Lessons Learned from the Higher Education COVID-19 Community of Practice Grant Program

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Executive Summary

The Higher Education COVID-19 Community of Practice (HECCOP) was funded by a U.S. Centers for Disease Control and Prevention (CDC) cooperative agreement award to the [American College Health Association](#) (ACHA) to help college and university personnel and students collaborate on reducing SARS-CoV-2 transmission on campuses and in their surrounding communities. HECCOP engaged several strategies to assist campuses including a COVID-19 Student Ambassador Toolkit. To facilitate use of the Toolkit and related materials by institutions of higher education (IHE), HECCOP awarded 20 grants of $2,200 each to institutions of higher education (IHE) in the United States. As a requirement of grant funding, awardee IHE agreed to complete a final report at the end of the grant period.

Findings from this summary of those reports may guide future infection control measures as well as student engagement activities on a variety of topics.

- Respondents felt that student ambassadors were the right fit as one of their campus mitigation strategies. All but one grantee was able to recruit students to implement program activities.
- Respondents were most likely to use social media, email and online meetings, workshops or gatherings among the communication strategies listed.
- Respondents provided several excellent suggestions for how to engage students including in-person events, QR codes, student-created media and diffusion through established student clubs and organizations. Most respondents offered in-person campus events, including vaccination clinics, during the grant period. Attendance and participation varied by setting.
- Several respondents mentioned they were not permitted access to data regarding campus vaccination rates.
- Respondents were most likely to measure the success of their program through attendance at events and increased student engagement with their department.
- The most likely barriers to program success were delays in processing funds at the campus level; difficulty in scheduling meetings, trainings and events; and delays with other campus partners or vendors, supply chain, approvals.
- Eighty percent of respondents felt their campus vaccination efforts are better off than before the grant.
- Fifty-five percent of respondents felt their campus mitigation efforts were better than before the grant period. In some cases, mask mandates had expired and the emergence of Omicron may have caused some to feel their efforts were backsliding.
- Ninety percent of respondents felt the grant program positively impacted their campus community.
- Most respondents felt their programs were responsive to health inequities specific to their campus population.
- Ninety-five percent of respondents met a learning goal established by the CDC for this cooperative agreement.
- Respondents were most likely to be helped by listserv announcements, the required grantee meeting and 1:1 correspondence with ACHA staff.
- Most suggestions for improving the grant process relate to the timeline. Respondents would prefer more time to complete the program activities, and more time to prepare, such as applying and being notified the semester before programs are to be implemented. Another helpful suggestion is to label email communications better to indicate what training and

events are required and what is simply a notice of optional professional development or information.

The feedback from respondents provided many key takeaways for CDC, ACHA and other grantors.

- Don't underestimate the allure of in-person programming and outreach, even during a pandemic. Respondents frequently reported using in-person methods to achieve their goals, including health huts, tables in high traffic areas on campus, and "street teams" of student ambassadors who would take shifts to walk around campus and provide positive feedback and incentives to students who were complying with campus policy for COVID mitigation. The Toolkit offered guidance for both virtual and in-person activities, primarily focused on education rather than outreach. Future iterations could offer even more for in-person engagement and outreach.
- Not every student wants to receive school information on social media. Some want a clear divide between school and "fun" and prefer to receive information in-person or through other campus communication methods.
- Not every campus unit is permitted to use social media. Some schools have policies that limit departments from having their own presence and everything must be vetted and posted on approved campus channels, if used at all.
- If possible, the cooperative agreement period should extend across two full semesters. The period for this project was only 8 months. Respondents could have made better use of their grants if the application and notification occurred in one semester for implementation in the next. This is particularly critical since many schools have incredibly long wait times from the point at which the institution receives the funds from ACHA to the point at which they are actually made available to grantees for spending.
- While students made up half of the working group that developed the Toolkit, and although the diversity of representation in the design was praised, the campaign materials fell short of some grantees' expectations because they didn't reflect their students, weren't animated, and didn't provide sufficient room to add school logos.
- The Toolkit presumed student ambassadors would already be trained in the basics of peer health education. This was not the case for some grantees and they could have benefitted from immediate referral to other tools for this foundational education.
- Respondents appreciated the high-touch level of support offered by ACHA staff. Multiple channels for support at both the group and individual level should be maintained. Listserv communication should include clear notice in the subject of what the message contains and whether it is information-only, required action, or optional professional development.

Findings and recommendations will be shared with the CDC and ACHA stakeholders to inform future processes.

> **80% of respondents feel their campus vaccination efforts are better off than before the grant.**

Introduction

The American College Health Association, in its role as the leading national college health organization, brought together a community of diverse disciplines within higher education to collaborate on reducing SARS-CoV-2 transmission on college campuses and in their surrounding communities. This project, the [Higher Education COVID-19 Community of Practice](), was funded by a U.S. Centers for Disease Control and Prevention (CDC) cooperative agreement award, CDC-RFA-CK20-2003 for the period March-September 2021. Many HECCOP program elements continue under the auspices of ACHA's sister project, the Campus COVID-19 Vaccination and Mitigation Initiative (CoVAC).

HECCOP focused on the topic of COVID-19 behavioral mitigation efforts, such as masking, handwashing, physical distancing, and testing. Through peer-to-peer collaborative activities, members of HECCOP joined together virtually to share information and innovative solutions, build knowledge, develop expertise, and solve problems aimed at reducing SARS-CoV-2 on college campuses. The community included students and college health and wellness professionals as well as colleagues in residence life, student affairs, athletics, recreation, facilities, faculty and more.

Student Ambassador Toolkit

HECCOP offered several channels and strategies to facilitate collaboration and increase knowledge sharing. The COVID-19 Compendium [Behavioral Change Approaches to Promote COVID-19 Mitigation Behaviors Among Students]() is a searchable online database. There is also an online discussion forum open to anyone interested in being part of the HECCOP and free educational programming. HECCOP partnered with a working group of 5 campus personnel and 5 students and a health communications vendor, CommunicateHealth, to create a COVID-19 Student Ambassador Toolkit. This digital toolkit launched in August 2021 and is comprised of a student ambassador planning guide; lesson plans; communication guide; and digital marketing assets. It has been downloaded over 1200 times.

Grant process

To facilitate utilization of the Toolkit, HECCOP awarded 20 grants of $2200 each to institutions of higher education (IHE) in the United States. The grant program was advertised through ACHA channels as well as to the larger higher education community through partner organizations. Fifty-three applications were received and reviewed by the working group using a standardized rubric and scoring system. Awardees were announced on September 7, 2021. Awardees came from 17 states; 3 are private institutions; 2 are community colleges; 4 are historically Black colleges and universities (HBCU); 1 is a tribal college; 6 are other minority serving institutions; 2 are faith-based; and 2 are women's colleges. HECCOP offered several avenues of support to grantees. These included a listserv; drop-in technical assistance hours on zoom; 1:1 consultation; an evaluation workshop offered by the CDC; a workshop on student engagement offered by ACHA's Health Promotion section; a required grantee virtual meeting; and other ACHA resources and tools.

Evaluation Measures

Late in the fall term, many campus personnel reported feeling overwhelmed and exhausted. To make the grantees' final report as easy to complete as possible, it was presented as a survey of 68 items in a Google Form. The survey opened on November 9, 2021, and closed on December 10, 2021. Several reminders were sent during the survey period. All twenty grantees completed the

survey. *Please note this report references information and outcomes that are not solely the result of the HECCOP Mini-Grant Program related activities. Grantee institutions deployed a variety of COVID-19 mitigation strategies during the grant period, therefore the results described below are not directly attributable to the HECCOP Mini-Grant Program.*

Findings and Conclusions

Survey items, grantee responses and conclusions appear **in bold** below. Recommendations follow in the next section.

Campus Climate

Does your IHE require students to be vaccinated for COVID-19 (allowing only medical and/or religious exemptions)?

Response option	Respondents
No, we have no requirement.	10
Yes, for students in in-person classes	1
Yes, the requirement is for all students	5
Yes, the requirement is for students in academic or extracurricular areas designated as higher risk of transmission (health sciences, athletics, early childhood etc.	1
Yes, we have a requirement, but students can opt out through regular COVID-19 testing rather than vaccination (beyond medical or religious exemptions)	3

Respondents were split on whether their institutions required students to be vaccinated for COVID-19.

Does your IHE have an indoor mask requirement?

Response option	Respondents
No, but we did previously.	3
No, we never did.	2
Yes, but it depends on the level of spread on campus.	1
Yes, and it is continuing.	12
Yes, but it is ending soon.	1
Yes, but it is unclear if it will continue.	1

75% of respondents indicated their institution has an indoor mask requirement.

Does your IHE track students' COVID-19 vaccination status?

Response option	Respondents
No	5
Yes	14
I don't know	1

Of those who answered yes, the range of reported student vaccination rates was 63.7%-99%.

70% of respondents' IHEs track students' COVID-19 vaccination status.

Program Activities

Which audiences did you reach through your program activities? (Select all that apply)

Response option	Respondents
Students, Staff, Faculty and Community	3
Students, Staff, Faculty and spouses	1
Students, Staff, Faculty	10
Students	6

Most respondents' grant activities focused on students, staff, and faculty. Six focused exclusively on students.

Please describe any subpopulations you focused on reaching through your program activities (e.g. athletes, first generation students, etc.)

Responses varied and included athletes (3), musicians, Black students (4), Native American students (3), Latino students (2), first-year students (2), second year students (1), first generation (1), military (1), residential students (3), sororities and fraternities (1), LGBTQIA+ (1)

Respondents aimed to reach several sub-populations on campus.

Did your program involve students as peer ambassadors during the program period (Sept-Dec 2021)?

Response option	Respondents
No	1
Yes	19

As required by the grant criteria, 95% of respondents engaged students as peer ambassadors in grant activities. Unfortunately, one school was not able to recruit any students to this role.

If yes, how many students were involved as peer ambassadors in your program during the program period (Sept-Dec 2021)?

Response option	Respondents
0	1
1-10	12
11-20	6
21-30	1

Sixty-three percent of respondents' programs engaged 1-10 student ambassadors. At minimum 99 student ambassadors were engaged across the 19 schools who reported outcomes, possibly as many as 270.

In what ways were students (student ambassadors or otherwise) engaged in your program (check all that apply):

Response option	Respondents
They participated in program activities	18
They served as members of an advisory committee	6
They created/shared social media posts	14

| They provided outreach (tabling) | 14 |
| They provided education (workshops or materials) | 14 |

Other: Peer advocacy, student liaisons, grant contributors, etc.; Mask compliance hours in hot spot areas; Our Bulldog CPR also gave input for a student survey and administered the survey (hands-free with QR code). Additionally, they sponsored a t-shirt contest and COVID survivor story documentary. They are putting together a Tik Tok video/contest, but it will not roll out on social media until next semester.

The most common roles for student ambassadors were to participate in program activities, create/share social media posts, provide outreach and education. They were less likely to serve on advisory committees.

Respondents were asked to list the goals for the grant program on their campus. Activities implemented in support of their goals can be distilled into these primary categories:

- Provide branded masks and hand sanitizer to promote mitigation
- Create materials and campaigns to correct misinformation and share facts about COVID-19 vaccination and mitigation
- Share information via digital and in-person strategies, including video, social media, handouts, tables, fairs, etc.
- Consult with student organizations and campus offices on the best practices for adapting traditions and events to reduce risk
- Gather input on campus policies, perceived barriers to vaccination
- Enhance connection and mental health through information and engagement
- Encourage prosocial behavior in adhering to regulations or where no requirements exist

Student Ambassador Toolkit
What components of the COVID-19 Student Ambassador Toolkit and Campaign materials did you use in your program? (Check all that apply)

Response option	Respondents
Student Ambassador Planning Guide	12
Communication Plan	9
Lesson Plans	7
Social Media Graphics	9
Digital Signs	7
Posters	9
None	2

The Student Ambassador Planning Guide was the most popular component of the Toolkit, used by 75% of respondents who used any component of the Toolkit. The other components were used by approximately the same number of respondents each. Feedback from all items regarding the Toolkit was shared with the designer and will inform future iterations, if any.

How could the Student Ambassador Planning Guide be improved? If you didn't use it, please enter "NA".

NA (4)
Our ambassadors really enjoyed utilizing the tools provided to them, I think they just wanted more guidance on how to encourage students to participate.

More information could be provided to guide ambassadors on how to post on social media.
More examples
This was a great overview of the program and the responsibilities, training, and tracking of student ambassadors. One suggestion for improvement would be for the evaluation component, give examples/templates of past program surveys that were used to measure success.
It was very helpful and a great resource to have.
The students used the student ambassador planning guide and found it helpful when creating their facilitation guide.
It was excellent.
It was great--- it sparked ideas on how to incorporate education into other areas such as campus and class traditions and structuring our Q&As differently (both drop in and "town hall" style). One thing we would have liked to see was more examples, both written and maybe a short video or each type of activity.
The tools were great.
No suggestions. It was very useful!
Make it a living document that gets updated, and you send out emails notifying participants there is an update - so we can address changing information
I wanted a more comprehensive training for student ambassadors
The graphics (pictures) could be updated to be more visually stimulating to tell a story. most pixs in tool kit are pretty static
The guide called for tossing an object (paper ball?) back and forth between participants as a getting to know you activity. This is inappropriate during the pandemic because it would spread germs from hand to hand.

Eight respondents provided positive feedback. Seven provided actionable feedback including offering more examples, providing animated images, providing an evaluation template, revising in-person icebreakers to be COVID-safe, and offering a comprehensive peer educator training.

How could the Communication Plan be improved? If you didn't use it, please enter "NA".

NA (8)
We really liked the toolkit and felt it was extremely to the point and helpful.
No recommendations at this time.
More role-playing activities to provide practice with conversations before.
Again, this was a great resource to have. I think the only thing that could be improved in the future is as we know more information, include the common questions (the more technical questions). We were fortunate to have our program run out of Student Health Services, so we were able to get some of the more challenging questions students asked quickly, but I could see that being a helpful resource for those who don't have that communication support.

The communication plan was used but the students did not provide improvement feedback.
no changes---great information
Pre-made messaged with fill-in-the-blanks could have been beneficial and helped us save time related to SM posts or newsletter blurbs
No suggestions. It was very useful!
One suggestion would be to include key pointers on effectively presenting information when designing infographics. The communication plan was great at providing tips to choose trustworthy sources when communicating about COVID-19. However, considerations on the use of colors, fonts, and ways to make content more digestible when creating materials would also have been helpful. Additionally, expanding on methods to create more accessible materials would be ideal to include on the communication plan to ensure students are aware of how to produce digital content that has equal access for people with disabilities.
More ideas that are relevant for students regarding where they get health information or influencers
gave us a good start it was fine

Five respondents offered positive input on the Communication Plan. Five respondents provided actionable feedback such as expanding the sections on making content accessible, offering more customizable templates, and more role-playing activities to build student's self-efficacy.

How could the Lesson Plans be improved? If you didn't use it, please enter "NA".

NA (10)
I think having a template available for the students to utilize would be helpful, my ambassadors did end up creating a great lesson from the information though!
The lesson plans were straight forward and easy to use since our student ambassadors have a health background. No areas for improvement are noted.
The lesson plans were great and helped us stay focused and in line with our goals and reaching students.
The Lesson Plan appeared to be helpful for the students and no improvement feedback was provided.
They were very helpful. They provided us with ideas about what to present and how to present it.
good but made it seem hard to tackle---show how it can be made into smaller events as well that can fit into other spaces on campus
They were great - this concept helped frame our training program for wellness ambassadors and enable us to develop a classroom presentation
No suggestions. It was very useful!
We reviewed them but used messaging that we had already been using as far as COVID awareness and myth busting

Six respondents provided positive feedback about the Lesson Plans. Two offered actionable feedback about offering smaller events that are less intimidating to plan and providing a blank template.

How could the Social Media Graphics be improved? If you didn't use it, please enter "NA".

NA (9)
It is always helpful to have animated graphics if possible!
More relevant to student interests - We have found better engagement off of things like memes and student tips (from their university peers). I think with the heaviness of the pandemic, students enjoy the more lighthearted/humorous approach (when appropriate).
The social media graphics were not used as part of the program but they were utilized before the program started and there are no suggestions for improvement.
They were very helpful. They represented a diversity of people and topics (handwashing, sanitizing, masking, vaccine).
good but didn't always fit our brand which was tough to get approved
The tools were great.
It would be nice to have materials in which they can use with their own school logo, color schemes, etc. There were many materials that did not have our campus feel.
Maybe provide other social media options besides a standard post. Short videos, similar to tiktoks, polls, memes, etc. or other engaging options. We posted the one's provided and didn't get many impressions.
More relevant to students and be able to edit them - more catchy to students.
as stated above, more dynamic

Four respondents indicated appreciation for the social media graphics. Six respondents offered constructive input including offering animated graphics, making graphics more relevant to students, and allowing more room to customize the images with school logos.

How could the Digital Signs be improved? If you didn't use it, please enter "NA".

NA (14)
They were very helpful. They represented a diversity of people and topics (handwashing, sanitizing, masking, vaccine).
n/a
The tools were great. Thanks for allowing us permission to add a university logo/brand to them!
It would be nice to have materials in which they can use with their own school logo, color schemes, etc. There were many materials that did not have our campus feel.
See above
looked at them but did not use them in the end

The digital signage graphics were not well used. Feedback included offering versions with more room for schools to customize.

How could the Posters be improved? If you didn't use, please enter "NA".

NA (13)
We appreciated that the posters were ready to go and only needed to be printed. If there was a way to customize the picture and insert our own student ambassadors or put our school logo on there, it would be great.
They were very helpful. They represented a diversity of people and topics (handwashing, sanitizing, masking, vaccine).
The tools were great.
It would be nice to have materials in which they can use with their own school logo, color schemes, etc. There were many materials that did not have our campus feel.
posters looked good just did not have the funds to print them. to offer free posters shipped would be helpful
The posters are wonderful! Maybe include a place for school branding.

The posters were not well used either. Suggestions included making them more customizable and shipping printed posters to schools for free.

If you didn't use any of the Toolkit materials, please tell us why?

N/A (3)
Given the level of VP and administrative involvement, we focused on the activities and messaging that was in line with our College's current practices.
The tools were all great. While we may not have directly use all of the materials directly, they certainly helped inspire us and our students!
While we used the materials in which we could print out and place all over campus, my students did not feel as if they were representative of our campus population. We were also ahead of most entities in that we had our program established and applied for this grant to help subsidize what we were already doing on our campus. The materials felt as if they were steps that we already have to struggle through before getting grant funding.
We were continuing a previous program that already had training in place. Additionally, other campus departments are responsible for sending out messaging on social media. Our college discourages unapproved media messages from students.
Super busy, myself and the students, so just had regular meetings and utilized what we thought would work best for our small Native community
There was just too much material to sift through. We had to pick and choose due to limited time and schedules.

Respondents who didn't use the Toolkit were limited by time to explore the materials and university policies that discouraged units from using social media.

Social media and other communication strategies

Which strategies/ channels did you used to communicate with students (check all that apply):

Response option	Respondents
Social media	16
E-newsletter or Campus Newspaper	7
Email	13
Digital screens/message boards	6
Non-digital bulletin boards/posters/fliers	10
Campus radio	3
Podcasts	2
Online workshops, meetings, or gatherings	10
None of the above	1

Other: Tabling events, social events, athletic events, listening sessions, meet and greets, etc.; health fair / group outreach; Tabling, Peer educators acting as ambassadors in their classes and social groups; In person when they come in to work out; in-person; Our students canvased the campus, providing masks, hand sanitizers, etc.

Respondents were most likely to use social media, email and online meetings, workshops or gatherings among the communication strategies listed.

Which social media platforms did you use in your program? (Select all that apply)

Response option	Respondents
Instagram	11
Facebook	9
Twitter	2
Tik Tok	1
Snap Chat	1
None	1
You Tube	1

Respondents who used social media were most likely to use Instagram and Facebook.

	Range	Total across respondents
Total number of program POSTS made during the program period	2-97	395
Total number of LIKES your program posts received during the program period	0-2,506	5,818
Total number of COMMENTS your program posts received during the program period	0-300	453
Total number of SHARES your program posts received during the program period	0-100	242

Respondents using social media reported widely varying levels of engagement. This is not surprising since campuses vary considerably in size, potential reach, resources devoted to

108,291
total social media engagements

social media, student engagement with social media overall, and student engagement with campus social media in particular.

If you used social media as a communication strategy, please indicate any other metrics you would like to share.

We reached over 50000 people
146 followers on Instagram
118% increase in page engagement since before the program started; 969 people reached
Views: 3,094 of our posts
There are other accounts that shared our information but not directly from our page so I do not have metrics for that information
Several times throughout the course of the grant, we reached out to our centralized university communication team and requested that they make posts about COVID issues. We also posted to the Parent page on Facebook several times about vaccines.
an average of 3-4 other departments reposted our work
Accounts reached- 4,425 Impressions-26,678 DMs-41
Followers: 221; Total number of SAVES: 51; Total number of REACH: 15,184, with an average of 584 accounts reached per post
views - 207
Accounts reached 5,251

Please describe any communication strategies you believe were particularly effective with your campus during the program.

+ & - board helped really target the "why-not" individuals.
We felt our tabling outreach activities were the most effective, especially at market days when we could catch students as they were walking by.
using our school's information forum
Face to face tabling and health hut discussions.
The Facebook videos were written at a college student literacy level and used common slangs, hashtags, and memes targeting the group. It allowed more views online than what the page was used to.
I think in-person engagement was best. Some of the feedback we got from students we interacted with is that they appreciate information, but they don't always want to see COVID information on social media. They are there to "have fun".
I think the combination of print, digital (email and newsletters), social media and word of mouth made it hard to miss when vaccination clinics were happening or what mitigation efforts needed to be followed at any given time.
In person communication strategies were fairly effective during this process on campus.
Talking one-on-one with people at university events to encourage them to upload their vaccination records and follow COVID protocols. We also placed information on parked

cars (typically this wouldn't be allowed but we were granted an exception) about vaccination and other COVID protocols.
working with other established groups and clubs on campus
We learned early on from our wellness ambassadors that they felt saturated by online social media content. They recommended in-person programs to engage with students and campus members directly. Face-to-face was very effective and students seemed to enjoy the opportunity to ask questions in person.
Being honest, accurate, and timely made this part of our program extremely effective. The information also was created by students for students utilizing their own language, culture, and esthetics. Posting on average 2-3 times a week with stories in between also seemed to keep students engaged. Student ambassadors also kept the posts fun!
Each student ambassador was required to share program information with 3 contacts. This could be a student organization, groupme chat, program advisor, etc. that they knew. I think that really helped with outreach.
- We believe that taking information from text heavy websites and converting them into forms that are digestible and incorporate visual elements was helpful in increasing the awareness of COVID-19 policies and guidance on campus, especially as we shared the materials on a social media platform popularly used by students. *- Frequently tagging other UC Davis accounts on social media posts was also effective in having them repost our content and increase our reach.* *- Utilizing popular/trendy audio also seemed to lead to a higher number of views for videos/Instagram reels that our ambassadors created.*
Using students to develop and promote programming.
In-person walking around. Outside that our department had a lot of success with flu shot clinics
Social media numbers are misleading due to many of the shares and comments in the initial campaign were by anti-COVID (do not believe in COVID or Vaccinations). We ended up stopping these ads due to the comments and redirecting to adds that were not able to be responded to with a prediction of reaching 23,000 people
Really just speaking to people face to face and having the info sessions.
The CDC yellow buttons were a big hit. Email and texting are key for our campus since official social media blasts are tightly controlled. For our COVID Student Survey having QR codes for hands-free digital access was convenient and safe.
Being able to pay to boost posts was very beneficial to views and accounts reached that were not necessarily followers.

Respondents provided several excellent suggestions for how to engage students including in-person events, QR codes, student-created media and diffusion through established student clubs and organizations.

Events and Vaccinations

If you held on-campus events as part of your program, did you track attendees or engagement?

Response option	Respondents
Yes	13
No	3
We did not hold on-campus events as part of our program.	3

If you answered yes to the above, please indicate the total number of attendees/participants at program events during the program period.

Range: 1-700

Total across respondents: 4,109

Did your IHE offer COVID-19 vaccination on campus during the program period (as part of the mini-grant program or otherwise)?

Response Option	Respondents
Yes	14
No	5

Number of vaccinations given on campus during the program period

Range: 8-2,936

Total across respondents: 6,152

Most respondents offered in-person campus events, including vaccination clinics, during the grant period. Attendance and participation varied by setting. Several respondents mentioned they were not permitted access to data on campus vaccination rates.

6,152

vaccinations given during the program period

4,109

total program participants across 20 campuses

Program Goals, Barriers, Impacts

What methods did you use to measure program success?

Response Option	Respondents
Participants at events	11
Vaccinations	8
Infections	3
Testing	3
Hospitalizations	0
Surveying campus attitudes, knowledge or beliefs	6
Increased student engagement with your department	11

Other: Social media analytics (2); Number of students who agreed to get vaccinated at pop up clinics, attitude changes during engagement with our office and engagement with various events; Workshop evaluation forms; The amount of vaccination pride gear distributed, number of information flyers distributed.

Respondents were most likely to measure the success of their program through attendance at events and increased student engagement with their department.

On a scale of 1 (not achieved) to 10 (fully achieved), to what extent were you and your students able to achieve Goal 1 of your program?

Response Option	Respondents
1 – not achieved	2
2	0
3	0
4	0
5	0
6	2
7	3
8	1
9	7
10 – fully achieved	5

On a scale of 1 (not achieved) to 10 (fully achieved), to what extent were you and your students able to achieve Goal 2 of your program?

Response Option	Respondents
1 – not achieved	1
2	1
3	2
4	0
5	3
6	0
7	4
8	1
9	4
10 – fully achieved	5

On a scale of 1 (not achieved) to 10 (fully achieved), to what extent were you and your students able to achieve Goal 3 of your program?

Response Option	Respondents
1 – not achieved	1
2	1
3	1
4	0
5	2
6	2
7	1
8	2

9	3
10 – fully achieved	7

Most respondents expressed that they were able to achieve the three goals for their program as outlined in their applications.

What barriers did you encounter as you implemented your program?

Response Option	Respondents
Delays in processing funds at the campus level	11
Poor response from student participants	6
Unable to recruit or maintain enough student ambassadors	4
Difficulty scheduling training, meetings or events	10
Delays with other campus partners or vendors; process, supply chain, approvals	10
Limited time for supervision due to other duties	6
Staff turnover	3
Other staff/units wanted student ambassadors to act as "enforcers"	2
Opposition or harassment from campus or community members (in-person or online)	3
Lack of support from administration	3
Lack of staff time to implement	7
We did not encounter any barriers	1

The most likely barriers to program success were delays in processing funds at the campus level; difficulty in scheduling meetings, trainings, and events; and delays with other campus partners or vendors, supply chain, approvals.

Will you be able to sustain the program, or components of the program, beyond the grant period?

Response Option	Respondents
Yes	10
Unsure	2
No	1

Other:

We aren't interested in sustaining the program, or components of it, beyond the grant period.

We will continue our public education and social media efforts but will not be able to pay for advertising or provide give aways without future funding.

We are not going to be allowed to sustain the program or components without possible retribution from the Governor.

We need funding to sustain this program. Hopefully through the next ACHA grant!

To a certain extent we can sustain the program as 4 of the ambassadors were juniors.

Yes, as long as our university supports the program.

Most respondents will sustain elements of the program beyond the grant period. Others face political backlash if they continue and many will need additional financial support to continue.

Do you feel your campus vaccination efforts are better or worse off than they were before the grant program? (We are not inferring causation.)

Response Option	Respondents
Better	16
Worse	0
No Change	4

Eighty percent of respondents felt their campus vaccination efforts are better off than before the grant.

Do you feel your campus mitigation efforts are better or worse off than they were before the grant program? (We are not inferring causation.)

Response Option	Respondents
Better	11
Worse	7
No Change	2

Fifty-five percent of respondents felt their campus mitigation efforts were better than before the grant period. In some cases, mask mandates had expired and the emergence of Omicron may have caused some to feel their efforts were backsliding.

How do you feel the grant program impacted your campus community?

Response Option	Respondents
1 – negatively	0
2	0
3	0
4	0
5	2
6	0
7	3
8	6
9	2
10 – positively	7

Ninety percent of respondents felt the grant program positively impacted their campus community.

Please briefly describe whether and how your project addressed health equity?

We tried to reach those who weren't getting the vaccine because of medical mistrust. We did see an increase in the Black community.

Because this is an HCBU, equity wasn't racial but location on campus to reach all groups. Health Ambassadors partnered with different groups that reached all types of students and majors on campus.
This project allowed for access and availability of information and resources to a minority group in a rural county with limited healthcare provider experience in order to increase their knowledge about COVID-19 that is disproportionately affecting their community.
The APHA program is made up of a diverse group of students who are trained to interact with different members of the community and have unique abilities to communicate in multiple different languages. While creating educational content, they utilized their abilities to translate in a different language and produced materials that could be shared and inform a wider range of audiences.
We worked hard at making sure our messaging and efforts were for all - not just unvaccinated or vaccinated.
We hired student leaders who wanted to advance DEI initiatives. We provided a on-campus job with flexible hours to meet students' basic needs. We'll implemented equitable hiring practice and encourage work-study students to apply. Additionally, training of the group was informed by DEI focus group data that was conducted in Spring 2021. In the training we covered what was shared in these groups that included identity and cultural competence in the training.
Our project addressed health equity by making sure we hosted accessible events for persons of all backgrounds whether they could be on campus or not we made efforts for all ospreys to feel included and impacted by our work.
To address health equity, specifically with vaccinations, we would acknowledge how a history of medical malpractice has rightfully concerned people about injections. We would then break down the vaccine information regarding the levels of inclusivity in trials and we engaged with the office of multicultural affairs for their own programs, where we relayed information about the wings up sleeves up program, and handed out promotional items.
We did not address Health Equity in our goals specifically, but Health Equity is an important issue that our larger Peer Educator group is trained to be knowledgeable about & address when educating students.
For the first few vaccination clinics that we had on campus, we made it a point to personally reach out to our international student population because many didn't have access to the vaccine in their home countries. Even though our local public health department had vaccine widely available, we made a point to bring them to campus so we could reduce transportation barriers.
Our program acknowledges barriers that would get in the way of people being tested, getting the vaccine, and how the pandemic has impacted systemically excluded communities. Some of the programs that used some of the program information were used to discuss health equity and resources/support on campus.
We made special efforts to reach out to campus partners that represented marginalized students on campus to engage them. When the students distributed incentives, they made it a point to visit spaces that students of color and LGBTQIA+ students often use, such as the Office of Multicultural Affairs study/conference spaces and The Bridge, the LGBTQIA+ hangout space on campus. We coached our students to make sure to ask permission to enter those spaces, which helped them learn to respect "safe spaces" on campus. When we sought nominations for the student influencer workshop, we did extra outreach to the Office of Multicultural Affairs and Gender and Sexuality Resource Center staff, and in our call for nominations we encouraged staff and faculty to consider nominating students of color and LGBTQIA+ students. The student influencer workshop was only attended by 1 person, but we did receive quite a few nominations

for students of color, and one that was routed through the Gender and Sexuality Resource Center.
We worked with traditionally marginalized groups and partnered to share information in spaces and with groups that may not have welcomed external messages
Through our tabling efforts, we also let students who disclosed lack of health care insurance know about resources available to them -- and used their feedback to develop marketing pieces. We also promoted these programs to a cross-section of colleagues and asked for their assistance to encourage students to stop by events and learn about the wealth of resources available not only on our campus but also in the community - regardless of vaccination status, insurance status, demographics, etc.
While this was something that we attempted at first to do, i.e., working with our native populations to provide PPE, we found quickly that we did not have the capacity to proceed. With more capacity and resources, this is something that we can try to address.
A majority of our COVID-19 Champions identified as members of populations unfairly impacted by COVID-19 and that are more vaccine hesitant. In addition, our COVID-19 campus forum included a majority of panel members who also represented these populations.
As an HBCU we are already positioned to make contact with more equity by design. Also in our social media campaigns we purposely targeted younger adults in areas that in equities may be present. We hope to do more in the future working with faith-based groups in harder reached areas
yes most definitely
Being an HBCU, we obviously serve a minority population of black students which have historically been marginalized when it comes to access to care.

Most respondents felt their programs were responsive to health inequities specific to their campus population.

Professional Development

As a result of this grant program, do you have a greater understanding of best practices for the prevention and control of infectious diseases?

Response Option	Respondents
Yes	19
No	1

Ninety-five percent of respondents met a learning goal established by the CDC for this cooperative agreement.

Support from ACHA and Feedback on the Grant Process

What support from ACHA did you find most helpful during the grant period?

Response Option	Respondents
Listserv, information emails	15
Drop-in technical assistance zooms	9
Zoom session on evaluation with CDC Staff	5
Required grantee meeting Nov 4	11
1:1 correspondence with ACHA staff	11
Health Promotion section networking event 10/26/21 on engaging students in COVID response	5
Other ACHA COVID-19 resources	6

Comments:

ACHA was amazing. Thank you for all of the support. Everyone was so responsive and understanding. It was valuable to me to talk to other grantees to hear their struggles and successes. Additionally, a couple of us (grantees) were able to network and collaborate on a proposal for the 2022 ACHA National Conference related to our programs birthed from this grant.

I appreciated everything that was offered even if I wasn't always able to take advantage of everything.

Respondents were most likely to be helped by listserv announcements, the required grantee meeting and 1:1 correspondence with ACHA staff.

"With this grant, our student ambassadors were able to be COVID-19 risk mitigation champions and perform servant-leadership during a pandemic that is disproportionately affecting their community."

How could the grant program be improved in the future?

Students could get better organized if the grant period was longer.
We had a head start on the program in September as the university administration already approved the program even without ACHA funding so we were able to recruit and train the student ambassadors early. Because of that, we were able to deliver and achieve the program goals by the deadline. I think that if we started later when the funds were delivered, we would have trouble getting the deliverables completed especially with the recruitment and training of students as they have busier schedules in September. If there was any way that we could have at least 6 months to implement the grant, we might have had more preparation and more successes. In the future, it would be great if the grant cycle was for 6 months instead of 3 months.
No current suggestions, we appreciate all the resources shared to grantees, Zoom meeting opportunities to check-in, and the prompt response times in addressing any questions we had.
This was a small grant and expectations were in line with funding - we gathered some good information and plan to use it for programming as well as continuing efforts.
Less communication. I was confused on what was optional and what was required by the grant.
I think having more guidance on how to implement the programs would be helpful, maybe a set list of goals grantees should focus on.

There were so many emails, at times it was difficult to figure out what was specifically to grant funding/deliverables and what was just for further information/in addition. Maybe have a bold section at the top that explains that.
No suggestions at this time, this was a great program.
no suggestions at this time.
I don't think the grant could be improved as the communication and support was extremely helpful.
Hold an all-grantee meeting earlier in the grant cycle to help people connect with one another and share ideas. *Continue to provide the excellent toolkit of materials.*
more detailed timeline and earlier application process--always at least a semester ahead of when the action is needed
More time between deadline and start of the semester. We felt a bit rushed to develop and execute programs so quickly. I recognize the timing and uncertainty of the pandemic, however more time would have allowed us the ability to dream bigger or try more things. If permissible, food at events/pass-by programs help encourage students to interact. The ability to purchase cookies (even if the amount was capped at $200) could have been a nice incentive for our table.
We are prevention. I feel that ACHA's efforts were a little slow to start and that schools needed assistance sooner. As I mentioned before, we had struggled through a lot of this items prepared in the toolkit before even applying for this grant.
It was wonderful!
longer cycle time as addressed earlier to allow for more student leadership in the project from start to finish of the grant/risk reduction project
Streamlined communication, we are just all so busy with so many projects and responsibilities especially in a school this small that is hard to keep up with all of the emails.
Perhaps the funding could be for an entire academic year. The time went by so quickly, and our efforts feel like they are just getting off the ground. To stop and scramble for further funding diverts/delays our efforts. Overall, it was a great opportunity and experience!

Most suggestions for improving the grant process relate to the timeline. Respondents would prefer more time to complete the program activities, and more time to prepare, such as applying and being notified the semester before programs are to be implemented. Another helpful suggestion is to label email communications better to indicate what training and events are required and what is simply a notice of optional professional development or information.

"Utilize your students to your utmost ability! They can then flourish, utilizing their culture, their language, and their own outlook to assist their peers to feel as if they are not alone."

What advice do you have for future grantees?

Know your state and institution limitations
You should meet frequently with students and maintain communication between meetings.
Start early and reach out to programs that focus on public health or healthcare professions to recruit student ambassadors for as they have a good foundation of COVID-19 and are easier to train. Also, work with your billing and procurement office as there might be university policies that prohibit you from spending the funds. Finally, since there are multiple students and faculty working on this project, create a doodle poll and sign-up sheet for meetings and events for people to put in their availabilities.
- Plan ahead and start early to avoid delays in processing orders and invoice approvals. *- Identify methods that make public health education fun and exciting for students and the community.* *- Frequently check-in with students to get feedback on their shifts and address any concerns and questions they have.*
Try to collaborate as. much as possible with different departments - notable marketing and media.
Find additional funding to support your programs.
My advice to future grantees is have fun with it, you are doing AMAZING and much needed work! Also, reach out to community partners, our community has been so supportive to our student ambassadors this semester.
To begin discussing with HR how to receive all that funding as soon as possible, so you don't have to wait as long to gain access to funds.
Ask questions, anticipate delays, make adjustments based on your students needs.
Seek advice from your wellness ambassadors while you are writing for the grant.
The advice for future grantees is to make sure to have the most knowledge as possible about the grant process at your university to prevent issues and delays in receiving funding and progress with the grant.
Don't be afraid to ask questions about changing your grant's goals and budget as needed. Also, use all of the amazing education/professional development opportunities that they send out via the listserv and figure out how to connect others on your campus to that education/development as well.
Enjoy the process and stay connected with the team
Use your grant writing team and support to outline a solid plan that can be quickly enacted, if approved. Collaborations are key and in our experience students were yearning for in-person interaction to develop organize questions and rapport.
Utilize your students to your utmost ability! They are your biggest stakeholders and will be able to get more attention from their peers and administration than we can. Help them to understand our roles and educate them on our topics at hand. They can then flourish, utilizing their culture, their language, and their own outlook to assist their students feel as if they are not alone.
Make sure you require that your student ambassadors help market your efforts. This really helped with turnout at our events.

Time moves quickly. Student motivation can be like a large stone it takes some time to get it rolling but then once it starts picking up speed it is hard to stop it. My students want to do more and are asking about ideas they have now if they can do them next semester.
Lay out your plan ahead of time and work with venders sooner than later and create an entire separate file in your email for all of the correspondence.
Collaborate, collaborate, collaborate! Seriously, collaborate with a variety of departments on campus, including faculty, staff, and students. Listen to the students. Peer interventions are well proven in effectiveness. And no two campuses/populations are alike. The students know what works with their peers. Let these efforts be truly student led.
For better success, make sure you already know who your campus stakeholders will be from bottom to top. Also, as much as possible have contingency plans for staff turnover or leaving. This was something that really hindered our progress and success in my opinion.

Advice for future grantees has been shared with IHEs funded in Year 2 of the project.

Other comments, if any.

Thank you for creating this program as it was very helpful in instilling COVID-19 vaccine confidence and risk mitigation measures on our campus. We have the highest cases of COVID-19 in [our state] as we are the lowest vaccinated county and so there were a lot of misinformation and distrust among our campus population. With this, our student ambassadors were able to be COVID-19 risk mitigation champions and perform servant-leadership during a pandemic that is disproportionately affecting their community. The students said that this was a great experience for them and made them feel empowered in their role to end COVID-19.
Thank you for all of your support throughout this process!
I think this was a great program that allowed us to be more effective in the conversation on our campus. The support from ACHA was AMAZING! Thank you!
Thank you for providing us with this mini-grant opportunity!
This was a great grant opportunity. In the future, I'd love to replicate the events and continue the program. We are hoping to use the support of the program to continue in SP22 and launch a CPE program. Thanks for the opportunity!!
thank you for the opportunity for my students. I hope that we can do similar projects like this again for them.
Thank you so much, ACHA!

Respondents were very appreciative of the grant opportunity and ACHA's support.

Recommendations

The feedback from respondents provided many key takeaways for CDC, ACHA and other grantors.

➢ Don't underestimate the allure of in-person programming and outreach, even during a pandemic. Respondents frequently reported using in-person methods to achieve their goals,

"I think this was a great program that allowed us to be more effective in the conversation on our campus. The support from ACHA was AMAZING! Thank you!"

including health huts, tables in high traffic areas on campus, and "street teams" of student ambassadors who would take shifts to walk around campus and provide positive feedback and incentives to students who were complying with campus policy for COVID mitigation. The Toolkit offered guidance for both virtual and in-person activities, primarily focused on education rather than outreach. Future iterations could offer even more for in-person engagement and outreach.

➢ Not every student wants to receive school information on social media. Some want a clear divide between school and "fun" and prefer to receive information in-person or through other campus communication methods.

➢ Not every campus unit is permitted to use social media. Some schools have policies that limit departments from having their own presence and everything must be vetted and posted on approved campus channels, if used at all.

➢ If possible, the cooperative agreement period should extend across two full semesters. The period for this project was only 8 months. Respondents could have made better use of their grants if the application and notification occurred in one semester for implementation in the next. This is particularly critical since many schools have incredibly long wait times from the point at which the institution receives the funds from ACHA to the point at which they are made available to grantees for spending.

➢ While students made up half of the working group that developed the Toolkit, and although the diversity of representation in the design was praised, the campaign materials fell short of some grantees' expectations because they didn't reflect their students, weren't animated, and didn't provide sufficient room to add school logos.

➢ The Toolkit presumed student ambassadors would already be trained in the basics of peer health education. This was not the case for some grantees, and they could have benefitted from immediate referral to other tools for this foundational education.

➢ Respondents appreciated the high-touch level of support offered by ACHA staff. Multiple channels for support at both the group and individual level should be maintained. Listserv communication should include clear notice in the subject of what the message contains and whether it is information-only, required action, or optional professional development.

> *"Collaborate, collaborate, collaborate! Seriously, collaborate with a variety of departments on campus, including faculty, staff, and students. Listen to the students. Peer interventions are well proven in effectiveness. And no two campuses/populations are alike. The students know what works with their peers. Let these efforts be truly student led."*

> *Thank you for creating this program as it was very helpful in instilling COVID-19 vaccine confidence and risk mitigation measures on our campus. We have the highest cases of COVID-19 in [our state] as we are the lowest vaccinated county and so there were a lot of misinformation and distrust among our campus population.*

> *"The students said that this was a great experience for them and made them feel empowered in their role to end COVID-19."*

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Additional gratitude to:

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Members of the Higher Education COVID-19 Community of Practice Steering Committee

Members of the Higher Education COVID-19 Community of Practice Student Ambassador Toolkit Working Group

Grantee colleges and universities and their students

Appendix A: Mini Grant Awardee Institutions

Located in 17 states, the 20 mini-grant recipients include:

- 1 Asian American Serving
- 1 Community College
- 2 Faith-based institutions
- 4 Historically Black Colleges and Universities
- 2 Hispanic Serving Institutions
- 3 Minority Serving Institutions
- 3 Private Institutions
- 1 Tribal College

Alabama	Alabama A&M University
Arkansas	University of Arkansas
California	California Polytechnic State University, San Luis Obispo
	University of California, Davis
Florida	Florida Agricultural and Mechanical University
	University of North Florida
Georgia	Georgia Southern University - Armstrong Campus
Iowa	Luther College
Indiana	Ball State University
Maryland	University of Maryland Eastern Shore
Montana	Little Big Horn College
North Carolina	Elizabeth City State University
	Meredith College
New Mexico	University of New Mexico
New York	University at Albany
Ohio	University of Akron
Tennessee	Austin Peay State University
Texas	Texas Woman's University
Virginia	Shenandoah University
Wisconsin	University of Wisconsin - Eau Claire

27
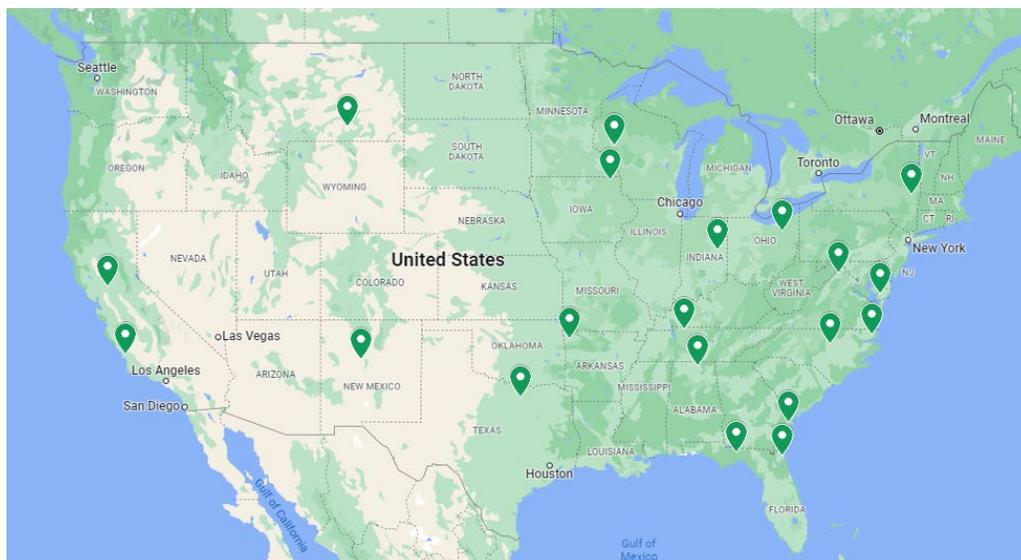
Appendix B: Campaign Hashtags
(not including #Vaxforward):

- #BulldogCovidPeerResponse
- #doyourpart
- #covid19survey
- #georgiasouthern
- #wingsupsleevesup
- #studentwellness
- #swhp
- #GOVSBACKTHEVAX
- #GOVSGETVAXXED
- #OAC
- #OACambassador
- #maskup
- #wearingiscaring
- #washyourhands
- #swoopcovid19
- #socialdistancing
- #sharecupcakesnotcovid
- #globalhandwashingday
- #squashcovid
- #gettested
- #protecteverybody
- #ProtecttheFAMUly
- #everyaggietogether
- #AggiePHAs
- #campusready
- #dailysymptomsurvey
- #ucdavishealth
- #healthydavistogether
- #umes
- #VaccineEdu
- #VikingPride
- #VaxThePack
- #ProtectThePack
- #LobosUnited