHA, ACSLHE, ACUHO-I, AFA, CUPA-HR, IACLEA, NAFSA, NASPA, and NIRSA offer insight into these collaborations in eight instrumental areas of practice that proved critical to effective institutional responses:

- Collaboration
- Leadership, management, and planning
- Behavioral risk mitigation
- Communication
- Technology
- Community-building
- Health services
- Mental health and well-being

The following sections summarize key findings and lessons from each of the eight areas. A recommendation section follows.

Collaboration

Cooperation across loosely coupled siloes is standard practice in higher education, and many campus leaders attributed their successful responses to COVID-19 to their ability to create, develop, nurture, and leverage strategic partnerships within and across institutions. The complex, widespread, exigent, and life-threatening nature of the COVID-19 pandemic demanded the broadest and deepest collaborative efforts ever seen on many campuses. Whether collaboration was internal or included external partners, the most effective teams were described as flexible, strong, caring, adaptable, and nimble.

External Partnerships

External partnerships with state and local public health agencies provided campuses with expertise and assistance in the form of data gathering and analysis; contact tracing and testing programs; policy and procedure development; and the acquisition of testing supplies and personal protective equipment (PPE). Other external partnerships—including those with scientific and medical experts, testing resources, vendors, community medical providers, pharmacies, hospitals, and other college health

centers—also played a key role in the successful response on many campuses. Individual institutions, as well as public and private campus systems and consortia, collaborated with their national organizations, including ACHA, ACE, NASPA, and others. These partnerships generated mitigation strategies such as videos promoting mask wearing, observing physical distancing, and proper handwashing.

Historically, many IHEs have served as closed point of distribution (POD) sites for the flu vaccine. As the COVID-19 vaccine was distributed across the U.S., IHEs have built on their existing partnerships with state and local public health departments to establish large-scale facilities to administer COVID-19 vaccines to students, faculty, and staff. [University of Florida](#) announced plans to vaccinate 20,000 people a week for six weeks during a “vaccination blitz.” By early April 2021, the [University of Arizona](#) had administered 100,000 vaccine doses.

Some institutions strengthened their town-gown relationships during the pandemic; [Oberlin College](#) established POD sites to vaccinate neighboring community members. In California, [UC Davis Health](#) established neighborhood vaccine clinics for underserved communities, including those experiencing homelessness. Many other campuses across the nation are instituting similar collaborative approaches to vaccinate their campus and local communities. In a March 2021 [pulse survey conducted by the American College Health Association](#), 45.5% of 367 responding institutions were planning mass vaccination clinics for their communities.

In 2021, higher education professionals are using their expertise and professional networks to improve the public’s understanding of and increase their confidence in vaccination. Faculty are crossing traditional boundaries to educate about viral epidemiology, vaccine development, and pandemic response. The [Massachusetts Consortium on Pathogen Readiness](#) (MassCPR), a multi-institutional research collaboration, is a prominent example of an effective external partnership aimed at ongoing education. Members created numerous support networks at the national, local, and campus levels to cross communicate with professional staff, students, and volunteers. Additionally, many professionals set up in-state virtual meetups to discuss the policies affecting their region. These open lines of communication were vital in sharing what was and was not working.

Internal Partnerships

Colleges and universities are complex, decentralized entities. The exigent nature of pandemic response has forced this notoriously slow-moving sector to adapt rapidly and work collaboratively across once separate siloes. Cooperation among senior administration, faculty, student affairs, information technology, residence life, food services, athletics, communications, facilities, and campus police/security has ensured that the benefits of external partnerships were shared across all areas of IHEs. Delegation of responsibilities, effective communication, and the utilization of expertise from all areas has been essential to providing an effective, coordinated, and timely response over the course of the pandemic. Collaboration among internal partners has not only ensured a coordinated response to the challenges of the pandemic; it has also paved the way for inter-departmental innovation.

At the University of Richmond, a program called Cross U was developed to teach dining service employees new skills and prepare them to work in facilities department roles during times when students were not on campus. And like many IHEs, Elon University had to provide training on new sanitizing techniques, such as room fogging, to physical plant staff. Students studying health professions and staff in athletic departments (including athletic trainers and recreation professionals whose schedules were cleared by the cancelation of intercollegiate athletics and indoor classes) assisted their institutions and local public health officials with contact tracing to enhance the transition of infected and exposed individuals into isolation/quarantine. Outdoor spaces were repurposed for recreation, including group fitness classes, league sports, and communal dining. Public safety officers provided security for testing and vaccination sites; they were also deployed to transport students to isolation/quarantine residences, inventory contents of residence halls, and secure students' personal belongings.

Collaboration, cross-training, and increased scope of work became the norm at most institutions during the pandemic. The willingness of all members of a campus community to contribute to its success were captured in interviews by the phrases “aligned leadership,” “group effort,” “a village,” “broad, coordinated response,” and the “importance of supporting each other.”

"Silos have come down between student health and other departments across the campus. They need to stay down."

– ELON UNIVERSITY STAFF MEMBER

TASK FORCES AND EMERGENCY RESPONSE TEAMS

New and existing emergency response teams brought together representatives from key areas across campus to ensure a coordinated approach. Many pre-established teams had developed strong working relationships and protocols during prior campus health crises. Some teams reported use of response plans, risk matrices, and communication protocols in place from prior communicable disease outbreaks (Ebola, H1N1, and H5N1). Health center leadership often played a key role in COVID-19 task forces, and on some teams a leader from campus health served as the team commander.

RESIDENTIAL LIFE

Throughout the pandemic, residential life professionals worked alongside campus and local health officials to ensure the safety of those students and faculty who had to remain on campus. In addition to their traditional roles as first responders, residential life staff took on the added risk of exposure to the virus in the early days of the pandemic, when its mode and rate of transmission and its severity were generally unknown. Their collaborative efforts included the development and implementation of campus safety protocols and the creation of modified occupancy models for residence halls. As some of the only

staff who remained on campus during the pandemic, residential life personnel were also called upon to juggle the roles of educator, diplomat, and enforcer of public health policies related to social distancing and masking. Many also took on the informal role of counselor, confidante, and chauffeur; they not only assisted students with management of illness for those who had contracted or been exposed to COVID-19, but they also helped students with managing academic work, transportation to and from quarantine spaces, and delivery of food from residence halls. Some engaged in the emotionally taxing work of supporting students through the loss of loved ones as well as the impacts of job loss and food or housing insecurity. These efforts were critical to institutions' ability to remain open and had a direct implication on institutions' immediate financial stability as well as student persistence.

RELIGIOUS LIFE

When students are no longer the only community members requiring support, campus chaplains acknowledged that “working in silos is not an option.” In the early weeks of the pandemic, unflappable chaplains were utilized and appreciated by faculty and staff as much as they were by students. Many higher education chaplains were responding to the crisis on a personal level while campus leadership developed institutional responses. A crisis the magnitude of the pandemic required leaders to make difficult decisions sometimes at odds with their personal beliefs, and chaplains proved to be excellent thought partners and collaborators in those difficult times.

INTERNATIONAL EDUCATION

International education persisted even in the face of challenges posed by the pandemic. When travel restrictions and COVID-19 fears limited the physical mobility of students in Spring 2020, the study abroad and international student offices at U.S. colleges and universities mobilized to offer students virtual support to protect their health and maintain their academic progress. As restrictions continued into the summer, fall, and a second spring, international educators developed programs that would allow their students to have international experiences in virtual formats. Some institutions had previously experimented with virtual learning and recruiting, but for many, this was a new effort.

The strength of existing international relationships allowed U.S. institutions to arrange virtual internships in South Africa; continue recruitment activities locally in India; and provide classrooms at a site in Shanghai to provide in-person instruction for Chinese students. Partnerships have always been central to the growth and sustainability of international education, and COVID-19 has highlighted their importance. During campus closings and evacuations in March 2020, overseas partners guaranteed the safety of the students they hosted until return flights could be arranged. Some academic instruction was provided on international campuses so students could continue towards the attainment of a degree from a U.S. institution while staying safely in their home countries—regardless of whether the students had the appropriate technology to do so at home.

Leadership, Management, and Planning

Responsive leadership, conscientious planning, and wise management of resources were critical contributors to successful emergency responses. University leadership often serve as inspirational figures during normal times; during the pandemic, strong leadership was more essential than ever. Instilling trust, planning coordinated responses across siloes, and inspiring effective teamwork were some of the many critical tasks performed by leadership at IHEs. At many institutions, these tasks were performed despite significant resource shortages.

Presidents, chancellors, vice-presidents, vice-chancellors, and directors who clearly prioritized the health and safety of their students, faculty, and staff were considered most effective by their campus communities. The best leaders saved a “seat at the decision-making table” for both internal and external health partners to ensure that decisions were informed by the most current and comprehensive medical information available. Effective emergency plans were flexible, adaptable, and updated frequently. Some campus leaders noted that having too many decision makers during the crisis decreased the effectiveness of the response; they recommended specific “point persons” as final decision makers.

Thinking beyond the immediate concern for physical safety, campus leaders who advocated for the needs of, expressed appreciation for, and gave emotional support to their staff were particularly valued. Leadership demonstrated support for staff in a variety of ways; they offered tangible rewards such as snacks and team meals, and they also increased support for staff and faculty in the form of employee assistance programs (EAPs).

To ensure the continuous availability of critical staff, the most effective leaders instituted flexible scheduling, work from home arrangements, alternating on-campus/at-home schedules, and contingency plans. These arrangements minimized the impact of absences due to COVID-19 infection as well as other family or personal needs. In addition to offering an EAP, Brown University also expanded back-up childcare and eldercare options. At Elon University, leaders collaborated with the YMCA to create a virtual learning academy to assist employees with dependents in grades K-6. Monmouth University shifted its annual “de-stress” day to a weeklong event that included sessions such as mindfulness and yoga. One college provided its staff with compensation for weekend hours worked as well as assurance of immunity from furlough and salary freezes.

Because many health centers do not bill for services and may not have reserve funds, health services were hit especially hard by resource constraints. Additional staff, adequate physical space, and the procurement of medical supplies and PPE were the primary concern for most health centers. Some struggled with medical record keeping due to outdated electronic health records systems. Allocation of CARES Act funds to health services was a vital way for leadership to illustrate its commitment to an effective response.

Human Resources

Despite careful planning and demonstrated concern for the appropriate allocation of institutional resources, staffing levels at many IHEs were “never enough.” Hiring temporary staff proved more time-consuming than anticipated, and higher than normal turnover resulted in lack of continuity and loss of valuable institutional knowledge on many campuses. Early in the pandemic, staff members at many IHEs reported being “overwhelmed,” and feeling “burn-out” was one of their most common concerns. Personal and family health concerns, job security, and financial issues were just a few of the difficulties with which staff contended while trying to ensure the safety and well-being of their communities. “Pandemic fatigue” created by the environment of constant uncertainty further contributed to a loss of resilience among staff.

However, the pandemic has proven that higher education can act nimbly in times of crisis. The transition from on-campus to virtual learning and work happened seemingly overnight at many IHEs. Human resources had to pivot quickly to provide updated policies and guidelines for staff and faculty. Many institutions had no provisions for working—or teaching—from home, and many others found that their policies did not adequately account for the circumstances of the pandemic. While many faculty and staff were able to transition from in-person to virtual work, campus leaders had to carefully consider those jobs which needed to be performed on-site and develop new guidelines and protocols to keep those team members safe and healthy. Policies were created with careful consideration but often at breakneck speed. As a staff member at Princeton University reported, a remote work policy that would normally have taken months to approve was passed in a matter of hours. At the University of Illinois System, everyone was transitioned to work from home, which included proper equipment, telecommuting policies, and appropriate approvals within one week.

The pandemic has proven that higher education can act nimbly in times of crisis.

Many in-person activities had to be redesigned to fit hybrid models of work. Pre-pandemic, North Carolina State University conducted in-person onboarding for new hires multiple times each month. During onboarding, new hires were introduced to various members of the HR team, given a campus tour, and participated in team-building activities. Many of these onboarding activities were rethought for an online environment, but some activities still required new hires to go to campus. I-9 Employment Eligibility Verification—the process by which employers confirm an employee’s identity and their legal authorization to work in the U.S.—required new hires to present physical documents to HR for verification. U.S. Citizenship and Immigration Services (USCIS), who oversees the I-9 process, worked to create more flexible processing procedures, but many IHEs were still left to determine how to safely

authorize new hires in person. NC State held a drive-through authorization event during which they processed over 2,000 I-9s in three days.

External Influence

As thought leaders and engines of research and innovation, IHEs took on very visible leadership roles in their communities during the pandemic. Senior leadership played an integral role in shaping conversations across the country. Brown University President Christina H. Paxson has been a national thought leader throughout the COVID-19 pandemic about approaches [to safely reopening and operating IHE campuses](#), testifying before Senate Committees and writing [op-ed pieces](#) in major newspapers. And when many state level vaccination policies prioritized the elderly, Cornell College President Jonathan Brand penned a [Chicago Tribune op-ed](#) urging states to give the Johnson & Johnson vaccine to college-age students first as a means of stemming the spread of the virus.

Recognizing the risk posed by the mass migration of students from college campuses to their homes across the U.S. and the world at the end of each semester, [Iowa](#) and [Ohio](#) prioritized college student access to vaccination prior to summer break. On the other end of the spectrum, both [Vermont](#) and [New Hampshire](#) imposed temporary restrictions on vaccine eligibility for out-of-state students, citing limited availability and prioritization of state residents. Both states [reversed course](#) shortly thereafter, citing greater than anticipated supplies of vaccines.

Throughout the spring, college presidents took the lead in announcing policies either requiring or strongly recommending vaccination for community members, including students and employees. After [contracting COVID-19](#) himself, University of Notre Dame President Rev. John I. Jenkins announced a mandatory COVID-19 [vaccination policy](#) for all students in Fall 2021, citing the safety of the university and local community as the institution's highest priority. In announcing Fort Lewis College's [vaccination policy](#), President Tom Stritikus stated, "A broadly vaccinated student body provides our best hope for returning to the hands-on, inclusive, experiential, and personalized learning environment that we have all come to love."

CASE STUDY

Purdue University

On April 21, 2020, Purdue University became the first major university to announce plans to reopen in the fall. Purdue committed to providing not only in-person instruction but also a modified residential experience. University leadership was deeply concerned about the mental health effects of mass quarantine and the economic effects of shutting down a community that depends on the university to survive. But how could they balance those needs against the monumental hazards of failure to control the spread of COVID-19? And how could they operate without endangering the 20% of medically at-risk and older faculty and staff?

Following a comprehensive response plan known as the “Protect Purdue Plan,” the university was able to stay open, populated, and fully operational. The Plan articulated Purdue’s desire to protect the vulnerable from infection while still allowing the collegiate community to continue their educational progress, bolster the community’s economy, and support collective mental health by creating a sense of normalcy amid unprecedented times. Notably, the Plan included criteria for measuring the success of the return to campus effort.

The Protect Purdue Health Center, in consultation with Purdue’s Medical Advisory Team (composed of outside doctors), created the PPHC Severity Index to measure the university’s success in protecting the vulnerable from infection. This unique tool was embedded within the publicly available Protect Purdue dashboard, a series of metrics developed for daily monitoring rate of infection and severity of COVID-19 cases on campus. The Severity Index revealed that although some students, faculty, and staff did contract the virus, the vast majority had either no symptoms or symptoms that were very mild. The data from the index provided Protect Purdue leadership with a comprehensive understanding of each infected patient and allowed for conscientious decision-making, which is what allowed leadership to maintain a prudent balance between safety and normalcy.

As he phrased it to Purdue’s 2021 graduating class, Purdue President Mitch Daniels believes that, “Pursuing one goal to the utter exclusion of all others is not to make a choice but to run from it. It’s not leadership; it’s abdication.” Purdue’s data monitoring system was essential to avoiding what President Daniels has termed the “mad pursuit of zero,” where “zero risk of anyone contracting the virus” comes at the expense of all other competing concerns—mental and physical health, community interaction, and education itself.

Behavioral Risk Mitigation

In Spring 2020, 60% of [students surveyed](#) reported very closely following recommended hygiene practices while 70% reported following guidelines for physical distancing. By Fall 2020, many students had returned to campus and risk mitigation became a heated political issue. IHEs faced a dual challenge—they needed to stay open to innovate, and they needed to innovate to stay open.

Effective approaches to risk mitigation included promoting everyday strategies that reduced the spread of SARS-CoV-2, such as mask wearing, proper hand washing and use of hand sanitizer, social and physical distancing, staying home when sick, avoiding close contact with those outside one’s household, and regular testing. The pandemic presented an ongoing opportunity to employ strategies used successfully in response to other vaccine-preventable diseases such as influenza. In partnership with the CDC, ACHA developed a [catalogue of behavioral change approaches](#) implemented in 2020-2021 by IHEs in the U.S. This collection of strategies is neither intended to be comprehensive nor prescriptive, but it is illustrative of efforts throughout the pandemic.

Behavioral risk mitigation strategies implemented by IHEs can be categorized at three levels: individual, interpersonal, and structural.

Individual Approaches

Individual risk mitigation approaches include educational modules (generally delivered online) to help students develop the knowledge and skills necessary for behavioral change. The University of Texas at Austin and the University of Chicago were among many schools that required pre-arrival modules. Approaches in this category also include optional educational events; the University of California-Berkeley's virtual fireside chat with Dr. Anthony Fauci was a notable example.

As vaccination has become more widely available, many IHEs have instituted policies aimed at encouraging COVID-19 vaccination by providing incentives such as limiting access to some activities and resources to vaccinated students. [Johnson County Community College](#) offered cash incentives and generous paid time-off for employees who received a COVID-19 vaccine. Housing, in-person classes, athletics, and high-risk extra-curricular activities (such as music or theater programs) are being limited to vaccinated students at some campuses. Some IHEs are permitting vaccinated community members to forego regular COVID-19 testing or daily symptom checks. Perhaps most importantly, vaccinated students on some campuses are being exempted from quarantine or isolation requirements after exposure to someone known to have COVID-19. Given the concern about the [impact of isolation and quarantine on students' mental health](#), allowing students to connect in-person with their peers may not be an incentive but an imperative.

Interpersonal Approaches

Interpersonal behavioral risk mitigation strategies have included modeling, harm reduction, motivational interviewing, and positive reinforcement to promote individual approaches. On many campuses, including Amherst College, Brown University, University of North Carolina-Asheville, University of Alabama, University of Miami and the University of San Francisco, these strategies are being employed by student ambassador programs or other bystander intervention campaigns.

Another popular interpersonal strategy is modeling through social media; Texas Christian University, Michigan State University, University of Missouri, Northeastern University, Texas A&M University, Boston University, and Oberlin College, among many others, are utilizing social media to promote healthy behaviors. Other interpersonal strategies focused on improving student mental health. Some schools created online hubs of information and activities to incentivize healthy habits and safe interpersonal interactions. The University of Connecticut's [U-Kindness](#) program offered rewards, including Starbucks and Amazon gift cards as well as branded merchandise, for safe and healthy behaviors. Columbia University Irving Medical Center's [CopeColumbia](#) website includes a collection of resources to help students cope with the pandemic. Other IHEs, including the University of Florida, encouraged their students to establish pods or "quaranteams" to facilitate safer small group interaction.

Involving students in the creation and enforcement of safety guidelines was critical for buy-in and uptake; one health services staff person reported, "We have to learn how to promote health behaviors rather than just stress safety precautions." Many institutions have engaged all members of their

community in amplifying their messaging on COVID-19 vaccination. Howard University and other HBCUs have rolled out [vaccination PSAs](#) and “COVID-19 Awareness and Resilience Days,” where students and trusted community members take action to engage their peers in conversations and activities to increase vaccine confidence.

"We have to learn how to promote health behaviors rather than just stress safety precautions."

– UNIVERSITY HEALTHCARE WORKER

Structural Approaches

Individual and interpersonal approaches on most campuses are the by-products of structural, policy- and mission-driven strategies. Many IHEs capitalize on the unique character and community of their institutions to guide and communicate policy decisions. Despite the varying character of institutions of higher education, the importance of safety was a resonant theme at all institutions.

At many institutions, such as the Community College of Denver, Washington State University, and Sacred Heart University, community members were mandated to participate in daily symptom monitoring and attestation before entering campus buildings. Many IHEs instituted condensed semester schedules to help limit travel to and from the campus and reduce the opportunity for students to congregate during breaks. Campuses utilizing this approach include Creighton University, University of Notre Dame, Slippery Rock University, Pennsylvania State University, and Fort Valley State University. Other community level interventions included providing signage toolkits (Elizabethtown College, University of Idaho) and reminders throughout campus (Sacred Heart University), providing free personal protective supplies through vending machines or in welcome kits (Virginia Commonwealth University, George Mason University, University of Nebraska-Lincoln, and Agnes Scott College). Finally, schools such as at Miami University, the University of Notre Dame, Fort Lewis College, Appalachian State University, and the University of Wyoming moved events online or reduced attendee density by utilizing alternate and outdoor gathering spaces.

Many institutions, including the University of Oklahoma, required students to provide proof of a negative COVID-19 test before moving into campus housing. At Macalester College, students were quarantined before classes began. ACHA endorses pre-matriculation vaccine requirement policies in IHEs as an important national safety net that protects both individual and the health of the community. There are 19 million college and university students in the U.S., many of whom engage in “mass-migration events” (Kafka, 2021) at the beginning and end of each semester, when they travel both

domestically and internationally to and from their homes. During the academic year, students become integral members of their local communities, living, working, and socializing with people on and off campus. IHE policies to require vaccination for Fall 2021 will be an effective means of reducing transmission and ending the COVID-19 pandemic. The emergence of new viral variants, most of which are even more contagious than those that started the pandemic, is making vaccination—and policies to require it—increasingly critical.

Where state law and available resources allow, ACHA recommends COVID-19 vaccination requirements for all on-campus college and university students for fall semester 2021, in accordance with the IHE's normal exemption practices, including exemptions for medical contraindications.

– ACHA VACCINE STATEMENT

By mid-July, [over 570 campuses](#) announced policies requiring COVID-19 vaccination for some or all community members in Fall 2021. Some such policies are contingent upon full approval of the vaccine by the U.S. Food and Drug Administration, and other institutions may implement such policies once approval is granted. Some institutions implemented vaccine requirements, including [Nova Southeastern University](#), only to have them [invalidated by subsequent state legislation](#) forbidding such policies.

IHEs have implemented policies requiring vaccination for all students ([Rutgers University](#), [Cornell University](#), Northeastern University, Fort Lewis College, and others), or, at a handful of IHEs (Oakland University, Cleveland State University), only for students residing on campus. Other IHEs, like [Kent State University](#) and [College of Charleston](#), are strongly recommending vaccination and urging students to document their vaccination status.

IHEs have also varied in their policies regarding vaccination for employees. Over 250 IHEs, including the University of Maryland system and [St. Edward's University](#), implemented policies requiring COVID-19 vaccination for employees. At other institutions, employees may be encouraged or incentivized to get vaccinated.

In addition to policies regarding vaccine requirements, some campuses, including Cornell and Oberlin, will use vaccination thresholds to inform campus reactivation and mitigation policies for Fall 2021. This strategy is meant to incentivize voluntary vaccination and reporting of vaccination status by community members and may be particularly useful where legislation prevents institutions from requiring these public health measures.

Recognizing the risk of severe disease in individuals and potential to overwhelm local healthcare systems, several IHEs, including [Elon University](#), [Bowdoin College](#), and [Cornell University](#), implemented policies requiring influenza vaccination during the 2021-22 academic year as a means to prevent a “twin-demic” of influenza and COVID-19. Despite the promotion of risk mitigation behaviors at the individual, interpersonal, and structural levels, many lessons have been learned regarding these approaches. Student compliance has been a mixed bag. While some health services personnel were impressed with students’ level of compliance with COVID-19 guidelines, others noted that despite compliance with on-campus restrictions, many students still do not fully appreciate the threat of infection at off-campus activities when guidelines are not followed.

Communication

Intentional, timely, and clear communication was key in sustaining successful partnerships and ensuring the effectiveness of pandemic response plans. Effective communication was described as honest, transparent, and consistent; it was accomplished with data dashboards, hotlines, and digital hubs for information and education. Communication strategies emphasized frequent and regular education and information-sharing through town hall meetings, public health campaigns, and the use of social media. With national, local, and institutional policies changing frequently—sometimes multiple times a day—regular updates as new information emerged were critical to ensure that communication was complete, honest, and transparent. As one health services staff member reported, “There is a lot of anxiety regarding COVID: rules, testing, symptoms. Students and employees need clear and frequent messaging. There’s a lot of info and new policies to be communicated, and no one is absorbing it.”

The continuous marketing of support and services through various media and formats—emails, social media, physical signage on campus, text alerts, and other means—was deemed essential. One health services respondent noted a common concern among staff: “As clearly as you think that you are communicating, it's never enough!” The best communications plans deployed by IHEs during the COVID-19 pandemic have been highly visible, centralized, and multi-modal. Robust [dashboards](#), [hotlines](#), and [information centers](#) featured on IHE home pages have become the most efficient and effective access points for messaging and education. Institutions have also led [town hall meetings](#), posted [letters to the community](#), [utilized social media](#), and issued [press releases](#) to provide consistent messaging on their vaccination plans. At many IHEs, these new and varied methods of communication are still being utilized to convey information about vaccination policies and reopening plans for the Fall 2021 semester.

Technology

Technological innovations were critical to effective pandemic response. College health professionals reflected on the importance of technology in four broad categories: telemedicine, data collection, remote learning, and remote work. Telemedicine refers to virtual visits for both physical and mental health. Thanks to a rapid pivot to remote care, college health professionals “continued to deliver uninterrupted services to...student and community patients throughout the pandemic.” Many services could be offered

entirely through telemedicine, and remote triage protocols were developed to allow clinical staff to limit in-person care to those patients who necessitated that level of engagement. The adoption of telehealth on many campuses has been lauded as an effective option that will hopefully remain long-term. However, some institutional leaders noted that telehealth was not the ideal or preferred approach for all patients and clients. Insurance coverage, Health Insurance Portability and Accountability Act (HIPAA) compliance issues, and legal challenges created significant concerns. “Legal advice on clinical care across state lines was critical” to ensure that institutions could offer care to students who were attending from their homes across the country and world.

Electronic health records systems were created, purchased, or modified to suit the evolving needs of the health center during the pandemic. Many campus IT organizations developed custom vaccination attestation apps; data tracking methods for testing, contact tracing, isolation/quarantine, and vaccine management; and modified registration systems to allow students to opt into virtual or hybrid learning. The data gathered from these new applications, many of which were conceived of and built within a matter of weeks in Spring 2020, was used by college health professionals, the registrar, and emergency response teams. To that point, a respondent stated, “Our campus developed an emergency management tracking system... through which all campus partners could track students placed in isolation or quarantine. It was maintained in real time and facilitated communication and support services.” Another added, “We leveraged data from our electronic health record system to manage our internal operations. For example, within 4 hours, we could flex providers and nurses to our COVID specific area from non-COVID functions as the need presented itself.”

To offer reliable remote instruction and work options, remote electronic access, virtual private networks (VPN), and a variety of software as a service (SaaS) solutions became ubiquitous during the pandemic. Although most IHEs were already utilizing digital learning management systems (LMS), many faculty members had to quickly adjust to using these systems as the primary form of instructional delivery. While it was often difficult for faculty to switch to remote teaching, learners also faced challenges. According to one respondent, “some students struggled with remote learning.” Video platforms such as Zoom, GoToMeeting, and Microsoft Teams were implemented on many campuses within a matter of days to deliver instructional content and allow for collaboration among staff regardless of location.

Many campus chaplains were already experimenting with cyber offerings and remote spiritual care before the pandemic. Rather than pivoting to new platforms, they shifted into high gear to provide their campus communities with much-needed virtual support. Recreation, student affairs, and student life professionals also moved to remote work scenarios, online programming, and virtual engagement. Some of the new programs they created are expected to stay, including e-sports leagues/competitions, virtual staff training, and improved reservation systems.

In addition to offering virtual classes, meetings, extracurricular activities, and events, many IHEs had to contend with retrofitting their instructional spaces to accommodate hybrid learning arrangements. At Vanderbilt University, non-learning spaces were converted to classrooms, and all classrooms were

equipped with additional A/V and safety equipment (webcams, large monitors, microphones, plexiglass barriers between instructors and students, and hand sanitizer dispensers) to ensure the health of faculty and in-person learners and facilitate the engagement of virtual learners joining class via video platforms.

Community-Building

In response to the pandemic, which has seen students, faculty, and staff both physically and psychologically distant, IHEs have been forced to think more creatively than ever about how to build community. Meeting students where they are to provide high-quality virtual experiences, along with lower-risk in-person activities, has been vital to maintaining and building community despite the challenges posed by the pandemic.

To help elevate promising practices in virtual support services, NASPA: Student Affairs Administrators in Higher Education identified 10 institutions as recipients of [Virtual Innovation Awards: Excellence in Delivering Virtual Student Services](#). The process revealed a wide range of approaches taken by institutions of all types and sizes to foster a sense of virtual community for students. The accomplishments of the award recipients are set apart from other submissions due to sustainability, scalability, and their potential to serve as innovative models for other institutions to adopt. Each of these institutions demonstrate how people, process, and purpose are central to realizing the promise of technology to optimize virtual student support.

There is no one size fits all approach for translating a culture of care into virtual spaces; however, the institutions recognized by NASPA do share several key elements critical to their efforts. These key elements are presented below as four strategies that other institutions can use to deliver quality support for virtual students.

Strategy #1: Provide opportunity for student feedback throughout the support design and validation process.

Montgomery County Community College created a student usability board of 12 students to provide continuous feedback on the [Montco Connect](#) platform, a centralized communications portal for students to receive personalized academic content, resources, and virtual engagement opportunities in a “feed” view. Students receive a one-credit stipend for each term of service on the board. The college intentionally recruits board members who are demographically diverse and who have varying levels of involvement so that student voices reflect the makeup of the student body. Students have been involved in all phases of the Montco Connect adoption process, and they continue to provide guidance on feature implementation.

California State University Channel Islands applied knowledge of its unique student population to design the tone and voice of its artificial intelligence chatbot, [Ekhobot](#), which provides 24/7 support and social communication with students. The warm personality of the AI-powered texting platform facilitates low-

stakes, informal interactions with students and provides CSUCI with information needed to understand student perspectives in real time.

Strategy #2: Collaborate with faculty, staff, and students throughout the institution to maximize the reach of virtual support.

San Diego State University engages with students through a number of virtual initiatives, including an admitted student program called [Virtual Explore SDSU](#) and other first-year student programs that are administered and coordinated by cross-divisional teams, including faculty, staff, student leaders, and peer mentors. Cross-divisional teams receive joint training from academic affairs and student affairs to promote shared understanding of relevant policies, resources, and opportunities. The leadership team coordinates a master calendar of planned interventions and circulates information about priorities, initiatives, and training materials to the campus community. This ensures that the campus has a shared vision to help drive collaboration and enable its systems and programs to work in tandem.

Northern Arizona University regularly connects with partners across the institution to maximize the impact of its [virtual engagement offerings](#), which include [YourPath@NAU](#), a competency-based student engagement mobile app featuring virtual connection-building activities. The student affairs business analyst staff role is especially critical to NAU's efforts, as it is focused on translating the division's vision into actionable language for the information technology services division to implement. Tapping into existing collaborations is also key as NAU's chief information officer was instrumental in working with the vice president for tribal initiatives to provide access to technology for students in rural communities.

Strategy #3: Centralize information so it is easy for students to find.

Borough of Manhattan Community College leveraged in-house systems to offer coordinated, responsive systems of virtual support that address multiple areas of student well-being such as financial aid, career development, academic, mental health, and co-curricular needs. BMCC offers multiple virtual cohort programs to ensure that every student has access to tailored information and points of contact to answer questions. BMCC also hosts "student hours" and virtual town hall meetings over video conferencing platforms for students to voice concerns, ask questions, make requests, and have them all addressed on the spot. Virtual front desk office hours for different departments are easily found on a [student resources webpage](#).

Houston Community College scaled out its [Live Virtual Lobby](#) across the district. The Live Virtual Lobby screens and triages students into appropriate breakout rooms by a student services staff member to have private, one-on-one real time services provided. To promote awareness of the service, HCC shared the link out on its webpage and through social media, and advisors and support staff set-up email auto replies and voicemails to provide directions for students on where to access the Virtual Lobby.

Georgia State University introduced and integrated new virtual services into the institution's network of timely, holistic supports that address all areas of the student experience. The university's online [Panther](#)

[Involvement Network](#) connects new students to a cluster of student leaders and organizations and directs communications to them based on their interests and affiliations. GSU also utilizes chatbot technology through the [Panther Answer](#) tool to answer student questions, schedule appointments, or connect with various offices and staff.

Strategy #4: Use multiple sources of institutional data to inform proactive outreach efforts.

Bay Path University quickly adapted to the pandemic conditions as it applied successful practices and virtual supports of the [Social Online Universal Learning Approach](#), which was already in place for online students in the American Women's College. This included sharing predictive data in student engagement and performance dashboards, case rules and automation through the CRM system, and virtual faculty early alert tools with its traditionally in-person student population. Each student's success team shares feedback and data through electronic forms to highlight individual needs and tailor proactive interventions. The existence of a data-enabled approach that could be modified to address specific pandemic needs allowed BPU to easily scale its own virtual to provide high-quality virtual supports for all students.

University of Arizona launched a Student Data Insights Strategy Team as part of its [Student Success and Retention Innovation](#) unit—a hub of eight distinct departments and a strategy team—to monitor student access to virtual services and identify actionable insights. The data team is small and agile, as members meet weekly to provide quick turnaround data insights about virtual engagement initiatives—including the introduction of a micro-affirmation social media campaign to build student morale—and identify opportunities for improvement.

Following community-building best practices recognized by NASPA was critical to a successful pandemic response at many institutions. In addition to utilizing these practices, many IHEs with active fraternity and sorority communities, international student life and health promotion units found that these were especially vital spaces in which to innovate and provide additional support.

Professional staff in sorority and fraternity advising helped their students navigate the newness of virtual events by converting new member orientation programs to course-based learning and utilizing the institutional LMS. Fraternal professionals and students alike became more comfortable utilizing Microsoft Teams and Zoom not just as communication tools but as membership engagement portals. One staff member shared, “By February of 2021, our participation was waning, and our restrictions were lifting. We felt very practiced at creating modified events, so when going to hybrid options, we looked at programs and activities rooted in traditions and created some new, exciting, and fun experiences for students to participate in. We did this by evaluating the objective of the experience and creating safe methods for reaching those objectives.”

Some sorority and fraternity activities remained in-person. Planning for these events was driven by CDC guidelines and institutional policies. However, even with guidance from various organizations, fraternity

and sorority personnel had to change their normal approach to student safety. Some noted that their offices became COVID-19 policy policing units; they were using less time in conversations about alcohol, drugs, and hazing, and more time discussing safe event management and gathering under COVID-19 guidelines. Although many professionals in Greek Life were already familiar with risk assessment and management, one noted, “My biggest shift was learning about trauma-informed practices. I began to implement this practice into my day-to-day.” There were other shifts among Greek Life personnel, as well. Many realized the importance of equity as a component of community-building. Greek Life personnel noted that some culturally based groups did not have the same access to technology and resources afforded to traditionally white groups. As a result, professionals at some IHEs have begun to ask themselves, “What future considerations do we need to make to support BIPOC students and volunteer-driven organizations?”

Study abroad students traveled via their computers to institutions abroad to experience new educational environments and internships. Virtual study abroad options opened opportunities for students who may have had limitations for international travel or had commitments at home that prevented travel. International students continued their academic endeavors from all corners of the globe via special provisions granted by the Student and Exchange Visitor Program (SEVP). Innovative international recruitment officers found ways to offer virtual campus tours and creative social media events to engage prospective students and parents.

Many of these virtual models will continue in a post-pandemic environment because they have proven to be effective and complement traditional in-person experiences. Institutions enrolling international students saw their global reach expand beyond the customary sending countries. While international educators, and their students, are eager to return to greater student mobility options, they recognize that their offices and their students have the resiliency to embrace new ways of having international experiences.

Health promotion professionals are well-positioned to contribute to COVID-19 response and mitigation while building community among students by engaging them in the process of creating health through health promoting actions. These actions include implementing health supporting policy, developing healthy working and living environments, coordinating collaborative community action, providing health education, and working with health care systems to think beyond treatment to promoting health as an everyday resource. Inviting students to participate in institutional planning and response, including decisions regarding COVID-19 requirements, allows them to see that this type of work is not simple or one dimensional. They can observe and explore complex interactions of policy, organizations, and people. Additionally, students provide invaluable perspective on how to frame institutional decisions to best meet students’ needs. Institutions that fully engage students in pandemic response planning and implementation appear to have better results in reducing negative impacts.

Many health promotion units meet students “where they are” by employing harm reduction approaches to behavior change. Harm reduction focuses on providing non-judgmental, noncoercive resources to

reduce transmission of COVID-19 while acknowledging that the disease can cause significant harm. This approach allows opportunity for social justice, recognizing that many factors—including social inequities—affect peoples’ abilities to follow some public health guidance, such as physical distancing. As students become more fatigued with physical distancing and mask guidelines, harm reduction will still play an important role in supporting and maintaining motivation to continue following COVID-related risk mitigation practices. Aspects of harm reduction can be incorporated into conversations about coping with trauma as well as preventing spread of SARS-CoV-2. Harm reduction in application requires a belief that students can make positive choices. It includes the provision of nonjudgmental information, with a variety of potential options for action. A principle of harm reduction is supporting autonomy in creating action plans. The overall goal is to recognize that some students can’t meet standards or precisely follow guidelines while supporting these students in moving forward with what they can and are willing to do.

Health promotion staff leverage a variety of skill-sets including health communication, survey design and statistical analysis, implementing evidence- and theory-based health interventions, adult education, trauma-informed practice, and student development to reduce and respond to COVID-19. From adapting health education to virtual formats to mobilizing campaigns for protective behaviors, health promotion personnel build community by engaging students in creating a healthy campus culture.

Community-building and developing a sense of belonging has also been advanced by partners such as housing and residence life, spiritual life, recreation, and campus law enforcement, as referenced in other sections of this white paper.

CASE STUDY

Macalester College

Macalester College's Infectious Disease Task Force (IDTF) makes policy and procedure-related recommendations to college senior staff and reviews all-campus communications related to COVID-19. At the onset, not all populations across campus were represented, and the IDTF often found itself wishing for feedback from folks either not represented in the group or who were less steeped in campus COVID-19 conversations, in order to be more reflective of a typical employee or student at the college. After seeing the work of the Minnesota Department of Health's higher education workgroup on behavior and culture change, Macalester charged a member of the IDTF to create a similar workgroup that could meet biweekly and advise the IDTF.

The IDTF, in consultation with the Director of Health Promotion, considered which constituents’ voices were not being regularly heard and what communication silos needed to be broken down. Consideration was also given to who could provide meaningful area updates as well as who could offer perspectives of various key stake-holding groups on campus. Members from athletics (staff and student), facilities, communications, residential life, employment services, health promotion, and international student life were all included.

There was a robust bidirectional relationship of the IDTF sending items to the workgroup for feedback and the workgroup making independent suggestions to the IDTF about what policies and communication were not clear. Many communication pieces (community commitment, training video, campus signage) were reviewed by the workgroup. The workgroup raised several good conversations about what communication on campus was clear and what was confusing or had unintended side effects, as well as proactively identifying policy and communication needs.

The primary IDTF cannot accomplish everything and creating a workgroup focused on elements of behavior and culture change greatly enhanced campus efforts related to COVID-19. Having student representation so that students could offer structured feedback and also raise concerns, particularly about policies and communication, was also key to better serving all stakeholders on campus. Having the leadership of this group trained in health promotion offered benefits to both the framing of the intended outcomes of the workgroup and the bidirectional communication with the IDTF. Moving forward, the workgroup will meet less regularly but will continue to be consulted.

Health Services

Campus experts found isolation/quarantine, contact tracing, and testing to be the most vital health services strategies during the pandemic. However, the availability of these strategies varied largely by campus resources. Campus leadership noted that that flexibility and creativity were critical in tailoring the mitigation response to meet campus capabilities.

Testing

Intra-institutional partnerships—one institution reported that, “over 500,000 PCR surveillance tests were performed by our Vet school lab”—and external partnerships with commercial laboratories and community public health providers allowed many IHEs to make testing available at drive-through clinics, testing tents, and satellite locations. As they became available, IHEs utilized rapid antigen, polymerase chain reaction (PCR) nasal swab, and saliva tests. Reduced in-person presence at most IHEs allowed some health services staff to be re-deployed to increase the availability and speed of testing, while staff working from home focused on contact tracing and case management.

Testing plans varied widely among institutions. Some IHEs tested only symptomatic students; others included faculty and on-campus staff in their symptomatic testing efforts. Some institutions offered, and some even required, regular asymptomatic testing. Some IHEs used apps for symptom tracking. Testing was limited on some campuses due to financial limitations, but offering SARS-CoV-2 testing at influenza vaccination sites was a cost-effective way for some institutions to achieve success on two fronts. While many campuses struggled early in the 2020-21 academic year to create an effective, affordable, and efficient SARS-CoV-2 testing infrastructure, by Spring 2021, many campuses had settled into successful testing programs that were easy to access, free to use, and provided quick results.

CASE STUDY

Arizona State University

Arizona State University employed a multi-faceted approach to testing and tracking on their campus and within the state. Inadequate testing, economic hardship, and shortages of everyday necessities wreaked havoc on many Arizona communities. ASU stepped in to fill the void by forging key partnerships with federal, state, and local agencies. Partnership with the Arizona Department of Health Services in July 2020 provided free, public COVID-19 testing in communities around the state.

Utilizing federal grant funds, ASU analyzed epidemiological data to identify Arizona's "testing deserts." Applying this knowledge, ASU promoted testing, offered education, and provided follow-up medical care and economic assistance to residents in ten underserved communities in the state.

Indigenous communities have borne an especially heavy burden during the pandemic. In response, the National Science Foundation and National Institutes of Health funded engineering research and community outreach led by ASU to apply wastewater-based epidemiology to detect coronavirus in reservation sewer systems. These efforts led to the more efficient and cost-effective identification of the virus in these communities.

Contact Tracing

The most effective health services plans paired robust contact tracing with regular testing. However, contact tracing was described as "extremely time consuming," requiring either additional resources or outsourcing. Some IHEs noted that partnerships with local public health agencies were helpful in these efforts, but many noted that on-campus management of contact tracing was significantly more efficient. On-campus clinical providers could "act more quickly," sometimes tracing every positive result "in an hour or less per case." Combining contact tracing data with other data available through dashboards and data hubs provided many campuses with a detailed view of COVID-19 activity on campus. This timely, comprehensive data allowed health services professionals to act quickly and effectively in response to reported outbreaks.

Isolation/Quarantine

Isolation and quarantine services were positioned to accept students quickly and provide monitoring and support systems. "Care teams" and service coordinators, utilizing cross-trained staff from various departments across campus, provided support services such as food delivery to students. Well-orchestrated collaborative efforts ensured that students could also receive counseling and wellness services while in on-campus quarantine. However, isolation and quarantine efforts did not run smoothly everywhere. Estimates for the number of isolation and quarantine rooms assigned were sometimes too

low, and decentralized locations for isolation/quarantine space sometimes presented challenges to providing services.

Non-COVID Health Services

CLINICAL SERVICES

The significant time and effort required for COVID-19 mitigation exacted a “toll on other services such as health promotion outreach and non-COVID clinical care.” IHEs employed a variety of strategies to offer robust COVID-related services and maintain regular services. Extending clinical hours, staggering provider scheduling, and expanding the use of telephone triage were identified as strategies to meet medical care needs. In addition to offering telehealth appointments and intake, some clinics eliminated walk-in services in favor of appointment-only visits. Clinical spaces and traffic patterns were reconfigured, and ventilation of indoor space was assessed and re-engineered to include the use of HEPA filters and negative pressure rooms. Experienced clinicians provided expert medical oversight and advice that ensured the delivery of evidence-based care. Despite the creative and conscientious use of human and medical resources, however, most IHEs noted a consistent need for additional staffing and supplies, including testing supplies and PPE.

SEXUAL HEALTH

Sexual health was an area of exceptional innovation on many campuses. Several institutions moved their safer sex product availability programs online, creating ordering systems that allowed products to be mailed directly to students or picked up at a central location while adhering to COVID-19 safety protocols. Increased social media engagement, website content development, and virtual event facilitation helped to provide students with continued access to sex education and resources. Telehealth and telephone triage ensured the availability of sexual health appointments and resources even when students could not visit a campus clinic. Some college health centers began offering mail-order STI and HIV testing kits to continue patient access to routine preventive care.

Despite its ubiquitousness and utility, telehealth did raise unique confidentiality challenges, especially for students not living alone or who otherwise could not find privacy for their appointments. Legal ramifications presented themselves when students utilized telehealth services across state lines. Undoubtedly, though, many IHEs will continue to utilize telehealth to increase patient comfort and access to services. Among students who lack transportation or don’t feel comfortable in clinical settings, the ongoing use of telehealth may reduce inequities in service offerings.

ALCOHOL & DRUGS

IHEs have increasingly adopted policies, provided educational programs, implemented training, and offered support services aimed at reducing underage drinking and the use and abuse of illegal drugs (Anderson, Santos, & Gadaletto, 2015). Most of these efforts were modified significantly in response to the pandemic. Many campus efforts transitioned to a digital format for education and training.

Modifying to fit new delivery approaches and to do so in ways that were engaging for students required significant effort. Several campuses reported increased use of commercially available, rather than proprietary, online education programs to address students' knowledge.

Notably, many personnel specializing in drug/alcohol issues had their time re-focused to general health promotion and pandemic mitigation efforts, which reduced professional attention to drug/alcohol issues. Support for students in recovery was limited due to the reduced availability of professional staff and student concern with engaging virtually about recovery issues.

Heightened attention to holistic wellness as a protective, resilience-generating factor significantly impacted the traditional drug and alcohol misuse and prevention campaigns. Content developed during the pandemic addressed traditional topics—the effects of drugs and alcohol, drink sizes, binge drinking—and emphasized new messages such as safer socializing and self-care. However, the College Alcohol Survey reported slightly decreased student engagement with educational programs and lowered campus-community collaboration on drug/alcohol issues from previous years (Anderson D. S., 2021).

Preliminary results from the College Alcohol Survey indicate that students' overall use of alcohol, as well as its heavy, problematic use, were unchanged during the pandemic. However, marijuana use, both casual and heavy, increased. The survey found modest reductions in the frequency of small parties (both on and off campus) and a large decrease in the number of large on-campus parties and patronage at bars and other establishments serving alcohol. This data suggests there may be big implications for expected drug and alcohol use—such as increased or “rebound” use this fall—as IHEs welcome students back to campus.

Mental Health and Well-Being

The impact of the pandemic on student mental health was the number one concern reported by university presidents in a [Fall 2020 survey](#) (and again in [Spring 2021](#)). In a [survey of students seeking assistance](#), 60% found it harder to access mental health care during the pandemic than prior. Qualitative campus reports note that students living at home found more freedom as well as increased loneliness and disengagement.

Mental health was a concern for many IHEs before the onset of the pandemic, but the Healthy Minds survey revealed that the prevalence of depression increased in Spring 2020 relative to Fall 2019. Surprisingly, substance use decreased during this same period. In March through May 2020, a higher proportion of students reported that their mental health negatively impacted their academic performance. While students reported lower levels of psychological well-being post-pandemic relative to Fall 2019, they conversely reported higher levels of resiliency.

Mental health was an especially salient challenge for students in isolation and quarantine. Although many schools implemented phone and email check-ins for these students, in many cases these supports were insufficient to meet the emotional needs of isolated students. Additional support, including

consistent communication to students regarding self-monitoring, clear expectations related to isolation and quarantine, and offering wellness strategies to support mental well-being were necessary.

CASE STUDY

Fort Valley State University

The increase in mental health conditions among college students has necessitated a shift of resources to meet the demand, and that resource shortage has only been exacerbated by the pandemic. Fort Valley State University, an HBCU that serves students who are traditionally hesitant to seek counseling and mental health care, developed a plan for students to engage with their licensed professional counselors both face-to-face and virtually. FVSU has observed an unprecedented increase in the number of students reaching out for counseling via their virtual platform. This development suggests there was a barrier to campus counseling in pre-pandemic times that has been at least partially addressed by virtual services. There may still be a significant stigma against visiting a counseling center to receive in-person services, but telehealth mitigates that stigma by allowing students to access services privately.

Because physical health is a strong contributing factor of good mental health, recreation professionals found ways to continue connecting with students and providing opportunities for exercise. In Spring 2020, NIRSA and Riddle & Bloom, in collaboration with TikTok and more than 60 colleges and universities, announced the launch of the [Recreation Movement](#). The virtual fitness program collects millions of movement minutes from participants and connects university students, faculty, staff, and alumni from across the country to offer opportunities for self-care and a sense of community around physical activity. The program, which has over 110 participating institutions and more than 14,000 individual users logging minutes, continues through 2021.

The past year has also shined a light on the importance of staff and faculty well-being. Many universities saw a dramatic increase in use of Employee Assistance Programs (EAP), which sometimes necessitated the provision of new or expanded services. In some cases, institutions brought new full-time counselors on staff to handle the increased workload.

Part II: Recommendations

Colleges and universities are bastions of creativity, freedom, and expression for young adults, and many of the characteristics of higher education that make it unique are also its points of vulnerability. Establishing best practices, learning how to collaborate within and across institutions, and embracing lessons learned during this pandemic will better equip colleges and universities to prepare for Fall 2021 and look forward to a safer and more stable future. The following recommendations will also help campuses and policymakers at all levels capitalize on the synergy and partnerships that emerged during the COVID-19 pandemic to strengthen operations as they prepare to welcome students, faculty, and staff back to campus.

“We’re not just looking at this as a virus, we’re looking at this as a human experience—both on and off of college campuses. What is it doing to human lives? How can we step in and try to provide ways for people to productively move their lives forward? What did this teach us about vulnerable aspects of society’s systems that we need to fix?”

– NEAL WOODBURY
VICE PRESIDENT FOR RESEARCH AND CHIEF SCIENCE AND TECHNOLOGY OFFICER,
ARIZONA STATE UNIVERSITY KNOWLEDGE ENTERPRISE

Collaboration

- Implement (or strengthen) collaborative relationships among campus units such as residential life, health and counseling centers, campus safety and police departments, student activities, student conduct/accountability, and others.
- Establish (or deepen) external partnerships at the local and state levels.
- Create communities of practice to encourage sharing, brainstorming, and problem-solving among peers.

Leadership, Management, and Planning

- Include campus residential life staff in decisions about health and safety management.
- Provide risk compensation for staff who are required to live and work in-person during a public health crisis.
- Continue flexible practices introduced during the pandemic and seek to provide more flexibility for students, faculty, and staff.

- Perform an internal analysis to determine which jobs can continue remote or hybrid work.
- Perform an internal analysis to determine how child- and eldercare services can be introduced or improved.
- Emphasize the importance of impact rather than hours worked. Consider whether traditional 8-5 schedules can be replaced with output-based measures of productivity.
- Offer intentional support and care for student-facing staff, including flexible work hours and supportive work-from-home/sick leave/vacation policies that afford staff members more capacity to negotiate the unpredictability of their professional and personal obligations.
- Consider implementing cost savings associated with modified or reduced plant operations.

Behavioral Risk Mitigation

- Adopt risk mitigation processes at individual, interpersonal, and structural levels.
- Provide access to and ensure frequent replenishment of PPE.
- Provide positive reinforcement for behavioral risk-mitigation strategies such as mask wearing, handwashing, and physical distancing.
- Create effective, equitable, and inclusive COVID-19 vaccination strategies that align with the campus mission and vision.

Communication

- Establish direct lines of communication between administration and functional units regarding high-level decisions and planning that could impact their operations and/or affect students' quality of life or safety.
- Centralize COVID-related information online so it is easy for campus community members to find.
- Clearly communicate community members' privacy and confidentiality rights regarding vaccination.
 - Be explicit about what information will be shared and why, as well as what information will not be shared.
- Communicate through various channels using trusted messengers. Consistent messaging and amplification of credible resources, such as CDC, ACHA, and state and local health departments, will facilitate vaccine confidence and counter the impact of vaccine misinformation.
- Focus on building community confidence and increasing vaccine uptake. Clearly and repeatedly inform community members of policies, facts, and community attitudes to promote fully informed vaccination decisions.

Technology

- Build upon the improvements made to physical and digital infrastructure in the last year to create flexibility and enhance productivity among staff.

- Store and track immunization records securely for employees and students. Key requirements for immunization technology include:
 - Ability for employees and students to electronically upload vaccine documents.
 - Privacy protections for vaccine records and for requests for religious and medical exemption.
 - Consult with university human resources and general counsel to ensure compliance with state and federal privacy protections.
 - Clarify which vaccines developed outside the U.S. will be acceptable for international students and employees.
- Actively track and identify student and employee groups with lower levels of vaccination; partner with these groups to identify and eliminate barriers to vaccination.

Community-Building

- Include students in the development, delivery, and evaluation of risk mitigation and other COVID-19 programming.
- Advance diversity, equity, and inclusion measures to ameliorate inequities, including those exposed by the pandemic.

Health Services

For Institutions Requiring Vaccination

- Where state law and available resources allow, [ACHA recommends](#) COVID-19 vaccination requirements for all on-campus college and university students for Fall 2021. This recommendation applies to all students who live on campus and/or participate in on-campus classes, studies, employment, research, or activities.
- On a campus where COVID-19 vaccination is required, all faculty, staff, and students should be fully immunized, except for those with medical or religious exemptions.
- [Existing CDC guidance](#) states that fully vaccinated persons who are exposed to COVID-19 do not need to quarantine or, in most cases, be tested. With comprehensive vaccination, indoor classes, group events, residence hall occupancy, dining operations, and sporting events may default to pre-pandemic guidance.
- In settings where vaccination is not required but there is a low transmission in the on- and off-campus communities, consider relaxing testing requirements and other mitigation strategies (per CDC's [guidance for people who are fully vaccinated](#)). Be prepared to reinstitute these requirements quickly if community transmission increases.

For Institutions Recommending Vaccination

- If a COVID-19 vaccine requirement is not implemented, remain at heightened alert with current oversight of population-based strategies to mitigate the spread of COVID-19.

- Continue physical distancing, masking, control of group sizes, appropriate ventilation, advanced testing strategies, and rapid contact tracing.
- Communicate and reinforce behavioral interventions as students arrive in the Fall.
- Consider requiring a written COVID-19 vaccine declination. The declination process serves to inform the individual of the benefits and risks of vaccination and documents the individual's choice for recordkeeping.
 - Centralize documentation of declinations to accurately estimate community risk due to non-vaccination.
 - Any declination process should be thoroughly reviewed by legal counsel and approved by the institution's governing body.

Educating About Vaccination

- Develop strategies to maximize acceptance of vaccination.
- Survey community members to better understand and address the reasons for vaccine hesitancy.
- Utilize ACHA's [Campus COVID-19 Vaccine \(CoVAC\) Initiative](#) resources to address vaccine hesitancy and promote vaccine uptake.
- Educate and train student-facing staff and faculty on vaccination benefits, venues, and other resources.
- Utilize vaccination records to engage in targeted messaging to appropriate audiences.
- Utilize the Association of Immunization Managers' [COVID-19 Vaccine Communication Resources](#) or the CDC's [COVID-19 Vaccine Toolkit for Institutions of Higher Education \(IHE\), Community Colleges, and Technical Schools](#). Provide incentives for vaccinations for those who are unvaccinated and do not have a medical or religious exemption.
- Consider implementing vaccine requirements for subgroups of the campus community, such as those using campus housing, students in health professions, staff who work on-site more than twice a week, and athletes.
- Provide guidance on getting a second vaccine dose. If the initial dose of a two-dose vaccine was received prior to arrival on campus in Fall 2021, IHEs should share strategies with students for getting the second dose by the same manufacturer either on campus or in the local community.
- At the time of writing, the need for COVID-19 vaccine boosters is not known. Colleges and universities need to be well informed about booster recommendations and be prepared to advise and potentially provide booster doses or referrals to a local resource.

Offering Mass Vaccination Events

- Whether COVID-19 vaccination is required or optional, consider offering mass vaccination events following ACHA's [Mass Vaccination Clinic Guidance and Resources](#), which include:
 - Staying current with [FDA guidance on vaccines](#).
 - Appropriate cold-chain management of vaccines.
 - Security for vaccines and supplies.

- Consideration for providing appropriate PPE for staff, masking requirements for patient participants, and easy access to hand sanitizer or hand washing stations.
- Attention to the event site layout and flow patterns, as well as a registration process for the event.
- Addressing the needs of vulnerable and special needs populations.
- Management of records, including connecting to state registries; sending reminders for additional doses as needed; and tracking of student immunization status.
- Encouraging use of CDC’s [v-safe post vaccination health check tool](#) for COVID-19 vaccine symptom tracking and reporting.

Mental Health and Well-Being

- Continue offering virtual counseling services for students, faculty, and staff.
- Recognize the impact of racial, socioeconomic, and other forms of inequity in mental health care by offering care that is appropriate for all populations on campus.
- Provide options for distance/at home/outdoor wellness and recreation programming.
- Design for adequate distance between fitness equipment and patrons at recreational facilities.

Conclusion

Although many are hoping to return to “business as usual,” the pandemic is not yet over, and the next phase of higher education’s response must clearly acknowledge and learn from the contributions and sacrifices made by faculty, staff, and students in the past eighteen months. Returning entirely to pre-pandemic operating procedures is not an option. Higher education has proven resilient and quick acting in the face of a historic public health crisis, and this flexibility exhibited by IHEs has left an impression that won’t quickly be forgotten. If IHEs hope to continue recruiting, engaging, and retaining the best students, faculty, and staff to fulfill their missions, many of the innovations of this pandemic year—virtual and hybrid learning, work from home arrangements, improved classroom infrastructure, flexible schedules, and many others—must be adopted for Fall 2021 and beyond. The insights and recommendations provided in this paper will assist IHEs as they prepare to do so.

How to Share Your Success and Learn from Others

ACHA is cataloging innovative and successful COVID-19 response and mitigation efforts on campuses. IHEs are invited to submit their policies and programs to the [catalog](#) and campus personnel are encouraged to join the [Higher Education COVID-19 Community of Practice discussion forum](#). As campuses pivot yet again, now to manage COVID-19 as an endemic virus, the Community of Practice will connect multidisciplinary campus leadership, staff, faculty, and students moving forward together.

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