ACHA Submits Comment on Higher Education Data Collection Funding to U.S. Department of Education

February 14, 2023

The U.S. Department of Education previously requested input and information from the public to identify activities that could be undertaken with newly established authority and funds provided under the Consolidated Appropriations Act of 2022. The Department specifically sought ways to use the funding to support evaluation, data collection, and analysis activities that would increase opportunities for college students while raising the inclusivity of higher education.

In response, ACHA submitted a comment that advocated for the higher education community. Through the comment opportunity, ACHA requested that the Department of Education take action in collecting much-needed data and information on student health and well-being.

ACHA provided the comment ahead of the February 17, 2023, deadline to the Department of Education. The Department will review all submitted comments and use these to inform future regulatory actions and initiatives in the field of higher education. The full comment is below.

Docket ID: ED-2022-OPEPD-0155

Re: Department in the Consolidated Appropriations Act, 2022 Implementation Comment

The American College Health Association (ACHA) appreciates the opportunity to share comments with the US Department of Education. As an organization focused on the health and well-being of college students for more than 100 years, we welcome this opportunity to suggest to the Department of Education that it focus resources and attention on much-needed data collection as applied to student health and well-being on college campuses.

For years, there has been a general recognition that success in similar data collection efforts at the elementary and secondary levels can be linked to the health and well-being of students and entire schools as now encapsulated in the Whole School model.¹ To promote achievement similarly at the collegiate level, the Department of Education needs to focus on the Whole Student, Whole Campus efforts to improve health and well-being – especially given the widespread recognition of the mental health crisis among emerging adults that predates the COVID pandemic.

To achieve this, the Department of Education should be looking for ways to:

1. Strengthen health and well-being data collection at the collegiate level;
2. Strengthen college health and well-being systems;
3. Advance the health and well-being of college students and communities; and
4. Help ensure accessible and quality college education.

¹ https://www.cdc.gov/healthyschools/wssc/index.htm
Specifically, we encourage the Department of Education, through its implementation of the Higher Education Act of 1965, to collect more data about college health and well-being and, similarly promote a data collection and research focus on the emerging adult age cohort. As a suggestion, we offer that the promotion of such data collection can be achieved through interagency collaboration or collaboration with other outside organizations.

Specific Recommendations

IPEDS Questions

In order to improve available data regarding college health and well-being, ACHA recommends adding the following questions to the Integrated Postsecondary Education Data System (IPEDS):

- Does your institution provide students with access to health care, including through contractual arrangements with off-campus and/or external providers?
- Does your institution have a student health services center on campus?
- Does your institution provide students with access to mental health counseling, including contractual arrangements with off-campus and/or external providers?
- Does your institution offer mental health counseling services on campus?
- Does your institution offer health/well-being prevention education?
  - If yes,
    - Does your health/well-being prevention education align with a holistic framework?
    - Is your health/well-being prevention education offered campus-wide?

Introducing such a line of questions in data collection efforts would accomplish two goals: 1) providing the public with useful, comparable information regarding campus health and well-being services, and 2) allowing institutions to better assess their impact on fostering student well-being.

Increase Health/Well-Being Data and Research Capabilities Applicable to Emerging Adulthood

We urge the Department of Education to begin reframing applicable data collections and/or research capabilities to align with the “emerging adulthood” demographic, which encapsulates the majority of college students.

There is little or no expertise or data focusing on the emerging adult age cohort at the federal level. Emerging adults are at a critical point in their lives, moving from parental-overseen care to self-care. The practices applied at this stage can greatly influence life-long practices. As numerous recent studies have shown, emerging adults have particular mental health needs and often face higher substance misuse challenges than the general public.²

As it stands, current data collections and federal research efforts primarily focus on children and older adults, thereby missing the key focus on a major demographic within the college student population.

To improve our understanding and the effectiveness of support efforts, ACHA highly recommends that the Department of Education create data/research efforts that capture the health and well-being of emerging adults across the country. Such actions will allow the Department of Education to better understand the needs and wants of one of its major constituencies, that is college students.

General Recommendations

College Health Systems

The Department of Education should focus efforts in support of policies that advance a greater acceptance and recognition of the critical role of college health and well-being in building healthy campuses and which ensure a quality health system for all institutes of higher education, including those that advance:

A. Comprehensive health systems that:
   - Provide or facilitate access to a wide spectrum of services, which support the health of the individual student and the campus community in its broadest sense
   - Provide high-quality services and participate in and promote assessment and quality improvement
   - Educate students on navigating the health care system and aid with the transition from parent-guided care to self-care
   - Demonstrate that services are delivered efficiently and effectively
   - Require that all staff maintain professional competencies, work within their scope of practice, and adhere to codes of professional practice
   - Collaborate with community and campus partners to create a network of care and leverage resources
   - Provide expertise on health matters to the campus and serve as campus public health representatives
   - Provide student-centered services
   - Exhibit professional excellence, responsiveness, and ethical practices
   - Practice multidisciplinary and collaborative approaches to health

B. Health care policies and practices that:
   - Ensure that any health care reform measures take into account the particular impacts on colleges and college students
   - Advance efforts to decrease health disparities among diverse communities, including different races, ethnicities, genders, and sexual orientations (such as around HIV prevention)
   - Require students to receive adequate privacy protection for their health matters, such as policies relating to the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability & Accountability Act (HIPAA)
   - Advance parity in the treatment of physical and mental health care
   - Utilize evidence-informed prevention measures, such as vaccines, education/awareness raising, prophylactics, and expedited partner therapy (such as EPT masks, social distancing, and quarantining)

C. Immunizations. Immunizations offer safe and effective protection from vaccine-preventable diseases. ACHA strongly supports the use of vaccines to protect the health of our students and our campus communities. To that end, ACHA:
   - Supports legislation, regulation, and/or policy development dealing with mandatory meningitis, COVID-19, and similar vaccinations.
• Discourages nonmedical exemptions to required vaccines. Best practices for institutions of higher education include following recommendations for institutional pre-matriculation immunization guidelines, encouraging students who request nonmedical waivers to be counseled by a health service clinician, and considering the exclusion of unimmunized students from school during outbreaks of vaccine-preventable diseases.

D. Funding. Meaningful and reliable funding of campus health and other well-being services for:

• Providing quality comprehensive services,
• Monitoring and data collection,
• Strategic/long-term planning,
• Appropriate facilities and equipment, and
• Research into ways to improve campus health practices.

E. Healthcare, prevention, and other well-being professional development. To ensure that we have diverse and high-quality campus health and well-being systems, ACHA supports the professional development, certification, or college-specific training of campus healthcare professionals through:

• Relevant minimum educational requirements
• Funding for ongoing professional development and training
• Advancement opportunities
• Career and retention planning
• Efforts to recruit and maintain under-represented populations such that there is a diverse representation within campus health and well-being professionals

College Health and Well-Being

The Department of Education should support policies that promote a multi-faceted, data-driven, holistic approach to whole campus health and well-being, including those that advance:

A. Affordable and accessible health care. Efforts to ensure student health and well-being that is:

• Available, meaningful, and affordable, including student health insurance plans at a reasonable cost and with appropriate coverage levels and options; and with safeguards against predatory practices
• Accessible for those on Medicaid, and those whose extended parental health coverage is not an option
• Clear in addressing privacy and parental consent concerns
• Comprehensive with quality care services that are accessible and support students’ needs, wants, and life goals, and made universal to all and are not discriminating in any way, including age; race/ethnicity; sex; sexual orientation; gender, including gender identity; marital status; physical size; religious, spiritual, or cultural identity; psychological/physical/learning disability; socioeconomic status; or veteran status. This includes access to:
  o Continued telehealth options with campus providers when not on campus, including for mental health
  o Unbiased, comprehensive, all-options sexual and reproductive health services, counseling, and education
  o Medical and counseling services for transgender students
  o Mental health care and education
B. Positive mental health. Comprehensive approaches to improve mental health and well-being; the availability of professional counseling services; training for staff, students, and faculty; and infrastructure and services to prevent suicide and self-harm.

C. Access to basic needs. Efforts to facilitate meeting the basic needs of staff, students, and faculty such as providing access to food, housing, affordable and accessible healthcare, appropriate insurance benefits, and information on how to access and utilize the aforementioned services.

D. Positive physical health (nutrition and physical activity). Efforts to provide food security for all students through access to adequate nutritious foods through food pantries and other programs, and access to physical activity opportunities on college campuses.
   - **ACHA is particularly concerned that students are opting to pay tuition at the expense of their bodily health, and thus policies are needed to recognize the responsibility of colleges in loco parentis for their students.**

E. Student housing. Supports student access to affordable, safe, and healthy housing options.

F. Campus safety. Ensures that students and campus professionals have access to a safe environment free from bullying, hazing, sexual harassment/sexual assault, and other crimes and violence.

G. Campus physical environment. Encourages improving the health, safety, and sustainability of campus design including buildings and dedicated green space, equipment, and practices.

H. Campus accessibility. Accessible campuses including infrastructure, equipment, technology, and practices.

I. Addressing unhealthy habits, mental disorders, and addictions. Efforts to reduce the use/misuse of tobacco, prescription drugs, illegal drugs, alcohol, eating disorders, and other risky/physically and emotionally damaging behaviors.

J. Intentional support. Support for the health and well-being needs of discrete populations, such as student-athletes, veterans, those in recovery, LGBTQ+ students, historically marginalized populations, first-generation college students, those with disabilities and/or chronic conditions, and victims of trauma or violence.
   - **And the intersection of those populations**

**Accessible and Quality Education**

The Department of Education should advance policies that promote diversity, equity, inclusion, justice, and accessibility and an evolving approach for the continued support of DEIJA in college health and well-being, including those that advance:

A. Nondiscrimination. Colleges should be guided by the values of inclusion, respect, equality, and equity, and reject all forms of intolerance and bias (whether implicit or explicit). Such a climate is essential for a healthy campus. Consistent with these values, ACHA rejects all forms of discriminatory conduct with respect to age; race/ethnicity; sex; sexual orientation; gender, including gender identity and expression; marital status; physical size; psychological/physical/learning ability; religious, spiritual, or cultural identity; socioeconomic status; or veteran status.

B. Anti-bias/anti-violence/social justice. Support for social justice, human dignity, and respect for all, and work to end bias and violence on college campuses. For a campus community to be truly healthy, it must be guided by the values of multicultural inclusion, respect, and equity. Intolerance has no place at an institution of higher learning, and this is true for all individuals regardless of race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability, or genetic information. Policies should engage the struggle to end oppression, prevent bias-related violence in our campus communities, and take action to eradicate injustice.
C. Diverse environments. Creation of supportive and inclusive environments that facilitate belonging within the college community, which has been shown to be the strongest predictor of emotional well-being among students, staff, and faculty.\(^3\) Intersectionality contributes highly to the inclusivity and well-being of the campus community.

Conclusion

We hope that the Department of Education will use these suggestions when reserving funds for its implementation of the Higher Education Act. By collecting more information about campus health systems and emerging adults, we can become better informed and in a better position to support the health and well-being of the campuses and communities they serve. Additionally, the Department of Education should be looking for ways to 1) strengthen college health systems; 2) advance the health and well-being of college students and communities; and 3) help ensure an accessible and quality college education. Through these efforts, we will enhance student success.

About ACHA

The American College Health Association (ACHA) serves as the principal leadership organization for advancing the health and well-being of college students and campus communities through advocacy, education, and research. ACHA represents over 750 institutions of higher education and the collective health and well-being needs of our nation’s 19 million+ college students.

\(^3\) https://www.acha.org/documents/ACHF/Influence_of_Environmental_Factors_on_the_Emotional_Well-Being_on_Students_Staff_and_Faculty.pdf