AMERICAN COLLEGE HEALTH ASSOCIATION

ACHA COVID-19 VIRTUAL SUMMIT: PLANNING FOR NOW, BUILDING FOR THE FUTURE

Session Highlights & Key Takeaways

The American College Health Association (ACHA), in partnership with the American Council on Education (ACE), hosted its first ever virtual summit, COVID-19: Planning for Now, Building for the Future, on July 28-29, 2020. The goal of the summit was to bring together campus stakeholders to think creatively about keeping our students, faculty, and staff physically and mentally healthy as we prepare to resume academic instruction and to discuss what campus health and well-being looks like on the other side of COVID-19.

Nearly 500 attendees joined industry and college health and well-being experts as well as student panelists as they delved into the many topics that must be considered when preparing for the fall. The following is a report on the key takeaways from the general sessions, breakout sessions, and tabletop exercises.

For additional COVID-19 information and resources for campuses, visit ACHA's COVID-19 Resource page: www.acha.org/COVID-19.

ACE ENGAGE
BY THE AMERICAN COUNCIL ON EDUCATION

The summit was powered by ACE Engage, a new peer-to-peer online learning platform created by American Council on Education (ACE) experts to help solve higher education leaders' problems and transform higher education through collaborative, actionable strategies.

ACE Engage is home to a community of leaders with a shared mission: to enhance student success and achieve institutional goals.

A Message from ACHA President Kim Webb, MEd, LPC, FACHA

When I first volunteered to take on the role as president of ACHA, I never imagined we would be in the middle of a world-wide crisis, with the field of college health suddenly thrust into the spotlight. But like all of you, here we are, in a job that now requires us to work differently, plan differently, and think differently. While it's a highly uncomfortable place to be, we also know that true meaningful change happens during turbulent times.

I'm confident that, collectively, the voice of college health and well-being is a critical one. We must be the trusted advisors to our campus partners, leaders, and communities. We're bound together in our common struggle and are fortunate to have a home here at the American College Health Association that provides the mechanism for us to collaborate, cooperate, and share. None of us can do it alone.

Key to ACHA's leadership on COVID-19 has been the amazing work of our COVID-19 Task Force that ACHA formed earlier this year. This task force was responsible for creating our COVID-19 guidance and education and will continue to provide regular updates, curate resources, and create guidelines when necessary. In addition to the resources provided to date, such as our reopening guidelines, our student health services and mental health services checklists, and our survey reports, the group is working on recommendations for high risk students (in partnership with a student led advocacy group) and guidelines for helping students from other vulnerable populations. This same group must be credited with the amazing agenda that we have here for this Summit—so I'd like to extend our sincerest gratitude.

A Message from ACHA's CEO, Devin Jopp, EdD

No one could have predicted last year at this same time we would be struggling with a pandemic of epic proportions. It's been challenging for all of us, to say the least. I'm so proud of the amazing work that all of you are doing to keep our campus communities healthy and safe and so very grateful to you for sharing both your challenges and lessons learned with us.

ACHA is with you very step of the way—we've provided reopening guidelines, student health service and mental health service checklists, and weekly webinars early in the pandemic. We're sending weekly emails full of resources, partnering with Healthy Minds Survey to add COVID-19 specific questions to the NCHA, and are continuing to survey members so we can better understand the workload on our health and counseling professionals.

We know the next few months will be difficult, but ACHA will continue to be out front helping to pull together best practices and strategies for how we can get through this together. To that end, please plan now to attend one or both of our fall summits: Strategies to Prevent and Respond to College-based Infectious Diseases and Outbreaks in October and Closing the Gap: Strategies to Address Racial Inequity and Health Disparities on Campus in December.

In the meantime, please continue to use the ACHA COVID-19 Resource page, rely on each other through ACHA Connect, and don't hesitate to reach out and let us know how we can help you. Thank you for all that you have done and continue to do! Let us know how we can continue to help you!

SESSION HIGHLIGHTS AND KEY TAKEAWAYS

Keynote

Presenter: Ezekiel Emanuel, MD, PhD

Calling it a "tall order," Dr. Emanuel challenged campuses to show the nation how to safely reopen. To do this, we must educate students to self-manage responsibly, and everyone must understand that this is a collaborative exercise. We need to create a shared understanding of what the new norms are and the proper way to approach activities, such as wearing face coverings, enforcing physical distancing, hand hygiene, limiting time inside, and improving ventilation in classrooms. Enforcement can only be effective with the right norms. Leadership starts from the top with university presidents, administrators, and student leaders modeling appropriate behavior.

He also believes we must be able to test everyone. We all want testing with timely results; while testing is critical, it is only a means, not the end, and must be done in conjunction with effective contact tracing and isolation/ quarantine to rapidly suppress new infections.

Dr. Emanuel also touched on mental health, noting that even the most privileged like himself felt stressed during this time. Imagine what it is like for those less privileged. He suggested we engage our students to make them feel part of the community and acknowledge and normalize their feeling stressed during this time.

Presidential Panel

Moderator: Ted Mitchell, PhD, President, the American Council on Education

Presenters:

- Elaine Maimon, PhD, MA, Governors State University (2007–2020)

- Mark Mitsui, President, Portland Community College

- Michael Sorrell, EdD, Paul Quinn College

Key points: The presidents put a price tag on the unbudgeted costs of reopening with five million dollars for Governors State University and three million for Portland Community College. Paul Quinn University simply stopped counting after a million dollars and made the decision to remain virtual early in the pandemic. Each president offered their unique insights on their guiding principles, which were very similar but led to different decisions.

COVID-19 Primer

Presenters:

- Hannah Kirking, MD, Medical Epidemiologist, Division of Viral Diseases, Respiratory Virus Branch, U.S. Centers for Disease Control and Prevention

- Leigh Szucs, PhD, CHES, Health Scientist, Division of Adolescent and School Health, U.S. Centers for Disease Control and Prevention

The two CDC speakers provided an overview of current epidemiology and a quick gleaning of information on IHEs. Displaying a map of the U.S. with the southeast and the sunbelt states on fire, Dr. Hannah Kirking followed that up with a map of the U.S. showing individual counties with varying rates of infection and stating the adage, "all epidemiology is local." Overall hospitalization rate for the U.S. is 120.9 per 100,000 and for 18-29-year olds, 47.1 per 100,000. Dr. Leigh Szucs acknowledged there is very little data/evidence on COVID 19 related to colleges and universities since most closed its in-person instruction in the spring. She described four layers of mitigation strategy: Promoting behaviors that decrease spread, maintaining healthy environments, maintaining healthy operations, and preparing for when someone gets sick. She also displayed high to low risk slides related to instruction and residence halls.

Day 1 Breakout Session Takeaways

Session 2A: Evidence-Informed Health Promotion Practice in a Virtual World

Presenters:

- James E. Lange, PhD, Director, Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery, The Ohio State University and Coordinator of AOD Initiatives, Well-Being & Health Promotion, San Diego State University

- David M. Arnold, MA, Assistant Vice President for Health, Safety, and Well-being Initiatives, NASPA

Moderator: David S. Anderson, PhD, Professor Emeritus, George Mason University

Description: Many of our evidence-informed interventions and practices are grounded in a face-to-face model. Now that much of our work is transitioning to virtual practice, what guidance exists to help us make this transition? Presenters shared state of current guidance and pragmatic suggestions for practice.

Session Takeaways:

1. During the uncertainty of COVID-19 response, colleges and universities must prioritize the adaptation of health promotion and prevention programs to meet students where they are at. This includes assignment of the right staff, professional development, and investment in capacities to meet students' needs.

2. Students continue to play a significant role as operators in the implementation of programs and the shaping of policies that are relevant to their peer groups.

3. Practitioners must remain committed to designing holistic programs to address health promotion and prevention needs based on data, research, and the new online social environments where our market audience is available.

Session 2B: Maintaining the Student Health Services' Mission in the Face of COVID-19

Presenters:

- Cynthia Burwell, EdD, RKT, MCHES, FACHA, Professor, Department of Health, Physical Education and Exercise Science, and Director, NSU Center of Excellence in Minority Health Disparities, Norfolk State University

- Joanne Clinch, MD, Clinical Director, Wake Forest University Student Health Service, Wake Forest University

- Tara Girard, RN, BSN, Director of Health and Wellness Center, Beloit College

- Guy Nicolette, MD, CAQSM, Executive Director and Assistant Vice Chancellor, University Health Services, University of California, Berkeley

Moderator: Michael Huey, MD, FACHA, Former Associate Professor, Family and Preventive Medicine, Emory School of Medicine; Past President, ACHA

Description: Every one of us has had a job/life that has been "All COVID-19, All the Time" for the past 4+ months. In this session, we looked at how to reclaim and reinvigorate your core student health services, counseling and health promotion/wellbeing mission while continuing to manage your COVID-19-driven response to the re-opening of your campus. In order to be successful, you will need to develop staff commitment, strategic partnerships and the realization that "You can't do everything, so what stays in and what gets sidelined for now?"

Session Takeaways:

1. You will need strategic partnerships to succeed, not only for COVID-19 but also for reengaging with your core mission. Start brainstorming now about who that will be and what you will ask them to do, including needed budget enhancements.

2. You will need staff buy-in, and it may not be easy. You are asking them to take on many new COVID-19 roles (diagnostician/clinician, tester, case investigator, contact tracer, problem solver, task force member, others). You don't really expect them to do Pap tests and suture lacerations, do you?

3. You will reach the realization that your core mission is pretty heavy lifting, as is COVID-19. "You can't do everything, so what stays in and what gets sidelined for now?" Consider priorities for the student populations that you serve, and how you can meet needs for routine general health care, sexual healthcare, routine vaccines including seasonal influenza, injury/sports related care, chronic care for special populations, student insurance, etc.

Session 2C: Planning for Now: College Mental Health Reopening Challenges

Presenters:

- Sharon Mitchell, PhD, Senior Director, Student Wellness; and Director, Counseling Services, University at Buffalo; President, AUCCCD

- Diana Cusumano, LMHC, NCC, Director of JED Campus & Wellness Initiatives, The Jed Foundation (JED)

Moderator: Jamie Davidson, PhD, FACHA, Associate Vice President for Student Wellness, University of Nevada, Las Vegas

Description: In this panel presentation, the panelists highlighted and listed, from their vantage points, several of the major challenges for mental health services as campuses reopen in the fall of 2020. Following the panelist presentations, the moderator facilitated a discussion with the panel, highlighting and clarifying aspects of those presentations.

Session Takeaways:

1. One of the important upcoming negotiations between CAPS and the senior leadership team upon reopening should be to utilize ACHA and AUCCCD guidelines for safely reopening mental health centers to ensure that the campus re-opening plan has taken steps that mitigate and slow the spread of COVID-19 and safeguards the physical health and safety of students and staff.

2. Continue providing support for students while remaining flexible and adaptable to the changing situation and nourish your own self-care.

3. The most crucial aspect of good working relations between Health, Counseling & Wellness services and Student Affairs leadership is teamwork.

Session 3A: Using Rapid Data Collection to Address Equitable Wellbeing During COVID-19

Presenters:

- Darby Roberts, PhD, Director, Division of Student Affairs, Texas A&M University

- Allison Smith, MPA, Assistant Director, Population Health, New York University; Co-Director, National College Depression Partnership

Moderator: Michael McNeil, EdD, MS, Chief of Administration, Columbia Health, Columbia University

Description: Typical data collection and analysis methods are slower than needed to address the rapidly changing environment of the COVID-19 pandemic. College health professionals need practical and fast data collection tools to allow for data-driven decisions in managing an effective institutional response to the pandemic.

Session Takeaways:

1. Assessment can be done well and provide useful results in a quickly changing environment.

2. Collaborate with campus stakeholders before, during, and after collecting data.

3. Examine decisions for any potential inequitable outcomes.

Session 3B: ACHA Health Services COVID-19 Checklist: A Guide to Planning Service Operations for Fall 2020

Presenter: Anita Barkin, DrPH, MSN, NP-C, FACHA, Former Director of Student Health Services at Carnegie Mellon University; Former Deputy Director of North Central Public Health District in Georgia

Moderator: Gerri Taylor, MS, APRN-BC, FACHA, Former Associate Dean for Health, Counseling and Health Promotion and Former Director of the Health Center at Bentley University

Description: TThis presentation reviewed the use of the ACHA Health Services checklist, which has been developed as a companion document to the ACHA Guidelines, *Considerations for Reopening Institutions of Higher Education in the COVID-19 Era*. The checklist is not intended to be prescriptive but rather is intended to be used as a resource to assist student health service directors and service staff create a strategy that is consistent with current CDC recommendations and ACHA guidelines. It can be tailored to meet the specific needs of each student health service (SHS) in addressing COVID-19.

Session Takeaways:

1. A student health medical service reopening plan must be tailored, in accordance with current scientific knowledge and public health principles, to address the unique needs of the campus given the available resources.

2. Partnerships among stakeholders both on-campus and off-campus play a critical role in addressing a public health crisis of this magnitude.

3. Communication within the health service team and to on-campus and off-campus constituencies regarding procedures, protocols and expectations must be clear, concise and timely

Session 3C: Honoring the Service of Clinicians, Faculty and Staff—How Do We Care for Them Too?

Presenters:

- Craig Rooney, PhD, Program Director & Counseling Psychologist, Office of Clinician Well-Being, University of Missouri School of Medicine and University of Missouri Health Care

- Alex Sabo, MD, Director of Medical Education/DIO & Program Director, Adult Psychiatry Residency Training, Berkshire Medical Center; Kripalu-Yoga, 500-hour Teacher; Associate Dean of Medical Education & Associate Professor of Psychiatry, UMass Medical School

Moderator: Alan Lorenz MD, Physician, Rochester Institute of Technology; Current Chair, ACHA Mental Health Section

Description: The long-duration emergency of a worldwide coronavirus pandemic has challenged our ability to cope with uncertainty and danger. Those who work at universities have been challenged simultaneously at work and at home. Clinicians, faculty, and staff face fear of virus contagion to self and others and have been under extraordinary pressure to adjust to new ways to deliver class content and maintain relationships with students. We reviewed best practice approaches to supporting these individuals.

Session Takeaways:

1. In line with "an ounce of prevention is worth a pound of cure," be sure to anticipate that your work will be more stressful, and possibly less rewarding, so prospectively have in mind strategies to minimize stress and find reward.

2. Burnout and emotional exhaustion were common among all types of health care professionals before COVID-19. The pandemic is a multiplier effect on stress.

3. One of the most important best practices approaches to support staff to prevent burnout is to create a culture of well-being consisting of interventions that target both the individual and the organization.

4. Two of the best ways to quickly and routinely reduce staff COVID-19 stress are: to share local and organizational data about the pandemic in a transparent way within the organization and to provide time and support for staff to enhance self-care practices that are effective for them.

Day 2 Breakout Session Takeaways

Session 4A: COVID-19 Health Communication Strategies

Presenters:

- Laura Beth Santacrose, MPH, Assistant Director, Skorton Center for Health Initiatives, Cornell Health

- Jennifer E. Austin, MPH, Director of Communications, Assistant Director of Administrative Services, Cornell Health

Moderator: Julie Edwards, MHA, Director, Health Promotion, The University of Chicago

Description: Effective health communication strategies will be critical for healthy campus operations during the fall 2020 semester. Presenters shared their approach to health communication strategies and provide examples including a COVID-19 social norms campaign. Presenters gave guidance for practitioners in how to apply health communication strategies to COVID-19 in varying contexts while staying grounded in theory.

Session Takeaways:

1. Engage with the people on the ground and at all levels of campus leadership. Listen to the people doing the work and have realistic expectations.

2. Engage students on your campus now and throughout the semester. Things are changing rapidly; their questions and concerns will be changing, too. Your campaign needs to be responsive.

3. Collect data to make sure your messages will multiple stakeholders. Messaging that works for staff will (likely) not work for students and vice versa.

Session 4B: New Stresses and Developmental Issues in the COVID-19 Era

Presenters:

- Christopher Corbett, PsyD, LP, Director of Counseling and Student Support Services, Savannah School of Art & Design, Chair Elect, HEMHA

- M. Gerard Fromm, PhD, ABPP, Distinguished Faculty Member, Erikson Institute for Education and Research, Erikson Institute of the Austen Riggs Center

Moderator: Bryant Ford, PhD, Associate Director, Counseling Center, Dartmouth College

Description: In this panel presentation, the panelists reviewed the pandemic stresses of isolation, aloneness and complex loss and how these stresses will likely lead to higher rates of mental disorders as well as having significant effects on a young person's developing identity. Following initial presentations, there was a moderated discussion about the presentations and implications for campus needs and services as well as implications for identity development, both of which are central to the mission of IHEs.

Session Takeaways:

1. When working with senior leadership, it is critical that health and mental health professionals are active participants on campus COVID-19 Planning & Review Committees representing mental health needs and consequences, and reiterating the connection of young adult development as central to the mission of Higher Education, especially as it relates to assessing current supports and the consideration of providing additional ones, paying particular attention to the public health perspective.

2. The potentially most useful intervention for monitoring and learning about COVID-19's impact on stress related disorders and development would be to pay attention to what surprises you and use that to learn about the student's strengths and needs, especially those associated with his/her COVID-19 situation.

3. One of the most effective ways for ACHA and its regional affiliates to address the sweeping changes that COVID-19 has created in college Health is for it to leverage its platform as the premier leader in college health along with the data it has about the attitudes and behaviors of college students to help shape some of the national discourse about the health (physical and mental) and well-being of college students.

Session 4C: Dashboards and Measures for Success in Monitoring Campus Health

Presenters:

- James R. Jacobs, MD, PhD, Associate Vice Provost and Executive Director of Vaden Health Center, Stanford University

- Lindsey Mortenson, MD, UHS Medical Director, University of Michigan

Moderator: Joel Schwartzkopf, PA-C, MPAS, MBA, Colorado State University Health Network

Description: A dashboard of critical measures will allow you to monitor how well your health service and/or your campus is meeting the needs of students, faculty and staff after reopening. Using agreed upon metrics will allow you to identify needs, resources, trends, and problem areas and will allow administrators to use data to make critical campus decisions. Measures can be compared to your goals, identified targets, or organizational standards. Using key metrics allows you to build on your strengths, monitor your performance, and to focus on needed improvements in a timely manner.

Session Takeaways:

1. An operational dashboard is the best way to provide a snapshot of the data being captured in the rapidly changing environment of the COVID-19 response.

2. Dashboards provide visualization of data to tell a story.

3. Design your dashboard to tell the story that you want and need to tell.

4. Dashboards may be external facing, for internal use, or both.

5. Data integrity is important.

Session 5A: The Intersection of Race, Justice, and Health: How We Help Our Campuses Heal and Grow

Presenters:

- Raphael Coleman, PhD, MPH, Director, Alice! Health Promotion, Columbia Health, Columbia University

- Kelechi Fluitt, PhD, MA, Director of Outreach, Howard University

- Sinead Younge, PhD, Professor, Morehouse College

Moderator: Micah Griffin, PhD, MS, MHA, Director of Health Programs, City University of New York-Kingsborough Community College

Description: Racism has historically impacted the health outcomes of Communities of Color (Black communities) adversely. Recent events such as the disproportionate effects of COVID-19, the surge of police violence, and the subsequent #BlackLivesMatter protests have called to attention the need for college health professionals to examine the role campuses have in addressing these social justice issues. This discussion focused on antiracist practices campuses can implement to be more inclusive and socially conscious.

Session Takeaways:

1. Creating an antiracist society is dependent on a collective commitment focused on work and recalcination. This commitment is the responsibility of all racial and ethnic groups. In order to start the work towards healing, acknowledgment must first take place, followed by an ongoing active practice of identifying areas of improvement and through actionable steps an antiracist campus culture can be achieved.

2. Antiracism work is a continuation of work that has been occurring for quite some time. The bulk of the emotional, intellectual, and physical labor cannot be the responsibility of the individuals of color in your community. White people must dismantle White Supremacy.

3. Antiracism work is not comfortable work. We will not realize real and sustained change by attempting to update or adapt existing university systems, cultures, or norms. The fight to end racism requires disruption and dismantling of White supremacist systems. White people will necessarily experience discomfort when examining and critiquing their role in perpetuating these systems.

Session 5B: Telehealth/Telepsych Challenges for College Health

Presenters:

- Mei Wa Kwong, JD, Executive Director, Center for Connected Health Policy

- Joy Himmel, PsyD, LCPC, NCC, RN

Moderator: Michael Deichen, MD, MPH, Associate Vice President of University of Central Florida Student Health Services

Description: Telehealth has been a viable means of providing quality health and mental health care for some time. However, not until the 2020 pandemic forced campus health and counseling to shift almost entirely to telehealth, has it become a mainstay of practice in these settings. This presentation discussed how campuses can navigate this new normal of telehealth by providing the most up to date information on telehealth rules and regulations and best practices as outlined in AAAHC accreditation.

Session Takeaways:

1. Administrators need to fully understand the different policy issues that may arise as programs utilize telehealth.

2. Ensure patient privacy and confidentiality, conforming to ethical guidelines and state and federal regulations.

3. Telehealth is now a consumer expectation and ambulatory healthcare administrators should be knowledgeable about some common deficiencies.

Session 5C: Student Concerns on COVID-19 Campus Life—Student Panel

Presenters:

- Brian Hall, senior, University of Central Florida

- Dominique Hall, senior, Arizona State University

- Zak Kindl, junior, Washington State University

- Emma McElwee, freshman, Northwestern University

- Andrea Nowakowski, senior, Indiana University

- Anya Owens, junior, North Carolina A&T University

- Issy Rushton, senior, University of South Carolina

Moderator: Alfiee M. Breland-Noble, PhD, MHSc, Founder of The AAKOMA (African American Knowledge Optimized for Mindfully-Healthy Adolescents) Project Inc, a 501c3 youth/young adult mental health nonprofit, Host, Couched in Color Podcast and Author, *Community Mental Health Engagement with Racially Diverse Populations* (2020).

Description: The COVID-19 pandemic, the pivot to remote learning, abrupt campus restrictions and closures, and the economic fallout have impacted students financially, academically, socially, spiritually, mentally, and physically. This panel of students discussed the toll the pandemic has taken on their academics and their lives and their concerns, needs, expectations, and aspirations for the upcoming fall.

Session Takeaways:

1. Students are not a monolithic group. They have a variety of concerns and needs. These concerns can only be addressed if students have a voice in decisions regarding reopening our campuses.

2. Campus administrators should take student opinions into consideration by ensuring a student or students are on all planning committees related to COVID-19.

3. Communicate, communicate, communicate. Consistent timely messages across a variety of mediums are critical. This messaging needs to be vetted with and by students.

Session 6 A, B, C: You've Prepared, Then Things Go Wrong: A "Live but Virtual" Tabletop Exercise

Description: During this tabletop exercise, health and well-being leaders from different campuses faced hypothetical scenarios related to re-opening during COVID-19 and had to "think out loud" as they practiced dealing with the crises and curveballs. Sessions were split into large (over 15,000 students), medium (5,000-15,000 students) or small (under 5,000 students) campuses.

Session 6A: For Schools >15,000

Participants:

- Deborah Beck, MPA, EdD, FACHA, Executive Director of Student Health Services and Healthy Carolina, University of South Carolina

- Jamie Davidson, PhD, FACHA, Associate Vice President for Student Wellness, University of Nevada, Las Vegas

- Sarah Van Orman, MD, MMM, FACHA, Chief Health Officer, USC Student Health

Facilitator: Lee Pearson, DrPH, MS, Associate Dean for Operations and Accreditation, University of South Carolina

SESSION 6A REPORT:

<u>Challenges</u>

1. **Student Behavior and Enforcement of Public Health Guidance**

   Actionable Insights

   - Students much teach other students how to behave. Engage thought leaders on campus and student role models to be "cheerleaders" for new normative behaviors.

   - Involve or empower students to create marketing messages.

   - Communicate the expectations very clearly with parents and students. They must understand the full impact of their behaviors. Any concerns that the student can't adhere to those public health expectations indicates the student may not be ready to return to campus yet.

   - Proper administrative and facility controls must be in place to make it easier for students to comply, including signage, adequate cleaning and disinfecting supplies, face covers, etc.

   - Provide students with a range of safer social activities.

   - Use suspension as a last resort.

2. **Mental Health —** We must remain attuned to the unique challenges of our students and in particular those who are marginalized, underserved, or vulnerable. We also know students of color are deeply impacted by the pandemic. First, we must acknowledge disparities exist.

Actionable Insights

- Access is critical. Continue to deliver telemental health services as much as possible, reserving in- person visits to those who don't have technology access or would derive greater benefit from in-person services.

- Emphasize virtual services such as drop-in support sessions.

- Extend online resources to entire campus.

- Be prepared to address the issues students are facing: anxiety, grief and loss, IPV.

- Ideal to have a diverse counseling/wellness staff.

- Develop safe spaces in conjunction with other campus offices.

- Enlist peers to help.

- Develop a single resource page to locate services for food and housing insecurity, mental wellness, IPV, etc. and/or a hot line/information line.

3. **Public Health and Safety vs Institutional Needs —** National reopening decisions have not always been consistent with sound public health practice. Revenue generation and anti-science, conspiracy theories could be factors.

Actionable Insights

- Continue to provide data driven, evidence-informed, guidance

- Acknowledge and advocate for those students where campus is safer than their own homes

Takeaways

1. **Planning is Key —** Planning involves preparation, practice, a proactive stance, collaboration with campus and community partners, and an ability to quickly shift to a new plan. Plans must be evidence informed.

Actionable Insights

- Run tabletop drills with community partners.

- Begin planning now for robust influenza vaccination.

- Remain informed on disease epidemiology on campus, locally in community, and in the state.

- Develop a case management plan for students in quarantine/isolation which addresses food, medications, and other basic needs, remote patient monitoring, transportation to a higher level of care, academic or instructional accommodations.

- Develop partnerships on and off campus including Disability Resource Center, academic faculty, residence halls, dining services, first responders, etc.

- Develop a comprehensive prevention plan in concert with local public health authorities and an epidemiologist if possible. Timely testing, contact tracing, quarantine and isolation capability are essential components.

- Accept and recognize limitations

- Be flexible to change quickly and confidently!

2. **Transparent, Effective, Timely Communication is Critical —** Must provide honest and transparent information about what the school can and cannot provide and must be communicated to multiple stakeholders via multiple channels.

Actionable Insights

- Establish expectations that there will be cases of COVID-19 on campus.

- Place available resources on a single landing page.

- Develop messaging proactively, including templates for death of a campus member, cluster of infections, need to close a building, residence hall, or the campus, etc.

- Implement a hot line/warm line/information line.

- Communicate positive case counts to campus and to parents.

- Communicate testing requirements clearly and include information regarding what tests can and cannot tell you.

3. **Take Care of the Team and Yourselfs —** Think about your own capacity and resiliency. This is a marathon not a sprint.

Actionable Insights

- Provide mental health outreach (which is not the same as therapy) to support departments in the event of a campus death.

- Provide resource list/contacts for support including the employee assistance program.

- Provide education/information to faculty/staff, because if they aren't doing well, they cannot give students the support they need.

- Encourage staff to take time off.

6B: For Schools 5,000–15,000

Participants:

- David Clark, PhD, Associate Vice President of Campus Life, Emory University

- Joanne Clinch, MD, Director of Health Services, Wake Forest University

- Sara Lee, MD, Executive Director, University Health and Counseling Services, Case Western Reserve University

- Mari Ross-Alexander, PhD, LPC-MHSP, Assistant Vice Chancellor for Health and Wellness, North Carolina Central University

- Sharon Rabinovitz, MD, Executive Director of Emory University Student Health Services

Facilitator: Megan Koeth, MPA, MA, Director of Resiliency, Public Safety Administration, Case Western Reserve University

SESSION 6B REPORT:

Challenges

1. **The Unpredictability of the Pandemic:** Panelist noted that college health and well-being leaders have extensive experience dealing with emergencies and outbreaks. However, this is not like any other emergency that we have faced. It has lasted over six months with no end in sight, and the rules keep changing. We want to make quick decisions and quick responses. But with COVID-19, the rules keep changing. We have had to learn to say "This is our plan. **FOR NOW**." We need to wait, assess and be ready to pivot. It is a new skill set to learn.

2. **Mental Health Challenges:** We need to be creative, because most campuses are not in a position to hire additional mental health staff, particularly with the financial losses being realized during COVID-19. The needs will include students, faculty and staff, even if we do not have a primary mission to serve employees. We also need to respond to the mental health needs of our own staff, including fear and exhaustion.

3. **Student Behavior and Compliance with Public Health Initiatives:** All parts of the campus will need to help in this effort. Everyone in the community needs to do their part to comply with public health directives and to hold each other accountable.

4. **The Dual Pandemic of COVID-19 and Racism/Health Disparities:** This subject needs its own webinar and its own ACHA Position Paper/Guidelines, both of which are occurring. But as noted in the upcoming ACHA Guidelines, we cannot allow our collective outrage and resolve to change ourselves and society to disappear as the COVID-19 pandemic comes to a close and falls out of the headlines. College health and well-being professionals and organizations need to play a role in the ongoing movement and dialogue, and we need to continue to find and use our individual and collective voices.

Takeaways

1. **Normalize Your Processes:** Anxiety will be high, particularly among those identified as index cases (isolation) and close contacts (quarantine), and among their parents. We will need to "normalize our processes" in advance, including the techniques for group notification of contacts (RAVE electronic alerts, notifications through EHR portals, others), and the processes pf contact tracing, isolation and quarantine. The more students and parents know in advance, the better.

2. **Use Creativity and Flexibility:** We need to continue to identify creative and innovative approaches to meeting our community needs and solving problems. Important areas include resiliency (e.g. Wake forest's "Friends in the Forest" project), work-life balance, telehealth/tele-counseling/tele-well-being), faculty engagement and community partnerships, to name a few.

3. **The Appropriate Use of a "Community Compact":** Rather than using a "release of liability" approach, consider a community resolve to "take control and take care of each other," including students, faculty and staff. Consider the use of student ambassadors," "proctors," "change agents" or the like.

4. **Use the New Partnerships:** The response to COVID-19 has led college health, counseling and well-being leaders and professionals to form new partnerships on campus and in the community. Use those new partnerships to "reclaim the core mission" of the health and well-being program moving forward (see Session 2B).

6C: For Schools < 5,000

Participants:

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- Annette Smiach, MSN, FNP-BC, CSN, Seton Hill University Health Services

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SESSION 6C REPORT:

<u>Challenges</u>

1. Changing the nature of **roles and conversations**, primarily among professionals. This is about creating a culture that helps people (faculty and staff) help other people. Through planned outreach to faculty and staff, as well as students in leadership positions, this process can empower the community to help themselves. Topics such as grief are important—the grief surrounding COVID19, and students not having the college experience that they want. Other topics would be when they (faculty and staff) feel a loss of control or are dealing with a student who is being irrational. As part of these roles, the challenge is one of managing boundaries, and not overaccommodating; it is important to lead by example.

2. Helping students with **difficult conversations**, as they transition to campus and then get into their safer "pods" or "bubbles." The challenge was one of helping students through this, and the pressure students will have to negotiate conversations and behaviors with others. This relates to sex, and how students will make decisions in a safe way; and then add the factor of alcohol, which is often a conversation starter and lubricant, and also reduces judgment.

3. Another challenge focused on **disparities**. With many students of color and other marginalized populations, they are often less likely to seek assistance at the counseling center or health services. Thus, it is important to develop closer partnerships with appropriate groups and organizations and empower others to start these conversations.

4. Trying to focus on positive messaging and say things about masks like "it's not about you, it's about other people." They issue is that, with non-compliance, there may have to be individual conversations with students; this will be a student life issue. The challenge is to incorporate many of these health and safety measures, use peer modeling, positive messages and not be punitive.

5. Creating a system of metrics to make data informed decisions about campus activities.

6. The confluence of allergies, colds, flu and COVID-19 this fall. How do we determine who must quarantine?

Takeaways

1. Always have a plan B. It may not be a great plan B, but have one. Always be ready to pivot. Be flexible and take a deep breath. This is an important message about the resiliency of the college health community.

2. Be prepared to **reach out to people outside** the department, since you will likely be inundated with people requesting services. These people outside of the health, counseling and health promotion professionals (other faculty and staff) can provide support for students who don't need professional mental health care. Focus on active listening, support, and referral as needed; attend to issues such as grief, being upset, and loneliness. This is an "all hands on deck" approach. Related to this is to lobby as hard as you can for additional staff; this is the time you need it.

3. This requires **working collaborative internally and externally**. It is a team effort, and health staff cannot do this alone. It is working closely with, and appreciating, the local health professionals more than before. If you have questions, ask; share ideas.

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