

PULSE SURVEY HIGHLIGHTS

CAMPUS COVID-19 MANAGEMENT, FALL TERM 2021-22

Survey Period: September 14-27, 2021



AMERICAN
COLLEGE
HEALTH
ASSOCIATION

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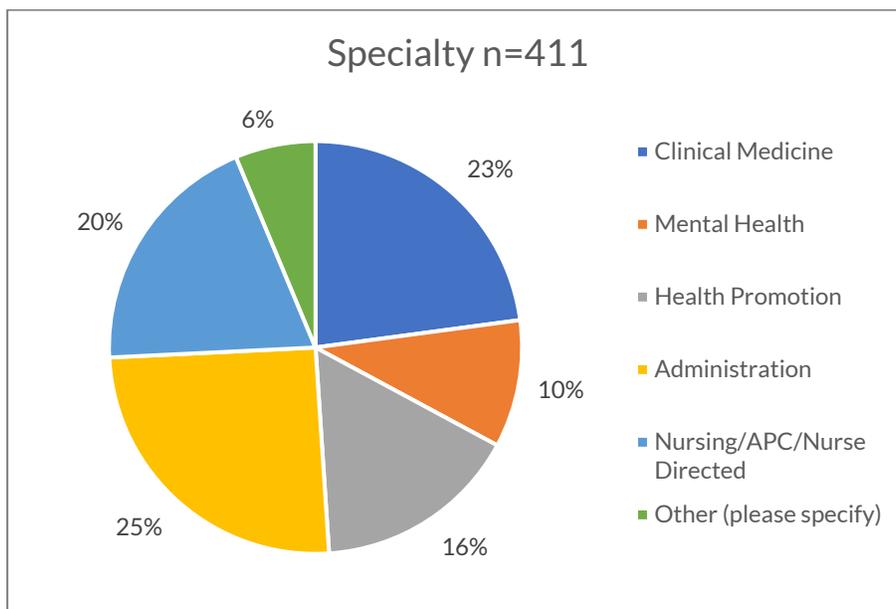
ACHA conducted a pulse survey between September 14 and September 27, 2021, to gather information about key COVID-19 mitigation strategies, resources, and management at the start of the 2021–22 academic year. ACHA members were asked about their institution’s current COVID-19 mask and vaccination policies and whether health services have a role in decision making. Additionally, respondents were asked to identify their greatest departmental concerns and greatest personal needs. Information was collected to provide benchmarking information for members and to help guide ACHA’s continued work on the COVID-19 pandemic in service of its members.

Key findings:

- While the majority of respondents feel supported by their institution, campus health professional involvement at the highest levels is down to 79.5% from 91% this time last year (page 4).
- The top three concerns for the campus health center are staff burnout, staff shortages, and a “business as usual” attitude (page 6).
- The top personal concerns for those delivering health services are increase in responsibilities without adequate compensation, difficulty balancing work and family responsibilities, and feeling unappreciated (page 7).
- What do ACHA members want most from their institutions? More staff (page 7).
- What do ACHA members want most from the association? Advocacy (page 8).

About the Survey Respondents

Responses were solicited from all 6,467 current ACHA members. To be included, respondents needed to either be a regular individual member or their campus needed to be an institutional member. Emeritus and sustaining ACHA members’ responses were not solicited. Of the 963 campuses contacted to participate in the survey, 275 of them had at least one survey respondent, representing 28.5% of those institutions. The 411 total respondents came from a variety of health and well-being specialties. It is noted that mental health professionals were underrepresented in this sample.



Demographics

The demographics of the participants and their institutions were as follows:

Institutional Attributes	N	Valid Percent
Public	228	56.2%
Private	178	43.8%
2-year	12	3.0%
4-year	394	97.0%

Locale	N	Valid Percent
Local Urban	245	60.3%
Local Suburban	86	21.2%
Local Town	66	16.3%
Local Rural	9	2.2%

Geographic Region	N	Valid Percent
Region Northeast	104	25.3%
Region Midwest	101	24.6%
Region South	134	32.6%
Region West	68	16.5%
Outside U.S.	4	1.0%

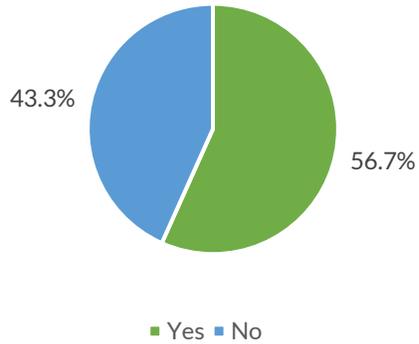
Enrollment	N	Valid Percent
Enrollment Less than 2,500	68	16.7%
Enrollment 2,500 - 4,999	51	12.6%
Enrollment 5,000 - 9,999	48	11.8%
Enrollment 10,000 - 19,999	87	21.4%
Enrollment 20,000 or more	152	37.4%

Respondents were overwhelmingly from urban institutions of higher education (60.3%), with only 2.2% from rural campuses (as defined by IPEDS). However, there was broad representation from the four geographic regions, although less representation from Western campuses. While 37.4% of respondents hailed from large institutions of higher education (IHEs), almost 30% of respondents came from small IHEs with fewer than 5,000 students and about 33% of respondents came from mid-sized institutions.

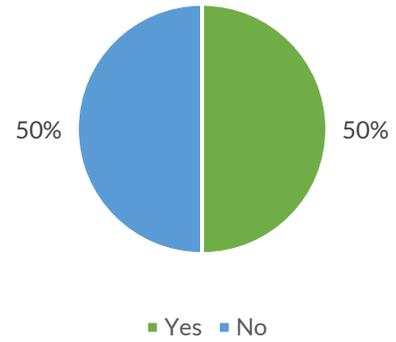
Masks and Vaccines

Two key mitigation strategies—vaccines and mask wearing requirements—have been subjects of controversy both on and off campus. Despite the controversy, there was overwhelming adoption of these strategies on campuses represented in the survey. Over half of all respondents represented campuses with COVID-19 vaccination requirements for students. Respondents were fairly split between IHEs requiring COVID-19 vaccination for their faculty and staff and those without a faculty/staff requirement. Most respondents (89.2%) indicated that their institution had some level of indoor mask wearing requirements and that it was being enforced. Only 10.7% of respondents indicated that there was no mask wearing requirement on their campus.

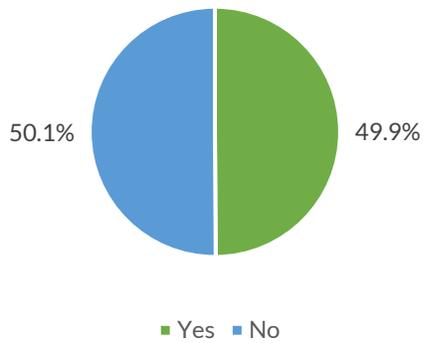
Vaccine Requirement - Students (n=411)



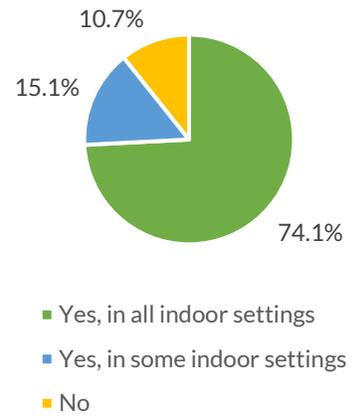
Vaccine Requirement - Faculty (n=406)



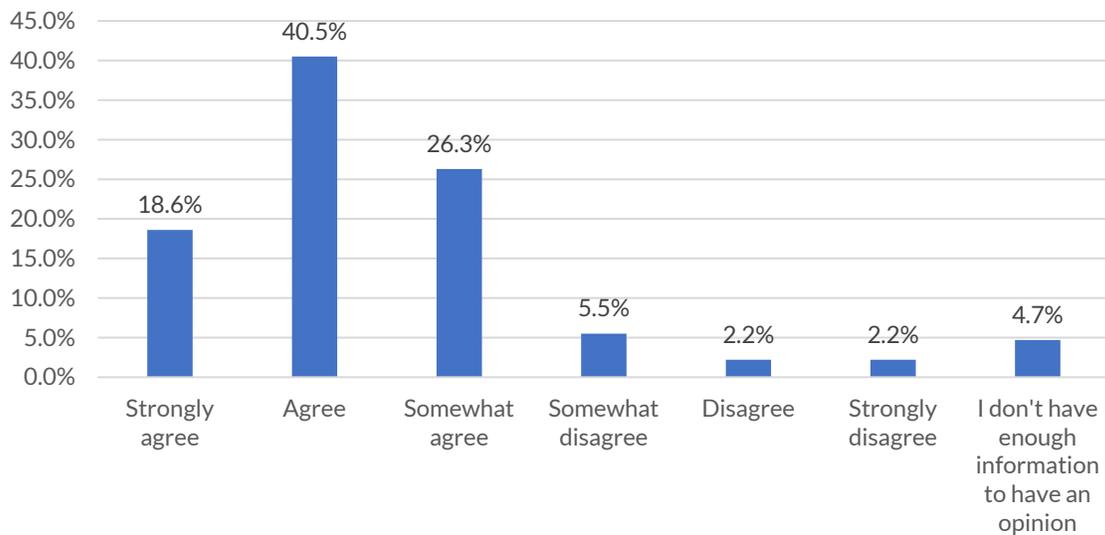
Vaccine Requirement - Staff (n=403)



Mask Requirement (n=410)



Mask Requirement Enforced (n=365)

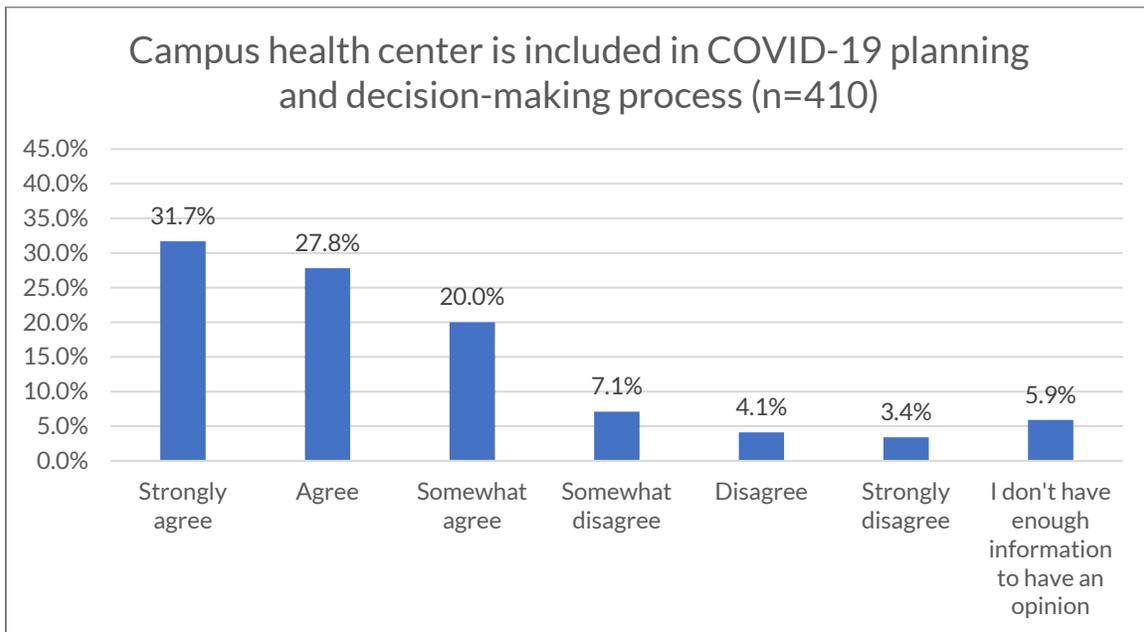


Decision Making

In the August 2020 ACHA COVID-19 survey, 91% of respondents reported being part of the COVID-19 decision-making process on campuses, with two-thirds of those stating that their input was highly valued. Now that most institutions have reopened completely, ACHA wanted to check back in to see if campus health has continued to play a role in key decision making, if they have the resources they need and if they generally feel supported in their work by campus leadership.

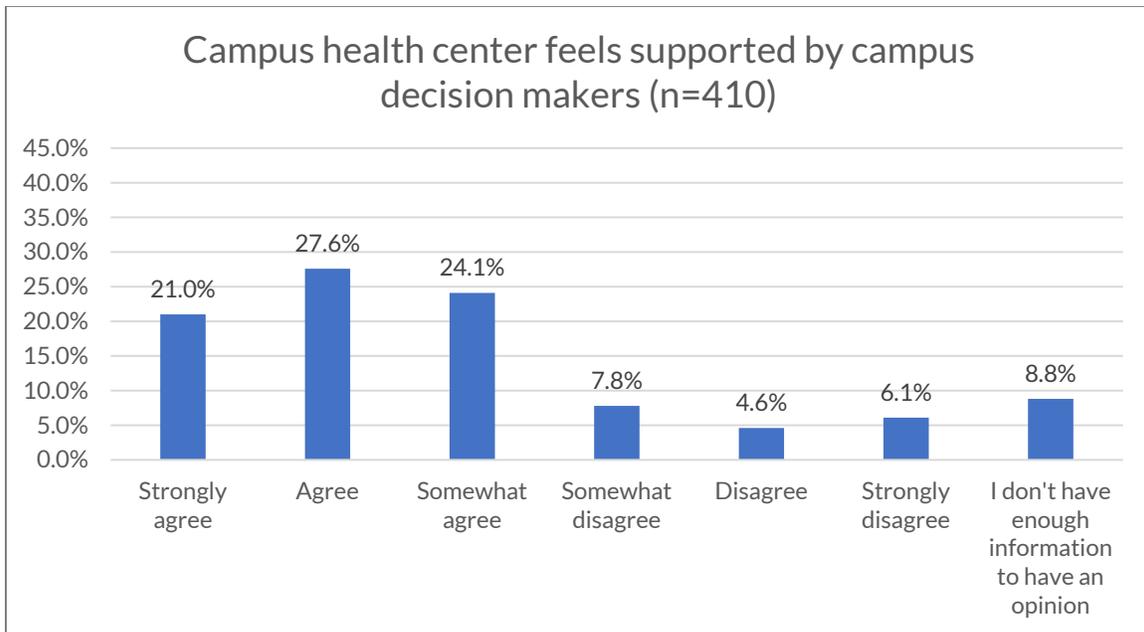
ACHA used the term “campus health center” to include any staff on campus tasked with overseeing campus health needs for the following questions.

With regard to COVID-19, your campus health center is included in the COVID-19 planning and decision-making process:



At the time this survey was conducted, the majority reported that the health center is included in the decision-making/planning process (79.5%). While this is good news, it appears to reflect a decrease in campus health professional involvement at the highest levels when compared to responses from previous ACHA surveys conducted in [April](#) (94%), [June](#) (90.6%), and [August](#) (91%) of 2020.

With regard to COVID-19, your campus health center feels supported by campus decision makers:

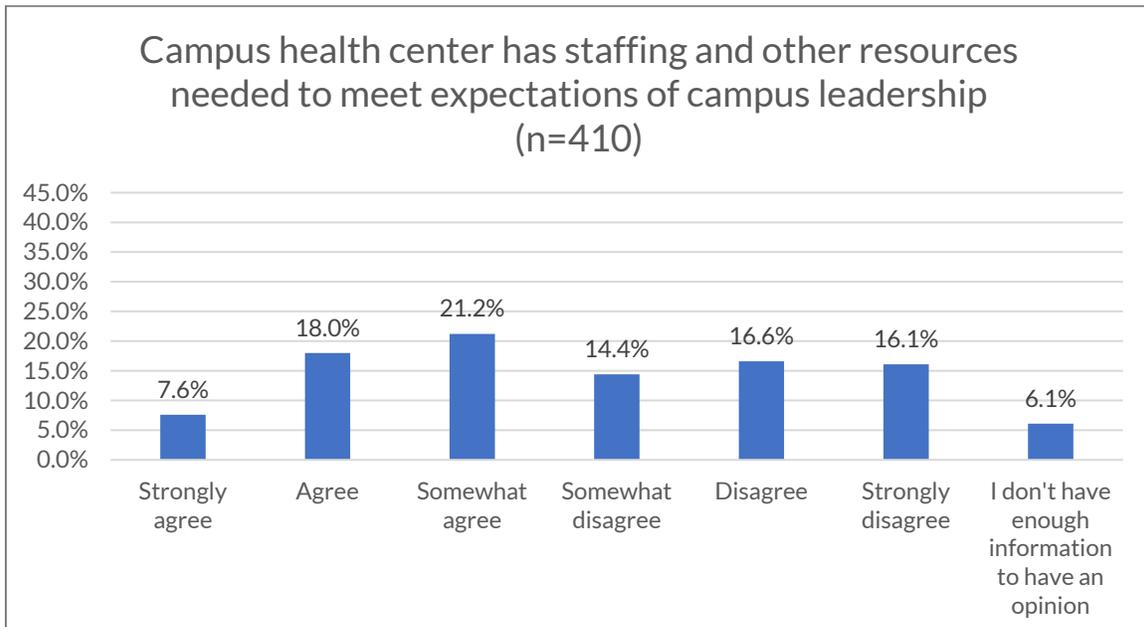


Again, at the time of this survey, the majority of respondents reported feeling at least somewhat supported by campus decision makers (72.7%).

Resources

ACHA used the term “campus health center” to include any staff on campus tasked with overseeing campus health needs for the following questions.

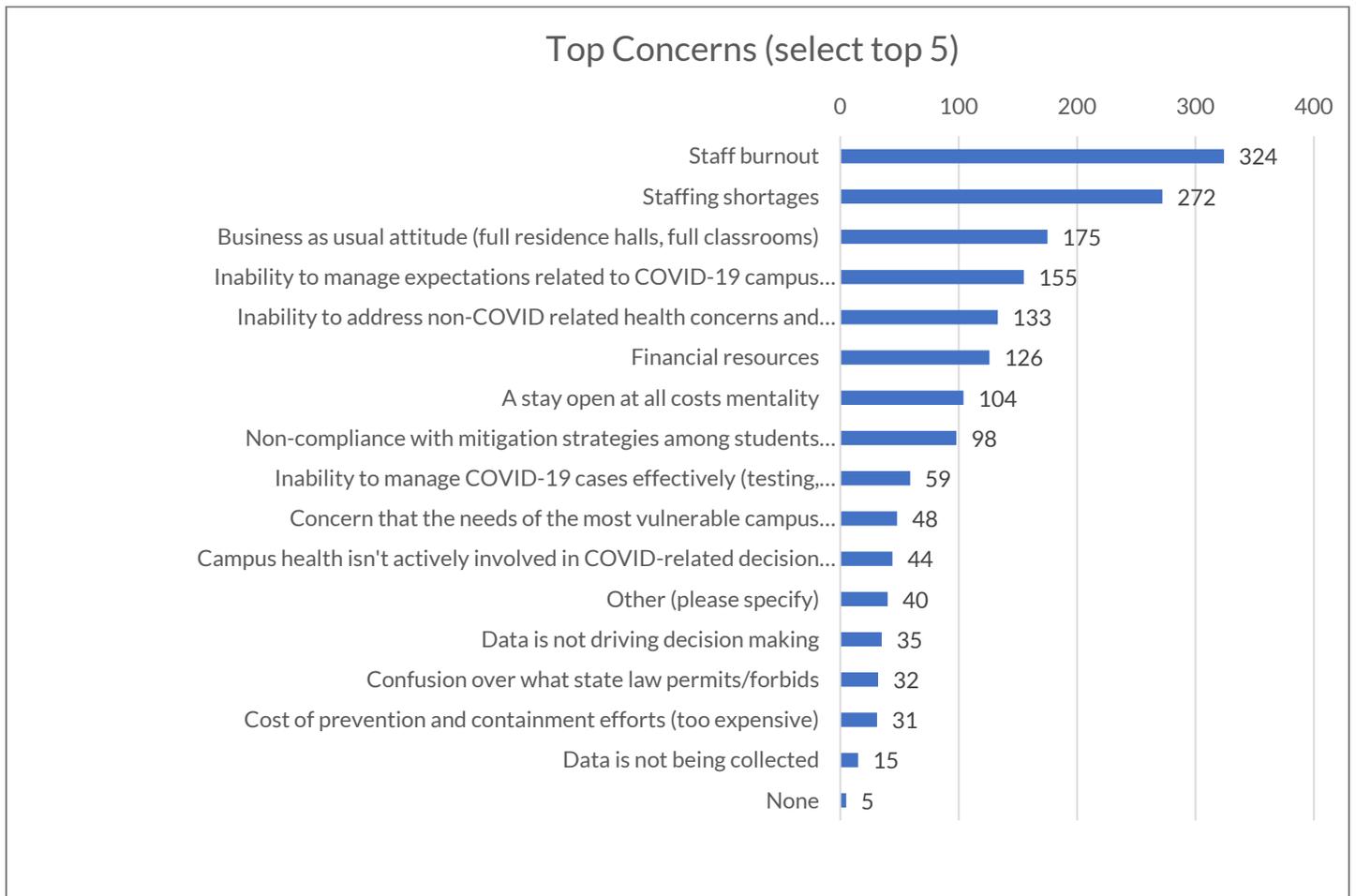
With regard to COVID-19, your campus health center has the staffing and other resources needed to meet the expectations of campus leadership:



Although most campuses reported being part of the decision-making process and feeling supported by campus leaders, paradoxically, many reported not having the staffing and other resources needed to meet the expectations of campus leadership (47.1%).

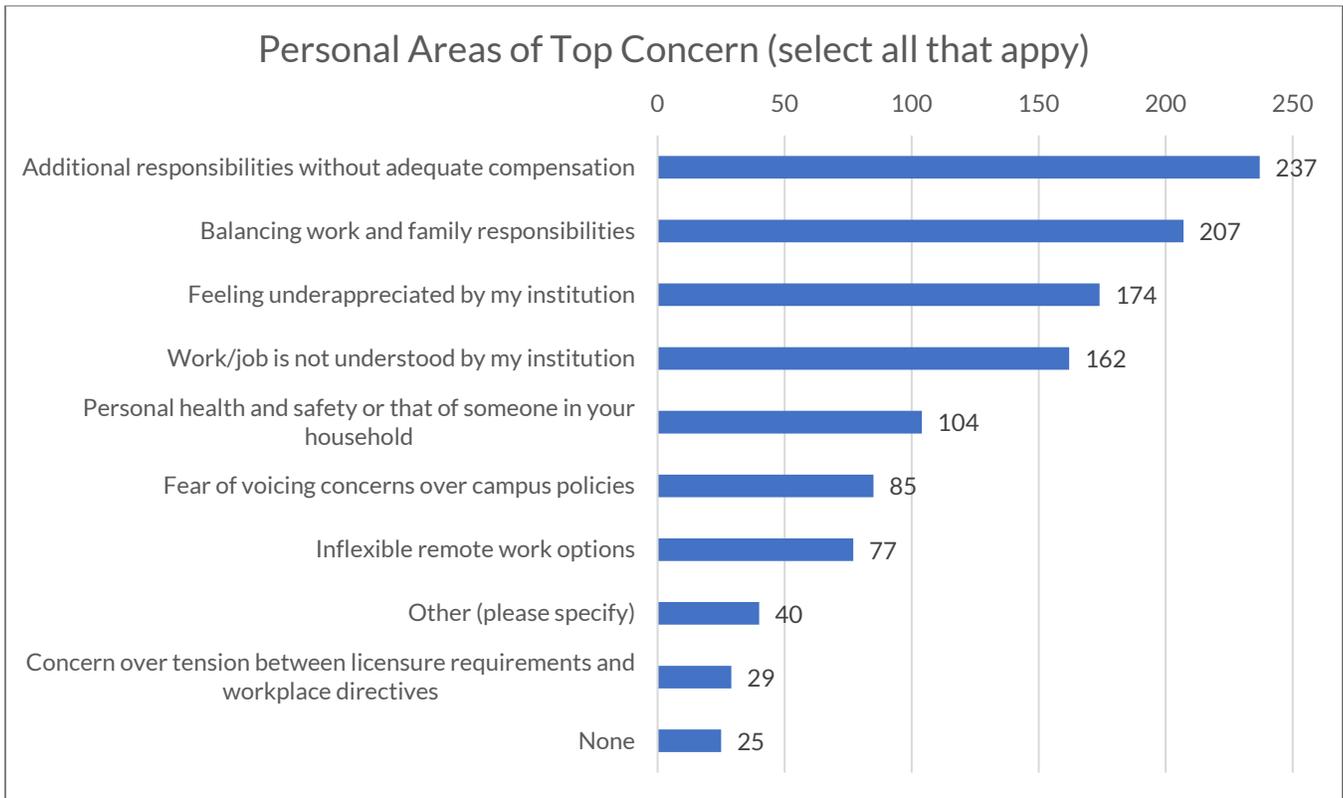
Top Concerns

We asked for respondents to choose five of their top concerns for the campus health center/health services and the top concerns for them personally.



Staff burnout and staff shortages stood out as the top concerns for the respondents. In comments accompanying the survey, members noted concerns about whether their workload and pace could be sustained due to the continually changing situation, long work hours for staff, and overall exhaustion. Staffing shortages were also noted, with reasons stated as “burnout,” early retirement, and staff leaving the field.

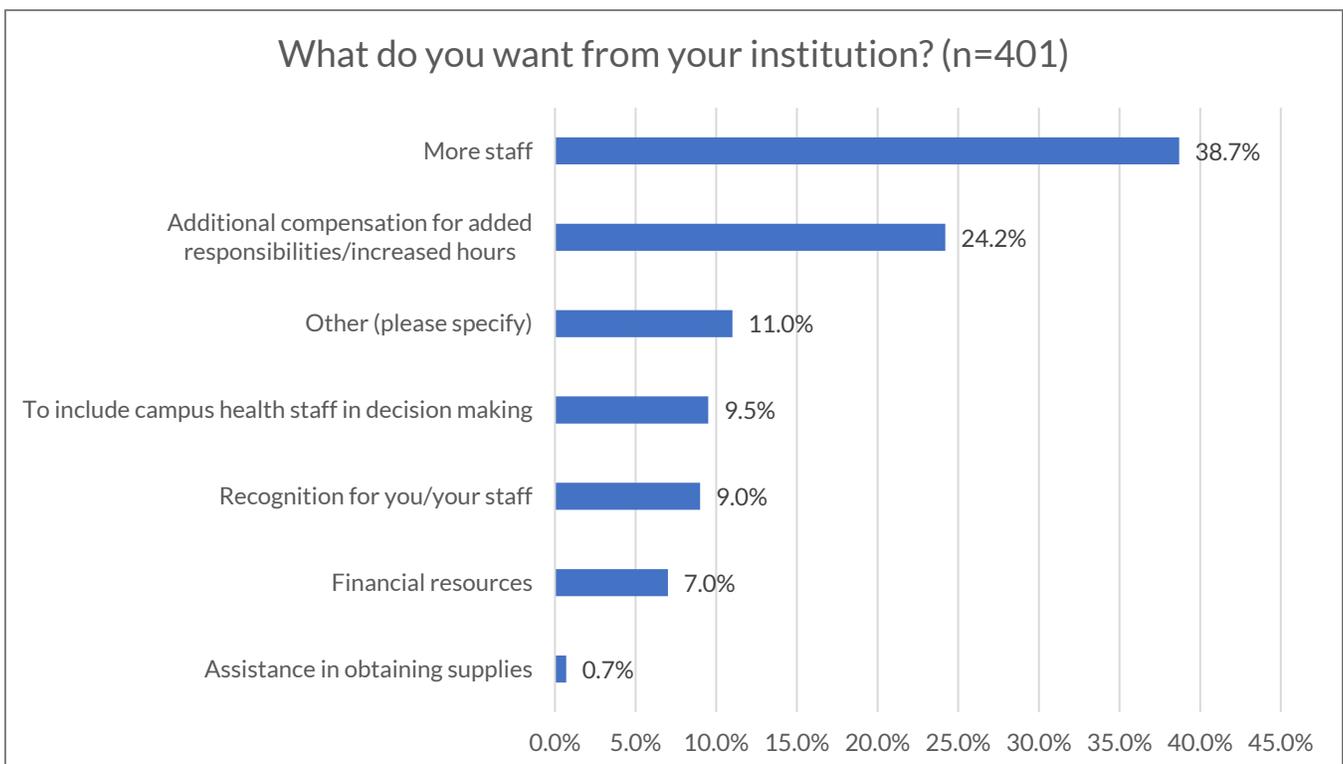
Some respondents commented that the prevailing sentiment was that the school was back to “business as usual,” with a desire for the pandemic to be over. This sentiment is reflected in the graph, even though for many health services, the reality is quite the opposite in terms of the ongoing management, surveillance, and increases in COVID-related work.



The top three personal areas of concern were the increase in responsibilities without adequate compensation, difficulty balancing work and family responsibilities, and feeling unappreciated.

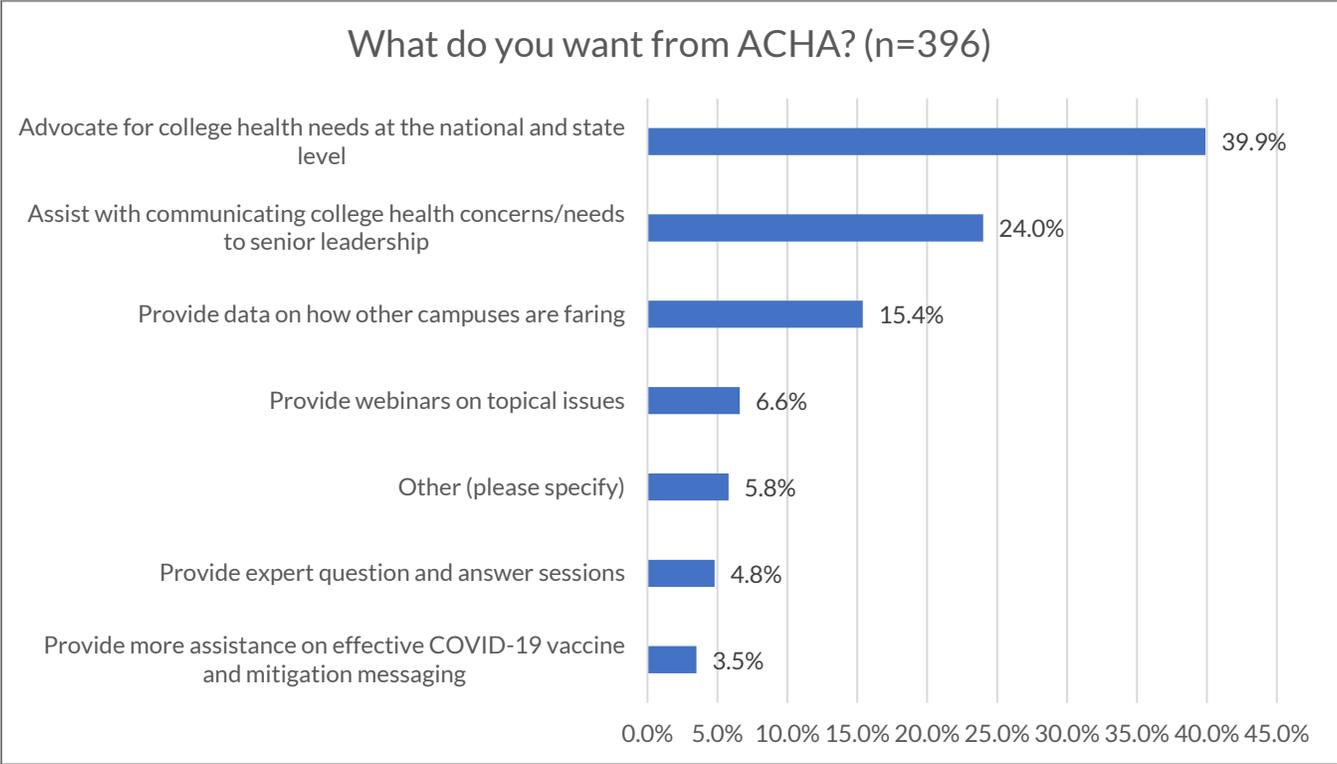
Needs and Support

When asked, “what do you want most from your institution right now?” there was a clear answer: **more staff**.



When asked what respondents wanted from their institutions, staffing was identified as their greatest need, closely followed by additional compensation for added responsibilities and increased hours of work.

Nineteen months into the pandemic, ACHA wanted to better understand how the organization can best serve its members. Again, there was a clear answer: **advocacy**.



Limitations

A limitation of this survey was a potential under or over representation of those most seriously challenged this term. Given that the survey was sent out at the beginning of the fall semester, some members may have been too overwhelmed to complete this survey and are underrepresented. On the other hand, those who are overwhelmed may have used this survey as an opportunity to voice their concerns and thus are overrepresented. There were only a few open-ended responses from those who felt supported or were managing adequately.

Summary and Conclusion

The above results represent information collected from one point in time between September 14 to September 27, 2021. While college health services in many ways mirror the national trends in health care, there are several unique challenges related to the nature of the college campus community that demand attention. College health staff have a long history of managing health crises and providing ongoing physical/mental health care and health promotion/wellness services for their students. During the early days of the pandemic, many campuses were providing these services remotely or in a hybrid format with a limited number of students on campus. Since the beginning of this year's fall term, campus health centers are serving campuses that are fully reopened. Therefore, health center staff are resuming their usual full schedule of providing health, counseling and health promotion services and appointments for medical and counseling care while at the same time continuing to be responsible for COVID-related tasks such as COVID testing, illness management, contact tracing, COVID vaccination, and COVID vaccine documentation and compliance. While over 50% of campuses reported having COVID vaccination requirements and over 70% reported requiring masks indoors, management of vaccine documentation and enforcement of mask compliance often falls to the health promotion professionals. In addition to their work on

health and wellness and disease prevention, health promotion has been charged with encouraging compliance and artfully addressing mis/disinformation about COVID transmission and mitigation. Mental health issues have also increased, in part due to impacts of the pandemic, with more students being seen with anxiety, depression, family issues, and employment and economic challenges. Not surprisingly, given the additional service demands, staff burnout and the related need for retaining and adding competent, experienced staff are identified as the top two concerns. While not dissimilar to issues facing the broader healthcare community, these concerns may not be fully appreciated by campus leadership given that there may not be health center/services representation at the highest levels of decision making anymore. Members are looking to ACHA for assistance in advocating for their needs to campus senior leaders, as well as to state and federal policy makers.

ACHA recognizes the incredible work by members related to pandemic mitigation, including the time taken to provide this valuable feedback. This information will be utilized to guide efforts to address these ongoing concerns.



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