

## ACHA Guidelines

# Supporting Vulnerable Campus Populations During the COVID-19 Pandemic

As a supplement to the two prior [ACHA guidelines](#) on COVID-19, this document provides considerations for institutions of higher education (IHEs) to support our most vulnerable populations who are disproportionately impacted by the pandemic and the ensuing economic downturn. These populations include African American/Black, Asian American, first generation/low income (FGLI), international, Latinx, LGBTQ+, Native American, and undocumented students, as well as students with disabilities.

This list is not exhaustive nor are the groups mutually exclusive. Based on individual campus demographics, other vulnerable populations may become apparent, and students may identify in multiple categories.

We have learned from past pandemics that marginalized, low income, underserved, and people of color are disproportionately impacted and often blamed for the disease. This pandemic has been no exception. Black and brown communities have experienced higher case rates, hospitalizations, and deaths resulting from COVID-19. International and domestic students have experienced anti-Asian rhetoric and micro and macroaggressions ranging from denial of service to physical violence.

As the pandemic continues to spread and surge, the decisions to reopen campuses in the fall are becoming more fluid. The likelihood of remote or hybrid approaches to instruction delivery are increasing, and those students who attend classes in person are not likely to have a typical on-campus experience.

For many of these students, the campus may be a better and safer learning environment than their off-campus homes. Regardless of location, these students will need additional support to optimize their learning environment and protect their health and safety to achieve their academic goals.

With that in mind, this supplement provides guidance for student affairs professionals, college health professionals, and IHE administrators on supporting our vulnerable populations.

## Key Concepts

- The May 7, 2020, ACHA Guidelines: [Considerations for Reopening Institutions of Higher Education in the COVID-19 Era](#) advocated for our IHEs to protect the most vulnerable populations. Since then, African American, Latinx, and indigenous Americans were increasingly recognized to have greater risk for exposure and severe complications from COVID-19. Numerous associated socioeconomic factors including access to health care, testing availability, English language proficiency, health literacy, employment status, salary, occupational hazards, and living conditions play a role in this disparity. A broad institutional response to support these students, in addition to meticulous adherence to public health prevention practices, is warranted.
- Public health is the cornerstone of an effective containment, testing, and contact tracing strategy to decrease the transmission of SARS-CoV-2. IHEs must develop relationships with state, tribal, territorial, and local public health officials and provide a conduit and a context to enhance the public health response involving these students and their communities. Ultimately, developing trusting relationships will result in coordination of efforts, improved availability and access to testing, cooperation with contact tracing, and adherence to isolation and quarantine recommendations.
- Historically black colleges and universities (HBCUs), tribal colleges and universities (TCUs), minority serving institutions (MSIs), and Hispanic serving institutions (HSIs) have distinct and unique characteristics. Recommendations are broad and may appear repetitive, but each institution must consider its unique cultures, traditions, icons, and ceremonies as well as the biases and circumstances of the demographics they serve to determine the best approach to introduce, apply, and embed sound public health practices, health initiatives, and messaging into the campus.

- The uncertainty and disruption from the pandemic have exacerbated mental health distress and the need for mental health resources. Improving our knowledge and understanding of these student populations, the effects of the pandemic on their health and well-being, and providing culturally competent, affirming, and inclusive mental health care and services are fundamental to the well-being of these students.
- Student involvement is critical at all levels of decision making. Student input through focus groups, needs assessments, and satisfaction surveys should be representative of the campus demographics. The participation of diverse and underrepresented students in student health advisory committees, peer educator groups, mentorships, campus ambassador programs, student government, COVID-19 committees, and similar campus committees is essential.
- Transparent, frequent, branded, and simple messaging is critical to effectively deliver information in a timely manner. A single landing page to access COVID-19 related information for all campus stakeholders, especially students, provides a consistent location with ease of access to up-to-date information. Similarly, critical support functions specific to vulnerable populations should be centralized with easily accessible contact information for key staff.
- Older individuals and those at any age with certain medical conditions are also at increased risk for severe illness from COVID-19. Those medical conditions currently include chronic obstructive pulmonary disease, serious heart conditions (e.g., heart failure, coronary artery disease, cardiomyopathy), immunocompromised state from solid organ transplant, body mass index (BMI) of 30 or higher, sickle cell disease, type 2 diabetes, and chronic kidney disease. A comprehensive list of associated medical conditions potentially increasing risk for severe COVID-19 disease is located on the CDC website at <https://www.cdc.gov/media/releases/2020/p0625-update-expands-covid-19.html>. Until an effective vaccine or treatment becomes widely available, individuals with these conditions should consult with the student health service (SHS) or their primary care provider on how best to mitigate their risk of COVID-19 upon returning to campus, including whether to return to campus in the initial phases of reopening.
- Symbols of racism including icons, statues, names, and mascots that promote stereotypes, slavery, or

discrimination have no place at institutions of higher education. Stereotypic mascots and icons dehumanize individuals. Harmful psychological effects of Native American students including lowered self-esteem, isolation, and an increase in prejudice towards other racial groups is supported by a body of research (Kraus et al., 2019). Supporting marginalized students includes evaluating the environment to ensure the campus is welcoming to a diverse population.

## **Historically Black Colleges and Universities (HBCUs) Students**

The pandemic presents a unique set of challenges for historically black colleges and universities (HBCUs), which collectively enroll over 292,000 students annually—the majority of whom identify as African American/Black. Historically, these institutions have been socially driven and focused on creating welcoming, inclusive environments for all students and for black students in particular. HBCUs have modeled student support as a wraparound service and often provide this support with limited budgets and disproportionate funding when compared to other institutions that aren't classified as minority serving.

Many students who attend HBCUs are uninsured or underinsured and rely on the care and services provided by student health centers and campus counseling centers (Ali, et al., 2018; Mincey, et al, 2017; Moore, et al., 2018); therefore, maintaining service delivery and virtual outreach while students are learning remotely is vital.

To support student mental health and student retention, many HBCUs began offering telehealth and telemental health services during the spring semester and continued throughout the summer. Other virtual options included psychoeducational workshops and online mental health information and resources. Engaging students and nurturing those relationships demonstrates care and concern while providing encouragement and support to return to campus.

HBCU students are more responsive to campus messaging that includes culturally relevant language and delivered by their peers (Lige, Peteet, & Brown, 2017). Trusted and high-profile peer groups could be effective in connecting students with health professionals and health resources. Messaging should also include a relatable tone and campus brands that students can recognize and quickly identify with.

Racism and the inequities that exist in the health care system have created worse health outcomes for BIPOC.

This disparity has been highlighted by the impact of COVID-19 where communities of color and African American communities in particular have suffered outcomes from the virus compared to other racial groups (Oppel et al., 2020). The disproportionate impact of COVID-19 intersected with recent Black Lives Matter protests have highlighted the challenges of racism and health disparities for African American/Black students. Black students who don't attend an HBCU often experience race related stressors such as discrimination and microaggressions (Griffith et al., 2017). Racism and discrimination can create higher levels of stress, anxiety, and depression for African American/Black students at all types of colleges and universities (Ingram & Wallace, 2018).

Face coverings are a source of concern for young men of color. Though necessary to reduce asymptomatic transmission, wearing a face covering in public is a potential threat to an African American individual, particularly a male (Taylor, 2020). This fear is systemically rooted in the racial profiling many African Americans experience from law enforcement and reported cases of individuals being targeted in public spaces for wearing a mask. Providing branded face coverings that identify all students, faculty, and staff as a member of that campus community may be a viable solution.

Administrators should also consider working with local law enforcement to ensure branded masks are recognizable and acknowledged in respective communities.

### **Considerations to Support African American/Black Students**

- Develop prevention messages and health initiatives with inclusive and culturally relevant images and language.
- Provide images of students who represent the range of diversity of the institution wearing face coverings.
- Include African American students in health promotion and outreach activities, peer educator groups, and trainings.
- Provide telehealth/telemental health options for medical visits or counseling services that are equitable and consider internet/connectivity issues students might face.
- Educate and train providers on culturally competent care and treatment of COVID-19 comorbidities and high-risk conditions in this student population.
- Encourage vaccination and ensure messaging

considers historical implications of vaccination in the African American community.

- Adhere to the Health and Human Services (HHS) documentation requirements which include supplying race and ethnicity in testing requests.
- Provide branded/logoed face coverings for all students.
- Provide education and trainings on implicit bias, anti-racism, and microaggressions to faculty and staff.

### **Asian and Asian American Students**

SARS-CoV-2, the virus that causes COVID-19, was first reported in Wuhan, China. Consequently, the initial public conversation about the novel coronavirus focused on its association with China, and most images in the media depicted persons of Asian descent. SARS-CoV-2 has increasingly been referred to as the "Chinese virus." Although the pandemic now affects people of all races and ethnicities and encompasses the entire globe, the origins of this discourse resulted in an ongoing linkage between COVID-19 and people who appear Asian. China (and Chinese people) has often been blamed for the creation of this pandemic.

The impact on Asian and Asian American students has been substantial and is multifaceted. Discriminatory practices, xenophobic statements, and microaggressions have caused Asian American students to feel ostracized in American society (Han, 2020). Moreover, Asian Americans are frequently assumed to be foreigners, regardless of where they may have been born. For Asian and Asian American health care students working on the front lines, xenophobia can result in the experience of waging two simultaneous battles, one against the coronavirus and one against anti-Asian racism.

In many cases, racial profiling has resulted in physical assaults by non-Asians who perceive Asians as the cause of not only the pandemic but all the subsequent negative financial and social sequelae. Asian and Asian Americans have reported fear of violence when being out in public. In six weeks after the launch of the Stop AAPI Hate reporting center, over 1,700 incident reports of verbal harassment, shunning, and physical assault were reported in the U.S (*In Six Weeks, STOP AAPI HATE Receives Over 1700 Incident Reports of Verbal Harassment, Shunning and Physical Assaults*, 2020). Asian Americans may also avoid health care and testing, fearing a diagnosis of COVID-19 would only worsen the prejudice they might encounter.

Since a substantial portion of Asian Americans are foreign-born, Asian American students may have nuclear

and extended family members who live in parts of the world that have been heavily affected by COVID-19 infections and deaths. These additional stressors contribute to these students' overall health and well-being and need for additional mental health support.

### **Considerations to Support Asian and Asian American students**

- Ensure that faculty and staff are aware of and avoid microaggressions driven by preconceptions about Asians and COVID-19 risk.
- Educate counseling and health center staff about the impact of coronavirus-related racial profiling and xenophobia on Asian American students.
- Avoid using imagery of exclusively Asian persons when communicating about COVID-19.
- Include Asians/Asian Americans when crafting plans to support communities that are heavily affected by COVID-19.
- Explicitly denounce xenophobic rhetoric or behavior.
- Reach out to Asian and Asian American communities to assess needs and provide support/resources.

### **Students with Disabilities**

All IHEs receiving federal funds are required to provide qualifying students with academic adjustments or aids and services to afford those students an equal opportunity to participate in the program. Most, if not all, IHEs have a disability resource center or service to fulfill this obligation. Disability resource staff should be involved in reopening plans, communications, instruction, facility improvements, signage, and other access discussions.

The range of ADA-protected disabilities is broad, and accommodations for students registered with disability resource services is individualized. For many students, remaining in a remote learning environment is the safest option. However, students with learning disabilities may have particular difficulty with online learning, lack adequate technology, and require additional academic support.

For some students with disabilities, the use of masks/face coverings can affect their ability to function effectively in the academic environment. For example, students with chronic lung conditions might experience difficulty breathing when wearing a mask, and yet they might be subjected to social stigma if they fail to wear a mask in public. For some students who are unable to hear, the use of face coverings would prevent their ability to use lip-reading in their interactions with others.

### **Considerations to Support Students with Disabilities**

- Understand the range of resources available on campus for students with disabilities.
- Consult with or refer students to disability resource center/services for individualized information, resource, and accommodations.
- Provide additional test-taking time or other testing accommodations.
- Ensure adequate and accessible mental health services.
- Provide technology that meets ADA requirements for faculty delivering content, and ensure student have adequate technology to view and participate.
- Ensure accessibility of campus transportation and develop guidelines for cleaning vehicles and maintaining appropriate physical distancing.
- Provide students in a high-risk medical category or unable to wear a face covering the option to remain in remote learning environment.
- Prescribe a three-month supply of prescription medications as allowable.
- Create prevention messaging and training modules for individuals with different abilities.
- Clarify ability to use emotional support animals on campus.

### **First Generation and Low Income Students (FGLI)**

The Higher Education Act of 1965 and 1998 define a first generation college student as a student as either: both parents did not complete a baccalaureate degree or the single parent who provided support and who resided regularly with the student did not complete a baccalaureate degree. "Low-income individual" is defined as a person from a family whose taxable income for the preceding year did not exceed 150 percent of an amount equal to the poverty level determined by criteria established by the Bureau of the Census.

FGLI students require institutional support both prior to and upon returning to campus. As campuses moved to a remote format and students returned home, FGLI students were faced with housing and food insecurity and unemployment as most part-time campus jobs were eliminated (Crutcher, 2020). Learning was disrupted by inconsistent or non-existent internet access and hardware and further compounded by stressors impacting their

social, financial, mental, and physical well-being. Until the economy recovers, employment opportunities remain competitive.

NASPA's Center for First Generation Success provides a list of questions appropriate for first generation students in schools that have moved to remote learning. As schools reopen, many of these questions remain relevant and are available at

<https://firstgen.naspa.org/files/dmfile/COVID19-Questions.pdf>.

Several campuses have developed resource centers for FGLI students. A physical campus location affirms institutional recognition of these students and families and signals affirmation and support. Brick and mortar could be replicated virtually by centralizing resources onto a single webpage.

### **Considerations to Support FGLI students**

- Centralize information on available resources, including contact names, numbers, and email addresses for financial aid, admissions, advising, mental health, and technology support.
- Provide employment or training opportunities such as internships, service-learning, student worker, and research opportunities.
- Recruit and train mentors or peer coaches to work with FGLI students.
- Reserve funding to help offset FGLI students' expenses such as relocation, housing, meals, transportation, tutoring, applications, interview attire, and technology, including internet and hardware.
- Consider expanding internet access by allowing students to utilize wi-fi from an IHE parking lot (also known as internet parking).
- Provide professional support for resume building, interviewing techniques, workshop or conference fees, textbooks, and study abroad opportunities.
- Offer culturally sensitive/affirming mental health services that meet the needs of this demographic.

### **International Students**

International students face a number of challenges during this global pandemic. Once domestic campuses shifted to distance learning, international students unable to return to their home countries either applied to remain in campus housing or sought off-campus accommodations. International students who returned to their home countries may not be allowed to return to campus in the

fall unless global travel resumes, visa offices reopen, and entry restrictions into the U.S. are lifted.

The recent chaos triggered by the ruling and then the rescinding of the requirement for international students to attend in-person classes or lose their student visa status is another example of the instability and uncertainty they confront. Uncertainty increases stress and anxiety and the need for mental health resources.

Remaining enrolled from the student's home country cannot re-create the immersive living and learning experience of the campus. Distance learning internationally has multiple challenges and disadvantages. Time zone differences, inadequate internet access, and potential censorship of the classroom discussions create academic barriers. The student's inability for full immersion into a vibrant campus creates experiential losses that cannot be quantified. Drastic time zone differences also limit the ability to interact fully with campus online activities. Students may also have limited access to telemedicine and telepsychiatry resources because of local and international regulations.

International students may be reluctant to seek help or may not know where to seek help. They may not be English proficient or adept in advocating for themselves. Without support of families within the area, they are at high risk for isolation, particularly during the shelter in place phase of the pandemic. The racism, stigma, and xenophobia, particularly towards Asian people or people perceived to be Asian are also affecting mental well-being (Asian American Psychological Association, 2020). International students traditionally have been reluctant to seek counseling or mental health care, as seeking care may be considered stigmatizing and perceived as a sign of weakness (Hyun et al., 2007). The uncertainties surrounding COVID-19 create an additional layer of complexity that can be confounding and anxiety-provoking.

### **Considerations to Support International Students**

- Identify individuals on campus who can serve as a resource for international students and assist with financial aid, health insurance, visas, student services, and tech support.
- Develop asynchronous lectures to provide greatest time zone flexibility.
- Provide common and essential patient education, prevention/health initiatives, and resource documents in the top 10 languages based on student enrollment and community demographics.

- Offer culturally based holistic education and training focused on international students including nutrition, complementary and alternative medicine (integrative medicine), culture shock, and mental well-being.
- Reduce stigma of seeking mental health care by sharing resources via the campus website and at orientation and through student groups.
- Provide opportunities for international students to meet counseling and health service staff and health coaching staff.
- Offer peer or professional counseling support groups for international students.
- Ensure counseling and medical staff are trained to provide culturally competent care and services.
- Provide culturally competent medical and mental health services optimally with bilingual providers and staff.
- Review the recommendations on xenophobia outlined in the [ACHA Guidelines: Preparing for COVID-19](#), released on March 3, 2020.

## Latinx Students

COVID-19 has disproportionately affected Latinx communities similarly to African American communities. A multitude of social and economic factors contribute to this increased risk, including limited access to health care, densely populated neighborhoods or multigenerational homes, and higher-risk employment in critical infrastructure occupations with limited telework options, such as meat and poultry plants, mass transit, custodial/housekeeping services, or health care. According to the Postsecondary National Policy Institute (2018), 48% of Latinx students are also first in their families to attend college/universities, adding additional stressors as outlined in the FGLI section.

Hispanic-serving institutions (HSIs) are defined by the Hispanic Association of Colleges and Universities (HACU) as IHEs whose student bodies consist of at least 25% Latinx. HSIs are significantly underfunded compared to predominantly white institutions (HACU, 2019). HSIs receive 68 cents for every dollar in federal funding compared to all schools (HACU, 2019), placing yet another strain on institutions supporting those students who also come from low income families. A third of all HSIs are in California, where the University of California system schools already announced their intention to continue distance learning this fall. Latinx students attending those institutions that have or plan to implement remote learning will

need an additional layer of support with technology and internet access to thrive academically.

## Considerations to Support Latinx Students

- Provide social and economic supports as identified for FGLI students.
- Highlight increased risks of COVID-19 in Latinx communities with targeted prevention and health messaging in multiple languages.
- Perform a focused needs assessment of the campus.
- Provide bilingual health information and well-being resources.
- Provide opportunities for health screenings of comorbidities including obesity, diabetes, and high blood pressure and provide culturally competent care and services, including nutrition services, either in-person or via telehealth.
- Support technology needs, including internet access and hardware.
- Identify academic advisors, peers, and mentors to assist with financial, academic, and co-curricular needs.
- Provide culturally competent medical and mental health services optimally with bilingual providers and staff.

## LGBTQ+ Students

LGBTQ+ students have experienced a multitude of challenges caused or magnified by the pandemic. As campuses sent students home and implemented distance learning, many of the LGBTQ+ students returned to homes that were unsafe or unsupportive (Brown, 2020; Neighmond, 2020). These students who no longer have the support of their campus community become increasingly isolated as they learn from a distance and shelter in place. Furthermore, local stay-at-home advisories means students who returned home might be subjected to abusive family members in a longer, more intense manner than a typical trip home prior to the pandemic.

Health disparities resulting from barriers to care, lack of insurance, discrimination, lack of a support system, or culturally incompetent care have led to delays of care or avoidance of the health care system altogether. At baseline, LGBTQ+ students have higher rates of mental health conditions, substance use, and suicide than their peers. The recent displacement from campus due to the pandemic has added to the emotional stressors

experienced by this community (Brown, 2020; Neighmond, 2020).

Students who are transitioning may suffer even higher levels of distress and have greater difficulty accessing hormonal therapy when separated from resources that are on or close to campus.

### **Considerations to Support LGBTQ+ Students**

- Develop inclusive messages and health initiatives including the availability of telemental health services using imagery and language that is vetted or created by members of the LGBTQ+ student community.
- Provide on-campus housing to students who are unsafe or unsupported at their family home.
- Hire and identify clinicians who can deliver inclusive, culturally competent affirming care and services.
- Provide ongoing training and education to providers and staff on inclusive care.
- Deliver online workshops and support groups to meet LGBTQ+ student needs.
- Provide links and information to the Trevor Project site (<https://www.thetrevorproject.org/about/>) which provides crisis intervention and suicide prevention services to LGBTQ+ youth and young adults under the age 25.
- Identify mentors, peer support, and allies to connect with students and offer resources/support.
- If the campus has an LGBTQ+ resource center, develop approaches to hold traditional celebrations and events virtually.

### **Native American Students**

The COVID-19 pandemic has disproportionately affected the health and economy of Native American communities. Native Americans experience higher rates of medical complications and mortality from COVID-19, likely due to higher existing rates of chronic diseases like diabetes and heart disease. Multigenerational households and poor infrastructure (lack of access to running water, food/supplies, and health care facilities) in Native communities make outbreak control difficult. Many students have experienced loss of family members and increasing economic insecurities. For students, lack of equipment and inconsistent internet access makes converting to online classes difficult. Mental well-being is negatively impacted by all of these factors.

According to the Department of Education, there are 32 fully accredited tribal colleges and universities (TCUs), which enroll about 30,000 Native students and are primarily located in the Southwest. Like other minority serving institutions, TCUs are woven into the fabric of the community and provide social services, employment, and resources and foster native culture, languages, and traditions. TCUs are historically underfunded (Nelson & Frye, 2016). They are primarily supported through federal funding, though they receive no federal funds for non-Native students. Because of the high levels of poverty and unemployment in the communities they serve, TCUs cannot significantly raise tuition to meet the funding gaps. The pandemic has strained TCU resources even further, as reopening requires additional allocations for PPE, administrative controls, physical distancing, testing, and technology.

### **Considerations to Support Native American Students**

- Hire and identify medical and mental health care providers who can offer culturally competent care to Native students.
- Collaborate with tribal entities to develop outreach materials centered on behavioral health for students and their families.
- Provide flexibility and support regarding students' ability to live in tribal communities and obtain/maintain remote connectivity.
- Create additional support programs to obtain the equipment and extended data plans needed to conduct classes online.
- Provide or support viable resources to address food and housing insecurities.
- Provide virtual and in-person academic, scholarship, and financial aid advisement.
- Develop or expand scholarship programs and processes for special circumstances.
- Offer online cultural programming highlighting indigenous foods/cooking, crafts, art, and games.

### **Undocumented Students**

Undocumented students have been a long-standing vulnerable group even prior to COVID-19. The pandemic has exacerbated threats to their medical, financial, mental, academic, and social health and created food, housing, and employment insecurity. Undocumented immigrants have been excluded from federal stimulus relief that includes funding to cover coronavirus testing and treatment and

notably denied access to CARES (Coronavirus Aid Relief and Economic Security) Act dollars.

Reopening campuses may be the best solution for many of these students who may find better support services within their campus communities. Undocumented students have similar concerns as the other vulnerable populations, with the additional looming threat of deportation and family separation.

Conveying the importance of contact tracing to slow and contain transmission requires additional education and communications to ensure students and their families do not perceive public health contact as a means of reporting to U.S. Immigration and Customs Enforcement (ICE).

## Considerations to Support Undocumented Students

- Join the IHEs that have provided institutional funding for financial assistance or grants to these students.
- Centralize resources to simplify access to student services and information. The University of California Berkeley site is a model example: <https://undocu.berkeley.edu/usp-services-covid-19/>.
- Identify medical and mental health resources with sensitivity to undocumented status, health insurance status, and cultural and language needs.
- Identify trusted allies, mentors, alumni, peers, and coaches to pair with students.
- Offer skill building workshops and drop-in support groups.
- Support technology needs, including internet and hardware.
- Develop educational campaigns, health initiatives, and communication templates on purposes and importance of contact tracing to reduce the spread of COVID-19.

## Conclusion

The COVID-19 pandemic has disrupted life as we know it and has forced IHEs to reexamine and adapt campus operations, policies, procedures, and plans to maximize health and safety as global, national, state, and community conditions remain in a constant state of change. Our HBCUs, MSIs, HSIs, and TCUs have been particularly affected as this disease has aimed its most deadly fire at racial and ethnic minorities.

The best IHEs are guided by the fundamental values of diversity, social justice, and inclusion and protect the

vulnerable, marginalized, and underrepresented. The groups highlighted in this document have been disproportionately impacted by the pandemic and the subsequent physical distancing policies and economic fallout, causing them to suffer serious medical and mental health consequences, acts of violence; discrimination, racism, and stigmatization; and financial and social disruption. They have also experienced significant academic barriers that impede retention, persistence, and completion. Recognizing the inequities and leveling the playing field by offering resources and assistance are critical for these students to achieve their personal and academic goals. A diverse student body with its array of experiences and perspectives deepens and enriches the learning environment for all. As former President Barack Obama succinctly stated, “Higher education cannot be a luxury reserved just for a privileged few.”

## Resources

ACHA Guidelines: Preparing for COVID-19:

[https://www.acha.org/documents/resources/guidelines/ACHA\\_Preparing\\_for\\_COVID-19\\_March-3-2020.pdf](https://www.acha.org/documents/resources/guidelines/ACHA_Preparing_for_COVID-19_March-3-2020.pdf)

ACHA Guidelines: Considerations for Reopening Institutions of Higher Education in the COVID-19 Era:

[https://www.acha.org/documents/resources/guidelines/ACHA\\_Considerations\\_for\\_Reopening\\_IHEs\\_in\\_the\\_COVID-19\\_Era\\_May2020.pdf](https://www.acha.org/documents/resources/guidelines/ACHA_Considerations_for_Reopening_IHEs_in_the_COVID-19_Era_May2020.pdf)

Stop AAPI Hate:

<https://www.asianpacificpolicyandplanningcouncil.org/stop-aapi-hate/>

NASPA First Generation Student Success:

[https://cmmedia.hs.llnwd.net/v1/naspa\\_firstgen/dmfile/NASPA-First-generation-Student-Success-Exec-Summary.pdf](https://cmmedia.hs.llnwd.net/v1/naspa_firstgen/dmfile/NASPA-First-generation-Student-Success-Exec-Summary.pdf)

Higher Education Act 1965:

<https://www2.ed.gov/about/offices/list/ope/trio/triohea.pdf>

Fact Sheet First Generation Students: <https://pnpi.org/first-generation-students/>

Hispanic Serving Institutions Fact Sheet:

[https://www.hacu.net/images/hacu/OPAI/2019\\_HSI\\_FactSheet\[2\].pdf](https://www.hacu.net/images/hacu/OPAI/2019_HSI_FactSheet[2].pdf)

List of Hispanic Serving Institutions by State:

<https://www.hacu.net/images/hacu/OPAI/HACU%20LIST%20OF%20HSIs%202018-19.pdf>

Berkeley University Services for Undocumented Students:

<https://undocu.berkeley.edu/usp-services-covid-19/>



APA Report on Working with Immigrant-Origin Clients: <https://www.apa.org/topics/immigration/immigration-report-professionals.pdf>

American Indian Higher Education Council: <http://www.aihec.org/who-we-are/index.htm>

White House Initiative on American Indian and Alaska Native Education: <https://sites.ed.gov/whiaiane/tribes-tcus/tribal-colleges-and-universities/#:~:text=View%20TCUs%20and%202020%20Goal%20in%20a%20full%20screen&text=Presently%2C%20there%20are%2032%20fully.one%20formal%20candidate%20for%20a%20ccreditation>

Schools' Use of Native American Mascot: Report to the State Board of Education: <https://www.oregon.gov/ode/about-us/stateboard/Documents/native-american-mascot-report.pdf>

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