

# **THE COVID-19 PANDEMIC'S EFFECT ON CAMPUS HEALTH SERVICES**

**A Snapshot of Operating Status and Response,  
April 6–9, 2020**



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This report has been collaboratively created by the following members  
of the ACHA COVID-19 Task Force:

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For additional COVID-19 information and resources for campuses,  
visit ACHA's COVID-19 Resource page:

**[www.acha.org/COVID-19](http://www.acha.org/COVID-19)**

## Purpose

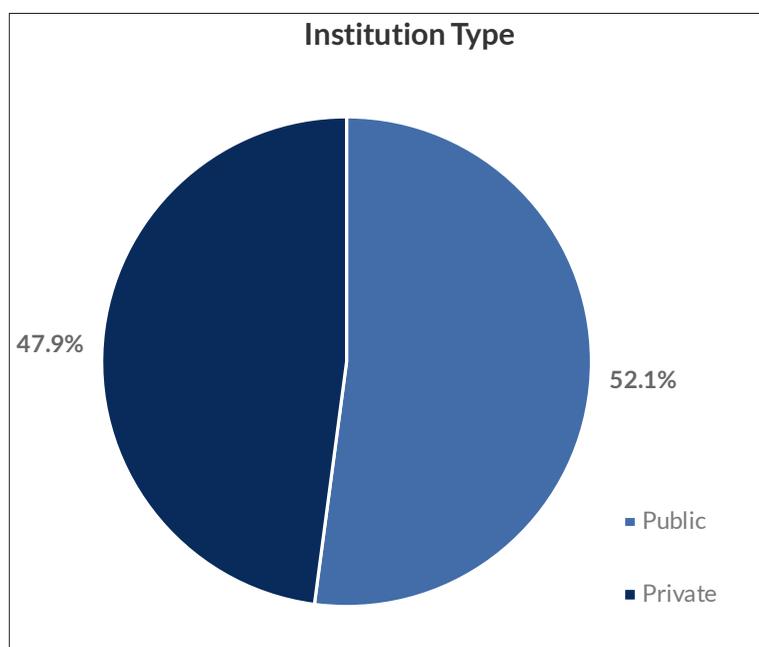
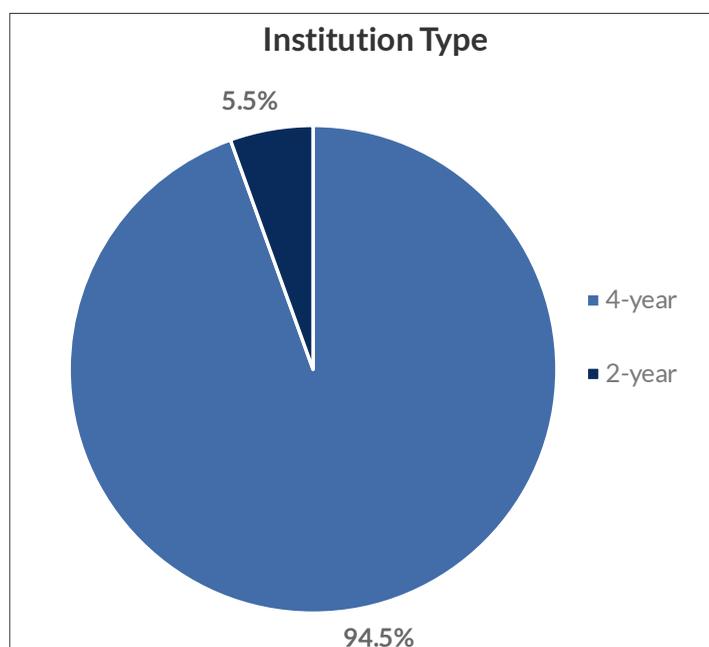
As college health and wellness professionals are called upon to provide guidance to their campus communities regarding their response to the pandemic, it is critical that there is access to timely, ongoing benchmarking data to measure the effect of the pandemic on college health services as well as their response to the crisis. To that end, the American College Health Association (ACHA) developed and administered a survey to collect critical data to assist in the study of the COVID-19 pandemic event. The results included in this report represent a snapshot of the status of college health services from April 6 through April 9, 2020.

## Methods

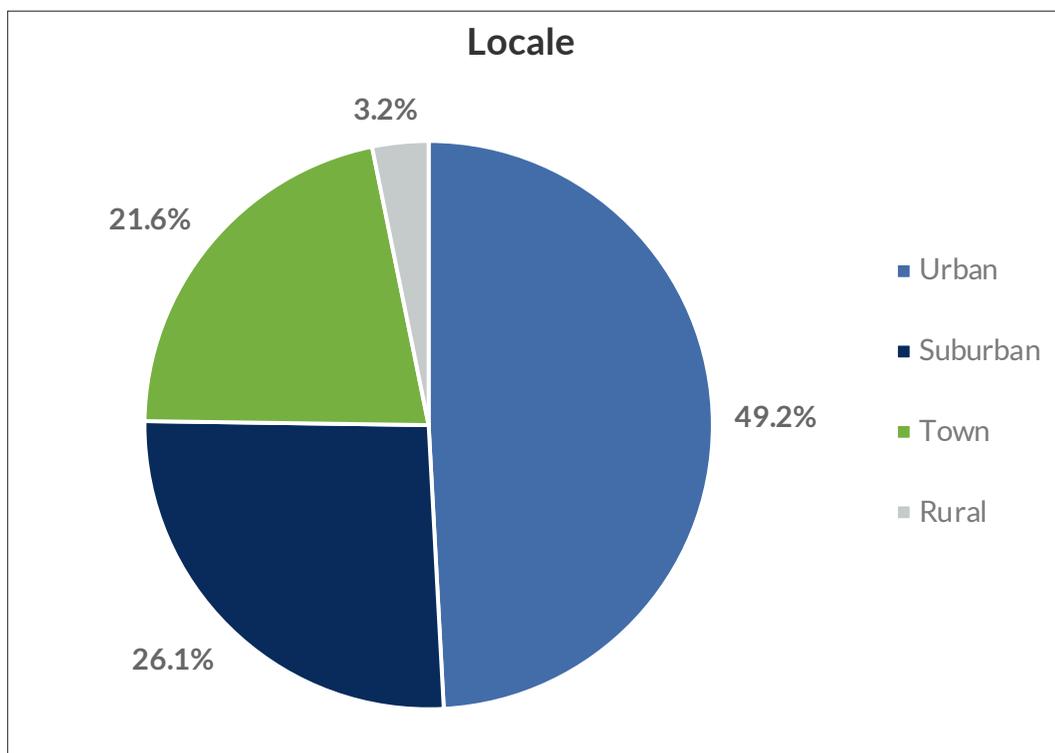
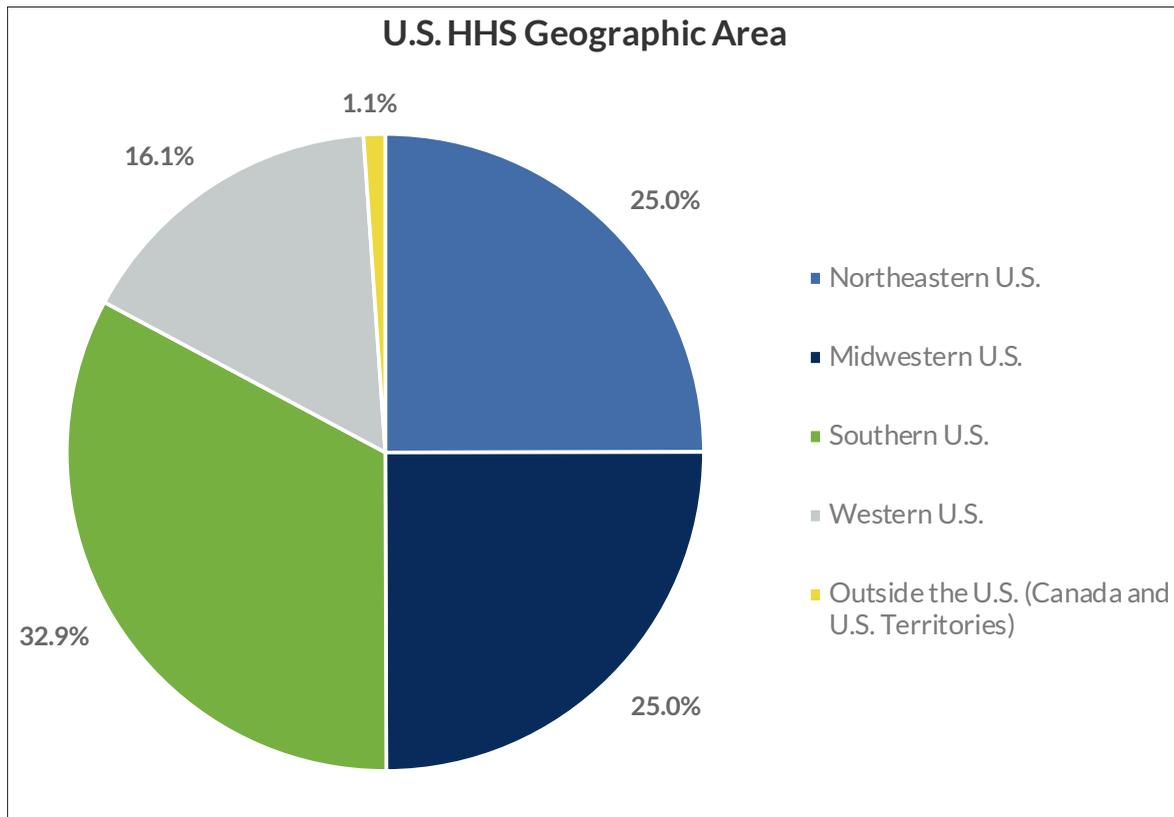
Representatives of 728 ACHA Member Institutions (RMIs) were asked to complete an online survey developed by the ACHA COVID-19 Task Force. Responses were collected between April 6 and April 9, 2020, using the Qualtrics platform. Respondents were asked to answer questions on current conditions on their campuses. A total of 380 usable surveys were collected, representing a response rate of 52%.

## The Sample

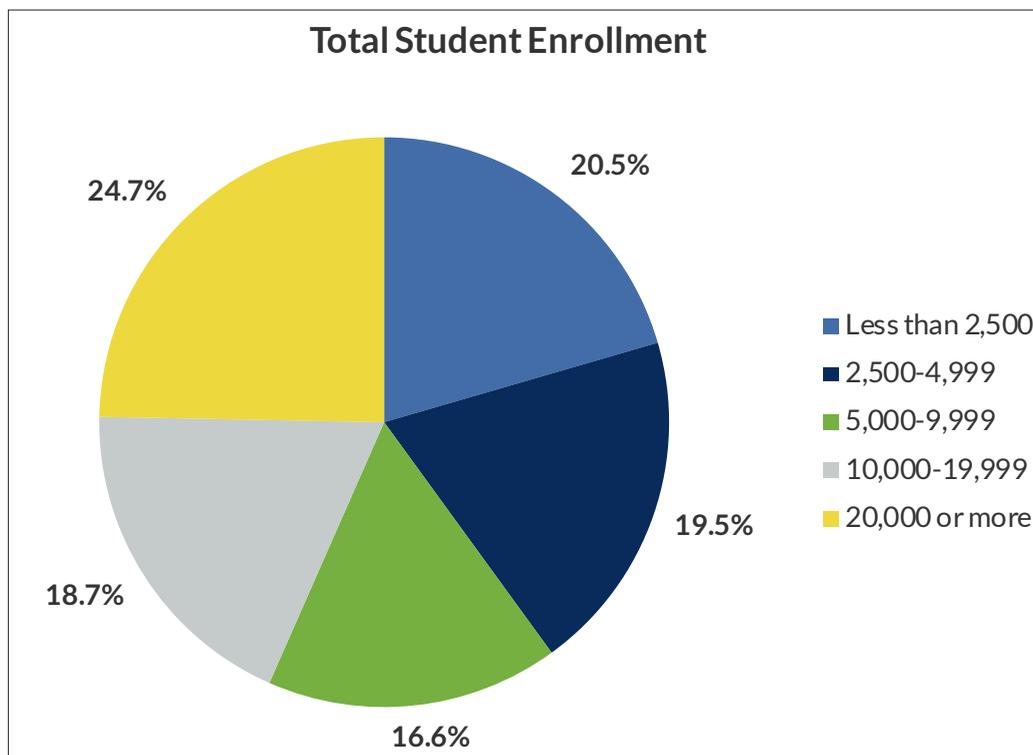
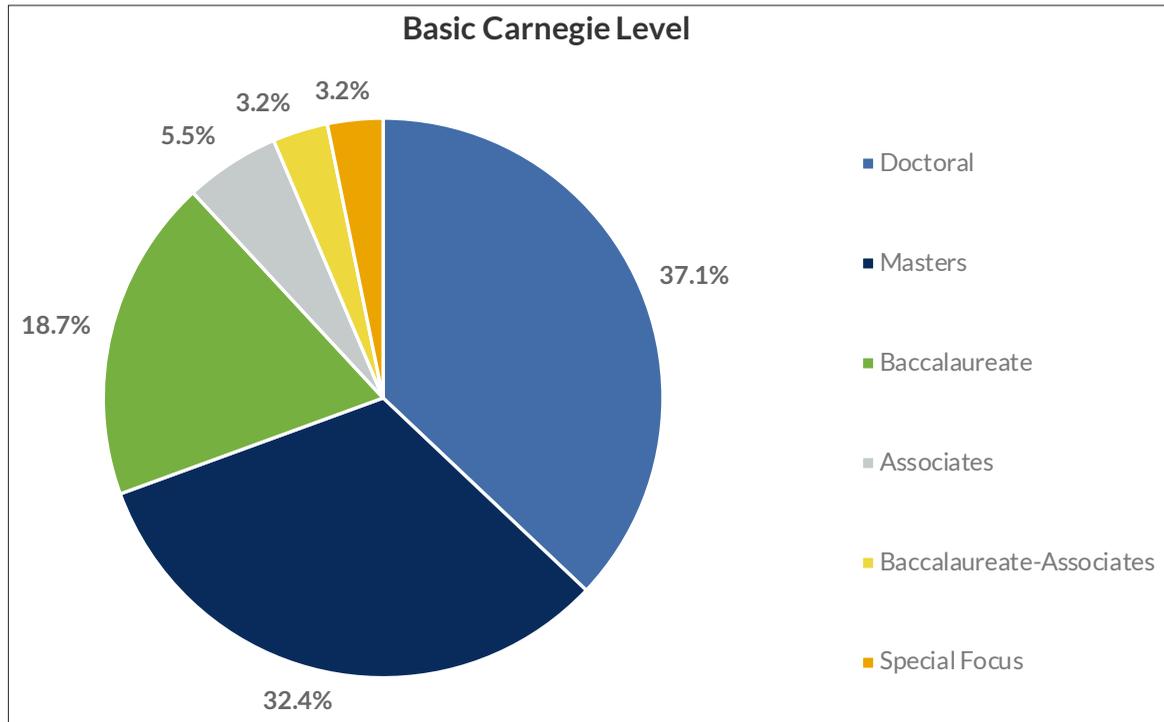
The sample of 380 institutions is comprised of predominantly four-year institutions, with nearly half in urban settings. The breakdown of public/private schools and total student enrollment are fairly evenly distributed. The regions of the U.S. are equally represented in the sample, except for the western U.S. Of the 377 participating schools in the U.S., 9 (2.4%) are HBCUs, and 98 schools (26%) are religiously affiliated.



The Sample—continued

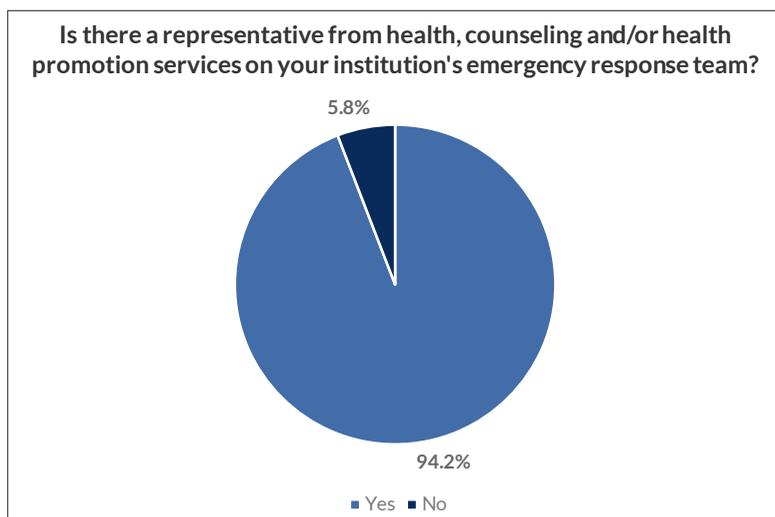


The Sample—continued



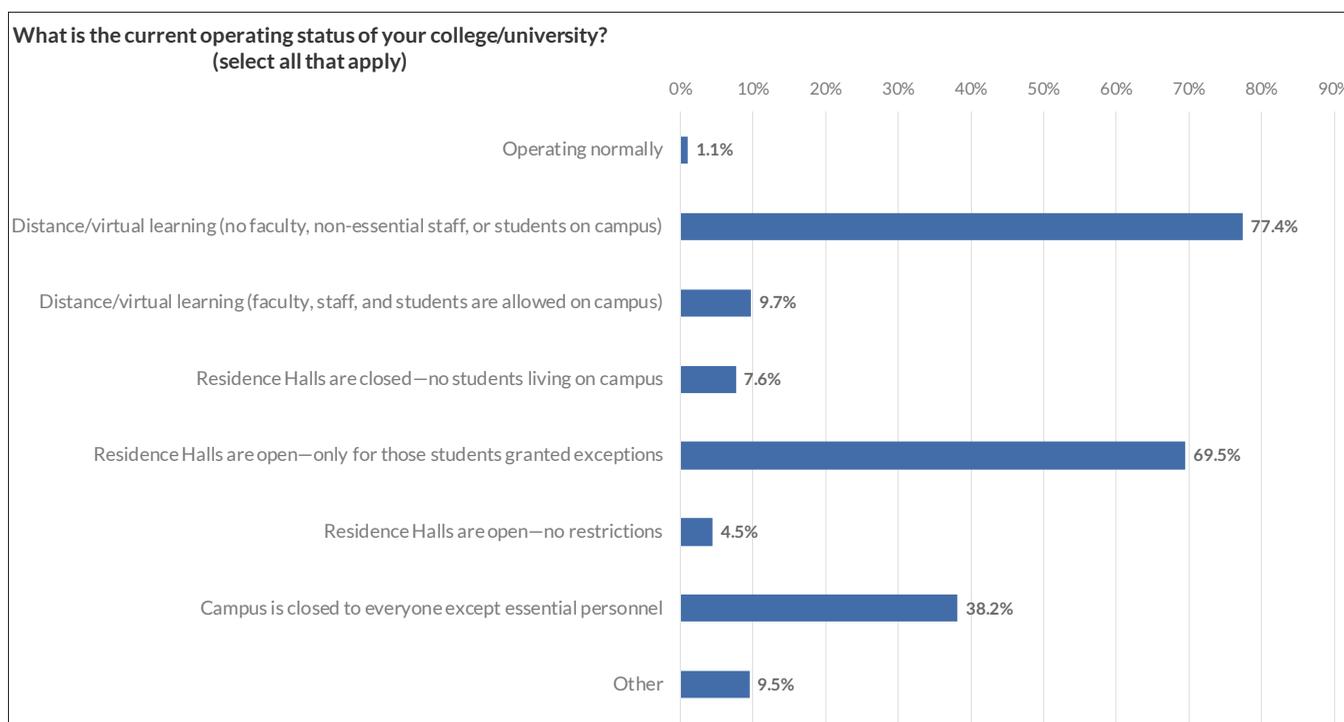
## SURVEY RESULTS

### *Did campuses tap the expertise of our membership?*



Three hundred twenty-six schools (94%) indicated that they had representation from health, counseling, and/or health promotion services on their campus emergency response team. Of the health, counseling, and/or health promotion services representatives on campus emergency response teams, approximately 80% hold the title of director of health services. Other representatives identified include medical directors, nurses, and student affairs officers. Some respondents reported having more than one representative from health services on their campus emergency response team.

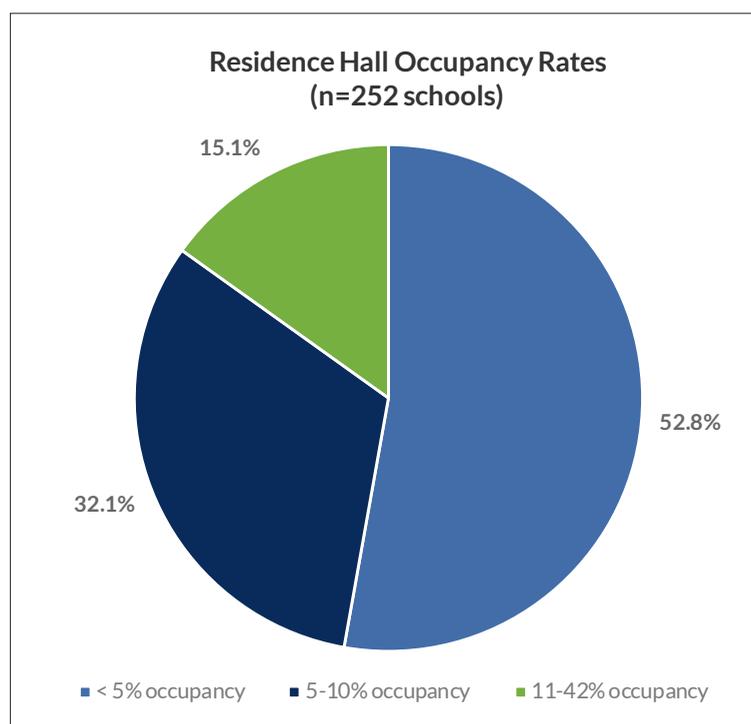
### *How are campuses generally operating?*



Of the responding schools, 87% (77.4% + 9.7%) reported that they were using distance/virtual learning. This includes 10% that permitted non-essential faculty, staff, and students to be on campus despite using distance learning.

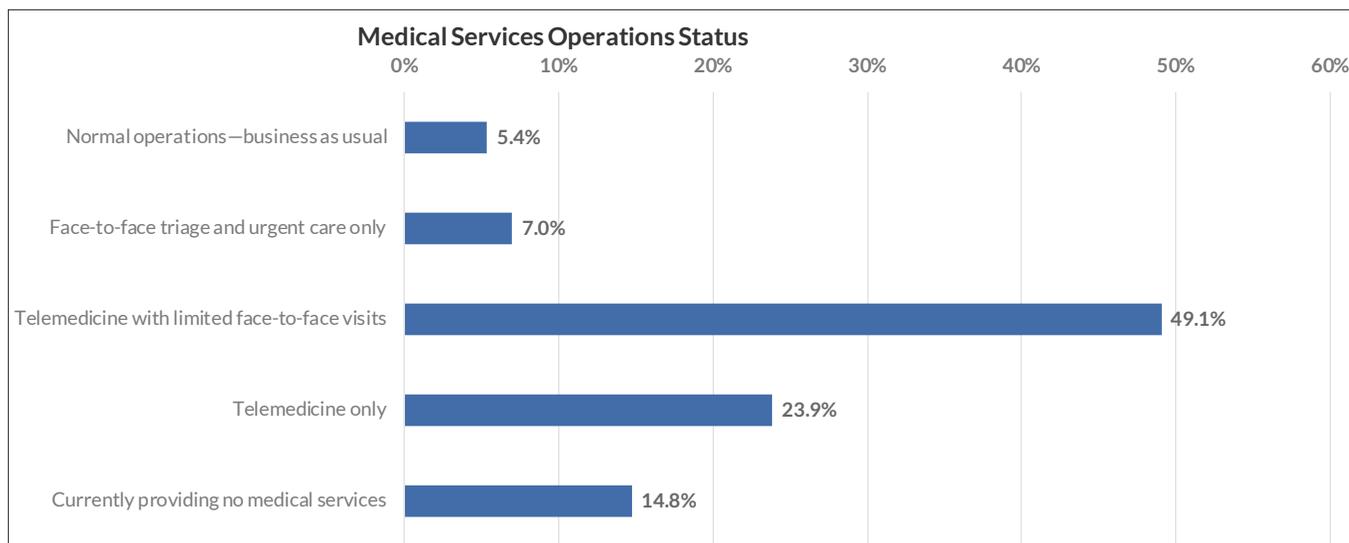
Two hundred seventy-seven schools (73%) indicated that they had students living in residence halls during the data collection period (April 6 to April 9, 2020). Most schools (n=260; 68% of the sample) allowed only those students who were granted an exception to remain on campus.

A small number of schools (n=17; 6.1% of sample) indicated that their residence halls were open with no restrictions.



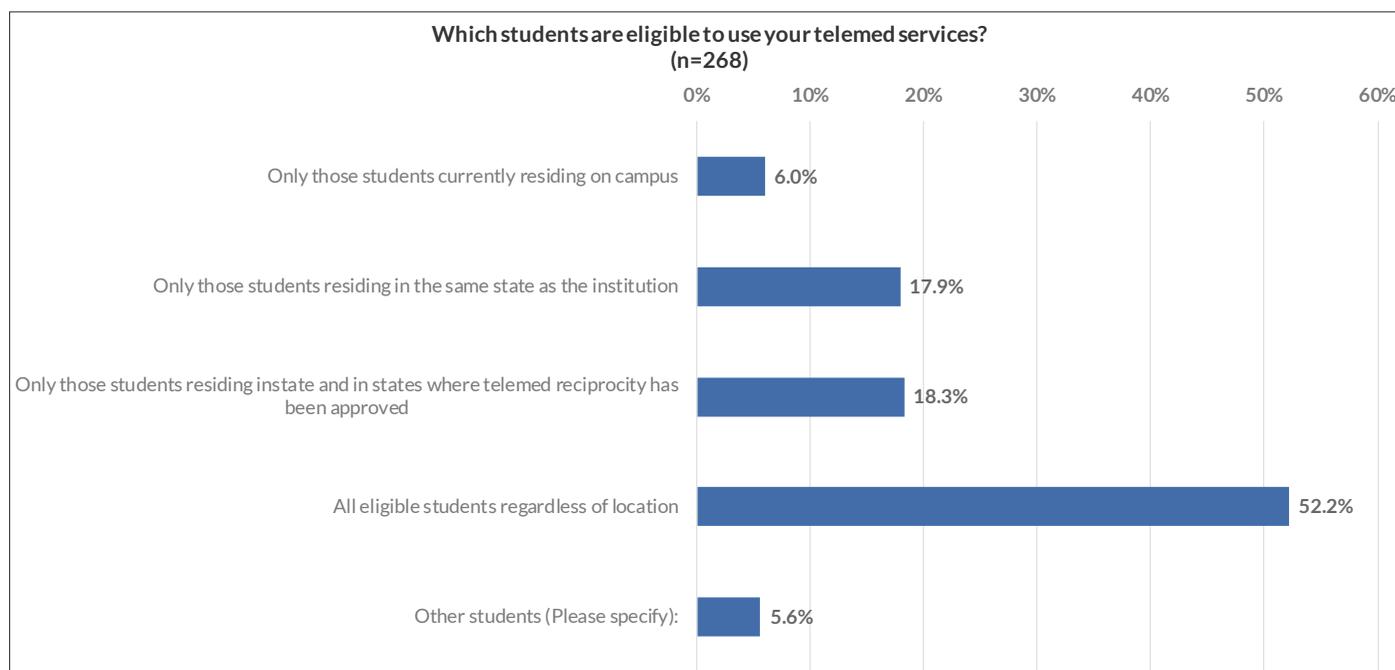
Occupancy data were provided for 252 schools, with nearly 50,000 students in residence across these campuses during the data collection period. The total residence hall capacity was pulled from the Integrated Post-Secondary Education Data System (IPEDS) in order to compute an occupancy rate for each campus. The largest group (52.8%) of the 252 schools had less than 5% occupancy, and 32.1% of the schools had between 5% and 10% occupancy rates. The mean occupancy was 6.4% and the median was 4.5%. The range was <1% to 42%. The schools with residence halls open with no restrictions had higher occupancy rates than those that only allowed students to stay by exception.

## How are campus medical services currently operating?



Most schools (n=272) reported utilizing telemedicine to deliver health services. Of those, 183 schools (49%) were also providing limited face-to-face visits.

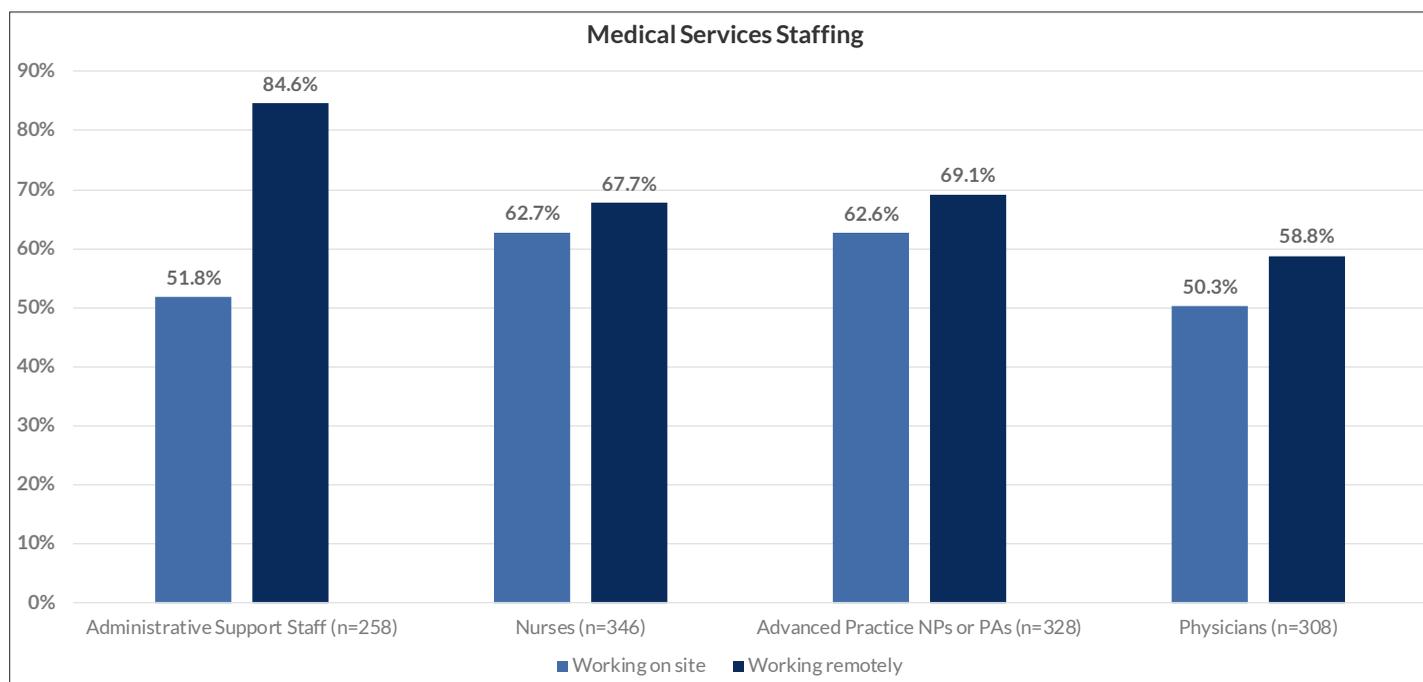
## For those offering telemed services, which students are eligible?



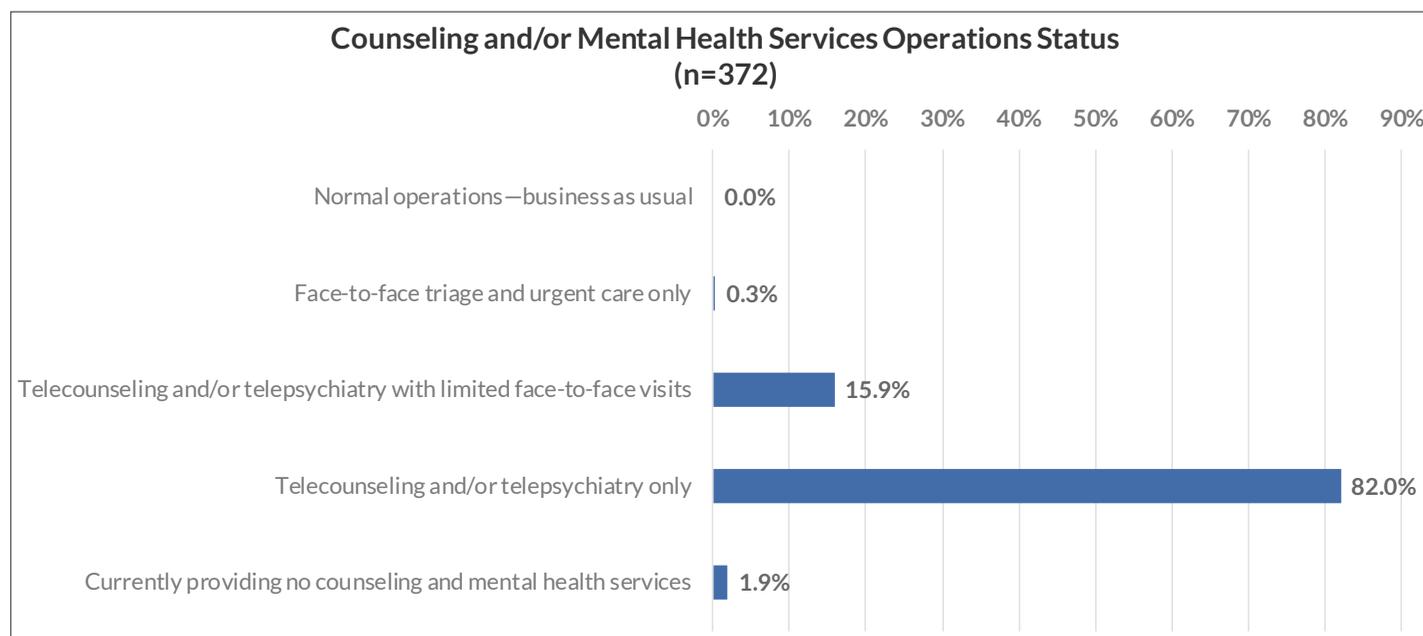
Of the 272 schools offering telemedicine services, about half are offering care to all eligible students regardless of location. Another 36% are limited to whom they can provide services due to interstate licensure issues.

### What is your current staffing for medical services?

The survey asked whether the school had physicians, nurse practitioners, physician assistants, nurses, and administrative support staff working on site and/or remotely. Many schools had staff working in both capacities; therefore, totals for each position do not equal 100%.

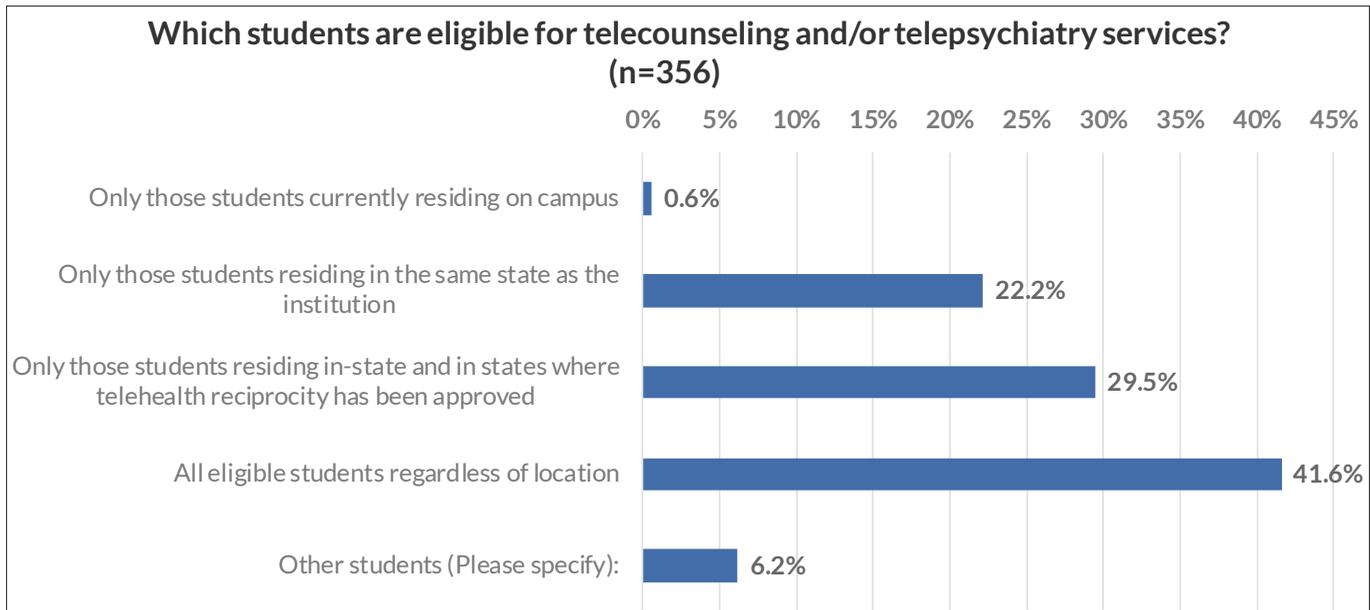


### How are campus counseling/mental health services currently operating?



The overwhelming majority of schools (n=364) reported utilizing telecounseling or telepsychiatry to deliver mental health services. Of those, 59 schools (16%) were also providing limited face-to-face visits.

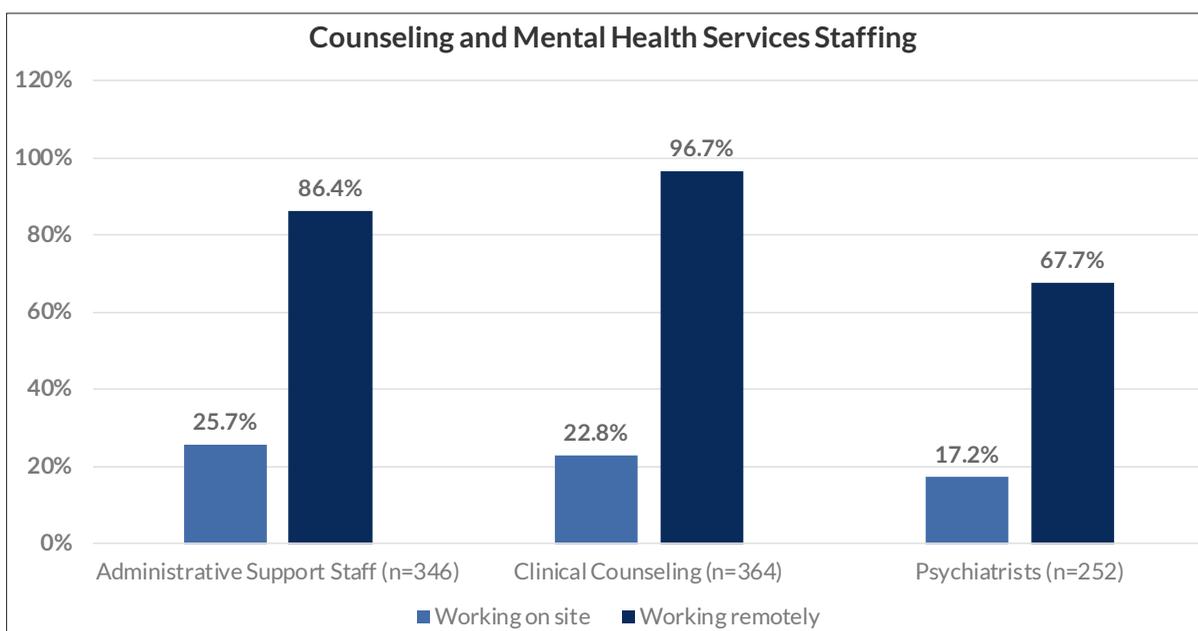
*For those offering telecounseling/telepsychiatry services, which students are eligible?*



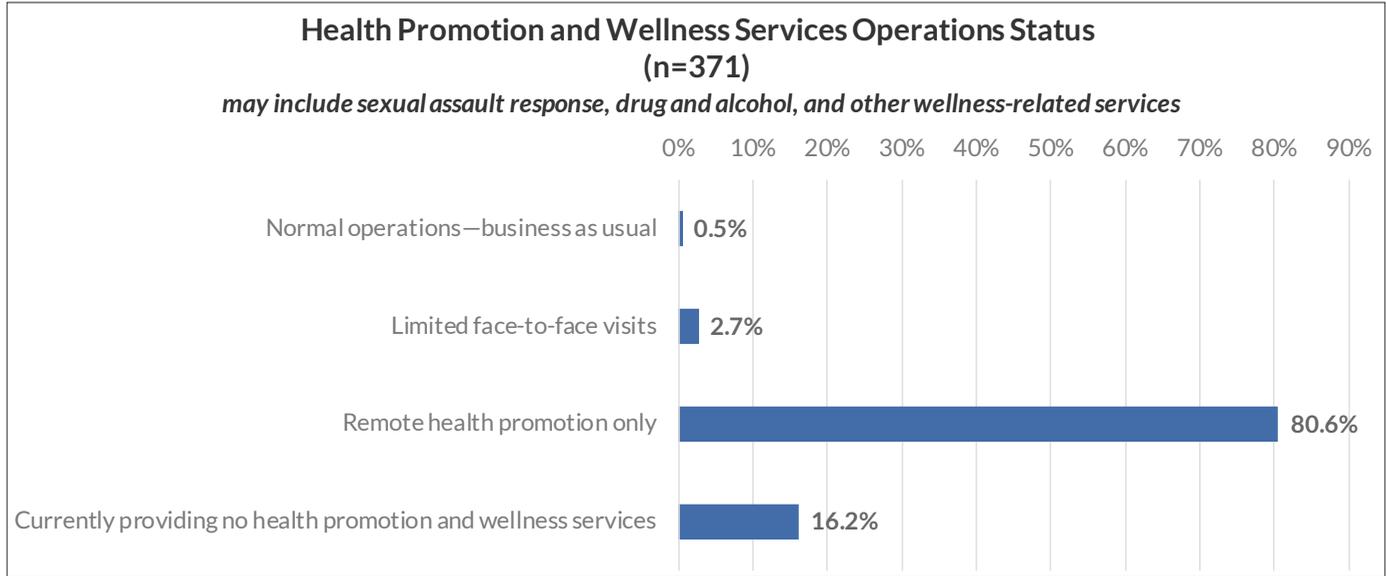
Of the 364 schools offering telecounseling/telepsychiatry services, about 42% are offering care to all eligible students regardless of location. Another 29% are limited to whom they can provide services due to interstate licensure issues. Of note, several campuses reported that only established patients are able to receive telecounseling/telepsychiatry, with new patients unable to receive services. This nuance in service may not have been captured in the question.

*What is your current staffing for counseling/mental health services?*

The survey asked whether the school had clinical counselors, psychiatrists, and administrative support staff working on site and/or remotely. Many schools had staff working in both capacities; therefore, totals for each position do not equal 100%.



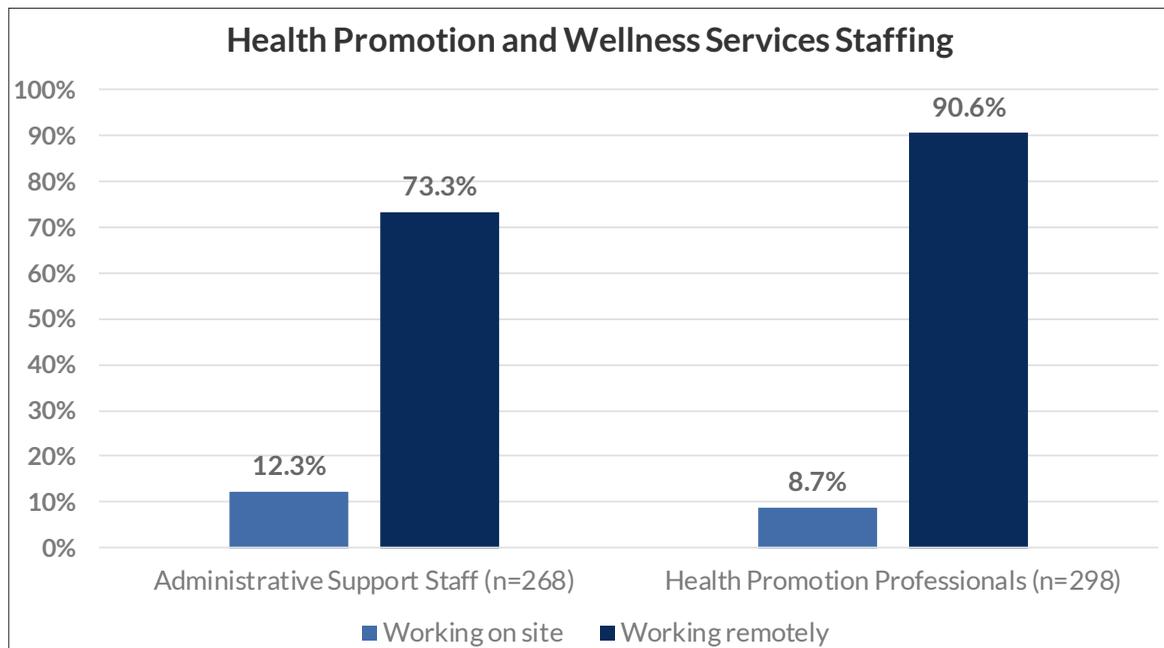
## How are campus health promotion/wellness services currently operating?



Most schools (81%, n=299) reported operating remote health promotion services only. Another 16% are unable to offer any health and wellness services for their campus communities.

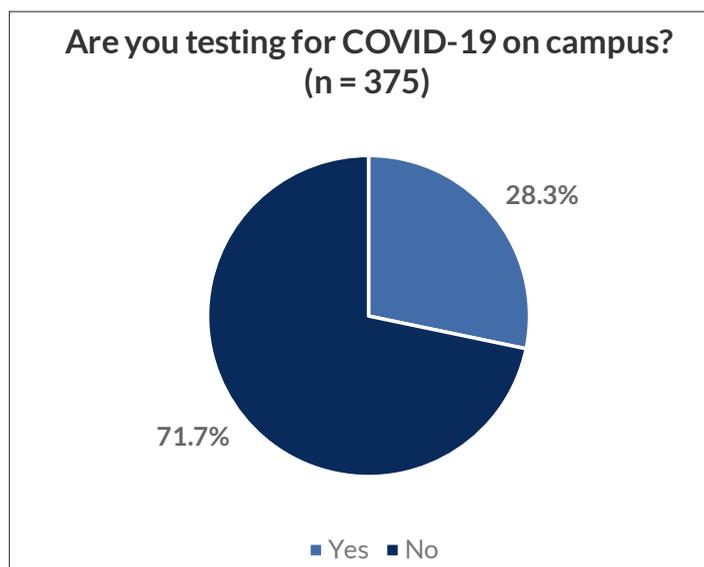
## What is your current staffing for health promotion/wellness services?

The survey asked whether the school had health promotion professionals and administrative support staff working on site and/or remotely. Many schools had staff working in both capacities; therefore, totals for each position do not equal 100%.

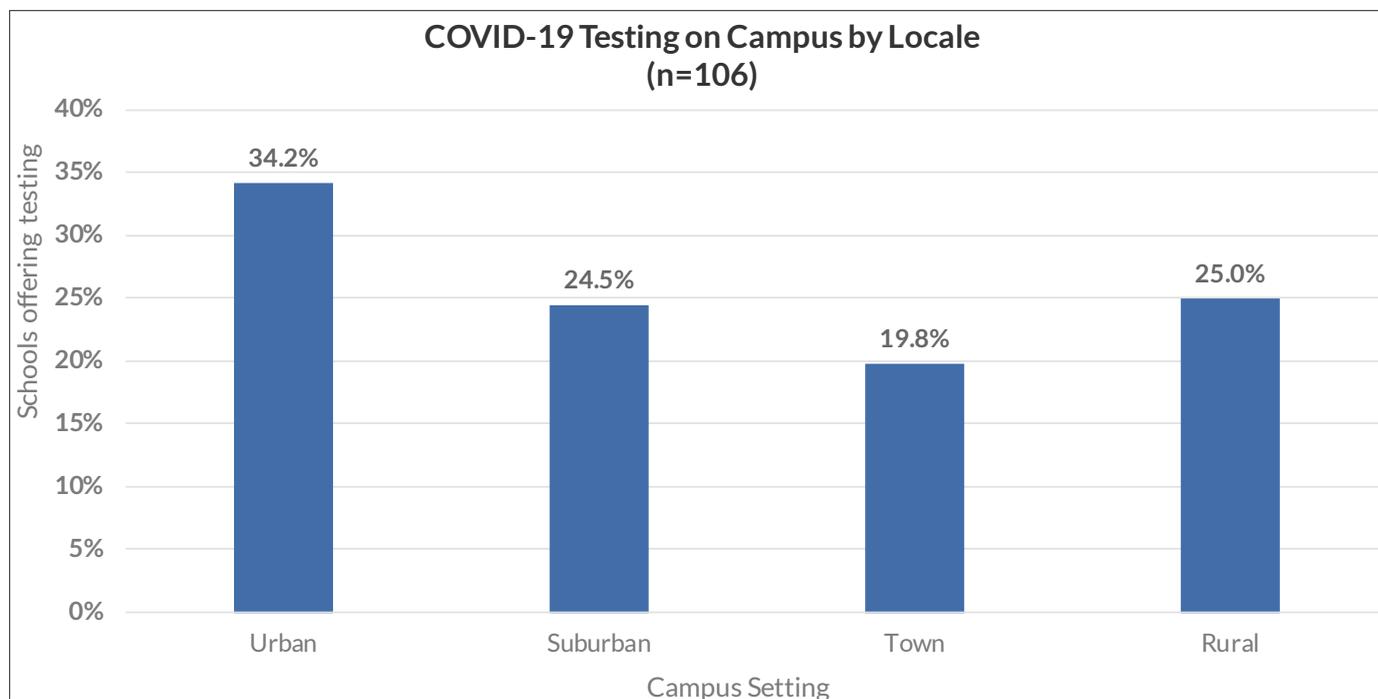


In all three areas (medical, counseling/mental health, health promotion/wellness), the majority of staff are working remotely. However, medical services have more staff working on site than do counseling/mental health and health promotion/wellness services.

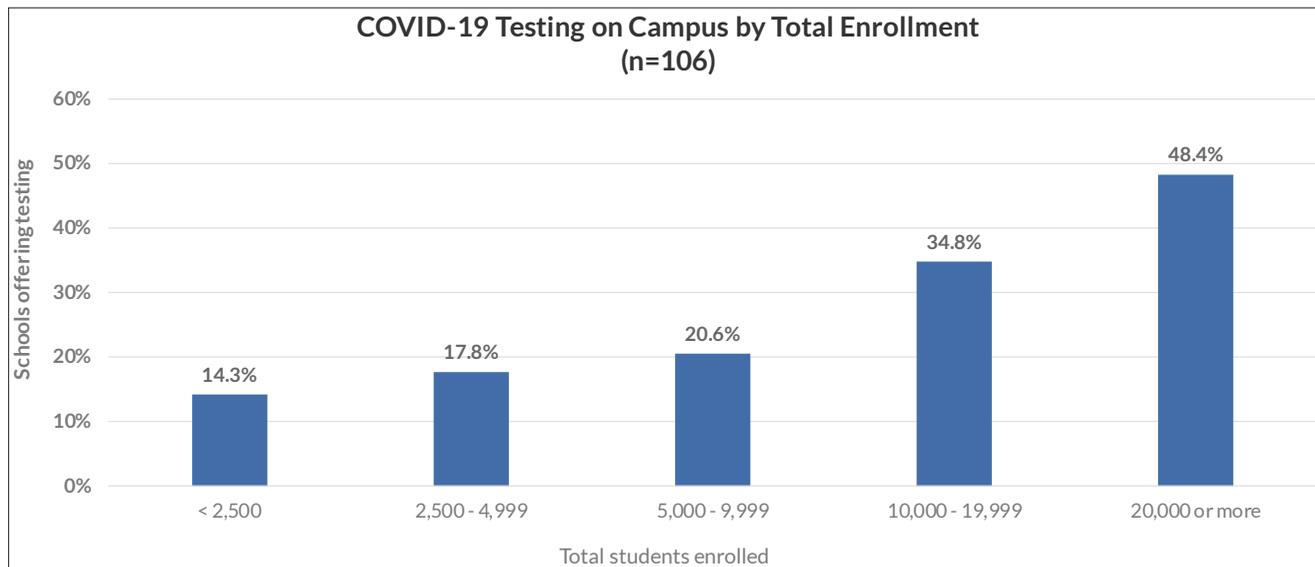
## Are campuses testing for COVID-19?



Of the responding schools, 106 (28.3%) indicated that they were testing for COVID-19 on campus. Most of those schools (65%) provided testing at the health service and 40% indicated that they tested outside the health service facility (i.e., drive-through, in tents). Of the 106 schools that are offering testing on campus, 97 reported data on the number of tests done. At these 97 schools, a total of 1,892 people were tested on campus and 188 of those tested positive. Respondents were not asked if these tests occurred in students, faculty, or staff.



Schools in urban areas were more likely to be performing on-campus testing (34.2%) than schools in rural, suburban, or town settings.



More large schools (48.4%) were testing on campus than small schools (14.3%).

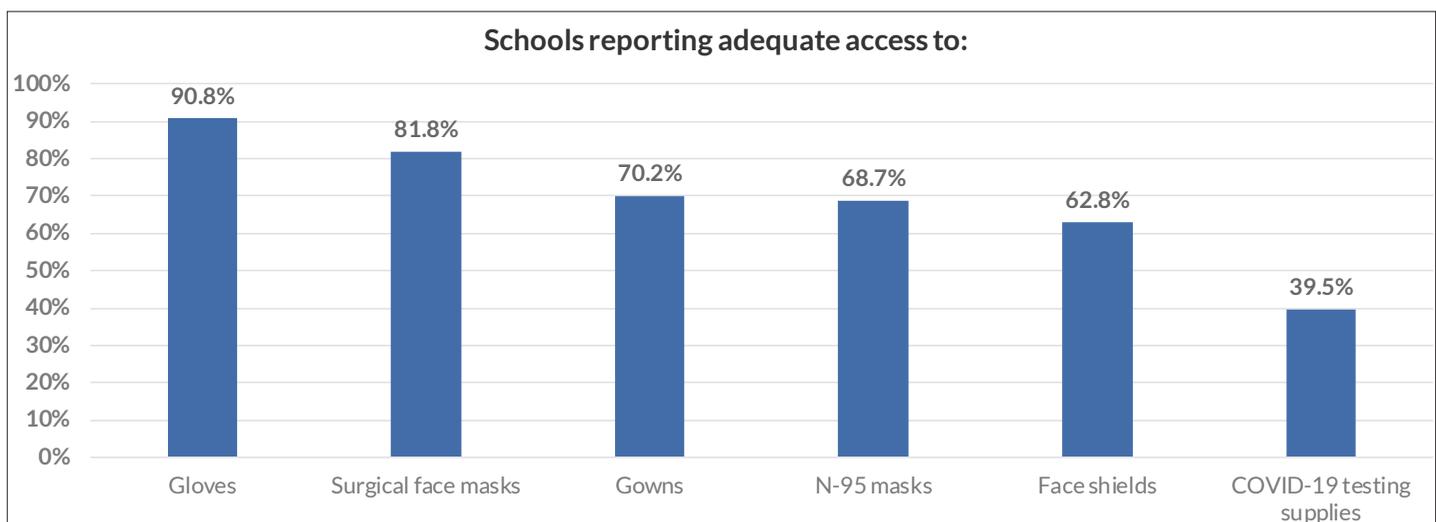
### *Are campuses being notified of off-site positive tests?*

More than half of the schools (n=204) reported being formally notified of **additional** members of the campus community testing positive at off-campus testing sites. These 204 schools reported a total of 1,863 members of the campus community who tested positive for COVID-19 off campus (1,141 students, 33 health center staff, 495 non-health center staff, and 194 faculty).

### *How many deaths have campuses been notified of?*

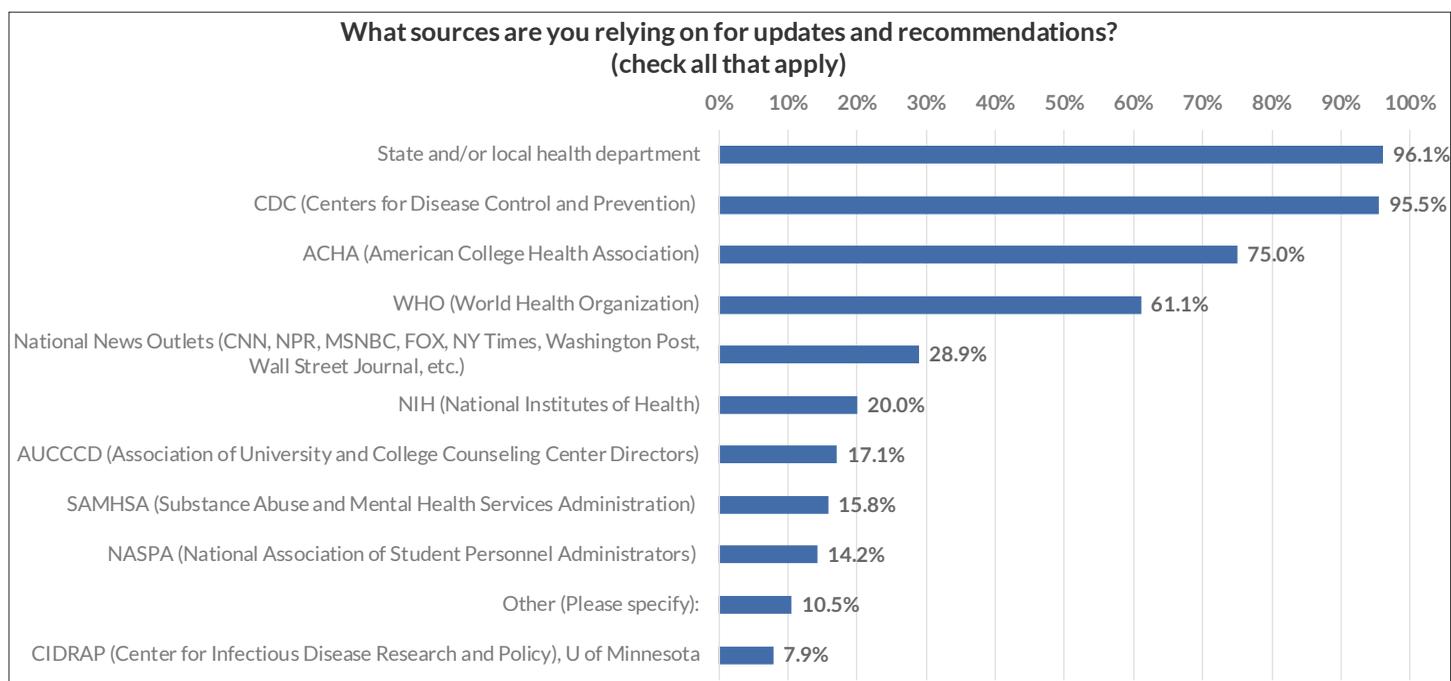
As of the close of the data collection period, 10 schools reported a total of 12 deaths. Respondents were not asked if these deaths occurred on or off campus nor were they asked to specify whether these deaths occurred in students, faculty, or staff.

### *Do campus health centers have adequate access to supplies?*



At the time of this survey, few students, faculty, and staff were on campus. Schools answered these questions about having adequate access to personal protective equipment (PPE) and COVID-19 testing supplies based on the numbers of people on campus during the survey period. It is possible that the adequacy of PPE and testing supplies will differ when the campus is fully operational with students, faculty, and staff on campus.

### What sources are you relying on for updates?



The top three sources cited as the most relied upon include state and local health departments, CDC, and ACHA.

### What are the greatest challenges for campus health centers right now? (open ended responses)

Theme	Count
Transition to teleworking/tele-practices/virtual learning	69
Communication issues/Student engagement	54
Access to testing and testing supplies	40
What's the new normal?/Uncertainty about future	28
Boosting student and staff morale	28

chart continues on next page

*What are the greatest challenges for campus health centers right now? (open ended responses)*  
*[continued]*

Theme	Count
Fall plans for isolating sick students and returning to “normal”	21
Financial issues	20
Caring for those student currently on campus	18
Access to PPE	15
Caring for student with non-COVID-19 related issues	12
Staffing shortages	8

When asked about the **single greatest challenge faced**, the most frequently cited response was the transition to teleworking, including the training, development of guidelines, and legal questions regarding care for students in their home states. Also mentioned were concerns regarding student engagement due to the lack of in-person interactions with students not on campus. Respondents expressed the need for regular, consistent information updates from upper administration. Stressors for staff included uncertainty about the future, job insecurity, and concerns about staff morale. Also cited was the impact of the continually changing guidelines and information on the development of a return to campus contingency plan. Some noted the need for advocacy at the college and national level regarding limited testing materials and lack of personal protective equipment, as well as staffing shortages.

*What went well?*

Theme	Count
Telehealth implementation	63
Social distancing policies/Transition to remote learning	59
Strategies for testing for COVID-19 and stretching limited PPE	53
Well communicated staff cohesion/Creation of new task force	33
Enhanced remote workflow	23
Creation of email/websites/hotlines to better educate student and families	23

Respondents were also asked to describe **one innovation or response that was particularly effective** on their campus. Primary among these was the implementation of systems to provide continuity of clinical health and counseling services to students through telehealth, 24-hour hotlines, and testing, as well as provisions for the care of students who were unable to leave campus after the university closed. Innovative plans to create outside or drive through testing for students were noteworthy. Creation of emergency response teams, and pastoral response teams, along with already established pandemic and communicable disease protocols put some colleges in a strong position to respond to COVID-19. The efficient and timely transition to physical distancing and working remotely for staff was mentioned as effective. Communication initiatives, included providing regularly updated information through websites, social media, and emails, and collaboration with local and regional college health networks, colleagues on campus, and new campus task forces were also noted.

## What can we do for you?

Theme	Count
Continued guidance/updates	140
Webinars	23
Increased advocacy	19
Discussion forum/other communication resources	12

Finally, the last question in the survey asked **what ACHA could do to help** the respondents. Most respondents stated that the ACHA Friday webinars, Frequently Asked Questions (FAQs), and resource materials on the website were very helpful. Respondents expressed the need for updated guidelines, templates, and forms to respond to the rapidly changing situation, particularly as they prepare for students to return to campus. Specifically mentioned was the need for national advocacy on the need for personal protective equipment (PPE), greater access to testing, and lifting licensure laws to enable staff to provide care remotely to students in their home states. Finally, some expressed the need for ACHA advocacy in representing the unique challenges impacting college health, counseling, and health promotion centers at this time to local and state health departments, college presidents, and national health organizations.

## Limitations

While we had a good response to the survey, the sample was limited to ACHA institutional members and may not represent college health centers nationally. Institutions from the Western U.S. and two-year institutions are underrepresented in the sample. In addition, an early question about the status of distance learning, students in residence halls, and student/faculty/staff access to campus confounded multiple issues into one question causing some confusion with data interpretation. Future surveys will address this instrumentation problem and will likely expand the sample beyond ACHA Institutional Members.

## Conclusions

This survey reflects the significant impact that the pandemic has had on health, counseling, and health promotion service provision. It is encouraging to find that in most cases, health service administrators and staff are serving on their university's emergency response teams, providing critical expertise in this changing landscape. Decompressing residence hall occupancy, distance learning, utilizing telemedicine technology for addressing student health needs, and changing staffing patterns are some of the key response strategies identified by the survey respondents. Uncertainty of the future, job insecurity, and concerns about planning for return to campus were noted as factors impacting staff morale and stress levels. That said, respondents indicated that they are already starting to develop contingency plans for upcoming semesters.



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